AMERICAN ACADEMY OF PEDIATRICS

Committee on School Health

Medical Guidelines for Day Camps and Residential Camps

The American Academy of Pediatrics (AAP) recommends that specific medical guidelines be established in all day camps and residential camps. Because many states have not developed medical requirements for camps, this statement provides general medical guidelines that should be incorporated into specific protocols for day and residential camps. Specific guidelines that apply to camps providing services for disabled children are also given.

COMPONENTS OF THE MEDICAL PROGRAM FOR CHILDREN'S CAMPS

A camp's medical program should be under the supervision of a licensed physician, preferably a pediatrician. Although a physician should always be in charge, authority and responsibility for medical care should be delegated to the health care provider on site. If the physician is not quickly available, arrangements should be made with a nearby physician for telephone or office consultation.

The physician in charge should develop written protocols for managing and monitoring routine medical problems for use by the on-site medical provider. For example, the program should include the following: adequate record keeping, capability of dispensing daily medication, daily sick call, infirmary management, standing orders for times when a physician is needed but not available, camper and staff health observation, and handling of specific camper and/or staff disabilities.

It is advisable that a registered nurse with experience in pediatrics be in residence at the camp when the total of staff plus campers is greater than 50. When a nurse is not in attendance, the designated health supervisor should possess a certificate indicating completion of an advanced course in emergency aid and basic cardiopulmonary resuscitation.

Arrangements should also be made with a nearby hospital for emergency care beyond that available at camp, (eg, laboratory services, imaging, and, if necessary, care for trauma and medical problems). Suitable transportation to outside medical help must also be available.

Camps providing programs for disabled youngsters should provide more medical services than these minimal requirements to meet the needs of the children and their disabling conditions.

HEALTH ASSESSMENT

Although it may not be necessary to require a healthy youngster to obtain a physical examination yearly before attending camp, the AAP recommends that a comprehensive health evaluation be performed at least every 2 years beyond age 6.[1] In situations where the camp's program demands unusual endurance and/or intensive physical effort, a physical examination should be required before a child can participate. The use of the AAP's current Standard Health Examination Record[2] or the American Camping Association's Health History and Examination Form for Children, Youth and Adults Attending Camps[3] is suggested. In cases where a parent or legal guardian refuses to have a child examined or immunized, a signed statement should be on file certifying that the child is in good health.

MEDICAL HISTORY AND HEALTH RECORD

The camp should have a health record on file for each child and staff member. The health record

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The recommendations in this statement do not indicate an exclusive course of treatment to be followed. Variations, taking into account individual circumstances, may be appropriate.

This statement has been approved by the Council on Child and Adolescent Health.

should be signed by a parent or guardian and should include the following information: a detailed medical history, including a record of immunizations as recommended by the AAP; a record of recent physical examinations; a list of allergies, especially to foods, medications, and insect stings; and a record of special medical and behavioral problems, such as asthma, deafness, enuresis, or nightmares. Information enabling immediate notification of a camper's or a staff member's family in case of an emergency should also be kept on file.

The camp should also have all parents and legal guardians sign a statement indicating that, in case of an emergency, when the camp cannot promptly locate the person designated to be notified, camp authorities may take such emergency measures as they deem appropriate and notify the parent or legal guardian as soon as possible.

All injuries and illnesses that occur at camp should be reported to the camp nurse or physician and entered into the health records. The report on such injuries and illnesses should include the date and time of injury or illness, nature of complaint, diagnosis, treatment, disposition, area of camp where injury occurred, activity in which accident victim was engaged, and item of camp equipment or other object causing injury. A daily log should document both camper and staff visits to the infirmary. Records should be carefully documented and be kept confidential as appropriate.

HEALTH SCREENING IN CAMP

An initial and departing health screening should be performed and kept with the individual record of each camper and staff member. At the initial screening, temperature and weight should be recorded and any communicable medical illness and/or preexisting condition should be noted. At the departing screening, any previously unrecorded disease, trauma, behavioral or psychosocial difficulties, or weight change that occurred at camp should be documented and the parents should be notified.

If a child or staff member is suspected of having a communicable disease while at camp, he or she should be suitably isolated until no longer contagious. Protocols for handling communicable diseases should be developed by the camp physician based on current medical information.[4] Outbreaks of illness, which in the judgment of the supervising camp physician affect a significant number of campers, must be reported to the local health department.

The camp should have a written protocol of checkpoints for daily health surveillance (eg, cleanliness of washrooms, laundry, toilets, sleeping areas, and food storage and preparation areas); procedures for handling health emergencies, accidents, and disaster; and search and rescue procedures for missing persons.

CAMP HEALTH CARE FACILITIES

It is suggested that a permanent building be provided for use as a medical care facility at camps with 100 or more persons, including staff, in residence. The building should have hot and cold running water, examining rooms, isolation and convalescent space, and a bathroom with a flush toilet and showers. In camps with fewer than 100 persons in residence, or in day camps, a tent with a floor should be provided as a minimum facility for an infirmary. Equal but separate facilities should be provided for boys and girls.

All camps should maintain a first aid cabinet with contents appropriate to the size and activities of the camp (see Appendix). Camps should also have telephone service and an emergency communication system (eg, a radio, signaling devices, or a nearby telephone). Whenever a group is away from camp, such as on a field trip, an individual trained in emergency procedures should accompany the group.

CAMP PROGRAMS FOR DISABLED CHILDREN

Whenever children with disabilities are enrolled in a camp program, lavatories and showers should be equipped with specialized fixtures, grab bars, and controls. All recreational and living facilities should be made accessible by providing ramps, proper surfaces for movement, and/or adaptive equipment. Special medical restrictions, needs, medications, and precautions should be designated in the disabled camper's medical history. All staff supervising disabled children in camping experiences should be familiar with the concept of "the dignity of risk," which maintains that children must be safeguarded but not overly protected. A zero risk of injury is not achievable and this should be understood by all participants. Appropriate medical supervision and staff must be available, depending on the disability and activity.

SUMMARY

Because camp programs differ in many ways, especially in scheduled activities, availability of skilled medical support for the health care staff, and environmental conditions, camp administrators should use the medical guidelines provided in this statement to develop camp-specific protocols for day and residential camps.

REFERENCES

1. American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. *Recommendations for Preventive Pediatric Health Care.* Elk Grove Village, IL: American Academy of Pediatrics; 1987
2. American Academy of Pediatrics. *Standard Health Examination Record, 1986.* American Academy of Pediatrics Publications Department, 141 Northwest Point Blvd, PO Box 927, Elk Grove Village, IL 60009–0927
3. American Camping Association. *Health History and Examination Form for Children, Youth and Adults Attending Camp, 1990.* American Camping Association, Bradford Woods, 5000 State Rd 67 North, Martinsville, IN 46151–7902
4. American Academy of Pediatrics. *Report of the Committee on Infectious Diseases.* 21st ed. Elk Grove Village, IL: American Academy of Pediatrics; 1988

APPENDIX

Suggested Medical Supplies for Day Camps and Residential Camps*

- Transport equipment
  - Scissors stretcher
  - Sandbags (3–5 lb)
  - Adjustable wooden crutches
  - Small bolt cutter (for removal of face masks)
  - Neck immobilizers (varying sizes)
  - Heavy-duty scissors (to cut away clothing)
  - Slings
  - Large safety pins
  - Cardboard box splints
  - Rolls of sponge rubber (½ in)
  - Chemical cold packs
  - Airways, varied sizes
  - Intravenous equipment and fluids
- Medical supplies
  - Cotton-tipped swabs
  - Eye pads
  - Dental rolls (for nose packing)
  - Adhesive strips (assorted)
  - Tongue blades
  - Sterile gauze pads (4 × 4 in, 2 × 2 in)
  - Nonadherent pads (assorted)
  - Rolls of conforming bandage (assorted)
  - Rolls of elastic bandage (assorted)
  - Rolls of adhesive tape (assorted)
  - Adhesive strips (assorted)
  - Paper towels
  - Disposable gloves
  - Sealable bags (to serve as containers for infectious material and ice bags)
  - Bleach (for disinfecting—1:10 solution)
- Medications
  - Topical
    - Povidone-iodine skin cleanser
    - Analgesic ointment (containing a "caine" derivative)
    - Anti-inflammatory cream (triamcinolone 0.1%)
    - Antibiotic ointment (bacitracin)
    - Antipediculocide rinse (permethrin 1%)
    - Antifungal cream (clotrimazole 1%)
    - Ophthalmic ointments (sulfisoxazole)
    - Alcohol
  - Oral
    - Antidiarrheal (kaolin-pectin mixture)
    - Antiemetic (dextrose, levulose and phosphoric acid, trimethobenzamide hydrochloride)
    - Antitussive (dextromethorphan)
    - Decongestant (pseudoephedrine)
    - Antihistamine (diphenhydramine, hydroxyzine)
    - Antibiotics (cefaclor, penicillin, amoxicillin, erythromycin)
    - Ear drops (swimmer's ear: anti-inflammatory, antibiotic, acetic acid)
    - Dental emergency medications (zinc oxide and eugenol)
    - Anti-inflammatory (steroidal: prednisone)
    - Anti-inflammatory (nonsteroidal: ibuprofen)
    - Antipyretic (acetaminophen)
    - Hydrating solutions
- Injections
  - Steroids
  - Antihistamine
  - Epinephrine
  - Intravenous fluids
  - Tetanus toxoid (Td for adult)
- Surgical supplies
  - Local anesthesia, surgical equipment, and supplies for suturing

* Quantities depend on enrollment.

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