

## POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

Committee on School Health, Section 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 health appraisals of young people before participation in day and resident camps. Camp guidelines 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 that are appropriate under special conditions. This policy statement has been reviewed and is supported by the American Camp Association. *Pediatrics* 2005;115:1770–1773; *camping, recreation, child, adolescent.*

ABBREVIATION. AAP, American Academy of Pediatrics.

#### BACKGROUND

For 140 years children have been attending camp.<sup>1</sup> Today, approximately 10 million children attend day or resident camp, supported by 1.2 million staff members.<sup>2</sup> Camp health care providers can expect to care for campers with any of the medical and psychological issues seen daily by primary pediatric providers. As a result, the precamp health evaluation takes on increased importance. Parents, the primary care physician, camp administrators and camp health care providers should openly share information to ensure that a camper is appropriate for their new environment. In addition, parents should prepare their child medically and psychologically for camp. Camps must also create appropriate policies and procedures and work in cooperation with local health care providers and facilities to ensure that off-site support is in place. This policy statement has been reviewed and is supported by the American Camp Association.

#### GENERAL RECOMMENDATIONS

1. Before choosing a camp, parents or guardians should be encouraged to assess their child's interests, skills, and overall physical, mental, and emotional well-being and evaluate his or her ability to participate in a particular camp setting. To help in that endeavor, camp administrative officials should make clear the essential functions of a camper insofar as their specific camp program is concerned. Parents or guardians should be made

aware of preadmission medical requirements for campers and of the health services available at the camp at time of registration.

2. All camps should have written health policies and protocols that have been reviewed and approved by a physician with particular knowledge of children's health, preferably a pediatrician or family physician. These policies and protocols should be tailored to the training and scope of practice of the on-site camp health care providers and should be developed with the input of those individuals.<sup>3,4</sup> The American Academy of Pediatrics (AAP) encourages its members to cooperate with local camps in reviewing such policies.
3. All campers should be required to have had a complete health evaluation within the past year by a licensed health care professional, preferably a pediatrician or family physician, before the first day of camp. The appropriateness of the camp's program for the individual camper should be addressed during that evaluation. Campers with clinically significant medical histories with implications for ongoing care (eg, asthma, seizures, diabetes, depression, anaphylactic allergies, or attention-deficit/hyperactivity disorder) should have had an examination within the previous 6 months. The health evaluation should include development of a management plan appropriate to the camp program and any ongoing medical or psychological issues as well as assessment of all medications, both prescription and over-the-counter, to be used by the individual while at camp.<sup>5</sup> Written orders from a licensed health care professional should be obtained for prescription medications, diets, physical-activity limitations, or special medical devices.
4. Within a period 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 comprehensive health history. This history should include the child's significant previous illnesses, surgeries, injuries, immunizations, and allergies and present state of physical and psychological health.
5. Parents or guardians are responsible for providing updated information to camp authorities about any changes in health status, recent travel, new medications, or any changes in maintenance medications. Elective interruption in medications (drug holidays) should be avoided in campers on long-term psychotropic therapy.<sup>6</sup>

6. All campers should be in compliance with the recommended childhood immunization schedule published annually by the AAP, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians.<sup>7</sup> Camps should be aware that individual states may require other immunizations in addition to those recommended by the AAP.
7. After initial arrival at camp, all children should undergo screening to detect the presence of infectious diseases, establish a health status baseline, and identify other health problems such as impetigo or lice. Updated medication orders and health history should be made available to camp health staff at this time.
8. Camp records should include emergency contacts for all children. The parent or guardian with legal custody should be clearly indicated. Protocols for parental notification should be established. In addition, if a chronic condition exists, the child's primary care physician and any subspecialty physicians should be identified by name, telephone number, and e-mail address, and the date of the last health care visit should be noted.<sup>8</sup> Written authorization to obtain treatment, transport children in camp vehicles for nonemergent care, and share medical information should be provided by the parent or guardian.<sup>9</sup> Camps should make clear their requirements for health insurance coverage, and parents or guardians should ensure that their policy is in force at the camp's location. Confidentiality of health information should be maintained.<sup>10</sup>

#### SPECIFIC RECOMMENDATIONS

Many campers experience acute psychological distress associated with separation from home and loved ones, commonly known as homesickness. Parents or guardians should consider using the following interventions to help prevent or mitigate homesickness.<sup>11</sup>

- Involve the child in the process of choosing and preparing for camp.
- Discuss homesickness openly. Be positive about the upcoming camp experience and avoid expressing personal doubts or concerns.
- Arrange brief trips away from home with friends or relatives before camp.
- Frame the time to be spent at camp in comparison with previous enjoyable experiences the child may have had of similar duration.

Parents should avoid making "pick-up" arrangements in the event of homesickness, because these arrangements may undermine the child's confidence in his or her own independence. Health care professionals should discuss these interventions as part of the anticipatory guidance associated with the health evaluation before camp.

Some day and overnight camps offer programs that require an increased level of physical fitness because of strenuous activities and/or geographic factors such as altitude or remote location. Expecta-

tions for participation in such programs should be described in advance to parents, children, and physician examiners. These camps may require a different scope or focus to the 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 about specific medical conditions that involve increased health risks with participation in certain activities (eg, asthma and scuba diving).

The on-site health care provider(s) 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. Local emergency medical service providers should be contacted before camp to ensure prompt and coordinated response in the event of an emergency.<sup>12</sup> Camps should also establish relationships with local dentists and/or orthodontists who are willing to treat dental emergencies if the need arises and with local mental health professionals.

Illnesses and conditions that commonly affect camp life and that should be considered for inclusion in protocols for treatment by camp health care providers include:

- Homesickness
- Upper respiratory tract infections
- Fever
- Vomiting and diarrhea (including large outbreaks)
- Abscesses, impetigo, and fungal skin infections
- Asthma and allergy
- Otitis externa
- Streptococcal pharyngitis and sore throat
- Lice and scabies
- Conjunctivitis
- Poison ivy and poison oak
- Tick exposure; insect stings and bites
- Seizures
- Diabetes (high and low blood sugar)
- Common injuries
- Heat- or cold-related illness
- Infectious disease prevention

Camp health care providers should be aware of health hazards that are particular to their area (eg, Lyme disease, Rocky Mountain spotted fever).<sup>13</sup> They should also be aware of changes in screening or surveillance that may occur as a result of emerging illnesses (eg, West Nile virus) or the presence of international staff (eg, severe acute respiratory syndrome).

In addition, camp health care providers with appropriate knowledge and training 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 the safe transport of medications during out-of-camp trips, and a determination should be made by the on-site health care provider as to the

skill of camp personnel to administer medications and the safety of sending a particular child on the trip.<sup>5</sup>

Camps that maintain oxygen or other emergency medication or equipment should periodically check supplies and ensure that necessary training has been completed. Some camps are choosing to purchase automated external defibrillators. These camps should comply with local regulations regarding required protocols and training in the use of automated external defibrillators.<sup>14</sup> With regard to emergency medications or medical devices such as inhalers or epinephrine auto-injectors, campers should be given instruction for their use before arrival at camp. Parents also should make clear to the camp staff primarily responsible for the camper the situations that may require use of these medications and whether the child is competent in their administration. Specific protocols for administration of these medications by counselors or other nonlicensed providers should be created. These devices should be kept in locations that are easily accessible to individuals who may need them.<sup>5</sup>

This statement does not address camp-staff issues; however, those who supervise waterfront activity should be certified in cardiopulmonary resuscitation. It is important for all camps to have personnel who can administer on-site first aid and cardiopulmonary resuscitation irrespective of their distance from definitive medical care.

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 pediatricians and other health care professionals to conduct health appraisals for children before their participation in camp and determine appropriate services and programs for children with special needs.<sup>8</sup> In addition, camp personnel should be familiar with the health and safety guidelines for child care centers developed by the AAP, American Public Health Association, and Maternal and Child Health Bureau and should adhere to those appropriate to their programs and facilities.<sup>15</sup>

Parents should feel confident that responsible people are caring for their child and that the 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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#### ANOTHER STUDY—NO LINK BETWEEN MMR AND AUTISM

“Another study into the purported link between measles-mumps-rubella (MMR) vaccination and autism has produced negative results (*Lancet* 2004;364:963–9). The study included 1294 cases (children with a diagnosis of pervasive developmental disorder) and 4469 age- and sex-matched controls. There was a non-significant 14% reduction in risk of pervasive developmental disorder associated with MMR vaccination. The findings were similar for a diagnosis of autism.”

Lucina. *Arch Dis Child.* 2005

Noted by JFL, MD

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