

Risk navigator

The world of camp nursing



Primary casualty

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About Markel's Risk Solution Services team

Risk Solution Services provides technical insight related to existing and potential insured risk at Markel. The team partners with our customers, claims, and underwriters to educate on both current and future risk trends and supports our clients with a broad offering of risk management solutions.

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The world of camp nursing

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Introduction

This safety guide is published in a manner to support the development and organization of camp health services. These documents are a guide to promote healthy camp communities.

Camp nursing: standards, structures, and strategies

Standards

Camp nursing practice is defined by the Association of Camp Nursing (ACN) in its Scope & Standards of Camp Nursing Practice (3rd Ed) (2017). Camp Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of campers, camp staff, and the camp community. ACN defines standards of nursing practice that shape a nurse's approach to care at camp, a definition that encompasses the care of individuals, groups, and communities. The ACN developed camp nursing's scope and standards of practice to be congruent with the more general standards for nursing established by the American Nurses Association (ANA). In addition, other standards have been developed that specifically apply to camp nursing practice. The American Camp Association's (ACA) published standards that include the Health & Wellness standards, which impact health center operations. Additional ACA standards for the safety of program areas, training staff, disaster preparedness, and adequacy of personnel also impact the camp nurse role.

Regulations governing the nurse's activities include the Nurse Practice Act of the state in which the camp is located and state-specific laws regulating camps and institutions that serve children. Camp nurses, like nurses in other settings, abide by general standards of nursing practice for documentation, medication administration, and delegation.

In optimally run settings, whether day or resident, rural or urban, special needs, or "healthy" kids camps, the nurse is a leader and active participant in planning and meeting the camp's health needs. Camp nurses are encouraged to meet with the camp leadership during pre-camp planning and communicate to camp directors and others to identify the needs of the Health Center program for its implementation. Camp nurses participate in the camp leadership team and with key leaders and directors, especially when issues arise that impact the health of camp, campers, or staff.



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Structures

Camp nurse functionality is significantly impacted by the structure, resources, and support given to the camp nurse. For example, adequate personnel for check-in is a must if accurate information is to be obtained and communicated properly. Administrative backup for systems of medication administration may be needed to assure that proper medications are given safely and effectively. When conflict occurs, the nurse is obliged to engage other camp administrators to review current expectations and lines of authority. The camp nurse is an essential member of leadership at camp. By exercising leadership, camp health can reach optimal levels.

A registered nurse typically leads the camp's health care staff. Nurses, with many different experiences, can be a camp nurse. Some nurses work full time at camp while others choose to do a week or a month of camp nursing. Still, others find camp nursing a great way to contribute as a volunteer, especially to provide camping opportunities for children with burns, cancer, or other special needs.

Strategies

The camp nurse must hold an active license from the state in which the camp is located. Some states have temporary licensure for nurses crossing state borders to practice for short periods. States that are involved in the Compact License Agreement provide a multi-state license for those nurses working in their state (<https://www.ncsbn.org/nurse-licensure-compact.htm>). This agreement allows a nurse to work in other compact states with their current license. All usual expectations of a nurse practicing in a community setting are required, although specific job descriptions will

vary from camp to camp. Nurses are encouraged to review the camp's job description prior to accepting employment and to continually appraise it for comprehensiveness and usefulness.

If deficiencies in the job description are found, nurses are encouraged to contribute their suggested revisions. The camp nurse has an invaluable opportunity to influence the health of campers and staff through expert observation and critical appraisal of the camp's health needs.

Insurance

An important point to clarify is the camp nurse's liability (malpractice) insurance. Some camps' insurance includes malpractice coverage for the nurse. In this case, the owner of the policy is the camp, not the nurse. Should something unforeseen occur, the insurance company will administer the policy in the best interests of the policy owner—the camp. This may or may not be in the nurse's best interests. Consequently, have a frank discussion of this point with the camp director, so all parties enter into an agreement with appropriate understandings. Nurses might consider carrying their own liability insurance as it is reasonably priced and provides additional coverage in the event unplanned situations occur.

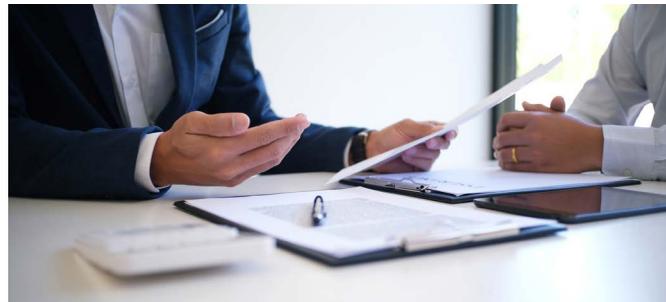


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Camp nurse as clinician

The camp setting provides an opportunity to work autonomously and expand the nurse's repertoire of clinical skills. Remote and rural locations often limit access to prescribers and other advanced practitioners, which means a camp nurse must have appropriate clinical and emergency care skills. The camp nurse must demonstrate confidence in this autonomous role and understand how to connect with other healthcare providers if the need arises. Camp nurses partner with a prescriber for medical care, especially related to medication use, and rely on their repertoire of nursing skills to address client health needs. Maintaining the health center, including needed equipment and medications, is also part of the camp nurse's job. Fostering relationships with local health care professionals—pharmacists, dentists, clinic staff, and so forth— builds the resources available to handle whatever may come the nurse's way in the course of any day at camp.

The clients: campers and staff

Whenever a person comes to the health center with a health need, the camp nurse uses classic clinical assessment skills. The health record for the individual will be reviewed, and a thorough history and evaluation of the physical symptoms (headache, upset stomach, etc.) includes objective observations such as checking temperature and assessing each presenting symptom coupled with appropriate questions related to history. The resulting nursing diagnosis is supported by implementing a care plan that includes evaluation. This evaluation, or monitoring process, needs careful attention, especially at resident camps where well-meaning counselors don't always remember to implement the care plan. The camp nurse continues to monitor the client based on the care plan until the presenting problem is resolved.



The camp's supervising physician

Whether based at the camp, down the street, or miles away, the camp's supervising provider (prescriber) directs and oversees the medical components of the camp's health services. Depending on the state regulations, the provider may be a physician, nurse practitioner, or physician assistant. Each of these individuals has advanced education and prescriptive authority in most states. Each state has requirements about "independent" practice, so be sure to check the state regulations where the camp is located. Arranging for provider services is typically a responsibility of camp administration and is usually a task completed before camp starts. There is, however, an expectation that the camp nurse fosters this relationship, especially with regard to following the medical protocols. The supervising provider is one of the camp nurse's primary resources for advice and a person who can help identify additional resources as well as bridge camp access to those resources (pharmacies, mental health practitioners, dentists, and urgent care facilities).

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If possible, talk to the provider prior to the start of camp. Developing a relationship with the provider will be an important step when help is needed at camp. Learn how to access this professional's office, Go through the medical protocols with the provider, clarify questions, and augment the protocols where needed. A good working relationship often facilitates access to service, a more rapid emergency response, and helps the provider feel valued. Invite the provider to visit the camp to increase familiarity with camp health operations and potential health support needs.

The camp nurse's supporting skills

Sanitation

State regulations govern elements such as water quality, refuse disposal, food preparation and service areas, bathroom facilities, and other components of camp life in which health and safety is a factor. ACA standards also address this area.

It is the camp director's responsibility to comply with state regulation in matters of camp health and sanitation. Although the nurse is not directly responsible for camp sanitation, as a health professional, the camp nurse helps evaluate potential hazards, and reports observations to the proper staff member, and may offer recommendations for correction.

Gathering such information is often done during the camp nurse's daily walk-around. This is typically a health and safety inspection with a focus on environmental cleanliness, especially in living areas. Each camp has its daily inspection rituals; most include inspecting the cabins/tents, kitchen, bathrooms, and activity areas after cabin clean-up is complete. The nurse's observations help identify potential

hazards before they become a problem as long as the problem is reported to the person who can do something about it. For example, a clogged cabin toilet may be reported to maintenance staff, lack of soap in bathrooms to housekeeping personnel, fish hooks left dangling off fishing poles to the waterfront staff, and campers who aren't effectively washing their hands to supervising counselors. These health and safety rounds can be documented as risk reduction strategies.



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Documentation: the paper trail

Documentation (record keeping) is critical to camp nursing practice. The camp nurse is responsible for maintaining



health records for all campers and staff. These include health history forms, individual health records, a record of health screenings, medication administration records, and potentially a camp health log.

Documentation may occur through paper forms or more advanced electronic medical records (EMRs). Some camps have electronic camper applications, medical documentation, and medication records. EMRs allow health care providers to access records at different locations, different times, and through different devices (phone, iPad, computer), which can be helpful in emergencies or trips where staff may not want to carry large volumes of paper. Other documentation forms may be created by the camp or offered by an outside entity (i.e., incident report forms, insurance claim forms). Talking with various stakeholders can help determine the necessary and important documentation tools.

The records kept by a camp's health center become part of the camp's legal records and are often used as a risk reduction tool. As with all legal charting (record keeping) systems, the record should be kept for the statutory limit; should be amended in a way compatible with preserving record integrity; should sequentially record date, time, and action; and should be signed by the appropriate person. In addition, records that capture nursing care must reflect the nursing process: assessment, planning, intervention, and evaluation.

Common charting should include health screening, medication administration, and documentation of the care given to individuals for emergent health needs such as headache, sore throat, upset stomach, itchy mosquito bites, and various cuts and scrapes. To have a defensible nursing record for complaints like these, the nurse should document the date and time, assessment, the implemented intervention, and an evaluation of the intervention's impact. Also, use this record to track parent consults, including attempts to contact parents.

The camp nurse also charts daily actions, such as routine medication distribution. Some nurses use a daily medication record to streamline documentation processes. Charting practices should be supported by a written policy that describes the practice.

The camp nurse's role in preparing documentation varies from camp to camp and should be clarified during an initial meeting with the camp director. Other documentation that may fall under the camp nurse's responsibility includes completing health insurance forms and maintaining a health center log. With the emergence of EMRs and the ability to query data in the electronic format, some camps are no longer using a health center log.

A health center log is a surveillance tool that allows camp leaders and health staff to recognize trends in illness or injury, something that allows camp leaders to quickly assess the camp's health status. The health center log is not the legal health record for each individual and should not be used in place of documenting in each individual's record.

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The psychosocial domain: opportunity and challenge

Psychological challenges are a growing concern in the camp setting. The camp nurse copes with a variety of mental, emotional, and social health (MESH) challenges. Depending on the camp setting, emotional health issues of campers and staff can consume a great deal of the nurse’s time and challenge the nurse’s support skills.

MESH conditions have the potential to impact cabin life and activities more than they do health center activity. The biggest impact is often associated with medication administration. When someone is struggling to manage an existing concern or if a potential MESH problem is suspected, it is important to know what resources are available. Camps are encouraged to pre-arrange behavioral health support, which could be an individual, a group of people, online services, or behavioral health training and interventions. The camp director, often familiar with camper families, becomes key to managing these issues, so be sure to communicate MESH concerns when suspected.

Remember that not all mental and emotional health challenges are crises. Separation anxiety (homesickness) is often experienced as youth learn to cope with life’s changes, like being away from home for an extended time. Here’s where a camp nurse’s communication skills, especially therapeutic listening, become invaluable.

Even though camp is a unique and supportive setting, it still reflects society. People will have conditions such as attention deficit hyperactivity disorder (AD/HD), oppositional defiance disorder (ODD), Tourette Syndrome, depression, or anxiety. Sometimes the use of prescription medication makes it possible for these folks to function adequately at camp. At other times, the reality of the camp environment— its excitement, unfamiliar people and surroundings, lack of privacy, freedom from parents, no technology—can tax a person’s coping reserves. Those with MESH challenges are particularly vulnerable to the stressors of camp (Erceg & Gaslin, 2020). The nurse’s ability to therapeutically help the client articulate the difference, identify camp appropriate coping strategies, and effectively implement them can be invaluable.

Consider having a resource to identify the array of psychotropic medications that may be used to treat MESH conditions. Consider if the client has been using the medication long enough to attain its therapeutic effect and what impact the camp itself may have upon that effect. Some medications, for example, are water-soluble and are affected by an individual’s hydration status. Others may be sensitive to altitude. Sometimes a camper receives medication more regularly at camp than at home, resulting in questions about perceived over-medication. Sometimes those meds are scheduled to complement the person’s school schedule, and no one remembers to adapt scheduling to what’s needed for camp.



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It is helpful to monitor behaviors. Because camp is one of the few environments where youth are consistently interacting with the same adults during activities of daily life—eating, recreating, talking, sleeping—counselors and camp nurses sometimes identify problem behaviors before they're noted in the home setting.

Be watchful of campers or staff members who harm or threaten to harm themselves or others. Take any such behavior seriously and immediately notify the camp director. For those who arrive with MESH diagnosis, be watchful for symptoms that indicate the person is decompensating (increased sensitivity or angry outbursts) from increased fatigue or becoming overwhelmed with the demands of camp, resulting in diminished coping skills.

Eating disorders, from the very mild to profoundly involved, may be seen at camp. Sometimes a camper or staff member has been diagnosed and is following a recovery plan while at camp. At other times the disorder may be identified while the person is at camp simply because meals are supervised by adults who attend to youthful behaviors. This does not mean that camp caused the problem; rather, the camp was merely the place where the behavior was observed. Note behaviors that indicate a problem, such as restrictive food intake, purging, and over-focusing on body image. Tactfully explore what these behaviors mean by bringing them to the attention of appropriate people, including the camper's parent or guardian.

Because campers may somatize emotional stress, explore this domain when working with a person who has general, non-specific complaints, especially those of "my stomach hurts." Campers learn to cope with being away from their source of security—home—through experiences such as camp. The anxiety felt when usual comforts are not readily

available is very real. Common expressions of this include uncontrolled crying, hyperventilation, headaches, nausea, vomiting, and general aches and pains. In the psychosocial realm, the camper may admit to having the problem or mask the real reason by either acting out or withdrawing from the cabin group and activities. This camper needs to experience increased affiliation with camp friends and counselors. Allowing a nap in the health center may be just the support required to recapture the strength necessary to make friends and enjoy camp.

Working with unlicensed assistive personnel (UAPs)

Many camps employ non-nurses to help deliver health care. For example, a designated staff member may provide care during trips, or someone may be trained to help pass medications. Cabin staff oversee hygiene and provide the first line of observation for changes in camper health status. The camp nurse interfaces with individuals who have



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designated health care responsibilities but may not have supervisory responsibility for them. Know and recognize this distinction between the licensed nurse and the unlicensed personnel.

When working with the unlicensed staff at camp, the licensed professional may be legally responsible for directing the actions these staffers take to provide healthcare. This may differ from the staff member’s job description, which was created and monitored by the camp administration. Professional delegation skills for nurses include assessing a person’s ability to carry out instructions, giving clear directions (oral and written), and providing performance feedback and evaluation. When providing nursing care to campers and staff, the camp nurse retains—and cannot delegate—the responsibility to assess and make decisions based on that assessment. Personnel who assist the camp nurse should act under the direction of that registered nurse (Association of Camp Nursing, Delegation Practice Guideline, 2013).

Some staff deliver health care but are not supervised by the camp nurse. This staff has their own job descriptions, and often, a credential that supports their role. If the camp nurse has concerns about an individual’s abilities, talk with the individual’s supervisor.

Taking a broad perspective

As a starting point, identify the common ground elements of camper and staff health profiles. For example, how many have a chronic illness, and specifically, what diagnosis? Asthma and environmental allergies are common. Another group has allergies to food or medications. There may be some people with MESH diagnoses at camp and others whose personal histories include elements that may impact

their camp experience (i.e., death of a loved one, divorce, recent move, poor school performance). Talk with the camp director and determine how staff are prepared to work effectively with these folks. The “how” often means that the camp nurse teaches staff—individuals or the entire group—the tips they need to minimize the potential of aggravating health risks as well as identifying strategies that can be restorative.

This brings confidentiality front and center to this discussion. Campers, often minors, are camp clients. The way a camp cares for clients may be different from the way it cares for staff. Camps often tell parents that information about their child’s health will be shared on a need-to-know basis with the staff. Consequently, a cabin counselor may know that a particular child has a bedwetting problem, but not other staff. The cabin counselor has a need to know. On the other hand, an adult staff member with the same problem, enuresis, has a right to determine who knows about that problem. In cases where the need-to-know is driven by whether the individual is a minor or adult, ask the director to explain the camp’s confidentiality policy and then shape nursing actions to complement this.

Privacy is another community health challenge related to confidentiality. Camp folks get so comfortable with one another that it’s easy for personal health information to inadvertently make its way into common knowledge. Take, for example, the task of getting routine, daily medications to people. Many camp nurses do this at mealtime, a scheduled activity that brings the camp community together at predictable times, which is perfect for medication passing—as long as people are told ahead of time. Pass medications in a way so others do not know what medication a person takes. Also, consider that some people are sensitive to

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others, even knowing they take medication. They see the camp dining room as a public setting, one too public for their comfort. These people may need a different time or place to get their medications. Meeting privacy needs in a way that complements the individual's perception of privacy can be tricky at camp. Consequently, many camps describe their usual way of doing things and ask people to let them know if other arrangements are needed. The camp nurse needs to know about this. It makes a difference.

Privacy must also be considered in the health center, especially when campers and staff come in seeking care. Is there adequate protection of privacy as they describe their symptoms? Is charting done in a way that protects privacy? Orienting both campers and staff to behaviors that protect privacy—and enforcing these practices from the very start of camp—puts a baseline in place that is well worth the effort.

Sometimes the camp nurse wonders who needs what information. Assessing the impact of health information on camp activities or camp groups can be tricky, especially when the nurse knows the health information but doesn't always understand camp activities. What the ropes course counselors need to know may vary from what the waterfront staff or food service personnel need to know. When in doubt, talk with camp leaders like the director, head counselor, or other directors.

Communication

Effective communication skills are essential to the camp nurse role. The nurse regularly interfaces with many people in many ways. Often communication is about the same topic but from a different perspective, providing the education needed to meet the individual needs of others.



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Therapeutic communication techniques are critical, especially those that validate perceived messages, both those coming from as well as being received by the camp nurse.

The nurse’s initial and ongoing communications with the camp’s leadership staff form a base for the nurse’s role. Have an initial meeting to clarify job expectations and identify if any role requirements need additional discussion. Have another meeting as soon as both the director and camp nurse arrive at camp. Start practicing routine communications patterns that will be needed throughout the camp season. Effective communication moments include health orientation for camp staff, staff health screening, cabin and sanitation checks, what the camp director should be informed, communication with parents, and particulars relating to staff health.

Because the camp director has many counselors with many needs, and often only one or two health care providers, it’s easy to defer needed communication to when there’s more time. Soon camp is in full swing, and the director and nurse have never had their intended conversation. Be assertive, not bossy, and work to make conversations happen. The effort to maintain open lines of communication with the director and leadership staff is worth that effort.

Use the camp’s policies about camper health services to guide communication with parents. Do the same with the staff. Although some things may be clarified by phone before arrival, things are also handled during the screening process. Note, however, that screening time is short, so be succinct; look for indicators, and go back to gather details the next day. Sometimes a simple, “Let’s talk more about this tomorrow when we have more time” is sufficient to let clients know that quality care is a priority, but so is time.

Nurse-initiated communications are welcomed by most parents as these indicate concern for the camper’s individual health needs. Some messages are also public relations messages. It is important to remember that when Johnny goes home covered in poison ivy and looking very different from when he arrived, people may make a judgment on the care received at camp and decide not to send their child to camp.

The bottom line: keep people informed.

While gathering information from the camp community, the nurse also communicates things about his or her values regarding the camp nurse role. Campers and staff quickly learn about the nurse’s level of investment. Things that make a difference to campers include learning their names, so they aren’t merely “the Ritalin at 2 p.m.,” eating meals at a table with campers and staff rather than hiding in the kitchen, and attending and contributing to staff meetings. Foster a culture of respect by being a part of the camp’s ebb and flow of energy. Sometimes the nurse needs to say a lot; at other times, the nurse needs to listen. At all times, campers and staff need their nurse to be present, to be in the camp moment with them.



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Health promotion

Today's camp nurse is an educator. Building and maintaining a healthy camp community means that the nurse is constantly grabbing teachable moments and involving others in the process. Working with staff begins by orienting them to the camp's health services. This often happens before campers arrive (pre-camp) and is predicated on the nurse recognizing the unique role of counselors in promoting camper health and safety. Use humor, role play, interactive learning, and other creative techniques to engage staff. Involve them in the learning process, so they come to "own" the message. Focus on the staff as role models. Emphasize their self-care and the role of the health center when partnering with them. Remind staff that they are needed to provide supervision and instructions so campers can participate in all camp has to offer. Should a staff member get ill or injured, campers will be affected. Emphasize the ounce of prevention messages, especially those associated with getting adequate sleep, handwashing, managing stress, staying hydrated, being aware of and addressing hazards, and using personal protection such as insect repellents and sunscreen.

Staff should be informed of health center routines, including office hours, communication modes, medication policies, and how to contact the nurse in an emergency. Experienced camp nurses recommend talking about what constitutes an emergency. That's very different if one is eight years old, a brand new counselor, or someone with both camp and first aid experience. Explain how the staff reports their own illness or injuries, the importance of confidentiality policies. Also, discuss the staff role in camper health care. All staff is expected to observe campers and note when behaviors fall outside anticipated normal parameters. Staff must also



be instructed to act on those observations. It's easy to see something but sometimes more difficult to take action based on that observation, especially if it has to do with hygiene, self-care (including dressing appropriately for the weather), and incident prevention.

Some staff groups, particularly food service, trips, and maintenance staff, may have a special session with the camp nurse. It's easy to tell these groups what not to do; the more strategic message is to focus on health promotion—what they should do. Be realistic in this discussion, recognizing that these people must often work to make camp happen. For example, food service can't shut down on hot summer days, but they constantly exposed to hot ovens. Maintenance must still attend to outdoor work, but perhaps they can schedule this during the cool of the day rather than during high heat times. Also emphasize work smart skills such as taking adequate water breaks, creatively staying cool, and hanging "man working in cabin" signs so unsuspecting campers aren't surprised.

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Campers particularly enjoy health promotion messages, especially when those messages are delivered in a positive, upbeat, and fun manner. Consider the age of the camper group and take advantage of all opportunities to build a health and safety message. Some camps have campers meet with the nurse on opening day, a time when an overview of health services is provided, and when the kids form an opinion about this year's camp nurse. Use this first-time meeting to your advantage by planning the time effectively, minimizing a lecture approach, and capitalizing on attention getters. For example, one camp nurse described using a gallon jug of water and a huge sponge to illustrate the importance of hydration when one's cells are in a fluid-leaching environment (aka camp).

Have returning campers who are familiar with camp routine give part of the health talk. Emphasize frequent and proper handwashing as the number one way to prevent illness. Consider using a fluorescing agent such as Glow Germ® to drive this point home. Nothing says poison ivy prevention as well as the camper who had it last year and who does not want to repeat the experience!

A growing number of camps are adding health promotion activities to the schedule. First aid and CPR classes are being taught to campers as well as activities such as babysitting curriculum. Some camps have campers do the daily walk-around with the nurse. Others hire a wellness counselor, whose job is to monitor, champion, and improve the camp's health profile, including the activity level of campers and staff. The message of health is—and should be—alive and well in each camp community.

Community health and camp nursing

Although much of the camp nurse's day-to-day work focuses on meeting the emergent health needs of individual campers and staff, there's also an important community health component to camp nursing. In essence, the camp nurse notes the impact of the camp environment on the population's health status, and in collaboration with other camp leaders, intervenes from both a health promotion as well as a health restoration perspective. A nurse brings professional skills and knowledge well suited to this task.

Community health impact begins with understanding the broad health needs of campers and staff as an aggregate group. Consider the age of campers, their socio-economic backgrounds, their health status as presented on various health forms, the developmental age of staff, their training for camp work, and other factors to answer the question, "What health needs can be expected from the people at this camp?" Examine the camp—its physical layout, geographic location, daily schedule, policies and rules that guide camper and staff behaviors, meal plan, the risk profile of activities—to answer the question, "What risks does the camp pose to the health status of campers and staff?" The answers to these two questions guide the nurse's community health process.

A nurse brings professional skills and knowledge well suited to this task. The nursing process can be applied to a community. The principles of epidemiology, represented by the classic epidemiologic triangle of host, environment, and agent (Gulis & Fujino, 2015), provide the tools needed to analyze data from sources such as the camp's health center log.

The nurse's professional skills, coupled with information about the camp and the camp's population, are the necessary

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elements with which the nurse frames community health practice in the camp setting.

A prescriber-signed, readily available copy of the camp's medical protocols (sometimes called standing orders) is an integral part of the camp nurse's practice. The protocols specify medication orders appropriate to the injuries and illnesses the prescriber approves for treatment at the camp. These specific medication directives are the prescribers' way of transferring prescriptive authority to a registered nurse. The protocols should also state the point at which the nurse must seek advice or refer a client to a higher level of care. Protocols should be sensitive to the credentials and experience of the camp nurse.

Some camps have very extensive and detailed protocols that allow treatments that may, in other situations, be done under the direct supervision of a physician. This is common at camps serving the special needs population. Having well-designed protocols can minimize out-of-camp trips for common problems. Because accepted practices and medications change, the supervising prescriber must annually review and sign protocols.

Health screening

Camps receive camper and staff health history information before camp begins. This pre-screening allows the camp nurse to review the information and prepare for arrivals. If there are questions or if more information is needed, consider calling the camper and family before opening day. Review the medications the person will bring. Note the meds that must be given at particular times or those with a therapeutic effect that may be impacted by camp (altitude impact on seizure control meds; water-soluble medications during hot, humid weather). Anticipate what staff may need



additional information about a camper, such as a kitchen staff knowing how many and what type of vegetarians are coming or who needs a gluten-free diet.

Looking through health forms before opening day allows the nurse to educate staff about special needs. Campers with Tourette's or Asperger Syndrome, for example, may do fine at camp when the staff working with these kids understand how to effectively interface with them.

Because camps try to be as inclusive as possible, ask the camp director about the camp's inclusion policy. Based on that and the information gleaned via health histories, be prepared to train staff to meet anticipated camper needs.

The screening on opening day, or within 24 hours of arrival, is an ACA Standard (2019). The screening has specific goals: to update health history forms (which may have been completed many months prior to the person's arrival), to gather and organize medications, to assess communicable disease threats, and to establish the person's health status upon arrival. ACA Standards direct that this be documented, an important point for the camp nurse to note. Some camps

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capture this documentation directly on the person's health form in a preprinted section designed for this purpose. Others do it in other ways. The point is to do it.

In addition to documenting the screening process, remember that screening simply provides an indicator. It is not diagnostic, and the nurse does not have unlimited time to talk with people on busy opening days. Experienced camp nurses often talk about focusing on must-know things and chasing other details later. Carefully think through the screening process for efficiency as well as information gathering.

The health center

The health center is an integral part of maintaining camper and staff wellness and is the place out of which the camp's health services function. Often centrally located, the health center should be accessible, have toilets and sinks, enough space to provide care, an area for medications, and areas that allow clients to rest comfortably as well as provide isolation of potentially infectious clients. Some state health departments have additional requirements for the camp health center.

Health centers operate very differently, depending on the needs of the camp. Some host clinic hours or sick call at designated times of the day. These hours may be determined by the camp schedule but should be reasonable for campers, staff, and the nurse. In addition to a phone in the health center, camps often provide nurses with a hand-held radio or other emergency communication device for use when the health center is closed. Some camps have turned to technology to locate the nurse or communicate in times of need. Make sure the camp has a plan for contacting the onsite health care provider, especially for emergency situations.

Camp nurses who stay at camp often have sleeping quarters in the health center. Make this home away from home inviting and comfortable with amenities such as your favorite reading light, family photos, and a coffee pot.

Medications at camp

The principles of medication administration found in other practice settings also apply at camp. From a nursing perspective, this means that a medication must be ordered by a prescriber and given to the right person at the right time in the right dose via the right route and appropriately charted. Medications are documented, including comments about the therapeutic effect. Authorization to give medications to a particular camper comes from both the camper's provider via the prescriptive label and the child's parents, most commonly via the health form's authorization statement. The use of over-the-counter meds (OTCs) stocked by the camp is governed by medical protocols signed by the prescriber to receive an order for each medication. Decisions to use an OTC assumes appropriate nursing assessment per protocol.



ACA Standard HW-13 (2019) directs that all medications are stored "under lock ... except when in the controlled possession of the person responsible for administering them." The "under lock" component includes refrigerated medications, something that can be accomplished by placing medication in a lockable box in the health center's refrigerator. It goes without saying that the person

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responsible for administering medications should have an appropriate knowledge base to make medication decisions. Sometimes a camper or underage staff member can be quite demanding with regard to what medication they believe they should have. Be prepared to handle this situation using therapeutic listening skills and consult with the individual's parents or guardians to make sure everyone understands the medication plan.

Routine, daily medications, such as allergy and asthma meds, are usually given by the camp nurse at specified times – typically around meals. Meals are often the only time that all campers and staff are together. Some camps have specific routines set up for medication passing, and some may use services that provide pre-packaged camper medications. Ask the camp director or health services leader to explain the medication routines used at the camp.

Non-routine medications—the OTCs stocked by the camp and those brought by individuals for personal use—are typically available at the health center and given as needed. More and more OTCs are herbal, homeopathic, and nonregulated agents. It is important for the camp to consider having a policy about what products will be allowed/dispensed at camp and what agents should not be brought to camp. Be knowledgeable about state regulations that impact medications at camp as some states have specific guidelines about herbal, homeopathic non-regulated substances at camp. The giving of these agents is broader than a person merely requesting the medication or agent. It includes assessing the need for it as well as awareness by the nurse of factors that impact the desired agent's use (interaction with other medications, potentiating, and untoward effects).

Campers and staff who take medications may participate in out-of-camp trips. These can be as simple as an afternoon hike or as extended as a multi-day canoe trip. Identify how the camp nurse is told about these trips, who is participating, and what staff person is the designated caregiver. Use the participant list to package appropriate medications, including routine, daily meds. Provide the necessary written and verbal instruction to the trip's designated care provider, and determine a monitoring strategy for the medication process during the trip. Note that some camps have specific medical protocols for trip staff, protocols that differ from those used by health center staff, and that are appropriate to the certification of trip staff. Sometimes these protocols include OTCs that are “packed out” at the health center. It is important to know state regulations as some states have additional requirements regarding who can administer medication and if additional training is required.

Medications stocked in the health center

The following list reflects the kind of medications usually stocked in the health center. This is merely a starting



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point for some camps, especially those with a prescriber in residence or for programs that serve special populations. Consider why campers and staff typically seek health care, then stock meds to support those needs and those also referenced in the medical protocols.

- Acetaminophen: liquid, chewable, and tablets
- Antibiotic ointment
- Antidiarrheal medication
- Anti-emetic, Phenergan tabs, Phenergan gel, or ondansetron
- Allergy medication - most common are diphenhydramine, cetirizine, loratadine, and fexofenadine
- Burn gel or cream
- Calamine lotion
- Constipation treatment
- Cough drops & suppressants
- Diphenhydramine (Benadryl)
- Epinephrine
- Eye flushing solution
- Hydrocortisone cream
- Ibuprofen: liquid, chewable, and tablets
- Lice (pediculosis) treatment
- Lubricant (KY jelly)
- Nasal decongestant (Pseudofed)
- Oral electrolyte replacement fluid (Gatorade)
- Poison oak/ivy/sumac treatment (Zanfel)
- Sore throat lozenges

Medication challenges

Campers and staff often bring personal and prescription medications with them, medications that may be unfamiliar to the camp nurse. Consequently, a current nursing drug book or online drug access is needed. A growing number of people also bring complementary remedies such as herbal, homeopathic, and dietary supplements. Have a guide to these products that includes information about interactions with FDA-approved products. It is helpful if the camp has a policy about dispensing non-FDA-approved remedies so this can be communicated with families prior to their arrival. The health staff should be knowledgeable about state guidelines that regulate administering non-FDA-approved remedies in a child care setting.

Ask the camp director if the camp hosts international campers or staff. If so, the nurse may encounter unfamiliar medications and labels written in other languages. Suggest these products be translated into English prior to the person's arrival. In a pinch, international adult staff may choose to self-medicate, and therefore, minimize the camp nurse's interaction with the individual. This further limits the nurse's ability to respond during adverse drug reactions or interactions

This practice may also limit the nurse's ability to use US medications.



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- Abrasions
- Athletic injuries to include fractures, sprains and strains, head injury or contusions
- Bee stings, insect bites and stings
- Blisters
- Burns
- Conjunctivitis, allergic vs. infectious
- Common cold (URI)
- Communicable diseases
- Concussions
- Constipation
- Contusions (bruises)
- Cough
- Cuts and lacerations
- Dental trauma including orthodontics
- Earaches, external & otitis media
- Environmental injuries such as heat exhaustion or stroke, heat cramps, hypothermia, or cold injury
- Eye injuries
- Fever
- Fainting/syncope
- Headache, including migraine management
- Head, neck, and back injuries
- Menstrual discomfort
- Muscle aches
- Nasal congestion
- Nosebleeds
- Poisonings

- Poison ivy/oak/sumac
- Rashes
- Seizures
- Bleeding
- Sore throat
- Tick-borne illnesses
- Tooth fractures/avulsions
- Urinary tract infections

Dental care is a neglected component of nursing education, yet dental problems certainly occur at camp. Some of these injuries, like an avulsed tooth, require immediate treatment. Consult a dentist or reputable resource to learn about common problems, including those associated with orthodontics. Knowing about braces—how to assess broken wires, brackets, and appliances; what to do with errant wires that are poking soft mouth tissues—can be invaluable at camp, especially since access to these specialists may be extremely limited. Know who your dental supports might be prior to the start of camp.

Athletic injuries are another area that nurses often find challenging, yet care of these injuries is an everyday experience or most camp nurses. Know how to assess, triage, and appropriately refer athletic injuries. These include sprains, strains, dislocations, head injuries, and fractures that range from minor to potentially catastrophic events. If this is an area of limited knowledge, consider spending a day with an athletic trainer at a local university. Ask about their assessment practices and treatment hints. Also, talk with the camp’s provider about the need for x-rays and the timing of those x-rays, especially for questionable ankle injuries.

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The camp's geographic location will help determine the plants and animals that pose health threats. Most plant reactions, like poison ivy, are well known, but risks associated with poisonous animals are a different matter. Do some research about poisonous animals in the state where the camp operates. Review medical protocols to determine if you have a protocol for care in the event a poisonous animal interaction occurs.

The risk of mosquito and tick-borne illnesses can be minimized by appropriately applied repellents that contain EPA approved repellants such as DEET, picaridin, IR3535. Some of these products may be placed on the skin and some on clothing. Know state regulation, which may indicate the need for parent permission to use various repellants on children. The camp nurse must know of and monitor for the symptoms associated with conditions that may result from mosquito and tick bites. Another threat is rabies, in particular the threat associated with the presence of bats in sleeping cabins. When we introduce youth to the outdoors, we must be prepared to manage unplanned encounters between the two.

Be prepared for what can be reasonably predicted based on geography. However, do not let the camp's location define all your concerns. Today's campers and staff travel; they come from around the world to attend camp and travel the world when not at camp. As a result, the potential for someone to contract illness during travel only to have that illness manifest itself at camp is a possibility. This potential underscores the need for reliable references in the health center. APHA's Control of Communicable Diseases Manual (Heymann, 2014) and the Centers for Disease Control and Prevention (CDC) website (cdc.gov) are particularly helpful.

Emergencies

Given the emphasis on risk management, emergency situations are not common at camp, but they do occur. The camp nurse should be current and proficient in CPR, first aid skills, and the language of the emergency services world. Several organizations provide training; use their services. Know what emergency equipment is stocked at camp—an AED, oxygen, pulse oximeter, nebulizer—and how to use this equipment.

Ask the camp director about the camp's emergency plan. This plan often draws on the skills of many staff members, including the camp nurse. Know who decides when to call emergency personnel and how these external providers are directed to the incident location. Understand the nurse's role in the more typical camp emergencies such as severe weather, a missing or lost camper, drowning or near-drowning incidents, security threats, and significant injury events. Support the camp's smooth and efficient response by knowing and doing the nurse's part.

There are some emergencies that are medically based. In these situations, the camp nurse is expected to take a lead role. Be especially adept with anaphylaxis management, responding to asthma flares, and handling low blood sugar situations.

Anaphylaxis, a severe allergic reaction, may occur suddenly and without any prior history. It is often associated with bee stings or food allergies. Rapid response in recognizing and treating anaphylaxis is essential. Some camps require people with a known anaphylactic reaction to carry an injectable epinephrine device while at camp. At a minimum, epinephrine must be available to the camp nurse. In some camps, it is appropriate for camp nurses to carry epinephrine with them

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all the time. Know how to use the injectable devices and to train other staff members as needed.

According to the Asthma and Allergy Foundation of America (2020), more than 25 million Americans have asthma. This prevalence, coupled with asthma’s potential to be life-threatening, means the camp nurse must recognize and manage asthma emergencies. Campers and staff with this diagnosis often carry a rescue inhaler and use it “as needed” to prevent an asthma flare. Unlike other medications, this rescue inhaler containing albuterol should be readily available to the individual, not locked in the health center, which may be a distance away. Periodically ask those carrying inhalers how they are doing and if their use of that inhaler has been effective. Recognize the signs when a nebulizer treatment might be needed. Albuterol rescue inhalers are expensive; therefore, it is helpful to have a backup plan in the event the inhaler lands in the lake while canoeing.

Diabetes is a complex condition and one that requires the involvement of many people at camp. The American Diabetes Association estimates that there are 30.3 million people in the US with diabetes. Minimize the potential of a diabetes crisis by creating a management plan with the client, one tailored to complement the camp schedule and meal plan. The camp is typically a more active place than home, and therefore, blood glucose levels tend to be lower with more activity. Low blood sugar levels can be life-threatening, so know the symptoms of this threat and preplan a rapid response supported by a quick glucose supply, equipment to measure blood glucose levels, and medications such as glucagon. Educate staff who care for these campers about each child’s plan and the idiosyncratic signs that indicate low blood sugar. Encourage staff with diabetes to share information with camp leadership and peer counselors.

Communicable disease control

Camp life places people in very close proximity to one another. Dining rooms are crowded, over-night trips include sleeping side-by-side with camp friends, bunk beds adorn the cabin world, and sinks for handwashing are minimal. Couple this with the personal habits of children—not covering coughs and sneezes, putting hands into and onto everything, making minimal use of water and soap, sharing personal items (even toothbrushes)—and it’s easy to understand how a disease,



once introduced, can spread with abandon. Now factor in the notion that symptoms such as minor stomach aches, sniffles, and low-grade fevers are everyday complaints for the camp nurse.

Given this, outbreaks may be well-established before someone even recognizes them. Luckily, camps are getting better at communicable disease control strategies. These include:

- Screening each person within 24 hours of arrival for indicators of health problems that may pose a risk.
- Having people sleep head-to-toe in bunk beds, using the adage, “Sneeze on the toes, not on the nose”.
- Making handwashing—especially on the way to a meal—its own camp activity. This is augmented by putting hand sanitizers on tables, in cabins, and at activities.
- Coaching campers and staff to cough and sneeze into their shoulder rather than into their hands (“Give it the cold shoulder”).
- Aggressively monitoring suspicious symptoms and isolating the individual from others until the communicable disease is ruled out.

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- Questioning people about communicable disease exposure upon arrival, especially for strep throat, chickenpox, flu, and the common cold.
- Making information about immunization status a part of each person's health history form.
- Inquiring about recent travel – both nationally and internationally to identify if additional screening might be needed.
- Have reputable communicable disease resources available (CDC, NIH) if additional information is needed.
- Communicate with the local public health department and make them aware of your camp and details of the camp in the event you need their support and guidance.

These control measures are supported by additional sanitation practices. Many states, for example, require that the camp's food service includes at least one person who's trained in food safety practices. This is a good example of how the camp staff is part of the camp's communicable disease control practice. Everyone can make a difference, even the most inexperienced counselor.

The most common threats to camp health include impetigo (infectious conjunctivitis), gastrointestinal upsets, and upper respiratory infections (URIs). Experienced camp nurses would place emphasis on URIs in particular. Coping with URI symptoms such as sore throats, stuffy noses, and coughs make campers and staff downright miserable and can quickly drain the coping reserves of even the most caring camp nurse. Illnesses like these are insidiously spread from person to person. They take advantage not only of poor hygiene but also fatigued individuals, as well as those whose immune systems are compromised in other ways.

This introduces another component of camp community health: individual resilience. Camp life is busy. Days are active, and energy reserves get drained, especially for those more accustomed to an at-home, couch-potato existence. The refrigerator and readily available home faucet give way to occasional drinking fountains at camp and assuming one remembers, the need to carry a water bottle. Nutrition patterns change.

The fast-food life is replaced by three square meals at predictable times eaten in the company of people who notice what one is—and isn't—eating. These changes, even those that are healthy, place stress on the human system, which impacts resistance. People at camp wear out. They need recuperation time prior to getting so worn down that illness results.

Additional clinical notes

Appropriate management of chronic health concerns is essential to a successful camp experience. The chronic health diagnoses most common in the camp population are asthma, allergies, and diabetes. Baseline information should be documented on the person's health history; some camps have devised specific forms based on the diagnosis. Brief staff who need to know about the concern. Tell them about the person's management plan and identify strategies to minimize potential risks. Consider talking with the parents of these campers before opening day to finalize the management plan and gather information about the person's current history. It is the parents' role to assure that necessary medications, treatments, or other interventions are brought to camp, and it is the camp nurse's responsibility to brief counselors and other caregivers about necessary interventions.

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The camp nurse partners with parents, physicians, and camp food service to make sure everyone has adequate nutrition, including those on a special diet. Ask the camp director to explain how the camp traditionally meets these needs, including those for vegetarians. Also, consider that milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat account for 90 percent of food-related allergic reactions (Asthma and Allergy Foundation of America, 2020). Talk with appropriate people about risk reduction strategies, including those for the camp store (where campers might buy snacks), and review the camp's anaphylaxis response procedure. Although campers can be a wealth of information about how they are feeling and about their past health history, sometimes it's necessary to talk with parents. In addition to the health history, parents often hold the key to understanding a child's typical behavior when ill, common complaints of the child, and symptoms associated with chronic illness. Sometimes the camp nurse's consultative call uncovers information not revealed on the camper's health history simply because the nurse asks the right question. Sometimes a child's atypical behavior is normal for that family; they forget to tell camp because, for them, it is part of their everyday experience.

It is a parent's right to know and be involved with health care administered to their child. Never hesitate to contact a parent. ACA Standard HW-819 (2019) directs camps to give parents a written copy of the camp's notification policy. Know what your camp has told parents and adhere to that notification agreement. In general, camps certainly contact parents in an emergency, but that's usually not the case for emergent health needs. Ask the camp director to explain what has been promised and follow that practice. Camps may also contact parents or guardians to clarify medications, report when health care is provided, or for various other

reasons. Sharing the notification policy with families will help alleviate concern every time contact attempts are made.

Some parents may provide specific directions about contacting them in certain circumstances. Do as they request. Always notify the parents when a camper's recovery deviates from the expected course of recovery.

Sometimes people need to see a physician for non-urgent problems. Maybe a middle ear infection is suspected, or you'd like to rule out strep throat. It is helpful to call the parents beforehand to collaboratively discuss the situation. Then update them with a follow-up call after the appointment. The parent often has to pay the bills for care received by their camper, an additional incentive for involving parents in their camper's care process early on (Erceg, 2003).

Camp staff get ill or injured too. For this reason, occupational health is also a component of the camp nurse's role. In addition to caring for the specific illness or injury, the nurse must determine if the staff member is fit for duty and able to perform essential job functions. This includes assessing the potential to infect others. Any recommended job modifications must be considered with the employee's supervisor and the camp director. If modification is not possible, the camp staff employee is removed from that job assignment. A potentially infectious person should be quarantined from others until no longer contagious. This is particularly critical for food service personnel. Occupational health laws vary from state to state and may direct how work-related illness and injury is handled.

If an employee is too ill or injured to work, the nurse must tell that staff member's supervisor, who, in turn, assures that others cover the job duties. This may include briefing replacement staff about the health needs of the campers now under their care.

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When staff members get ill or injured as a result of doing their job, the potential for accessing the benefits of workers' compensation arises. Often managed by the camp director, this program needs support from the nurse. Specifically, notify the camp director when a staff member's illness or injury is work-related. Sometimes the line between work and non-work can blur. Bring these situations to the camp director's attention and complete the requested paperwork in a timely manner.

What about an outbreak?

It's possible that a major outbreak of a significant illness may occur at camp, but it's not usual. That's important to remember. Camps work hard to maintain a healthy environment, keep people resilient, and safeguard against disease-causing organisms. Be an active part of that work.

Based on an anecdotal comment from experienced camp nurses, the most common infectious disease outbreaks are associated with upper respiratory infections, namely the common cold, infectious conjunctivitis, and strep throat. The next tier of concern lies with a viral illness, measles, pertussis, and chickenpox, and those that are food or waterborne. The final tier—the one most unlikely to happen— includes diseases like tuberculosis.

When things do go bad, the first step is to recognize it. That's easily overlooked because many communicable disease symptoms—upset stomachs, a bit of diarrhea, headache, achy feelings, a rash—are part of the camp nurse's day-to-day list of routinely seen problems. These commonly occurring symptoms, in most cases, are minor health problems. As a result, a busy camp nurse may overlook the fact that the number of people seeking care is really more than typically handled or that the itchy eyes of allergy season are actually infectious conjunctivitis.

Surveillance is important. When a group of people with similar symptoms appear within a given timeframe, at least consider the potential for an outbreak.

Anticipate the potential of an outbreak by planning. Maintain an appropriate baseline amount of supplies like gloves, pain relievers, sanitation wipes, and quick hydrating fluids. Know what space will morph into the isolation area when beds in the health center get full. Have a list of local people who have agreed to be on call when additional caring hands are needed or the camp nurse needs a break. Contact the camp's supervising provider for both consultation and any needed medical orders. Talk with the lead cook about nutrition options. Talk with the camp director about extra bathrooms (Port-a-Potties), communicate with parents, and the state Health Department. Have a resource that explains how the suspected disease is passed from person to person so appropriate containment measures can be put in place. Know what containment strategies will be implemented in the interim when uncertain of a diagnosis.

The camp nurse's role often changes when an outbreak occurs. The nurse must focus on client care. As a result, consider the nurse's other tasks—the walk-around, daily medication passing, attending staff meetings—and determine who can help. Train these people and allow them to practice during the regular season, so they're ready when needed. Such planning makes a significant difference to both the experience and outcome of any outbreak. It's extremely difficult to establish a plan when in the midst of caring for sick people, although it can certainly be done. Invest time in planning.

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Glossary

Terms are defined in reference to the camp community.

American Camp Association (ACA): Association of camp professionals seeking greater public understanding and support of the camp experience, improving camp accessibility for every- one, and working to assure that the camp experience is a quality experience.

American Nurses Association (ANA): A professional organization that represents the nation’s registered nurses.

Anaphylaxis: A severe allergic reaction resulting from exposure to a substance to which the individual has become sensitized. Symptoms usually occur suddenly but may happen over time, and may include increased irritability, redness and itching of the skin, skin eruptions (hives), nausea, cough, dyspnea, cyanosis, convulsions, unconsciousness, and death. Untreated anaphylaxis causes death.

Association of Camp Nursing (ACN): Professional nursing organization working for healthier camp communities through the practice of camp nursing.

Camp physical form: To be completed by a provider, this form gathers data about a person’s physical health as directed by the questions on the form.

Health care plan: An overarching administrative document of the camp that describes the scope of health care provided by the camp and defines the responsibilities of staff that provide that care.

Health care professional: Term used to describe those individuals credentialed to practice by a credentialing entity. This broad term includes people with medical, nursing, and emergency services credentials.

Health center: The place where health care staff are based and from which they provide health services to the camp population.

Health center policies & procedures: Designed for use by the camp’s health center staff, this describes the policies and procedures that are followed by this staff when delivering health services.

Health form: A generic term used in reference to any form that contains information about a person’s health profile.

Health history: Designed to be completed by parents/guardians of campers or staff members that gathers personal health information that describes the way this person’s health profile will interface with the camp experience. Elements commonly included are immunization records, allergies, and other chronic health concerns, nutrition assessment, medication information, general health history, as well as mental, emotional, and social health history.

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Medical care: Care provided by a prescriber that is intended to treat an illness or injury.

Medical protocols: Medically-derived, written instructions about the care for illnesses and injuries that occur at camp. Annually signed by the camp’s supervising prescriber and designed to apply to both campers and staff, medical directives must include what medications are given under what situations if the camp’s registered nurse is expected to give medications. Some camps have two sets of protocols, one for RNs and the other for non-licensed staff. Protocols often include guidelines as to when a client should be referred for physician assessment.

Nursing care: Care provided by a nurse to improve a person’s or community’s response to illness, injury, and life events.

Standards: Statements that describe expected behaviors or practices. The Association of Camp Nursing provides the Standards of Camp Nursing Practice. The American Camp Association provides accreditation standards for camps.



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Resources

Camp nursing

Association of Camp Nursing: www.campnurse.org

Standards for day & resident camps

American Camp Association (ACA): www.ACAcamps.org

CPR, first aid, and AED training

American Heart Association: www.americanheart.org

American Red Cross: www.redcross.org/hss

National Safety Council: www.nsc.org

AAOS Emergency Care and Safety Institute: www.ecsinstitute.org

Physical assessment

Mosby's Expert 10-Minute Physical Examinations. St. Louis: 2005

Bates, Barbara. *A Guide to Physical Examination and History Taking*. Philadelphia, J.B. Lippincott Company, 2005

Food allergies

The Food Allergy and Anaphylaxis Network: www.foodallergy.org

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Asthma and allergies

Asthma and Allergy Foundation of America: www.aafa.org

Diabetes

American Diabetes Association: www.diabetes.org

Drug references

Mosby's Drug Guide for Nurses

Rx List: www.rxlist.com

PDR Health: www.pdrhealth.com

Communicable diseases information

Centers for Disease Control and Prevention: www.cdc.gov

American Public Health Association (APHA): www.apha.org

American Public Health Association's Control of Communicable Diseases Manual (Heymann, 2015)

OSHA regulations (Occupational Safety & Health Association)

U.S Department of Labor, Occupational Safety and Health Administration: www.OSHA.gov

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