



ALLIANCE FOR CAMP HEALTH

# CompassPoint

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Working with camp communities.



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# Diabetes at Camp

## A Beginner's Guide to Care

Abby Hollander, MD  
Stephanie Kassels DNP, FNP-BC, CDCES

Will you have kids with diabetes participating in your camp program this year? Good news! Kids with diabetes have been attending camp since the 1920s, and diabetes management is much easier now than it was then. This guide is to assist you in understanding the basics of diabetes and its treatment, and to address some common challenges for a child or adolescent with diabetes that may arise in the camp setting.

Three important areas will help set the camper up for success:

- 1. Education.** All staff who will supervise the camper should receive some basic information about diabetes, especially regarding recognition and treatment of low glucose levels.
- 2. Preparation.** The medical and counseling staff who have primary supervision of the camper should receive detailed information regarding the camper's home diabetes regimen.
- 3. Support.** Camp staff should know the best ways to contact the camper's family and home

diabetes care provider in case of questions or concerns. This support must be available 24/7.



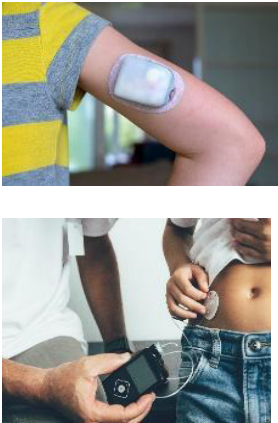
### What Is Diabetes?

Diabetes is a chronic condition characterized by abnormal levels of glucose (sugar) in the blood. Approximately 75–85% of kids with diabetes have type 1 diabetes, when the pancreas loses its ability to produce the hormone insulin. Type 1 diabetes must be treated with insulin.

### What Is Insulin?

Insulin is a hormone made by specialized cells in the pancreas called beta cells. Insulin facilitates the movement of glucose from the blood into cells in tissues like muscle or fat, where the glucose is used as fuel. Insulin is produced 24 hours per day. When insulin is given as a medication, it is not available as an oral preparation. Kids who take insulin typically take insulin injections using a syringe or pen, or they receive insulin under the skin continuously from an insulin pump.

**Table 1: Tools Needed to Administer Insulin**

Method	What does it look like?	Where is the insulin?	Does the camper need a smart phone?	Other items the camper needs
Syringe		Bottle	No	Alcohol swabs, sharps container
Pen		In a cartridge in the pen	No (but can use with some pens to help track dosages)	Pen needle, alcohol swabs, sharps container
Pump		In a reservoir in the pump	Maybe. Some pumps have built-in controls; others are controlled by phone app	Infusion sites or pods to connect pump to body, reservoirs, charger or batteries, swabs, and sharps container

*\*\*If a camper is using an insulin pump and is unable to operate the pump or replace infusion sets independently, a staff person with this expertise must be available.*

## How Does Insulin Treatment Work?

Insulin causes the blood glucose level to decrease. When insulin is given to treat diabetes, the aim is to deliver amounts of insulin to keep glucose in a normal or near-normal range, or target range, most of the time, while

avoiding glucose levels that are too low. **Insulin is usually given with meals or snacks**, and the dose depends on the amount of carbohydrates being consumed. Kids with diabetes have individual formulas to calculate their insulin doses.

### Hyperglycemia or High Glucose (*typical camp definition: glucose over 150–200 mg/dl*)

<b>Usual causes</b>	No insulin taken at time of eating Insulin dose too low Lack of insulin (pump site issue or forgot to put pump back on after swim) Lack of usual physical activity/sedentary activities Stress: illness, injury, menstrual period, emotional upheaval Damaged insulin (heated over 88 degrees F or frozen) Expired insulin
<b>Acute symptoms</b>	Increased thirst Increased urination Poor mental focus Bad mood
<b>Chronic symptoms</b>	Weight loss Increased hunger
<b>Treatment</b>	Insulin—should only be administered under the provided plan/instructions
<b>Symptoms of ketones (emergency), caused by lack of insulin (glucose is usually high but not always)</b>	Nausea Vomiting Abdominal pain Heavy breathing (danger sign for ketoacidosis—discussed later)

### Hypoglycemia or Low Glucose (*typical camp definition: glucose under 70 mg/dl*)

<b>Usual causes</b>	Increased physical activity without adjusting food or insulin Insulin dose too high Skipping meal or eating less than usual
<b>Symptoms—mild/moderate</b> (glucose usually 40-70 mg/dl)	Shaky Sweaty Hungry Pale Tired
<b>Symptoms—severe</b> (glucose usually under 40 mg/dl)	All symptoms listed above, plus: Confused Loss of consciousness Seizure
<b>Treatment of mild/moderate—</b> fast-acting sugar, approx. 15 grams (maybe less if pump is suspending)	Fruit juice or regular soda—4 oz Glucose tablets—3 or 4=15 grams Skittles—15
<b>Treatment of severe</b>	Glucagon, discussed later



## Glucose Monitoring

Decisions about diabetes management require information about the person's glucose levels. We get that information from glucose monitors.

**Blood glucose (BG) meter:** measures glucose from a finger stick; blood drop is applied to a test strip, which is then inserted into the meter.

**Continuous glucose monitor (CGM):** measures glucose from a sensor that has been inserted under the skin; takes a reading every 1-5 minutes, then level is transmitted to a receiver (pump or smartphone), which shows glucose level and trend arrow. Campers using a CGM may need to have access to their cell phone to track blood glucose. Consider how this might work at your camp.

**Table 2: Tracking Glucose**

Method	What does it look like?	Other equipment	Power	Bluetooth needed?	Storage capability?	Data shared via wifi/cellular?
BG meter		Lancing device Lancet Meter strip	Most recent meters use electricity but some use batteries	No	Yes	No
CGM		Sensor with transmitter Receiver	Most use electricity	Yes	Yes	Yes



# TIPS FOR DIABETES CARE AT CAMP

## Meeting Your Camper with Diabetes

### 1. Welcoming your camper and talking with them

Greet the camper with your usual joyful enthusiasm! Make sure the camper knows you see them as a person, not an illness—do not refer to the camper (or anyone) as “a diabetic.” “Person living with diabetes” is a more respectful term. Additionally, when referring to blood sugars, avoid referring to a number as “good” or “bad”—instead consider it important info that is in or out of range. Be curious and let them teach you/help you with your job.

### 2. Understanding their routine and equipment, and needs

The camp medical team should have detailed information about the daily insulin routine, devices used, how/with whom/where in camp the camper will complete the tasks and contact information for guardians and for camper’s home diabetes care provider. Individuals with diabetes should come to camp with a way to carry supplies with them (backpack, Tupperware for backup, etc).

## Diabetes Equipment

Equipment for camper	Equipment for medical staff/health center	Pack extra for any off-camp trip or time away from medical access/team
<ul style="list-style-type: none"> <li>• Glucose tablets or alternative fast sugar to treat hypoglycemia</li> <li>• Pump charging cord</li> <li>• CGM receiver or smart phone and charging cord</li> <li>• Blood glucose meter (good for backup)</li> <li>• Lancing device and lancets or self-contained retractable lancets</li> <li>• Sharps container</li> <li>• Written glucose log (to be given or provided to health team)</li> </ul>	<ul style="list-style-type: none"> <li>• Insulin (vials or pens)</li> <li>• Syringes</li> <li>• Pen needles</li> <li>• BG meter and testing supplies</li> <li>• Glucagon—emergency</li> <li>• Pump infusion sets and reservoirs</li> <li>• Extra CGM sensors</li> <li>• Extra batteries/back up cord</li> <li>• If tracking CGM when camper is not with them, some device such as iPhone/iPad</li> <li>• Backup low supplies to replenish supplies</li> <li>• Tape/adhesive options to keep devices attached</li> <li>• Backup plan and insulin if pump malfunctions</li> <li>• Ketone strips</li> </ul> <p>**if no medical staff/health center, then these supplies should be with camper, but leader/person in charge should be able to access</p>	<ul style="list-style-type: none"> <li>• Ensure the camper has all items in the first column</li> <li>• Make sure all devices are fully charged</li> <li>• Extra sugar supplies/snacks for low blood sugar</li> <li>• Insulin (pump/pen/syringe)</li> <li>• Something to keep supplies dry and cool</li> <li>• Instructions on dose(s) which will include any needed info on carbs to be eaten</li> <li>• Glucagon—person in charge should know where this is located and how to administer</li> </ul>

### 3. Technology rules and plans

If your camp restricts technology and phone use, you may need to discuss the alternative plan for the camper. If the camper needs their cell phone for care, you will want to allow this and make sure they are aware from the beginning what the rules are for when and how they may use the device. Be clear if they are able/allowed to text, call, or access games, and discuss what happens if they break this rule.

### 4. Talking to the camper about how they feel when glucose is low

What do they usually say? Some kids say “I’m low,” or “I need sugar,” or “I need juice.” This information will help you be a partner in recognizing what the camper needs when you see or hear them say their usual phrase. Additionally make sure your camper knows they can come to you with symptoms at any time day or night.

## Diabetes Care Around Camp

### The dining hall/meals:

Will nutrition labels be available or used, menu provided, or a carb-counting tool?

Who will review the carbohydrate estimate used for insulin dosing?

Who will supervise the insulin administration and record information?

If the camper eats significantly more or less than what was predicted for the insulin dose, medical staff should be notified.

**Meals or snacks out of camp/at campfires:** Information about the carbohydrate grams in the food should be obtained ahead of time. Advance discussion with medical staff needed to plan for insulin doses. **If the weather is hot, insulin may need special storage to avoid damage.**

**Land sports:** Glucose can drop quickly during vigorous activity, and the excitement of a game may mask symptoms. Have plenty of fast sugar on hand (glucose tablets, juice,

Skittles) and check glucose with finger stick or CGM glucose before, during, and after sports activities. Sweating may cause pump or CGM sites to loosen or peel off.

**Swimming:** Pump (with tubing) should be disconnected for swimming and should be stored away from direct sun. CGM will generally not connect with receiver, pump, or phone while swimming but will reconnect after. Swimming uses lots of muscles, so it is easy for glucose levels to drop. Pump sites or CGM sites may peel off after swimming. If at a beach or swimming for more than 2 hours, you may need to reconnect to pump for missed insulin.

**Boating, horseback riding, hiking:** Staff should carry fast sugar, but campers should also carry glucose tablets or snacks with them if possible. If a camper has symptoms of low glucose and it is not feasible to check glucose level, fast sugar should be given anyway.

## EMERGENCIES

The two major diabetes-related emergencies you may encounter at camp are severe: hypoglycemia and diabetic ketoacidosis (DKA).

### Severe Hypoglycemia

When glucose level is very low (typically below 40 mg/dl), the camper can become confused, pass out, or have a seizure. When this occurs, medical staff should be notified immediately. The camper cannot eat or drink safely—**do not put anything in their mouth due to risk of choking.** Glucagon is a medication that will raise the glucose level. It is available as an injection and a nose spray. Non-medical staff can be taught how to give glucagon and can carry the medication with them. If glucagon is administered a health care provider should be notified for follow-up.

### Diabetic Ketoacidosis

Lack of insulin causes the body to shift to a starvation metabolism leading to high levels of ketones. High ketone levels can lead to a severe metabolic disturbance where the blood becomes acidic: DKA. DKA is a life-threatening emergency and requires immediate medical attention. This can occur when a camper is sick, missing repetitive doses in row, or a malfunction/site issue with the device.

Signs and symptoms of DKA: vomiting, abdominal pain, heavy and/or rapid breathing, fruity odor to the breath.

### Medical Check-Ins at Camp

If possible, the camper should have a designated medical provider on the staff who has comfort in caring for diabetes, who is familiar with diabetes care and has detailed information about the camper's diabetes management plan. Ideally, this medical staff member should review the glucose levels and the insulin doses at least once per day for any immediate issues and trends. The camper should have a written record that indicates glucose levels, episodes of low glucose, measurements of ketones (camper should have available urine ketostix or a blood ketone meter and strips), insulin administered, and dates of any pump site or sensor changes. A copy of this record may be given to the family at the end of camp along with current dosages used at camp and any changes to dosages.

### Conclusion

Camp is a great opportunity for kids with diabetes to build confidence in their ability to manage their diabetes while enjoying your fabulous camp program. If you would like more detailed information about diabetes care at camp, a course titled Diabetes Management at Camp is available in the online learning center of the Alliance for Camp Health ([allianceforcamphealth.org/online-education-center/](http://allianceforcamphealth.org/online-education-center/)).

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# Five Ways to Support Staff Mental Health

By The Jed Foundation (JED)

On an annual basis the Alliance for Camp Health surveys our members to better understand their experiences and needs. The following article reflects findings from the Summer 2023 member survey. Thank you for your willingness to contribute for the benefit of all.

Counselors and counselors-in-training (CITs) are at the heart of any camp. They're the greeting committee, activity leaders, de facto caregivers, cheerleaders, teachers, and first responders for kids' physical and emotional needs. That's a lot to ask of staff members, many of whom are in high school or college-aged. At a time of increased

awareness about the importance of proactively promoting and protecting youth and young adult mental health, the mental, emotional, and social health (MESH) of camp staff needs to be a top priority.

In 2021, one in three young adults from ages 18 to 25 had experienced a mental, behavioral, or emotional health issue in the past year (Substance Abuse and Mental Health

Services Administration, 2021). Among college students, 35% have ever been diagnosed with anxiety and 27% have ever been diagnosed with depression (American College Health Association, 2022).

At camp, a range of factors can exacerbate existing mental health issues, including loneliness, isolation, old-fashioned homesickness, the transition to a new environment, and limited access to both therapy and medication. At a minimum, a counselor or CIT experiencing mental health symptoms won't be able to function at their best; at worst, they will need a level of care that could require leaving camp to get the help they need.

Although you can't always predict or prevent mental health challenges, there are a few key things you can do to help counselors and CITs feel supported, connected, and resilient.

## 1. Describe the camp environment in your hiring process.

You're legally prohibited from asking candidates about their mental health, but you can share information and ask questions that will help both you and the candidate understand whether they're likely to thrive or struggle in your camp environment.

If your camp is in a remote area, for example, you'll want to describe what it means to be isolated from "civilization" and the challenges that come with it. You may want to ask for examples of when they've thrived in a similar situation. If they don't have specific experience, you can ask what appeals to them about such an environment, what they would find new or challenging, and how they would handle those challenges. When you're explicit in your description, you give candidates the opportunity to consider whether the job would be a healthy fit for them.

Be clear about the essential functions of the job too. How many hours will they be on duty? What's the pace of a day? How physically active will they be expected to be? What kinds of challenges might they face regarding their campers' mental health? You can present candidates with scenarios and invite them to role-play how they would respond.

Make sure you're up-front about the accessibility of MESH resources. Will it be easy for staff to get prescriptions filled? Will they be able to continue teletherapy appointments? Will the activities schedule allow for regular or emergency check-ins with therapists? Is the internet signal strong enough to ensure they'll stay connected with the therapist for the full session? What kinds of mental health professionals are on camp staff?

Remember that a candidate who chooses to share what they need to maintain their mental health could be a great addition to your camp community. They may, in fact, be an amazing asset—an empathetic resource for campers with similar needs. It's your job to make sure the camp environment will be adequately supportive of the young people you employ.







## 2. Build community.

You want campers to feel like they are part of a community, and it's important to build in the same support for staff.

Connectedness, belonging, and mattering are all linked to decreased rates of mental illness, including suicide (Whitlock et al., 2012). In fact, a young person's sense of connectedness is a powerful protective factor that promotes a sense of well-being and engagement in positive health behaviors, such as positive coping practices and seeking support when needed (CDC, 2023).

For some counselors and CITs, this may be their first time away from home. They may miss friends, family, or partners. They may simply feel like they don't fit in. These factors, combined with residual effects of pandemic isolation and an upward trend in the rate of loneliness in young adults, put young adult staff at risk of feeling disconnected or detached.

Providing structured social opportunities can help. At the start of camp, make sure there's ample opportunity for staff to meet and get to know one another. During sessions, provide organized opportunities and dedicated staff space for counselors to socialize on camp grounds. Give them healthy opportunities to get together outside of work and away from camp if it's realistic.

An additional approach: Support affinity groups. The groups can create opportunities for staff to connect based on shared identities such as race, gender, religion, nationality, or sexuality. The intent is to provide psychological safe spaces for staff of similar backgrounds to speak freely, support one another, offer perspective, and help navigate life and job stressors.

## 3. Build in motivators.

Your staff members are going to give a lot—physically and emotionally—to a job that may not be the highest-paying summer job or a flashy resume builder. Young people often feel pressured to make the most of summers to put them in a strong position when they apply to colleges or internships or enter the job market.

Make it worth their while. Remember that young adults are developmentally driven to establish identity, skills, and purpose. One way to attract and retain staff is to create opportunities for professional development. Can you

give staff credentials to put on their resume beyond their job title? Can they get certified in Mental Health First Aid? Can they be trained in conflict-resolution skills? Are there ways they can take ownership of launching a new program or campaign aimed at promoting emotional wellness in the camp community?

It can also help to give staff time to attend to their needs. Many will be on their way to starting college or in between years of study. They may have coursework they need to complete during the summer or need to sign up for classes before the semester starts. Giving them time to attend to these responsibilities can help staff feel less stressed and allow employers to show respect for what's important to staff outside of work.

## 4. Encourage self-care.

One of the greatest gifts you can give your staff is time to do things they know will keep them mentally healthy, whether it's exercising, reading, taking a walk, connecting with a colleague, or talking with people back home.

Bear in mind, however, that counselors and CITs may not know what they need or how to practice self-care in a new environment. They may not know how to make the most of breaks, time off, or quiet moments before bed. Helping them develop time-, task-, and stress-management life skills will be beneficial during camp and beyond.

Start the season by being candid about the challenges of the camp environment and laying out self-care strategies (e.g., go to bed when the campers do, make sure you eat, take advantage of the small moments of quiet, don't overdo it on caffeine). It can also help to let staff know what resources are available to them. Is there a gym? A quiet place to walk? A space where they can get some alone time to clear their heads? Emphasize that staff can and should take advantage of these resources.

Supporting employee spiritual self-care is another way to help counselors attend to and maintain emotional well-being. When possible, consider providing time, opportunity, and space for counselors to nurture their spiritual needs and practices, either at camp or off-site.

## 5. Make sure staff know they can ask for help and where to get it.

Last but not least, make it easy and safe for your

**Find mental health resources to share with teens and young adults on your staff at: [jedfoundation.org/mental-health-resource-center/](https://jedfoundation.org/mental-health-resource-center/)**

counselors to talk about emotional well-being and, if they choose, their mental health. This can be done by chatting about mental health in a holistic and open manner, emphasizing the message that mental health is health, and fostering a camp culture of care and compassion. Communicate how your camp can support plans for care. Emphasize that you do not penalize a staff member if they face mental health concerns during the summer.

As part of staff orientation, educate staff about asking for help, whom to talk to, and where to go if they feel they need assistance with mental health issues. Let staff members know about on-site and local resources and nearby providers who may be helpful during a camp session if needed.

If a staff member has to plan for specific treatment needs and chooses to discuss that with camp leadership, engage camp professionals and discuss ways to avoid

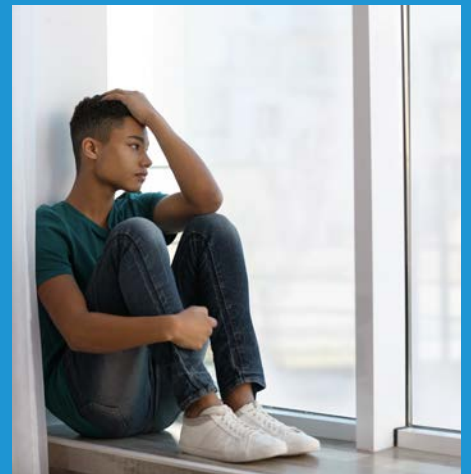
treatment interruptions during employment. Make a plan for responding to urgent situations in case they arise.

In general terms, camps benefit from training their counselors to recognize, reach out, and refer (if necessary) any peer or camper who may be showing early signs of struggle. That way, if a counselor is in need of support, their peers will be more confident and know how to start the conversation about their concerns.

The benefits of promoting connectedness, fostering self-care, building skills and motivators, and providing proactive support for emotional health are many. Happy counselors translate to happy campers. Healthy counselors can reduce staffing and attrition issues. Prevention generates benefits far beyond crisis avoidance. A positive counselor experience may enhance the likelihood that they will return for future employment—and bring happy, lifelong memories and rewarding experiences for all.

## If you or someone you know is experiencing suicidal thoughts:

- Text HOME to 741-741 for a free, confidential conversation with a trained counselor any time of day.
- Text or call 988 or use the chat function at [988lifeline.org](https://988lifeline.org) for access to trained crisis counselors who can help people experiencing suicidal, substance use, or mental health crises, or any other kind of emotional distress.
- If this is a medical emergency or there is immediate danger of harm, call 911 and explain that you need support for a mental health crisis.



### About The Jed Foundation (JED)

JED is a leading nonprofit that protects emotional health and prevents suicide for our nation's teens and young adults. We're partnering with high schools and colleges to strengthen their mental health, substance misuse, and suicide prevention programs and systems. We're equipping teens and young adults with the skills and knowledge to help themselves and each other. We're encouraging community awareness, understanding, and action for young adult mental health. Learn more about common emotional health issues for teens and young adults to support one another, overcome challenges, and make a successful transition to adulthood by visiting [jedfoundation.org](https://jedfoundation.org).

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# No Connectivity, Better Connections: Teenagers' Experiences of a Phone-Free Summer Camp in the U.S.

## A Research Summary

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A teen without their phone. This almost seems like a rarity these days as society has accepted personal technology as an integral part of young people's identity. For outdoor practitioners, expedition leaders, and camp leaders, this is a divisive topic. While some educators seek to embrace the technological revolution to better connect with young participants, others shun it and see the outdoors as the ideal place for a "digital detox." During my research, it became apparent that asking and understanding teenagers' perspectives was essential to explore the place of mobile phone technology.

### The Research

I decided to delve into campers' experiences at Canoe Island French Camp (CIFC) in the U.S., where they have a no-phone policy for campers. After working for CIFC for 3 summers, I re-immersed myself in life at camp for 6 weeks and researched the impact of the phone-free experience, using case study methodology. I mainly interviewed and observed campers but also staff members and parents (n=31). The overarching result was clear: everyone was a happy camper.

#### Finding 1: Grateful for No-Phone Policy

Although it took participants a few days to adjust, the majority expressed feeling grateful for the no-phone policy, as it "forced" them (their recurrent word choice) to interact with others and the place. The policy also encouraged campers to "re-learn to be bored" during quiet times and pick up bracelet making, ukulele playing, or simply reading. They also slept better and felt relaxed as they avoided the constant solicitations of social media. A few campers expressed feeling out of the loop regarding the news or missing their own music, and they were all eager to offer suggestions on how to address some of these difficulties, but not one was against the policy.

*"I'm lucky that no one in my [group] snuck in their phone, so you can have really deep conversations [and] actually get to know each other" (camper).*

#### Finding 2: CIFC Is a Special Place—the Only Place to Let Go of Their Phone

It would be easy to jump to conclusions and say, "let's ban phones at camp!" But the second finding shows that campers believed CIFC was a "special place" — the only place they could let go of their phone. This begs the question as to why and is arguably the most important point for educators. First, despite teenagers not having their

phones, CIFC adopted a balanced approach to technology, encouraging staff to use it for educational or entertainment purposes and cultivating a strong online presence to reassure parents. Second, life at camp was bustling and engaging, and campers expressed they did not need their phones. Finally, but most importantly, the element that was most conducive to a positive phone-free experience was the camp's community. Campers felt supported by the tight-knit community, therefore making giving up their phones easier. Simultaneously, they expressed worries that allowing phones would have a negative impact on that community.

*"I wonder about the direction of causality: no phones create strong community, or strong community makes no phone easier?" (staff).*

#### Finding 3: Impossible to Mitigate Phone Use at Home

The implication of Finding 2, mainly that a successful phone-free experience was dependent on the place, led to Finding 3: teenagers were unsure about how applicable the experience was in "real life." Many admitted that it was almost impossible for them to mitigate their phone use at home. Yet, some campers also showed enthusiasm for trying to reduce it, with some suggesting they would make their parents take their device at night or try to remember their positive experience at camp as a catalyst for change.

*"I hope campers think about how much they're on their phones in real life and how much fun they had at camp and make a connection" (camper).*

### Conclusion

Conducting this case study helped me better understand the complex relationship between adolescents and their phones. This particular context was conducive to a highly positive phone-free experience, yet campers showed great awareness of their phone over-use at home and their struggles to overcome it. This brings a few questions in mind: why is "real life" so contrasted with "camp life" and is it possible that schools could be able to learn a thing or two from it? Is camp simply a "fix" teenagers enjoy once a year to get away from their phones, or does the experience have a more profound impact in the long term? Although the findings support the idea that banning phones on outdoor programs can be beneficial, a one-size-fits-all approach is not appropriate. Many factors influence the success or failure of phone policies, and educators need to spend time reflecting on the ones highlighted and discussing the topic with those most affected—teenagers.



On an annual basis the Alliance for Camp Health surveys our members to better understand their experiences and needs. The following article reflects findings from the Summer 2023 member survey. Thank you for your willingness to contribute for the benefit of all.

## Addressing Tick and Tick-Borne Illnesses at Camp

Lynne Rodrigues, RN, BSN, CSN; Aleksandra Dubin, PhD; Ashley DeHudy, MD, MPH; and Alexandra Skrocki

The incidence of Lyme disease has risen exponentially over the course of the last decade (Kugeler et al., 2021). It is vital that anyone who spends time outdoors in areas where Lyme disease is endemic knows how to prevent tick bites and what steps to take if they are bitten by a tick. Camps are poised to teach staff, campers, and families about prevention of tick bites and Lyme disease. Those of us who work for camps in areas with a high incidence of Lyme disease need to develop plans for caring for our campers and staff who find a tick embedded in their skin. Health care staff should provide education and training to our camp communities about tick prevention. Multiple studies have found people grossly underestimate the possibility of being bitten by a tick, do not know how best to prevent tick bites, and do not know how to respond if they find an attached tick (Beaujean et al., 2013; Beck et al., 2022; Cuadera et al., 2023; Gould et al., 2008).

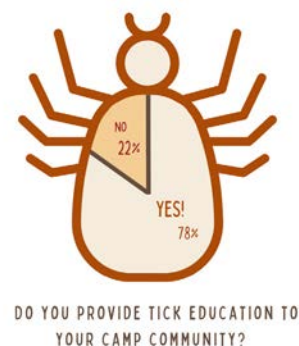
### Alliance for Camp Health Research

In a study conducted by the Alliance for Camp Health (ACH) in the fall of 2023, ACH members were asked to complete an electronic survey comprising 10 different content areas. Links to the survey were sent out electronically on several occasions in combination with regular membership correspondence. Of the 155 respondents, 62 (40%) were camp nurses and 54 (35%) were camp directors or another camp leadership position. Respondents predominantly represented residential camps (124; 80%), with 59% (91) of respondents reporting having more than 10 years of camp experience.

Members were asked to respond to three quantitative questions investigating tick-related care and education in summer camps. The first question asked respondents if their camp experienced more challenges with ticks during the summer of 2023 when compared to prior summers. Eighty percent (125) of respondents indicated “No” whereas 15.5% (24) indicated “Yes.” The second question asked respondents to select to whom their camp provided

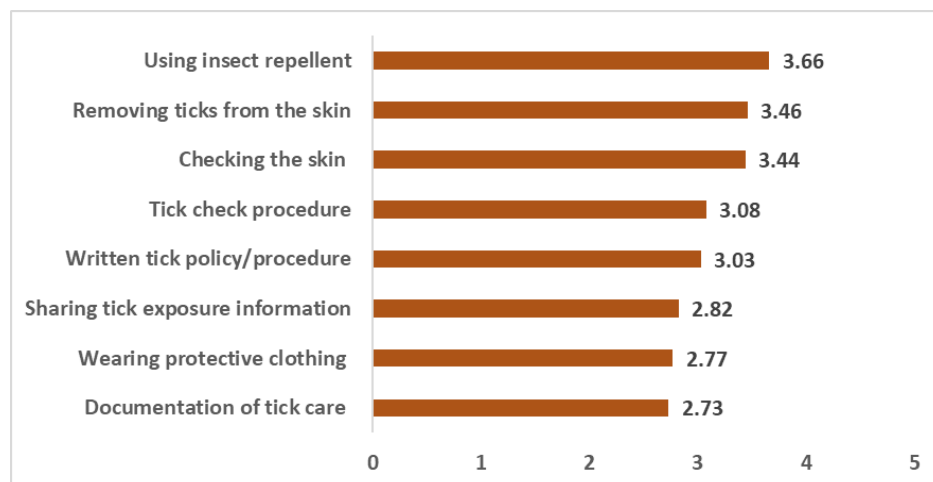
tick education to as part of their training or pre-camp efforts. Seventy-eight percent (121) were providing tick education to a variety of stakeholders such as staff, youth and adult campers, parents, and other caregivers (Figure 1). Tick education was predominately offered to staff, with 72% (112) of camps integrating tick education into their staff training, while only 18% (28) of camps offered tick education to parents and caregivers. This represents an excellent opportunity for educating parents and caregivers on ticks, tick bites, and tick-transmitted diseases.

Figure 1. Tick Education



The third question asked respondents to indicate the tick protocols and preventative measures their camp used on a 5-point Likert type scale, where 1= *never* and 5= *always*. Respondents were asked to select *never* if no protocols or preventative measures were used. The listed tick protocols and preventative measures for this question were informed from previous studies conducted by Beaujean et al. (2013), Gould et al. (2008), and Mitchell et al. (2020). Results indicate many camps are using a variety of preventative measures to prevent tick bites and Lyme disease (see Table 1). The most commonly used preventative measures were using insect repellent ( $\bar{x}$ =3.66), removing ticks from the skin ( $\bar{x}$ =3.46), and checking the skin ( $\bar{x}$ =3.44).

**Table 1. Tick Prevention Measures**



“  
The incidence of Lyme disease has risen exponentially over the course of the last decade.  
”

**Top Three Areas: Tick Repellents, Tick Checks, and Tick Removal**

Findings from the 2023 ACH member survey reported that repellent, tick removal, and tick checks were the three most prevalent tick prevention protocols utilized in the summer of 2023. These findings are also consistent with Gupta et al. (2018), who found that repellent, tick checks, and showering after time outdoors were among preferred methods of tick prevention in Delaware, a highly endemic area for Lyme disease. In this light, the remainder of this article serves to highlight these top three protocols by delving deeper into the nuances within each prevention protocol and providing clear guidance.

**Tick Repellents**

A vital step in tick bite prevention is the use of tick repellents. There are five main Environmental Protection Agency (EPA)-approved options. See Table 2 for more information on the use and efficacy of these products.

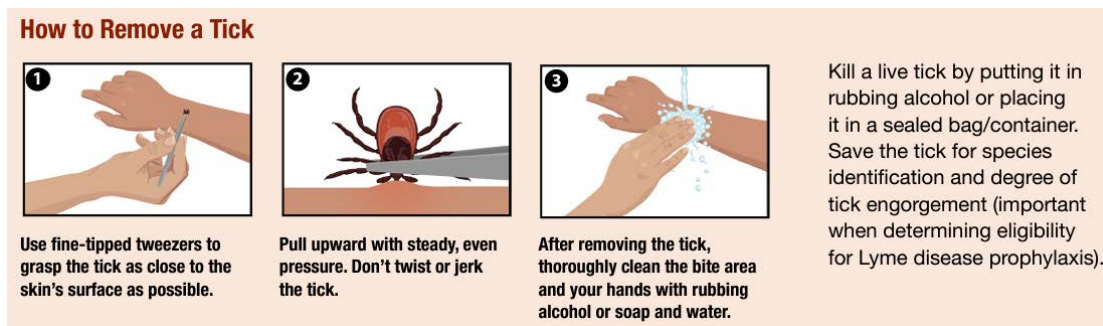
If you are planning on using a repellent to be applied to exposed skin, choose the lowest concentration to provide protection for the amount of time spent outside. For example, if you are planning on being outside for 2 hours, 10% DEET would be an appropriate choice. It is not advised to use >50% DEET concentrations. For children, it is recommended to only apply DEET-containing products once per day. Only apply skin-based repellents to exposed skin; do not apply to irritated or damaged skin. Apply in a well-ventilated area to minimize inhalation; if possible,

**Table 2. EPA-Approved Tick Repellents**

Type	Age	Concentration	Effective Duration	Notes
DEET (N, N-diethyl-metatoluamide)	> 2 months	10%-30%	2-5 hours	Higher concentrations provide longer effective duration. Can cause skin reaction.
Picaridin	>2 months	5%-20%	4-12 hours	Higher concentrations provide longer effective duration.
Permethrin (applied to clothing, shoes, and gear only)		0.5%	Effective over multiple washes; consider retreating clothing after five washings and shoes after one month.	Deemed the most effective method by American Academy of Pediatrics (AAP). Consider pretreating clothing prior to camp arrival. Do NOT apply to skin.
Oil of lemon eucalyptus (EPA-registered)	>3 years	8%-30%	2-6 hours	Higher concentrations provide longer effective duration. Do not use “pure” oil of lemon eucalyptus as it has not been tested for safety.
PMD (Para-methane-diol)	>3 years	20-26%	2-4 hours	Synthetic version of oil of lemon eucalyptus.

(Environmental Protection Agency, 2024a)

**Figure 2. Tick Removal Procedure**



Centers for Disease Control and Prevention (2021a).

aim for products that come in forms of sticks, lotions, or unpressurized sprays. Please assist children with application (Environmental Protection Agency, 2024b).

For children under 2 years old, aim to limit skin exposure to agents; spray onto clothing/hats when able rather than skin. Do not apply to the face or hands in order to limit risk of eye or mouth exposure. Avoid using combination repellent/sunscreen products as sunscreen needs to be reapplied more often than repellents and could lead to overexposure. Wash hands after application of repellent. At the end of the day, wash exposed skin with soap and water to remove the repellent. Launder clothing that has been sprayed with repellent. Always follow packaging instructions carefully (Burrow, 2018; Environmental Protection Agency, 2024b).

If considering treating clothing/gear with permethrin, check out the following video through the CDC: <https://www.cdc.gov/mosquitoes/mosquito-bites/how-to-use-permethrin.html>

## Tick Checks

When checking for ticks, feel with your fingertips for any bumps on the skin. Ticks will crawl on the body to find a warm, dark spot. Common spots for ticks to feed include:

- Under the arms
- In and around the ears
- Inside umbilicus
- Behind the knees
- In and around the hair
- Between the legs
- Around the waist (CDC, 2020)

Inspect any bumps carefully as they may be a tick. It can be helpful to use a full length and/or lighted mirror to visualize areas you cannot easily see and feel, such as your back (CDC, 2019b). At residential camps, tick checks are commonly done at the end of the day while preparing for bed. During pre-camp training, teach your counseling staff to prompt campers to check themselves for ticks as part of the cabin bedtime routine. Additionally, teach your counselors to be observant of changes in appearance of their campers (Erceg, 2016). It can also be helpful to teach campers to help check each other's backs or provide handheld mirrors for campers to check hard to see areas.

Observant counselors and cabinmates can help protect each other from ticks.

## Tick Removal

If a tick is found attached to a person, it should be removed as soon as possible (CDC, 2023; see Figure 2). If a tick is removed within the first 36 hours of attachment, the risk of developing Lyme disease is substantially reduced (Lantos et al., 2021). The best, simplest method of removing an attached tick is to use a pair of fine-tipped tweezers to pull the tick straight upward with steady pressure. The illustration below shows the full method for proper removal. Dispose of the tick by placing it in rubbing alcohol, flushing it in a toilet, wrapping it tightly in tape, or sealing it in a container/bag and discarding the container (CDC, 2021a).

After removing the tick, document the incident. If the desire is to send the tick home with the camper, place in a sealed container with an alcohol swab (CDC, 2021a). Health care staff should record the location of the bite and describe the condition of the surrounding skin. Document the conversation with the camper's family about the tick removal.

Finally, educate staff to monitor the individual for any signs of illness after the bite, even if they received antibiotic prophylactic therapy, as this therapy only reduces the risk of Lyme disease, not other tick-borne illnesses. In addition to monitoring the bite area for the erythema migrans (bull's-eye) rash, other common symptoms include, fever, chills, headache, fatigue, muscle and joint aches, and swollen lymph nodes (CDC, 2021b).

## Conclusion

Ticks can pose a threat to the health of the camp community, but with proper repellents, tick checks, and tick removal we can help keep the community safe. The research from the 2023 ACH member survey is the beginning of a 3-year research initiative supported by S. C. Johnson to further this research. Be on the lookout for ways to be involved in this initiative to become a TickWise space.

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## MESH: Looking Back to Look Forward

*Megan H. Owens and Rita Ann Laske*

MESH is the term that references the mental, emotional, and social health of individuals. MESH emerged as a rising concern after analyzing injury and illness data gathered during the inaugural Healthy Camp study (2006–2010), a joint venture between the American Camp Association (ACA) and Association of Camp Nurses (now called the Alliance for Camp Health, ACH). Specifically, the results suggested that the presence of fatigue in campers or staff might relate to the timing of injuries: late afternoon and evening at resident camps and morning time at day camps (ACA, 2011). The potential mitigating influence of fatigue propelled camp researchers to examine MESH-related behaviors that could further exacerbate challenging camp situations such as workplace fatigue (Dubin et al., 2020). Both ACA and ACH have engaged camp professionals through surveying methods to assess the presence and severity of MESH-related behaviors in U.S. camp programs. Each study provided an opportunity to refine the questions, which allows us to now track the reporting of MESH-related behaviors for campers and staff over time.

The focus of this article is to share the trajectory of MESH issues and showcase the question nuances and data tracking to help understand the broader issue present at

summer camp operations. We compare the data collected at three time points (2015, 2018, and 2023), describe available MESH resources, and conclude with a case study that showcases a model of communication that camp health providers may use when assessing their campers' MESH profile.

Data were gathered from camp professionals in 2015 and 2018 through the ACA fall online survey while camp health providers responded in 2023 through the ACH fall online survey. Part of the nuance and data trajectory relates to the specific questions asked. In 2015 and 2018, respondents identified the top three camper/staff MESH issues that were the most challenging to address at camp; whereas in 2023, respondents indicated the frequency of MESH incidents on a Likert scale 1 (never) to 5 (a great deal). Despite the different question structures, we can compare and contrast ratings of the MESH behaviors most prevalent at respondents' camps (see Table 1).

The most valuable insight gleaned from tracking MESH profile data has been the ability to identify the concerning behaviors as presented in camp settings over time. In 2015, MESH profile characteristics were identified through literature reviews and camp director reports with 10

**Table 1: MESH data trajectory**

Camper MESH Issues		
2015 (n = 215)	2018 (n = 359)	2023 (n = 152)
ADD/ADHD (60%)	Anxiety/Stress (71%)	ADHD (M = 4.17)
Anxiety/Stress (55%)	ADD/ADHD (44%)	Anxiety (M = 4.12)
Homesickness (53%)	Depression (38%)	Depression (M = 3.47)
Staff MESH Issues		
2015 (n = 209)	2018 (n = 359)	2023 (n = 145)
Anxiety/Stress (89%)	Anxiety/Stress (86%)	Anxiety (M = 3.64)
Depression (51%)	Depression (63%)	ADHD (M = 3.17)
Lack of Family Support (31%)	Lack of Age-Appropriate Social Skills (22%)	Depression (M = 3.06)



**Table 2: MESH behavior factors examined across surveys**

2015	2018	2023
Homesickness	Depression	ADHD
Anxiety/Stress	Anxiety/Stress	Anger
ADD/ADHD	ADD/ADHD	Anxiety
Depression	Eating Disorder	Depression
Eating Disorder(s)	Lack of Age-Appropriate Social Skills	Disordered Eating
Antisocial Personality	Autism Spectrum	Lack of Emotional Regulation
Family Support (lack of, dysfunction)	Abuse—Physical	Extreme Fear
Abuse—Physical	Abuse—Sexual	Panic
Abuse—Mental/Emotional	Abuse—Emotional	Runaway Camper
Drug/Alcohol Abuse	Abuse—Drug/Alcohol	Self-Harm
	Obsessive-Compulsive Behavior	Suicidal Ideation
	Separation Anxiety (do not include age-appropriate homesick struggles)	
	Anger/Rage Disorder	
	Antisocial Personality	
	Other	

*Note: Items listed in the order as provided on questionnaire*

items included in that list (see Table 2). In 2018, five items were added in relation to psychiatric and neurodivergent diagnoses. The 2023 list returned to 10 items after a thorough winnowing process that involved an expert panel of pediatricians, camp health providers, and camp directors (Garst et al., 2024).

The 2015 and 2018 data enabled camp professionals to identify MESH areas of concern, which led to the development of the ACA Healthy Camp Toolbox and inaugural class of camp professionals certified as Mental Health First Aid trainers. The 2023 data allows camp researchers to statistically track the frequency of MESH behaviors over time. Today, more resources are available to prepare staff for the forthcoming challenges related to campers' MESH needs as well as establish equally valuable personal self-care techniques.

While our understanding of MESH began with recognizing the potential influence of personal fatigue, we know now that a MESH profile is complex and influential to one's camp experience. As we enter summer 2024, the list of resources provided in Table 3 can support the preparations for staff and campers to work toward more successful camp experiences. A separate case study is included to showcase a model of assessment and communication when addressing campers' MESH needs on-site.

### Case Study: Caring for One Camper's MESH Needs

The nurse has just completed evening medication distribution and has returned to the health center. The nurse is completing medication documentation and then

returns medication to locked storage. The nurse then notes that a camper and counselor are knocking on the health suite door. The nurse invites them in. The counselor reports "This is Victoria who is 10 years old. She has been very quiet today and crying this evening. She has some cuts on her right arm that are bleeding. I brought her here so that you could look at them." The camper, Victoria, is sitting in a chair and is no longer crying but is looking at the floor. The nurse approaches her and asks to see her arm.

Upon inspection, the nurse notes various scratches that are bleeding. She also assesses that there are other areas on both arms with additional scratches that are healing or scarred. The nurse also notes that Victoria's fingernails are long and pointed. She begins to question Victoria on how the scratches occurred. Victoria responds "I feel sad and mad. Nobody in my bunk wanted to sit next to me at dinner today. So, I scratched myself." The nurse asks why Victoria scratches herself when she is "sad and mad." Victoria states "I just do it with my nails, and it makes me feel less mad and sad."

The nurse cleans the scratches and applies a dressing. The nurse reviews the camper profile and notes that there is no history of any medical conditions or MESH needs. The nurse realizes that two specific things are occurring with Victoria:

- 1. Victoria is exhibiting self-harm behaviors by cutting herself with her sharp nails.** Self-harm is a behavior in which a person purposely inflicts physical injury resulting in pain. It is often done because of some type of emotional stress that the person may be experiencing. This emotional stress can be due to depression, anxiety, abuse,

**Table 3: MESH Resources for Camp Professionals**

<b>Alliance for Camp Health:</b> <a href="https://allianceforcamphealth.org">https://allianceforcamphealth.org</a>
<ul style="list-style-type: none"> <li>• <b>MESH Resource Guide 2.0:</b> strategies for managing camper MESH needs and creating a healthy MESH camp culture</li> <li>• <b>MESH Pocket Guide:</b> pocket size MESH guidance for camp staff that includes tips for managing camper MESH needs and self-care strategies for staff</li> <li>• <b>MESH Protocols and Guidelines:</b> templates for camps to use when creating personalized MESH programs for camps</li> </ul>
<b>American Camp Association:</b> <a href="https://www.acacamps.org/resources/healthy-camp-toolbox">https://www.acacamps.org/resources/healthy-camp-toolbox</a>
<ul style="list-style-type: none"> <li>• <b>Pre-Camp MESH Checklist:</b> screening tool to be used by camps to support campers and staff</li> <li>• <b>Assessment of a Camper’s Behavior of Concern:</b> tool to guide conversations with parents about their camper, focusing on: (a) Is the camper ready for camp and is the camp able to accommodate the camper’s needs? and (b) to develop a plan with guardian/parent for camper’s stay at camp.</li> </ul>
<b>Mental Health First Aid:</b> <a href="https://www.Mentalhealthfirstaid.org">https://www.Mentalhealthfirstaid.org</a>
<ul style="list-style-type: none"> <li>• <b>Mental Health First Aid Course:</b> training to learn how to support campers and staff with MESH needs including anxiety, depression, ADHD, disruptive behaviors, substance use, and eating disorders. Classes can be in person or virtual.</li> </ul>
<b>Center for Disease Control and Prevention (CDC):</b> <a href="https://search.cdc.gov/search/?query=Children%20mental%20health&amp;dpage=1_">https://search.cdc.gov/search/?query=Children%20mental%20health&amp;dpage=1_</a>
<ul style="list-style-type: none"> <li>• <b>CDC</b> website has many articles and resources that address children’s mental health including statistics, therapies, and strategies to meet children’s needs.</li> </ul>
<b>Helpful Articles</b>
<ul style="list-style-type: none"> <li>• <b>Walking Through a Panic Attack (MESH Blog, Gaslin May 2017):</b> a short case study with communication techniques and other strategies that camp staff can use when a camper has a panic attack</li> <li>• <a href="https://s3.amazonaws.com/amo_hub_content/Association1124/files/Walking%20Through%20A%20Panic%20Attack%20-%20May%202017.pdf">https://s3.amazonaws.com/amo_hub_content/Association1124/files/Walking%20Through%20A%20Panic%20Attack%20-%20May%202017.pdf</a></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Treating What You Can’t: Meeting Mental, Emotional, and Social Health Needs at Camp:</b> article providing an overview of how camp leaders and health care providers can address MESH needs.</li> <li>• <a href="https://s3.amazonaws.com/amo_hub_content/Association1124/files/MESH%20Article%20-gaslin.pdf">https://s3.amazonaws.com/amo_hub_content/Association1124/files/MESH%20Article%20-gaslin.pdf</a></li> </ul>
<ul style="list-style-type: none"> <li>• <b>The Spirit of Camp Care:</b> <i>CompassPoint</i> article outlining the steps camps should take to care for campers with MESH needs.</li> <li>• <a href="https://s3.amazonaws.com/amo_hub_content/Association1124/files/Spirit%20of%20Camp%20Care.pdf">https://s3.amazonaws.com/amo_hub_content/Association1124/files/Spirit%20of%20Camp%20Care.pdf</a></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Fostering a Feeling to Cross the Generational Divide.</b> Article in <i>Camping Magazine</i> that highlights the MESH needs of different generations and how we are more alike than different.</li> <li>• <a href="https://www.acacamps.org/article/camping-magazine/foster-feeling-cross-generational-divide">https://www.acacamps.org/article/camping-magazine/foster-feeling-cross-generational-divide</a></li> </ul>

bullying, low self-esteem, or eating disorders.

2. **Victoria’s self-harm indicates a need for better coping behaviors.** One common method of self-harm is cutting. Self-harm may feel like a “release.” It can stimulate the body’s endorphins and raise a person’s mood. Victoria’s cutting behavior may be a way she copes with her feelings of “sadness.”

As a nurse trained in MESH interventions, the nurse will act quickly to support Victoria by offering emotional support and focusing on what is causing the self-harm behavior. The nurse will remain calm and caring while clearly speaking to Victoria. Some communication techniques include:

- Ensuring a safe environment for Victoria where she is not left alone. Self-harm behaviors are rarely associated with suicidal thoughts. However, Victoria should not be alone and needs to feel supported. “Victoria, we are going to stay with you so that you are not alone.”
- Using active listening and remaining nonjudgmental

when speaking with Victoria. “Victoria, I am here with you, and I am listening to you.”

- Reassuring Victoria that it is safe to be honest about what she is going through. “Victoria, this is a safe place for you to share what is going on with you.”
- Asking Victoria about what might be causing her feelings while not focusing on the self-harm itself. “Victoria, I am here to help you. Can you tell me what you are feeling?”

The nurse and the counselor remain with Victoria in the health center. Victoria reveals that her parents are divorced and that her father has remarried. She states, “My father has a new family with a baby and does not want to see me anymore.” To ensure Victoria’s safety, the nurse asks the counselor to remain with Victoria while she contacts the camp director. She suggests to the counselor that Victoria might spend the waiting time doing an activity like drawing or coloring. The nurse knows that an activity like coloring or drawing can be helpful with campers experiencing difficult feelings.

The nurse recalls that self-harm behaviors may be part of a larger condition like depression and anxiety and that Victoria needs further intervention that cannot be delivered at camp. The nurse recommends that the camp director reach out to the custodial parent (mother) about Victoria's situation and the need for further care. The camp director calls the mother and encourages the mother to pick up Victoria. The mother tells the director that Victoria has been "sad at times about the divorce" but did not think anything else was wrong as Victoria was doing well in school. The mother picks up the camper from camp and plans to take her to a crisis center.



The mother called the camp director the next day and told him that Victoria was seen at the crisis center and is starting psychotherapy. She thanked the director and staff for helping Victoria. Due to early recognition of the cues of MESH needs by the counselor, the nurse was able to intervene early and create a solution for supporting Victoria's safety and MESH needs. The nurse and camp director quickly realized that Victoria's MESH needs could not be successfully met by the camp staff at this time. The nurse and camp director worked as a team with the parent to ensure that Victoria had the additional care and support she needed to be safe.

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# Increased Access to and Training on Automated External Defibrillators for Layperson Staff

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## Introduction

Following the national attention of Damar Hamlin's emergent cardiac event in the National Football League in January 2023, leadership at a camp in New England expressed the need to evaluate their automated external defibrillator (AED) location sites and staff training to ensure layperson staff were knowledgeable and had timely access to resuscitation equipment. The residential summer camp is considered a rural location, with the nearest hospital 23 miles away. The average emergency medical service (EMS) response is 14 minutes for a rural area and greater than 6 minutes for a developed urban area (Buick et al., 2018; Mell et al., 2017). The average emergency response times leave individuals who suffer an out-of-hospital cardiac arrest (OHCA) with a considerable amount of time without rapid defibrillation unless a layperson or bystander accesses and utilizes an AED.

The lifesaving potential of AEDs in OHCA is well documented, indicating that bystander or layperson AED use leads to increased survival and more favorable neurovascular outcomes (Grubic et al., 2022; Holmberg et al., 2017; Pollack et al., 2018). However, laypersons only use AEDs on average 9% of the time for the estimated 357,000 out-of-hospital sudden cardiac arrest (OHSCA) that occur annually due to lack of access, lack of training, and lack of psychomotor skills in performing cardiopulmonary resuscitation (CPR) and applying an AED (Emory University [EU], 2021; Grubic et al., 2022; Pollack et al., 2018).

Despite the benefits of AED utilization by laypersons, barriers such as lack of self-efficacy, knowledge, access to AEDs, and high costs hinder widespread use (Emory University, 2020; Owen et al., 2018; Souers et al., 2021). Addressing these barriers through targeted training and retraining programs, as well as strategic AED placement, can significantly improve the rate of AED use in OHCA and support the goals of Healthy People 2030 (Fan et al., 2020; Hawkes et al., 2017; Hsieh et al., 2018; Jaskiewicz et al., 2022; Liaw et al., 2020; Liu et al., 2021; Sondergaard et al., 2018).

## Purpose Statement

This quality improvement project aimed to 1) enhance self-efficacy in AED usage during OHCA events by reducing barriers and 2) strategically increase on-site AED placements for swift access within three minutes of an incident. The aims were complemented by reality-informed, in situ training, aligned with the American Heart

Association's (AHA) recommendations, to aptly prepare layperson staff for potential OHCA scenarios.

## Project Setting

The camp in New England serves over 1,000 female-aligned campers each summer. The camp offers diverse activities and is on 231 acres with a significant lake waterfront. Before campers' arrival, seasonal and year-round staff undergo setup, training, and certification. Training on CPR and AED use was provided by American Heart Association-certified instructors. The training was realistic and site-specific, focusing on areas prone to OHCA. In adverse weather, sessions were delayed for safety.



**The average emergency medical service (EMS) response is 14 minutes for a rural area and greater than 6 minutes for a developed urban area.**

## Participants

Individuals hired to work at the camp during summer 2023 and considered staff were eligible for participation. This camp employs approximately 145 year-round and seasonal staff, with the majority being female due to housing considerations and the camp being a female-aligned residential camp. Staff ranged in age from 16 to 76 years old and came from various locations throughout the United States and internationally. All staff were considered eligible participants in the project unless a physical or mental health concern limited their participation in the training or declined to participate.

## Procedures

A multifaceted approach was employed, which included certified Basic Life Support (BLS) instructor-led CPR/AED staff training, assessment of AED location awareness, evaluation of training efficacy using the Basic Resuscitation Skills Self-Efficacy Scale (BRS-SES), and conduction of



four mock OHCA drills. Emphasis on training, protocol, and equipment acquisition ensured best practices in staff for long-term sustainability. Data from pre- and post-surveys underwent statistical analysis via the Mann-Whitney U.

### Interventions and Data Collection

Before project initiation, the camp acquired four new AEDs, an AED trainer, manikins, AED signage, and cabinets for AED storage. The project leader set up the equipment per manufacturer guidelines. A maintenance team member placed AEDs in locations identified by the project leader.

#### Intervention One

The initial intervention increased AEDs at camp from two to six, based on a walking-route model using a 2.3 m/s average layperson speed during OHCA in high-risk areas. High-risk zones identified included waterfronts, sports fields, courts, challenge courses, and communal areas (Evans, 2015; The Redwoods Group [TRG], 2019).

#### Intervention Two

A CPR/AED proficiency evaluation was introduced for staff with current certifications., certified instructors performed initial or recertification training onsite during staff week. The CPR and AED skills checkoff was reality-informed and in situ for all eligible staff. Prior training boosts self-efficacy, which dwindles over time, underlining the need for ongoing training (Abelsson et al., 2020; Jaskiewicz et al., 2022). Before staff received CPR and training on AEDs, eligible staff completed the modified Basic Resuscitation Skills Self-Efficacy Scale (BRS-SES) questionnaire online for baseline data on basic resuscitation skills self-efficacy.

After training and skills checkoff, staff completed another BRS-SES survey to evaluate for increased self-efficacy.

#### Intervention Three

Following prior interventions, biweekly, reality-informed, and in situ/mock OHCA drills were scheduled using an AED trainer—the same model as AEDs onsite emphasizing real-life scenarios. Exercises resembling possible real-life situations more accurately reflect the effectiveness and capabilities of the staff (Cheng et al., 2020; Cheng et al., 2018).

#### Evaluation

All data collection was completed and saved in a confidential manner.

Outcome Based Measures evaluated were:

1. 100% of eligible staff will be trained in basic CPR/AED use for adults and children.
2. 100% of eligible staff will be able to correctly identify all AED locations at camp.
3. 100% of eligible staff will show increased self-efficacy following completion of CPR with AED training

### Statistical Methods

Descriptive and frequency statistics outlined the sample demographics. Survey response distributions were tested for normality with Shapiro-Wilk tests. When assumptions were violated, Mann-Whitney U tests compared pre- and post-intervention responses. Non-parametric analyses reported medians and interquartile ranges.

## RESULTS

### Statistical Analysis

The average age was 22.1, with majority being female ( $n = 172$ , 90.5%), English-speaking ( $n = 179$ , 94.2%), White ( $n = 178$ , 93.7%), and at least graduated high school ( $n = 101$ , 53.1%). Surprisingly, participants did not feel they had adequate access to an AED in the event of a cardiac arrest

at the camp ( $n = 39$  20.5%) and maybe knew where the AEDs were located ( $n = 37$  (19.5%). Most had recent CPR training within a year ( $n = 111$ , 58.4%), hadn't witnessed a cardiac arrest ( $n = 185$ , 94.7%), or hadn't used an AED ( $n = 189$ , 99.5%).

Significant differences were observed in pre- and post-

BRS-SES surveys (n=190) showing enhanced self-efficacy (See Appendix C). AEDs on-site rose from two to six, and 100% of staff proficiently identified all AED locations post-training. For the survey questions, there were statistically significant differences for every question between the pre-intervention and post-intervention groups,  $p < 0.001$ . Increases in self-efficacy scores ranged from three to four points on various CPR and AED-related actions.

## Discussion and Recommendations for Practice

The increase in self-efficacy played a pivotal role in enhancing response times and layperson staff's willingness to access and utilize an AED. Drawing from Bandura's (1977) self-efficacy theory, participants had higher self-efficacy scores in the post BRS-SES survey, leading to faster actions during the realistic and mock OHCA drills. This correlation between training and increased self-efficacy highlights the importance of consistent and comprehensive AED instruction for optimal response during an OHCA.

The realistic and in situ training provided staff with hands-on experience that closely mirrored potential OHCA scenarios at camp. This approach not only augmented staff skills but enhanced their confidence and decision-making abilities under pressure. By simulating the urgency of real-life emergencies, the training ensured that staff were well-prepared, mentally, and technically, to respond swiftly and effectively to OHCA events when they occurred.

## Implications for Practice

Camps and similar organizations are encouraged to continue CPR/AED training. Conducting realistic and in situ training before the start of summer sessions serves the dual purpose of refreshing staff skills with current certifications and training new staff members. The camp nurse plays a pivotal role in leading and initiating these training sessions and mock drills, setting a benchmark for other staff members, and ensuring medical expertise is at the forefront. The practice of regular mock drills enhances skills retention and prepares layperson staff to effectively handle emergencies like an OHCA in their specific work areas. According to AHA guidelines, AED devices must be easily accessible, in working condition, and routinely maintained per manufacturers' recommendations, along with prominent signage identifying AED locations (American Heart Association [AHA], 2018). Signage assists camp staff, campers, and visitors that should be onsite in the event of an OHCA (Fortington et al., 2020). Establishing methods for staff feedback and debriefing is essential to enable staff to share concerns regarding AED utilization and emergency procedures.

## Sustaining the Practice

Stakeholder engagement is crucial to bolster support and secure additional resources for AED procurement, maintenance, and training. Stakeholders include camp leaders, parents, local medical community members,

and board members. The camp nurse plays a role in ensuring sustainability by bridging the medical and camp community, often serving as a key advocate for ongoing training and resource allocation. Organizations can benefit from following International Liaison Committee on Resuscitation (ILCOR)/AHA and American Camp Association's (ACA) latest guidelines and collaborate with local EMS for updated training and resources. For the long-term sustainability of the above recommendations, camps might consider training selected staff to become certified AHA instructors to ensure the program has continuity and that the certified instructors can continue to educate and train new and recurrent staff every year.

## Strengths and Limitations

The project was initiated based on a real-world event and concerns about OHCA, which created a genuine motivation for camps to improve access to and training on AEDs. All of the outcome-based measures were successfully achieved. In-depth, real-world training ensured staff readiness for emergencies. The use of Bandura's self-efficacy theory created a strong foundation for the interventions, which provided invaluable insight into the importance of self-belief in effectively administering CPR and utilizing an AED in the event of an OHCA.

However, there were limitations. The Mann-Whitney *U* method may have introduced bias, treating repeated participant data as distinct. Regular training can counterbalance the high post-intervention self-efficacy scores risk of overconfidence, which might decrease performance (Abelsson et al., 2020; Bushuven et al., 2023; Moores & Chang, 2009; Yoon et al., 2019). The participant pool lacked diversity, limiting broader applicability. Relying on self-assessment might not mirror actual OHCA responses. However, these limitations offer opportunities for the project to refine itself further or serve as guidance for related ventures. Future recommendations would include a more long-term project, matching identification, and greater diversity among participants.

## Conclusion

This quality improvement project emphasized the value of reality-informed, in situ CPR/AED training in rural settings, enhancing staff self-efficacy for timely OHCA interventions. This boost in self-efficacy in CPR and AED use not only improved emergency responses but may ultimately save lives with good neurological outcomes in rural areas for patients who experience an OHCA. The outcomes underscore the project's significance and set a benchmark for similar organizations or rural institutions. Staff participation in realistic training fortified their readiness, aligning with Bandura's stress on self-efficacy and breaking down AED access barriers. Continuous evaluations, EMS collaborations, and expert advice are key to ensure sustained impact and benefits. The findings accentuate the profound effects of hands-on training on staff's self-efficacy during OHCA in rural areas.

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# Your Camp Health Services

## Essential Tips for Success

Bev Unger, RN

Camp health services are the cornerstone of health and safety. From managing small injuries to medical emergencies, it is the area of camp that encompasses care, safety, health promotion, injury prevention, illness and injury management, and the overall “make you feel better” place. Hiring the right health staff and setting them up for success with appropriate tools, staff training, and solid processes are key to the success at summer camp.

When there is a crisis, an injury, or an illness, the outcome can be devastating if not managed in a timely and effective way. Creating the best health center experience requires alignment of services to ensure the health program is going to deliver what your camp needs.

When planning to provide health services, there are multifaceted areas to take into consideration in order to provide a quality comprehensive health program and to promote healthy camp communities. Here we review some of those essential elements to establish successful summer health services.

### A Place to Provide Health Care—What Is in a Name?

An early consideration of the health program begins with location—where will health services and health care be provided at camp? Think outside the box (building). Health care can and should be provided all around camp; it is not a one-size-fits-all. Health staff will need to be flexible to meet campers and staff needs where they are.

Does your camp have an identified building where health services are offered? Is it offered under the shade of a tree? Is it anywhere around camp where first aid, emergency care, and routine practices of medication administration can be provided? Wherever your camp health care is provided, the focus should be on health promotion and wellness as a priority.

Evaluate how you refer to the physical space where health care is provided—does it reflect a feeling of care, wellness, and safety, or does the health center name reflect illness, using terms like infirmary? *Infirmary* implies unwell, hospital, sanatorium, sickbay: these terms do not support health promotion and wellness. Consider focusing on the positive side of health care by using names that reflect a more sensitive and friendly approach (such as health center or wellness hub).

### Health Staff

The health staff you hire will be the key to successful outcomes in times of crisis, injury, and illness. The success of not only your health center and services, but of your camp’s reputation can be directly related to the quality of the health staff.

There are several questions to consider exploring when determining the level of care you require from your health team. Determining what skill sets are required to meet the medical and physical needs of your campers and staff depends on the goals of your health program. Explore what responsibilities your health team will need to perform services such as medication administration in camp or on trips, management of safe anaphylactic processes, response to an asthma attack, assessment of musculoskeletal injuries, common illnesses, and responses to quick, lifesaving treatment.

Consider these questions as you determine appropriate health staff for camp.

1. How capable is the staff in managing a mental health crisis?
2. Who is providing support to campers and staff in crisis and those who are bystanders?
3. Are your staff skilled to provide trauma-responsive care?
4. Do you have the staffing to assess and







## The health staff you hire will be the key to successful outcomes in times of crisis, injury, and illness.

care for a camper who is vomiting and has a fever if you run an overnight camp?

5. Do they have the skills to oversee a communicable disease outbreak?

Will health staff be able to provide camp leadership with support and guidance during any health crisis that may rise on any given day?

The answer to these and many other questions will help to determine the level of care or scope of practice you require in your health staff. There are options for health care providers that offer a range of scopes of practice and skill sets. Many of the titles for these roles are dependant on the location where you live, some examples include:

- Regulated or Credentialed Care Providers: nurse practitioner (NP) registered nurse (RN), licensed practical nurse (LPN/LVN/RPN), and physicians/ doctors (MD).
- Unregulated Care Providers (UCP) or Unlicensed Assistive Person (UAP) includes, but are not limited to:
  - Student in a nursing program — note student nurses cannot use the term nurse in their working title.
  - A nurse who is not licenced in the state or province where they are working.
  - Paramedic or emergency medical technician (EMT)
  - First aid-trained staff.

It is important to ensure anyone providing services for your campers and staff are appropriately trained and/or credentialed to provide the care needed by your population. Camp owners and directors are responsible for ensuring a nurse or physician is licensed or certified to work in your state/province.

You are encouraged to dedicate time to hiring the right person(s) for your health team and to take early and effective steps to retain health staff for subsequent years. It is never too early to plan and talk about retention. Some ideas for retention may include engagement with leadership, building relationships with camp staff including facilities and dietary teams, and identifying the health staff needs and aspirations for a safe summer experience. Never underestimate the value of education by providing access to resources, education courses, and trainings. A membership to the Alliance for Camp Health ([www.allianceforcamphealth.org](http://www.allianceforcamphealth.org)) can go a long way to showing you are committed to promoting education, mitigating camp risk, and advancing health services.

## The Health Team—Who Is on Your Team?

When you think of your health team, think beyond your nurses, doctors, and first aiders. The general well-being and care and concern of campers and staff is a shared responsibility.

The camp health team should consist of anyone on site responsible for the care and well-being of campers and staff. A solid group of individuals who each have a different focus on the camp health program—not just the staff you hire in your health center. The camp director, members of the senior staff team, the maintenance lead, kitchen staff, bus drivers—the entire camp community should be involved in monitoring and addressing any health concerns of participants.

Everyone on the team should be considering the effects of the sun, the importance of hydration and eating well, handwashing, the effects of extreme weather warnings, and safety issues. Messages of proper hygiene, sunscreen application, and drinking lots of water should be communication that is heard from everyone at camp. Health and safety are top priorities for all.

## Orientation and Engagement of the Health Staff Prior to Camp

Once health staff are hired, providing a solid orientation before they arrive will help ensure they are prepared for the role and have the necessary tools to carry out their job once they are at camp.

Providing a layout or a map of the camp will help them become familiar with the site and able to assist in case of emergencies. Knowing the workspace and accommodations (overnight camp) offers staff an idea of what they need to bring to make their space feel like their summer home. Let them know what is provided and not provided. A packing list that includes items they may want to consider bringing—a kettle for making tea, personal items, snacks, a refrigerator, a night light, or special linens—is also helpful. Include a list of clothing and personal items they may need. Tell them about events or theme days so they can get involved in the special camp moments. Provide ideas on how they can participate in the camp program: encouraging involvement and having fun with campers and staff is a guaranteed way to increase the fun of camp for everyone and promote quality connections and belonging.

Provide a list of health supplies and equipment the camp has on hand and determine if there are other supplies required to perform their job effectively.

Offer a job description with specific and clear details regarding the job. Make sure to include:

- Daily routines and an outline of a typical day
- Pre-camp teaching expectations—what education will the health staff provide during pre-camp training?
- Arrival day and departure day responsibilities
- Medication management—how are medications stored, administered, documented, and

managed at different times of the day, on trips, excursions, or outings?

- Communication expectations with families prior to camp and during the summer—who contacts caregivers when campers are injured or unwell?
- Who do the health staff report to, and what are the lines of communication within camp?
- Preparation for off-site trips.
- Night care expectations/on-call duties (overnight camps).
- Role in emergency situations.
- Days off expectations

Before camp starts, share all camp policies—especially those that are health related. Encourage meetings and opportunities to connect with others who have a direct impact on the health program such as other health staff, mental health support, senior staff, food service, and facilities. Provide a copy of the camp health manual to health staff. This should include a list of treatment guidelines, policies, and procedures. Share the location of emergency equipment such as AED(s), first aid kits, naloxone, epinephrine auto injectors (EpiPen®, Allerject®, Auvi-Q®, AdrenaClick®, Symjepi™).

Review how health visits and health care provided to participants are documented. If you use a specific management software or electronic medical record (EMR) program, provide training *before* staff need to document their first health visit or interaction. Offer samples of other documentation the health staff will need to be familiar with such as near-miss or incident reports, insurance claim forms, and others specific to your camp.

Share information on health conditions and needs of the participants during health staff's time at camp so they can ensure familiarity with the medical care and needs of those participating in the program.

## Health Information

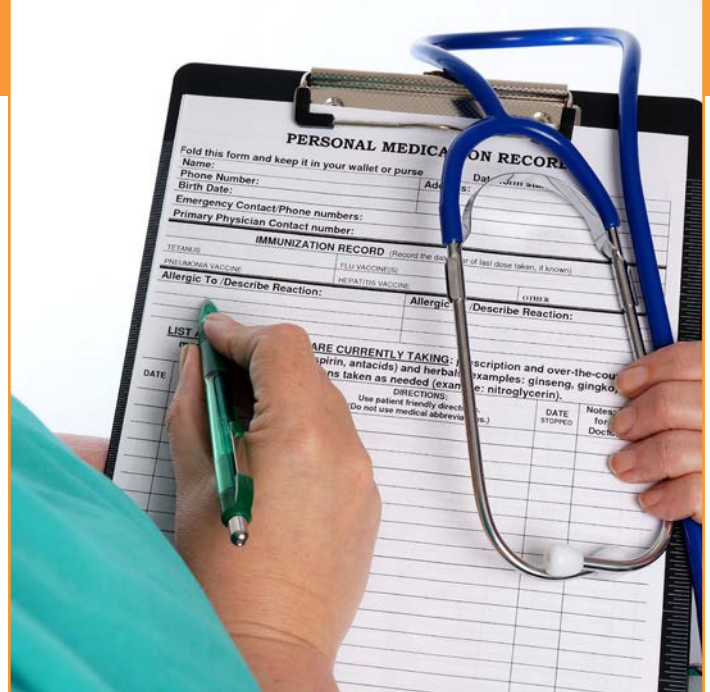
Health information should be obtained for campers and, where possible, for staff long before camp begins.

Health information reported by caregivers and staff should be shared with health staff prior to arriving on site and within a time frame that provides the health team an opportunity to follow up on issues or concerns and prepare for the first day of camp and beyond.

It is important for the camp nurse or other care providers to connect with families regarding health issues that may require specific or special care. Some examples may include medication requirements, asthma, anaphylaxis, cardiac issues, diabetes, seizure disorders, anxiety, behavioral health concerns, and the like.

Gathering additional information on special issues could be done through a supplementary document. Whenever clarification is required or further details are necessary to provide the appropriate care for individual campers, a phone call from one of the health team should also be made. This is good practice and will begin the trusting relationship between the health team and the family.

If health care providers have the opportunity to meet



with families at drop off or at buses, that is ideal—especially if medication is being transferred to the camp or if a camper has need for a special plan of care for medical issues. Just being present can often marginalize future safety issues.

## Health Education

Engaging the health team in your summer preparation plans will help to ensure a smooth process into the camp routines. Your health care staff are a fantastic resource for all things related to health and wellness so begin a solid trusting relationship and make sure all staff have what they need to do a do their job.

Consider including a variety of individuals who can support your educational efforts during pre-camp and throughout the summer. Their support with training could cover areas such as staff self-care; physical and mental health; allergy and anaphylaxis management; special diets, such as celiac, diabetic, vegan; sun safety and application of sunscreen; emergency management, such as potential orthopedic or head injury, choking, wasp / bee stings; when things go wrong — how to help an injured or ill camper; incident reports; visiting the health center — when, how, why; communicable or infectious disease processes; sharing camper health information; use of first aid kits; and much more!

Ongoing health education is important and should not end during the initial orientation effort. Utilizing the expertise of the health team at staff meetings, mealtime, and during programing contributes much to the health and well-being of everyone at camp.

## Policies and Procedures

An important task to be carried out on an annual basis is a review of all camp policies and procedures. Utilizing the expertise, experiences, and skills of your health team—both those who will be on-site in the upcoming summer and those who worked in your health center in recent years—will allow you to explore the needs for the next camp season. Review what worked well, what could

be improved, if the needs of campers and staff were met with the current policies, if policies need to be reviewed and/or updated, space issues, responses to emergencies and routine procedures, treatment guidelines, and how to retain your health staff. An evaluation of these areas will advance the functionality of your health services each year.

Once a policy review is completed, update the camp health manual with the goal that policies and procedures outline the health activities and services provided at camp, are accurate, and align with actual practice. This is an essential step for quality and authenticity of care. The Alliance for Camp Health produces a *Health Center Manual* ([allianceforcamphealth.org/shop/](http://allianceforcamphealth.org/shop/)) template for camps to use as they consider what might be included in their own manual. Each camp is diverse and so should the health manual be.

## Trips

Trips can be a big part of camp from day trips that last an hour to excursions that go into the wilderness for multiple days—planning is key to the success of everyone's health and safety. Involving your health team early will help to ensure processes and plans are in place that reflect best practices in health care delivery.

Discuss the list of supplies being sent on a trip for both general first aid and emergency care. Consider communication abilities with camp and the health team, water supply management, medication management, allergy management, handwashing, and other potential education that trippers may need.

Ensure caregivers are fully informed on who will manage health needs on a trip—often it is assumed a regulated care provider will accompany a trip. Caregivers should be aware of trip practices as they relate to health, in particular medication administration and management of special health needs.

Plan for pre- and post-trip assessments of campers and staff, in particular for excursions that last more than one night off-site, and ensure your health team is well prepared to execute the assessments. The assessment will provide a good picture of the health of each individual when they return from a trip and will ensure any health care needs are promptly addressed.

## Emergency Response/ Crisis Response Plan

As you plan for emergency and crisis responses within your camp it is good practice to obtain input from a variety of resources in the creation of your procedures. The scope of practice of health care members will help you decide the role they will play during an emergency or crisis.

The obvious care of the ill and injured is a clear role; however, others could play an important role if you know the skillsets of your team. If a registered nurse is also a wilderness first responder, that nurse will have additional skills that most nurses have not been trained to perform. Care providers and UAPs may have training in crisis, emergency, and sometimes in disaster management.

Know your health staff and their strengths to be able to maximize support if needed and be sure to follow the legal requirements of your state/province for each individual.

## Wrap Up—Closing the Health Center

Before camp season comes to an end, it is prudent to plan how to close down the health center with the mindset of getting ready for next season. Camps invest a great amount of money into health supplies—keeping them protected when camp is closed will ensure the inventory and supplies are in good shape for subsequent seasons.

When deciding what type of containers or bags required to store your items, keep in mind where they will be stored, as this will determine the type of packaging needed to keep everything protected from the elements, animals, and pests. Items that do not need special storage can be stored in plastic bags or sealed containers right in the drawer or cupboard they are kept in during the summer. Covering these items will help to decrease the amount of cleaning time when unpacking (small critters may get into drawers and cupboards and walk all over clean supplies, leaving behind some not so pleasant surprises).

Consider how and where you will pack and store supplies that may spoil, become contaminated, or deteriorate if left in the elements or kept in a camp building. Consider if extreme temperatures may impact the supplies, and make decisions accordingly to protect from extreme heat or cold.

Plan and pack according to what supplies may be required if you operate outdoor education programs or off-season programs. Are you going to use the same health supplies in the fall, spring, or winter that you use in the summer?

Some key factors to consider when ending your summer season:

### **Health Records**

Health records are legal documents and as such need to be stored according to your state or provincial laws on privacy and record-keeping. Health records include medication administration records (MAR), camper and staff health forms, health visit notes, and incident reports. These may include insurance forms and other documents depending on your local laws.

Storing documents in an electronic format is one of the best ways to keep records from being impacted by outside variables or from being lost in the shuffle. Electronic records are easily accessible in the off season as well if needed. If you use paper documents, they should be kept in a secure location where they can be accessed year-round if required, according to the protection of personal records.

### **Medications**

When you are packing medication, consider the type of med you are storing, and read the guidelines for safe storage on the package. Some medications will freeze, and others cannot be subjected to extreme temperatures. Liquid medication, gel capsules, creams, ointments, lotions, epinephrine auto injectors, saline, burn packs, and any items that can lose their effectiveness or may be destroyed

by severe heat or freezing temperatures must be stored in a temperature-controlled, dry location where they will be protected from the elements.

Before storing medicine, check the expiration dates and make a plan for any meds that will not be usable through the end of the following season. Remember to check all types of meds: pills, liquid, ointments, creams, epinephrine auto injectors, etc. Discard expired medications appropriately.

Check all first aid kits (FAKs). As a general rule, medications are not stored in FAKs, but if there are exceptions, be sure to collect and check those medications for potential use in the future and store securely.

If you have a sharps container, check your local requirements for proper disposal.

### **First Aid Supplies**

Tightly closed storage bins that seal well and plastic storage bags can be the best items for storage of first aid supplies and paper products. Bandages, Band-Aids, wraps, Coban, gauze, slings, triangular bandages, tissues, toilet paper, paper cups, paper towel, and other like items can become great nesting opportunities for critters (rodents) to make nests during cold months. A secure packing system is a must to keep these supplies in good shape for the following season.

Like liquid medication, some liquid supplies such as saline, sterile water, cleansers, sprays, and ointments should be stored in a temperature-controlled, dry location where they will not freeze or become too warm.

Collect all FAKs from around camp and restock so they are ready to go for the following season. All FAKs should have a label adhered to the inside indicating when they were last checked and restocked. Remove items that will expire before the end of next season and make a list of those items so they can be purchased and easily restocked before camp starts.

Other pieces of equipment around camp that fall under the realm of health and should be collected and stored according to the needs of your camp include an AED, oxygen, stethoscopes, blood pressure cuffs, glucometers, O2 saturation monitors, wheelchairs, and crutches. Medical

equipment may be impacted by the elements and should be stored accordingly. Battery-operated devices such as pen lights, clocks, and so forth should have the batteries removed.

### **Electronic Devices**

All computers, electronics, tablets, walkie talkies, and similar items should be stored away in a dry, weather-protected environment. Consider updating computer and tablet programs during the off season so they are ready to go before camp starts.

Clean out the refrigerator and defrost the freezer if it is not used in the off season. Unplug and leave the fridge and freezer doors open to air out.

Unplug air conditioners, heaters, ice makers, fans etc. Remove filters and clean them well.

### **Linen**

All linens should be washed and stored where critters will not nest. If these items are stored in a location that is not heated, double bagging the items and storing them in a tightly sealed bin or container will help to prevent infestations.

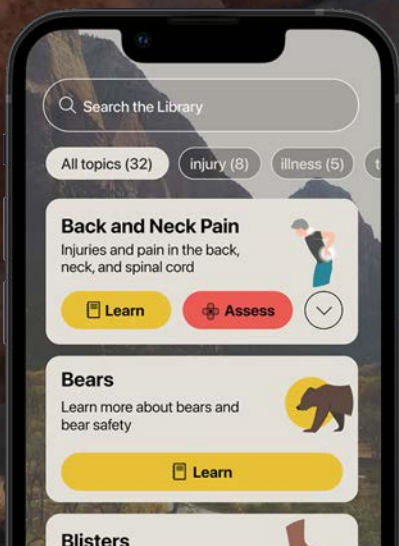
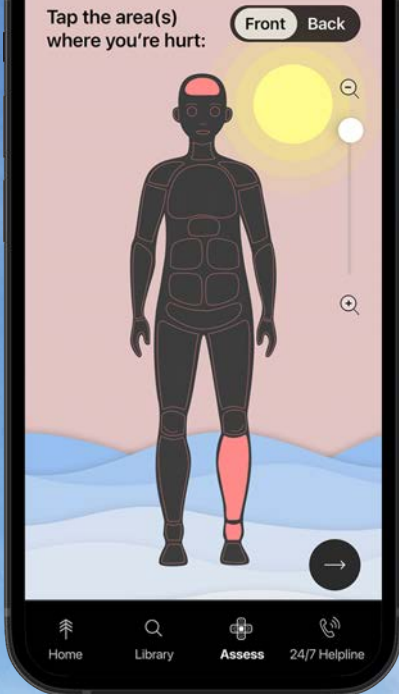
Pre-planning and having the right storage solutions will make unpacking much more enjoyable and will help to ensure supplies are in good shape and ready to use the following season.

Hiring the right staff and being prepared with policies and procedures that mitigate risk in your camp program are crucial and enable leadership to plan for calculated risks and be prepared to manage when the unexpected happens. Tips and tricks of a successful health center are numerous, finding what works for you, evaluating and re-evaluating what you do and how to manage health services at camp is key to ensuring you have the “best of the best” in place for a successful and healthy camp.

*The Alliance for Camp Health (ACH) is the leading voice and support in Camp Health Services. You will find numerous resources, information, and education on their website ([allianceforcamphealth.org](http://allianceforcamphealth.org)). Take advantage of this great resource and connect with the ACH Care Team if needs arise.*

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# Nursing Students Build Clinical Reasoning and Professional Identity Through Employment at Youth Summer Camp

## A Qualitative Phenomenological Study

Angela Jones, PhD, RN; Jacob Siek, Nursing Student; Kaitlyn O'Neil, Nursing Student; Sydney Farmer, Nursing Student; Mia Burke, Nursing Student

Clinical reasoning has been defined as “cognitive and metacognitive processes used for analyzing knowledge relative to a clinical situation or specific patient” (Victor-Chmil, 2013, p. 34), and professional identity refers to the perceived relationship between an individual and the work they do (Landis et al., 2020). Both clinical reasoning (Gonzalez, 2018; Lusk Monagle et al., 2018) and professional identity (Browne et al., 2018; Güner et al., 2021) are critical elements in the development of prelicensure nursing students and form, in large part, through clinical practice experiences.

It is estimated that greater than 20 million youth attend summer camps annually in the United States (Alliance for Camp Health, 2023). The American Camp Association (ACA) is the sole accrediting body for camps in the United States, and the evidence-based credentialing standards set forth by ACA guide all aspects of camp operations to promote the health and safety of both campers and staff. ACA standard ST.2.2 (2019) allows for the provision of health care by qualified unlicensed personnel if a licensed prescriber or registered nurse (RN) is on-site daily, or “available for a prearranged daily video chat with the camp health care provider to provide consultation and support.” The provision of health care includes, but is not limited to, health assessment and education, injury and disease prevention, medication administration, emotional/psychological support, and first aid. Nursing students often procure summer employment in the health care sector, yet a comprehensive search of multiple databases yielded no literature related to the topic of nursing students employed at summer camps.

This study explored the development of core nursing skills in students by means of an immersive clinical employment experience outside of the classroom. Nursing students were given orientation, training, and ongoing support by a credentialed health care provider throughout the summer experience. Undergraduate nursing students’ perceptions were examined to determine whether summer

camp employment, as a health care provider, contributed to formation of clinical reasoning skills and professional identity. A qualitative phenomenological approach was used to answer the following research questions:

1. How has youth summer camp employment affected nursing students’ development of professional identity?
2. How has youth summer camp employment affected nursing students’ development of clinical reasoning?
3. Are there any other perceived benefits of the camp experience?

A qualitative phenomenological approach was used for this study. Qualitative inquiry is the preferred methodology when little is known about a topic, and when rich detail, rather than patterns and trends, is needed to understand individuals’ experiences. (Busetto et al., 2020; Cresswell & Poth, 2018). This study depended on participants’ abilities to form meaning from their lived experiences; therefore, data were viewed and analyzed through a constructivist lens (Adom et al., 2016). Clinical reasoning is a learned process in which data is collected and analyzed to formulate appropriate interventions (Connor et al., 2023). Clinical reasoning is one element that contributes to clinical judgment, therefore, Tanner’s (2006) Clinical Judgment Model served as the study’s theoretical framework. Tanner’s model outlines four elements: noticing,

interpreting, responding, and reflecting, which are integral to the formation of clinical decision-making skills. The use of this process—both in the simulation laboratory and during clinical experiences—contributes to improved clinical reasoning, and aids students as they learn to “think like a nurse” (Tanner, p. 209).

### Participants

Eligibility to participate in this study was limited to undergraduate nursing students who were employed in the health center at Camp X for at least one week



**It is estimated that greater than 20 million youth attend summer camps annually in the United States.**





during the summers of 2020, 2021, or 2022. There were 11 individuals in the potential pool of participants. Two of those individuals were not considered for participation since they were part of the research team. The remaining nine individuals received recruitment materials.

## Procedure

Each consenting nursing student participated in a virtual interview via the Zoom video conference platform and included one participant and two members of the research team. The primary investigator (PI) was present during all six interviews.

Definitions of clinical reasoning and professional identity were shared on the computer screen and remained there during the interview. Demographic information was obtained, including age, gender, racial/ethnic identity, and number of years employed at camp. Data was collected via semi-structured interviews and were guided by the following questions:

1. Describe a specific camper or experience that challenged you during your time at camp.
  - a) What did you **notice** about the way you felt during the situation?
  - b) Do you believe that you **interpreted** the situation correctly/appropriately?
  - c) How did you **respond** to the challenge?
  - d) **Reflecting** on the experience, do you feel that your **response** was effective? Could you have done anything differently? Please explain.
2. In what way(s), if any, do you feel that your employment experience at camp contributed to:

- a) Confidence in clinical reasoning?  
Why or why not?
  - b) A sense of professional identity?  
Why or why not?
3. Describe any changes you have made to your personal nursing practice as a result of your camp experience?
  4. In what way(s), if any, did your camp experience benefit you:
    - a) Personally?
    - b) Academically?
    - c) Professionally?
  5. What is/are your biggest takeaway(s) from your camp experience?

At the conclusion of each interview, the participant was advised that they would receive an email transcript of the interview for revision or approval

## Data Analysis

Each interview was audio and video recorded. Data were manually transcribed and analyzed using Clarke and Braun's (2006) method of thematic analysis (TA). Familiarization of the data occurred by watching recorded interviews and reading the transcripts multiple times. Highlighting and handwritten notes were initially used for coding, with each color representing a unique idea, statement, or experience. Patterns were noted and reexamined by each member of the research team. Initially, five themes and 13 subthemes emerged. The team reevaluated and refined each potential theme and subtheme, as well as data points to be used. A total of three themes and two subthemes were established.

# Results

## Theme 1: Development of Clinical Reasoning

### Subtheme 1: Application of Knowledge Toward Clinical Practice

Participants believed that their experiences at camp improved their clinical knowledge and/or skills. **P1** noted “In school, we are taught...how to deal with certain situations... but I think being in that real situation—it helped me.” Similarly, **P4** stated “Being the sole [health care provider] at camp, I brought everything together from class. From physical assessment and pharmacology, I was able to put my knowledge into a clinical setting.” **P6** stated, “The patient experience...allowed me to get more exposed to working with patients...” and **P2** related, “I feel like it helped me with multitasking since all the kiddos would come in at once. In the clinical environment, you are multitasking on the unit as well” and “We had to chart all the time...we have to do that in the hospital too.” **P5** found the experience helpful in upcoming semesters of their nursing program, noting “I hadn’t had (pediatrics) at that point...I saw some stuff that ended up coming back in peds.” **P3** shared, “...working at the camp helped me incorporate learning the skill of caring for someone psychosocially.”

### Subtheme 2: Development/Use of Clinical Reasoning

Regarding the practice of critical thinking, **P1** observed “I was able to problem solve on my own and provide the care that was necessary to patients without talking to my instructors—when it was appropriate.” **P3** reflected on the need for critical thinking at camp, stating “...a lot of kids would come into the lodge at once sometimes, and it was important to try to figure out what was the most important at the time,” also noting, “...it strengthened my reasoning and made it faster.” **P6** shared an experience in which they needed to think critically to remove spray paint from a camper without causing embarrassment or harm, stating, “I ended up looking online for some tricks to remove spray paint.” **P2** recalled a situation in which they needed to think quickly and rationally to get assistance immediately, “So I called an I SEE RED, which was code for an emergency.”

## Theme 2: Development of Professional Identity

Participants asserted that camp employment contributed to the development of professional identity. **P1** stated, “I was able to react to the situation in a professional

manner...In this situation, it was just me, and I was the professional.” **P2** recalled, “Since I was the only health care professional present, it definitely made me feel like a nurse professionally.” **P3** agreed, “Working at the camp contributed to my sense of professional identity,” adding, “I felt like I belonged, and like I was important and proud of the work I was doing,” adding, “I spent a lot of time with the other camp staff, so it kind of gave me a sense of belonging.” **P4** reported, “...an identity formed since I am the sole nurse there. It showed me I knew what I was doing” and “You are doing what you can...putting everything into perspective to create your professional identity.” **P5** stated, “It was...the first time I really felt like a professional and that people were actually looking at me for answers...I was important to them, and I had to keep a professional identity while I was there.” **P6** shared, “I am not quite a nurse yet, but I am here in a camp nursing role, and this is what my future is going to be like.”



## Theme 3: Communication

Regarding the need to recruit others’ assistance, **P2** shared an instance when they needed to use the camp’s emergency alert system, stating, “that brought everyone over.” **P6** explained, “if there was anything that I really needed help with, [the supervising RN] was there to ask and they would consult on clinical decision making.” **P3** noted, “I made sure that I talked to the camper...to the camp staff, ...the leaders...and I contacted their parents to let them know what was going on.”

**P5** stated “I was calling parents every time something happened ...regardless of what it was, I called the parent and let them know that something happened that day.” **P4** recalled a camper who did not adhere to the prescribed treatment plan, explaining, “the counselors would have to call them to make sure they came in and actually received their [medication]. So, both the counselors as well as a student nurse worked together to facilitate medication adherence with this camper. Regarding the overall impact of communication at camp, **P4** noted, “I engaged in some very meaningful conversations with the kids and other counselors. I now have really grown in terms of talking to others and I am a lot more willing to do so now.”

## Discussion

All participants indicated that their camp experience contributed to improved clinical reasoning. They valued the autonomy of the job while always having an experienced RN



available for consultation. Participants gained skills such as building therapeutic, respectful, nurse-patient relationships, creating safe spaces to better care for campers and staff, and independent problem-solving when appropriate.

Participants unanimously agreed that camp nursing opportunities contributed to a greater sense of professional identity. In some cases, it was facilitated by providing quality patient care while working autonomously. In others, it was prompted by receiving respect from campers, counselors, and administrators. Participants felt proud to be part of the interprofessional team and noted the importance of employing a team approach to facilitate the best outcomes for their patients. They felt a strong sense of responsibility for the physical, psychological, and emotional safety of their campers. Participants valued experiencing what professional practice would be like without the continuous, direct supervision of a clinical instructor or preceptor.

Aside from strengthening clinical reasoning and professional identity, the importance of communication was the most-cited takeaway by participants. Clear, concise communication was used when assessing health/education needs, gaining control of a chaotic situation, calming injured or anxious patients, and when providing important updates to campers, families, and members of the interprofessional team. They felt empowered to call for other members of the team when needed, but they were also comfortable eliminating nonessential personnel from the treatment area to reduce patient anxiety and distraction.

## Limitations

This study has provided insight into the impact of camp nursing on the development of undergraduate nursing students, but there are some notable limitations. One limitation is the lack of diversity in the study sample. All participants identified as heterosexual, non-Hispanic, White individuals. There is also the potential for recall bias since some of the participants were employed as far back as June of 2020. Finally, the results of this study may not be generalizable to other youth camps due to the small sample size inherent to qualitative inquiry.

## Conclusion

Each year, millions of children and adolescents attend summer camp in the United States. The role of camp nurse is integral to the summer camp experience and affords student nurses the opportunity to gain employment and meaningful, direct-care experience. This study explored the perceptions of undergraduate nursing students to better understand whether the role of camp nurse contributed to the development of clinical reasoning, professional identity, and any other potentially beneficial knowledge or skills. Participants stated that they gained improved clinical reasoning, a greater sense of professional identity, and more insight into the importance of open communication with patients and team members. There are notable limitations to this research, so a future replication study may be warranted.

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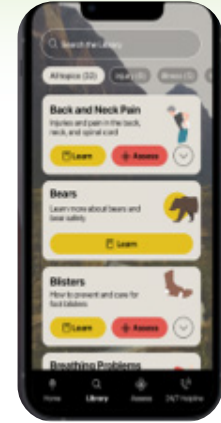
# SPRING 2024

## New Products, New Ideas

### GOES Health: Providing Reassurance and a Safer Camp Experience

GOES Health is the first outdoor health platform designed by wilderness medicine experts. As your pocket guide to outdoor safety, we're here to take the worry out of adventure and allow your team to focus on what matters—happy campers!

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The detachable Dry Sling Bag converts your compatible dry bag to a hands-free tote. This ingenious design adds over-the-shoulder convenience to your waterproof dry bag by making it the most versatile solution available. The comfortable, 3D mesh shoulder pad provides even weight distribution and is perfect for carrying light loads up to 15kg to the beach, boat or in downpours.

#### Features:

- Simple snap-clip and T-Bar attachment to compatible dry bags featuring a base lash point and D-Ring. Compatible with Evac, Lightweight, Lightweight View and Big River dry bags
- Comfortable, 3D mesh shoulder pad provides even weight distribution
- Perfect for carrying light loads of up to 15 kg to the beach, boat, or in tropical downpours
- Strong nylon webbing strap combined with our patented Field Repair Ladderlock buckle for easy length adjustment

<https://seatosummit.com/products/dry-bag-sling>



### Goal Zero Crush Light Chroma



\$25 at REI

\$25 at Amazon

Measured Runtime: 7.1 hours | Rechargeable: Yes

#### REASONS TO BUY

- + Solar or mini-USB charged
- + Very impressive battery life
- + Compact and light
- + Affordable
- + Color changing mode

#### REASONS TO AVOID

- No USB output
- No very large

# ANNUAL REPORT

## 2023 Annual Report

### Alliance for Camp Health

*Mission—Working Toward Healthier Camp Communities*

The mission of the Alliance for Camp Health (ACH) is working toward healthier camp communities. Camp health is shared among many camp professionals to support the vital outcomes of the organization. ACH outcomes include:

1. Every camp will have an appropriate health care provider.
2. A robust body of knowledge directs camp health services.
3. The camp experience is intentionally designed to promote well-being.

The activities of ACH should contribute to advancing the Ends Statements. This report provides testimony of that effort and describes how the Alliance for Camp Health progressed toward meeting its Ends Statement during 2023.

This year, ACH created an **Annual Impact Report** that highlights accomplishments from 2023: <https://allianceforcamphealth.org/wp-content/uploads/2024/02/Annual-Report-2023.pdf>. The Impact Report is included in this edition of *CompassPoint* following the Annual Report.

### 2023 Camp Health Activities

#### **Every camp will have an appropriate health care provider.**

- Over 60 presentations and webinars were provided regarding camp health.
- ACH provided our yearly summer camp health hotline to respond to camp health questions and help organizations identify the qualities of health care providers to meet the needs of their camp.
- Social media—ACH continued use of social media outlets to include Facebook, X (formerly known as Twitter), and Instagram. These venues allow ACH to attract interested and qualified care providers for camps across the US as a component of our job services.
- ACH launched four online courses to support the education for camp health providers (Managing Camp Health Services, Medication Management, Intro to Camp Nursing Part 1, Intro to Camp Nursing Part 2).

#### **A robust body of knowledge directs health services.**

- ACH received the largest grant in ACH history working with SC Johnson to create and promote a “Fight the Bite” TickWise program for camps.
- ACH continues to expand the body of knowledge regarding communicable disease, MESH, Digital Empathy screening, and other quality health measures.
- ACH published and released the second edition of the *MESH Resource Guide* for the camp community.
- ACH sent over 10,000 MESH Pocket Guides to support camps across the U.S.
- ACH continues to provide education and resources around MESH through presentations, publications, and online support.
- The Research Committee worked with collaborators and continues to lead the way producing evidence-based camp health services.
- CompassPoint’s editorial and peer review process helped to strengthen the production of quality evidence in our publication. Thank you to the researchers and authors who contributed to *CompassPoint* during 2023. The authors included:

Ashley DeHudy  
Linda Erceg  
Samantha Eron  
Barry Garst  
Tracey Gaslin  
John Hamilton  
Caryn Herring  
Bridget Kaplan

Matthew Labkovski  
Paula Lauer  
Mary Marugg  
Ryan Millager  
Cori Miller  
Miranda Potter  
Alex Skrocki  
Jacob Sorenson  
Scott Yaruss

#### **Thank you to all who contribute their time, energy, and effort to expand camp health practice.**

- ACH continues our collaboration with the American Camp Association. ACH expanded collaboration with other partner organizations such as Camp Hope America, Foundation for Jewish Camps, CCCA, COCA-I, and others.



Income	
Membership	\$53,380.00
Camp Ads	\$17,340.00
Symposium	\$32,885.00
Camp Store	\$32,874.00
Online Educ Ctr	\$14,051.00
Gift, Grant, Don	\$275,065.00
<b>TOTAL</b>	<b>\$425,595.00</b>
Expenses	
Camp Store	\$11,788.00
CompassPoint	\$6,492.00
Education	\$16,467.00
Contract Services	\$51,328.00
Operations	\$29,609.00
Partnership Exp	\$11,401.00
Payroll Tax	\$35,040.00
Research	\$20,019.00
Wages	\$125,477.00
Wage Comp	\$1,173.00
<b>TOTAL</b>	<b>\$308,794.00</b>

### The camp experience is intentionally designed to promote well-being.

- ACH initiated a three-part series: Interconnected EcoSystem to highlight the role of camps to strengthen roots, expand horizons, and create synchrony for their populations.
- ACH 2023 Symposium was a live event hosting about 110 participants providing a variety of educational sessions and opportunities for networking.
- ACH has created content to promote communities of well-being: MESH Resource Guide, MESH Pocket Guide, MESH protocols and guidelines, and point-of-care guide.
- New ACH resources: Health Services Manual.

### Congratulations to Our Award Winners

***Susan Baird CompassPoint Writing Award***

*Samantha Eron*

***Research Award***

*Charlotte Megret*

### ***ACH Members Make the Experience***

Members make ACH function. It's that simple. It is ACH's three communities—health care providers, mental health support, camp directors/leaders—that makes the organization hum. We can't thank you enough for your continued work in camp health—through practice, education, and research. Each of you play a vital role in advancing the organization.

Let us hear from you if you have educational ideas, concepts for publication, or thoughts about building healthy camp communities. ACH is the leading voice in camp health and strives to continue to support **YOU** as you serve others through amazing camp experiences.

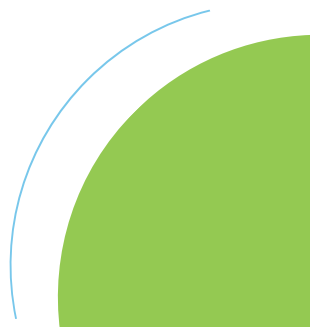
***Looking Forward to Serving Our Members in 2024!***





# ANNUAL ALLIANCE FOR **CAMP** HEALTH REPORT

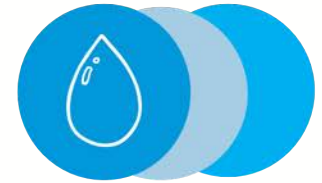
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# ALLIANCE FOR CAMP HEALTH



DIRECTORS AND  
ADMINISTRATORS



RENEW  
BEHAVIORAL  
HEALTH  
SPECIALISTS



NURSES AND  
HEALTHCARE  
PROVIDERS



Within our three distinct, yet  
intertwined communities,  
the heart of camp health.

**WITHIN OUR THREE**  
**DISTINCT, YET INTERTWINED**  
**COMMUNITIES, ACH GETS TO**  
**THE HEART OF CAMP HEALTH.**

POWERFUL THINGS HAPPEN WHEN YOU  
GIVE **SPACE** AND **TIME** TO **CARE** FOR  
YOUR STAFF BEFORE YOU ASK THEM  
TO CARE FOR YOUR CAMPERS.

WE CONTINUE TO ENCOURAGE YOU TO  
MAKE THIS A PRIORITY FOR YOUR  
STAFF AND FOR YOU.



The Alliance for Camp Health (ACH) experienced an amazing year of growth, connections, and expansion to support youth serving organizations in 2023. As we collaborated with the American Camp Association, National Summer Learning Association, Tickit Health, SC Johnson, Clemson University and others to innovate the field and improve care, we felt a need for our Care Team to grow. Throughout a year of change we felt your support, loyalty, and passion to create healthy camp communities.

ACH has been, and continues to be, a membership organization. This is an important aspect of our work as membership creates the venue for ongoing communication, learning, and engagement with diverse groups, projects, and services.

2023 was profound in many ways and a central theme emerged through our work:

You are **not** alone.

We heard stories and had encounters with organizations and stakeholders across the country, who are passionate about supporting youth. We engaged in self-reflection and opened ourselves to different ideas and opinions. We sought “signs of hope” for staff and youth who are learning to navigate life differently. We believe this report shows how we are working with you, our members, and others to generate awareness, and the need, for a truly empathetic stance in situations that make us uncomfortable. We are striving to be present, fully present, for those we serve at camp.

We encourage you to review this annual impact report to read about the new courses on our online learning center, the reach of our medical relevant resources, our Digital Empathy™ Health Screening Project, the evidence guiding us into 2024, our role as a Summer Learning Champion, our new Fight the Bite Initiative, and more. We owe our success to YOU — our funders, donors, sponsors, collaborators, and MEMBERS.



NSLA Summit 2023

We know ACH thrives when our members participate in committees, communities of practice work groups, partnership projects, educational offerings, and much more. We are grateful for the respective role you and your organizations have played in helping us fulfill our mission in the last year. Thank you for being advocates for camp. Thank you for creating a healthier ecosystem within your summer program. Thank you for sharing your life, love, and laughter through encounters around camp health and well-being.

In the spirit of not being alone, we also want to thank our Board, Advisory Group, and Care Team for their support, friendship, and hard work. We believe we are not alone as we seek to shape a brighter future.

As we move into 2024, may we encourage you to take time to reflect on our shared progress, learn about opportunities to engage, and lean into what may be possible. May you identify moments to give to others and to care for yourself.

Tracey Gaslin, PhD, CPNP, FNP-BC, CRNI, RN-BC  
CEO  
Alliance for Camp Health  
gaslin@allianceforcamphealth.org

John Hamilton, MA  
CSEO  
Alliance for Camp Health  
john@allianceforcamphealth.org

# The CARE TEAM GREW

three additional care team staff!

03



**John Hamilton, MA**  
Chief Strategy and  
Engagement Officer



**Danielle Mars,  
LMSW, M.Ed**  
Program Director



**Nikki Alvarado-Hobbs**  
Executive Assistant

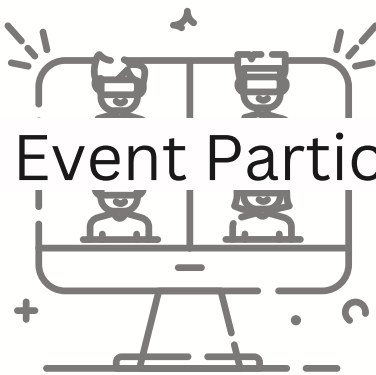
**1k**  
ACH  
MEMBERS



**9,000**  
Social Media  
Connection Points

**130** ACH  
ORGANIZATION  
MEMBERS

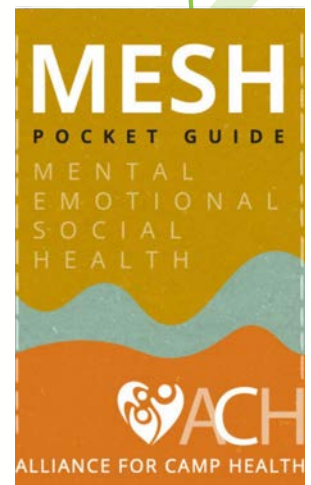
**500** Event Participants



- 2023 Symposium
- ACH MESH Education and Resource Updates
- Managing Camp Health Services Course
- May CampFire Chat
- Strengthening Roots Fall Health Conference
- Gratitude Gatherings

**10,000**

MESH Pocket Guides  
in the hands of  
**10,000** summer  
camp professionals





# CAMPWELL

Increased well-being for **64 camp leaders** and their organizations through **2 regional** CampWell Trainings



**64**  
camp leaders



## scJohnson

A family company  
at work for a better world

Engaged in a collaboration with SCJ to support the creation of the  
**“Fight the Bite” Tick-Borne + Lyme Disease Initiative**

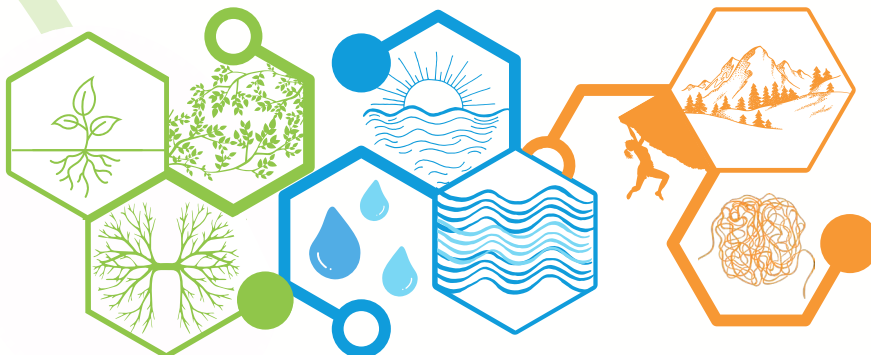
Created a highly requested resource  
for Camp Directors to provide safe  
and effective Health Services

resources  
**5k**  
camp directors

**Four** New Courses for Our Online Learning Center  
**Managing Health Services Course**  
**Intro to Camp Nursing Part 1**  
**Intro to Camp Nursing Part 2**  
**Medication Administration Training**



Launched our first  
ever online event  
**series**



INTERCONNECTED ECOSYSTEM





IYCP 2023



Launched services for  
**35 Indiana Youth Programs**  
 on Campus



## WEBINARS



- WebMD Webinar
- IYCP Webinars
- ACH Webinars
- CCCA
- CampDoc
- Nexus Webinar
- Dr. Jetlina



## PODCASTS

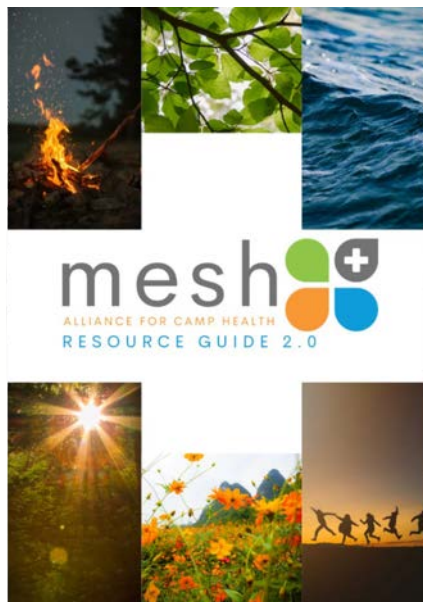
- **Sacred Playground by Jacob Sorenson** | Life is MESH-y: Interview with Tracey Gaslin
- **50 Cups of Coffee with Bobby Audley** | Dave Brown & John Hamilton: Summer Camp Mental Emotional Social Health (MESH) Professionals



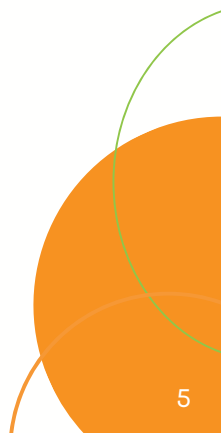
Greg Hunter and Tracey Gaslin at CCCA 2023



Dr. Jetlina, Dr. Gaslin and Dr. Laura Blaisdell talk about the importance of vaccination as children prepare for summer camp.



Collaborated with Camp HOPE America to Launch the MESH (+) Resource Guide 2.0



Elevated  
the voice  
of **1,500+**  
youth

Launched the My View MESH (+) Screening Research Project along with Clemson University and Tickit Health.



Implemented Digital Empathy™ as a screening framework with **nine** organizations across the United States to build evidence for the field.



CampWell training ACA Rocky Mountain



We were a **Summer Learning Champion**



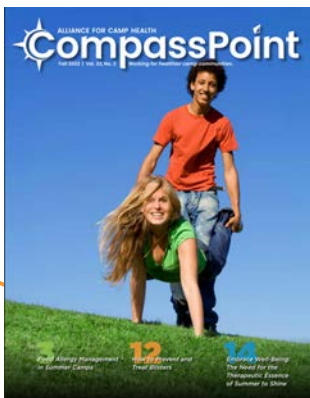
Sponsor, Exhibitor, and Presenter at NSLA's National Summer Learning Summit in Washington, DC



CampWell Training Sonlight Camp



**John Hamilton**  
Chief Strategy and Engagement Officer  
Alliance for Camp Health



Built the field of evidence for camp health and well-being

**110 issues printed**

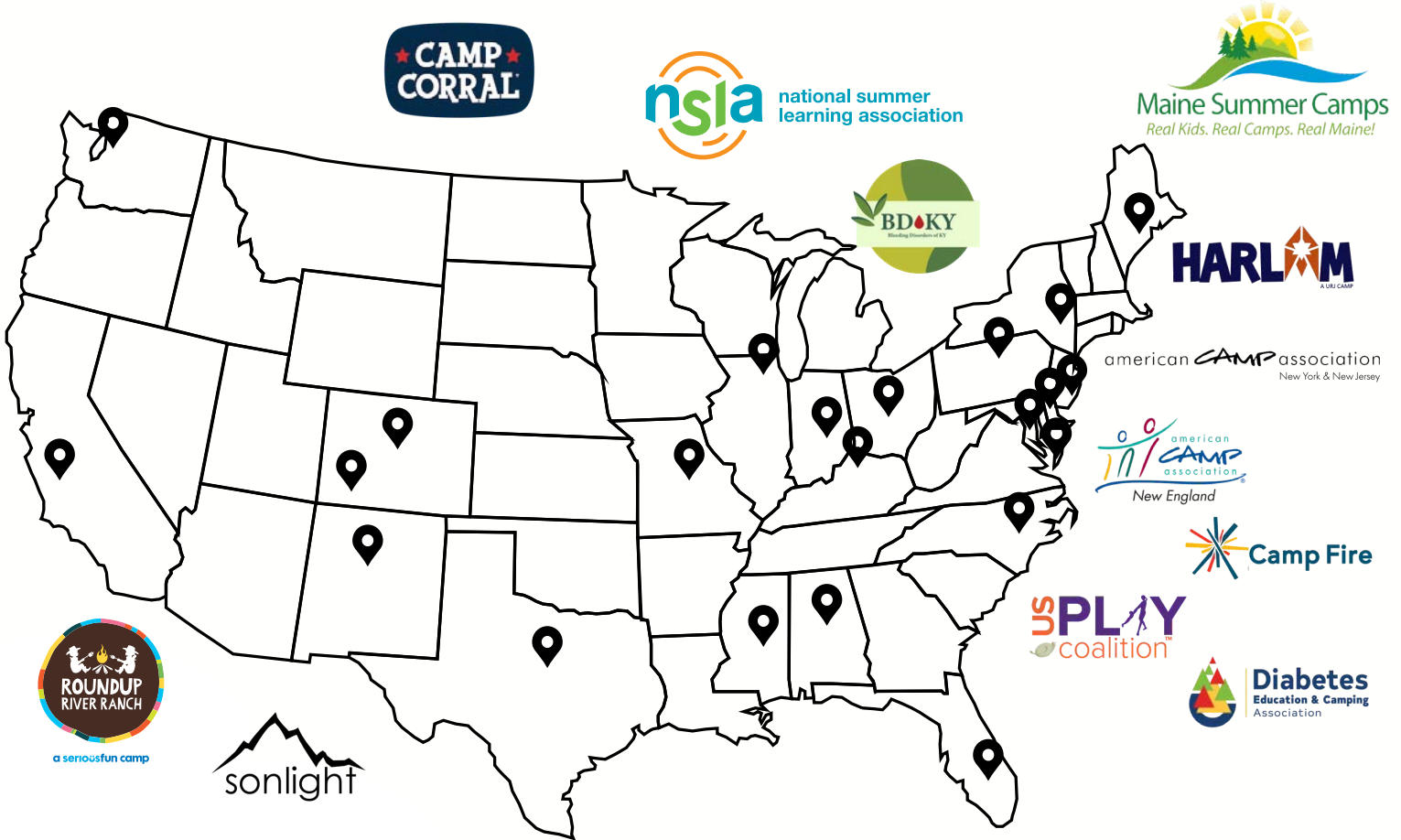


CampWell collaboration at Camp Harlem



64  
TRAININGS

# In Person and Virtual Trainings



20 States

- Camp Corral
- Maine Summer Camps
- Association
- NSLA - NYLI
- NACCHO
- NCYCA
- DECA
- ACA
- Tri-States
- IYPC
- ACA New England
- ACA NY, NJ
- Camp Sunshine
- Gateway
- Roundup River Ranch
- Camp Harlam
- Camp Leo
- Play Coalition
- Bleeding Disorders of KY
- NHF
- CampWell
- NSLA
- COCA
- Hemo Alliance
- AACP
- Indiana Winter Gather
- CampFire
- Victory Junction
- Sonlight

# THANK YOU



A special thanks to our **Healthy Camp Partners** who helped us to extend care to countless summer learning programs across the country.





502.830.8393

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