

AMERICAN ACADEMY OF PEDIATRICS

Committee on School Health

Health Appraisal Guidelines for Day Camps and Resident Camps

ABSTRACT. The American Academy of Pediatrics recommends that specific guidelines be established for pre-camp health appraisals of young people in day and resident camps. Camp guidelines also should include reference to health maintenance, storage and administration of medication, and emergency medical services.

Although camps have diverse environments, there are general guidelines that apply to all situations, and specific recommendations are appropriate under special conditions.

ABBREVIATION. AAP, American Academy of Pediatrics.

GENERAL RECOMMENDATIONS

1. All camps should have written health policies and protocols that have been approved by a physician with a particular knowledge of children's health, preferably a pediatrician. The American Academy of Pediatrics (AAP) encourages its members to cooperate with local camps in reviewing such policies.
2. All camps should be in compliance with immunization schedules recommended by the AAP and as required by state and local health departments.
3. All campers should be required to have a complete health evaluation signed within the past year by a licensed health care professional, preferably a pediatrician, before the first day of residential camp. Campers with clinically significant medical histories with implications for ongoing care (eg, asthma, surgery, seizures, diabetes, or orthopedic injuries) should have had an examination within the previous 6 months.
4. Camp authorities should be responsible for describing to the parents the activities and programs and the health services available at the camp. Parents should be aware of the preadmission medical requirements at the time of registration.
5. Within a period as determined by the camp, but before the child's first day of camp, parents or guardians should be required to provide camp authorities with a health history, including the child's significant previous illnesses, operations, injuries, allergies, present state of health, and current medical problems. Also, orders from a licensed health care professional should be obtained for prescription medications, diets, or special medical devices. With regard to medical

devices such as inhalers or nebulizers, children must show competence in using them to the camp nurse or other on-site health care professional or undergo instruction by a health care professional to develop such competence. If competence cannot be demonstrated, provisions should be made for medical personnel to assist the camper.

6. By the first day of camp, parents or guardians also are responsible for providing information to camp authorities about any current health problems and all current medications.
7. On initial arrival at camp, all children should undergo examination to detect the presence of infectious diseases or other health problems, such as impetigo or lice. This screening should be conducted by a licensed professional with knowledge of child health problems and illnesses who should check current medications and update the health histories previously provided.
8. Camp records should include emergency contacts for all children. In addition, if a chronic condition exists (eg, diabetes), the child's physician should be identified by name, telephone number, and fax number, and the date of the last health care visit should be noted.

SPECIFIC RECOMMENDATIONS

Some day and overnight camps offer programs that require an increased level of physical fitness because of strenuous activities (eg, Outward Bound, SCUBA camps). Participation in such programs should be described in advance to parents, children, and physician examiners. These camps require a method of comprehensive health evaluation relevant to the nature, conditions, and activities of the camp. Exact health requirements for participation will depend on the program.

Camp personnel should inform parents of specific conditions that preclude participation in activities (eg, asthma for SCUBA diving).

Camp personnel should request and keep on file the following information:

1. Immunizations: full record of series according to the "Recommended Childhood Immunization Schedule-United States," which is published every January by the AAP, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians.¹
2. Infectious disease
 - whether the child has had chickenpox (varicella)

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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- whether the child has been immunized against chickenpox
3. Information on known allergies.
 4. Food handlers should be subject to state health laws.

Camps without a physician, nurse practitioner, or physician assistant on staff should establish medical protocols in cooperation with a local physician and/or hospital emergency staff in the area. These protocols should address both major and minor illnesses and include information on the camp's relationship and coordination with local emergency services.

Illnesses that commonly affect camp life and which require intervention include the following:

- Upper respiratory tract infections
- Vomiting and diarrhea
- Impetigo and fungal skin infections
- Asthma and allergy
- Otitis externa
- Streptococcal pharyngitis and sore throat
- Lice and scabies
- Conjunctivitis
- Poison ivy and poison oak
- Sunburn and heat-related illness

In addition, camp medical personnel should be responsible for the safe storage and administration of medications. This responsibility varies with the type of camp (eg, a camp for children with diabetes or a camp for children with cancer). A protocol should be established for safe transport of medications on field trips, and a determination should be made by the camp medical director as to the skill of camp personnel to administer medications or the safety of sending a particular child on a field trip.

This statement does not address camp staff issues; however, those who supervise waterfront activity should hold current certification in pediatric cardiopulmonary resuscitation. Although few camps are far from medical facilities, it is important for all camps to have personnel who can administer on-site first aid and cardiopulmonary resuscitation.

The principles promoted in this statement apply to all camps; it should be noted, however, that inclusion of children with disabilities and other special health care needs may require the establishment of additional assessments and services, and that camps designed to serve that population of children and adolescents specifically will be equipped differently. Camp authorities should work with local pediatri-

cians and other health care professionals to conduct precamp health appraisals and determine the appropriate services and programs for children with special needs. In addition, camp personnel should be familiar with the health and safety guidelines for child care centers developed by the AAP and the American Public Health Association and should adhere to those appropriate to their programs and facilities.²

Parents should feel confident that responsible people are caring for their child and that their child is having a positive experience at camp. To this end, the AAP offers the aforementioned recommendations as guidelines for camps.

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2. American Academy of Pediatrics, American Public Health Association. *Caring for Our Children's National Health and Safety Performance Standards. Guidelines for Out-of-Home Child Care Programs*. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association; 1992

ADDITIONAL READING

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