

2024 Volunteer Handbook & Policies Manual

Mission Statement

Camp One Step provides free, year-round camp experiences to kids with cancer and their families that foster joy, belonging, confidence, and lifelong friendships.

Volunteer Value Statement¹

Camp One Step volunteers engage their authentic selves in purpose and mission-driven work, creating a family-like community that fuels the magic of camp.

¹ In 2023, volunteers were asked to complete an engagement survey called “The Value of Camp”. This value statement was created as a result of the important information volunteers provided in the survey.

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Section I: General Information

Welcome

Camp One Step by Children's Oncology Services ("COS" or "Camp One Step") welcomes you to the camp family. We thank you for your commitment of time and talent, and appreciate the energy, enthusiasm, and diversity that each of you bring to the organization. You are all very important to us and we are grateful that you are a part of our camp community.

This handbook provides guidance about standards of conduct, volunteer expectations, emergency procedures, and important policy information. This handbook will be updated on an as needed basis. Please ensure you are using the latest version of this handbook to follow the most current versions of the policies. In addition to the guidance provided herein, COS is beholden to all applicable state and federal laws. If you have any questions, please ask a member of the COS staff.

Mission Statement

Camp One Step provides year-round camp experiences to kids with cancer and their families that foster joy, belonging, confidence, and lifelong friendships.

Diversity, Equity, and Inclusion ("DEI") Statement

Camp One Step serves the whole pediatric oncology community and supports all our participants without regard for race, gender, sexual orientation or identity, religion, or any other classification. As of the publication of this Handbook, our DEI committee is working on a Diversity, Equity, and Inclusion statement that will be included in future versions of this handbook.

About Camp One Step

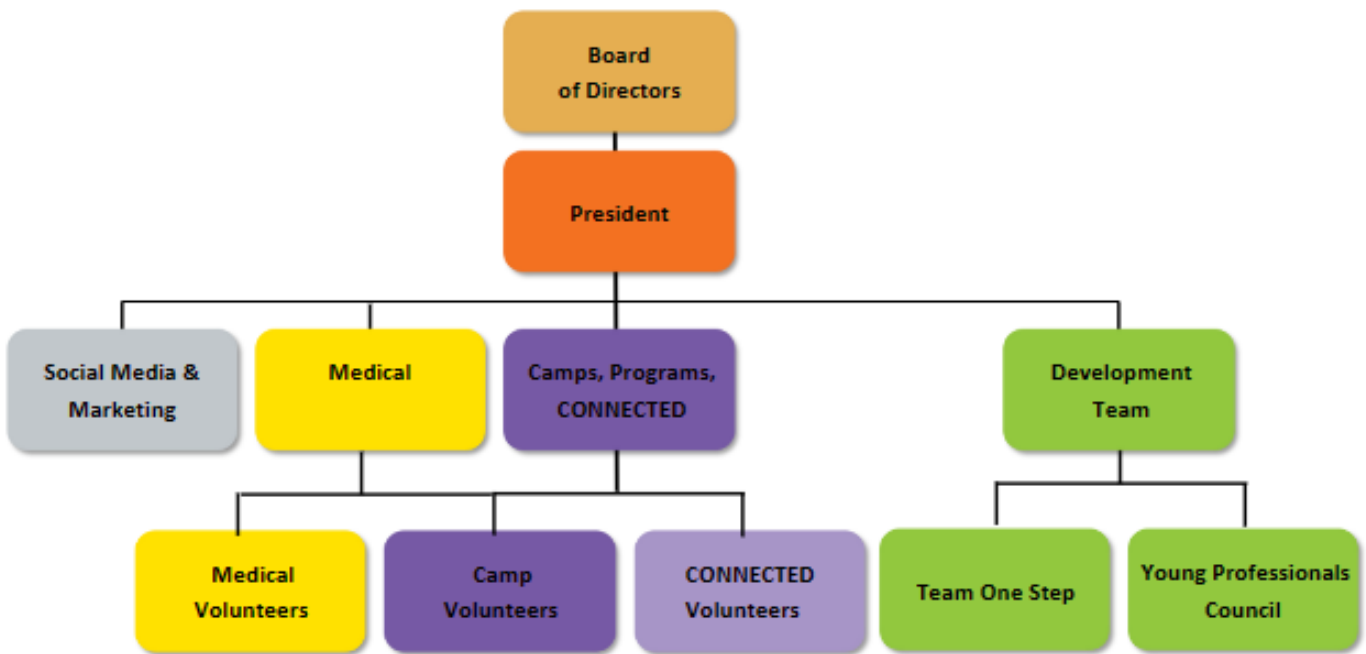
Camp One Step believes that a diagnosis of cancer should not prevent a child from experiencing the simple joys of childhood. Camps and programs aim to help children diagnosed with cancer reclaim their lives through:

- An understanding community
- Acceptance and friendship
- Experiential learning that creates confidence
- Diversions from diagnosis/treatment
- Hope for the future
- Mental, emotional, and social support
- An opportunity for participants to be their authentic selves

Dr. Edward Baum, a pediatric oncologist at Children's Memorial Hospital in Chicago (now Ann and Robert H. Lurie Children's Hospital of Chicago), founded Children's Oncology Services in 1978. Dr. Baum recognized that the isolation from school, activities and peers was having negative social and developmental

consequences for his patients. With the help of friends and colleagues, Dr. Baum created Children's Oncology Services. The first summer, he and 14 volunteers welcomed 40 children with cancer to a life changing week of hope, strength, and support. Today, the organization continues to heavily rely on volunteers. It takes more than 350 volunteers to plan and operate a wide portfolio of in-person camps and digital programs for children diagnosed with cancer as well as their siblings and families. For additional information on camps and programs offered, please visit: www.camponestep.org.

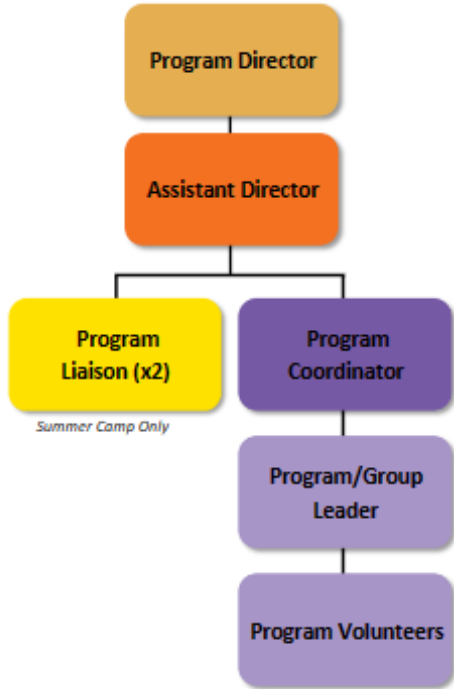
COS Organization Chart



Organizational Chart as of March 2023

Camps & Programs Volunteer Leadership Structures

Summer, Winter, Sibling Camps



Other Camps

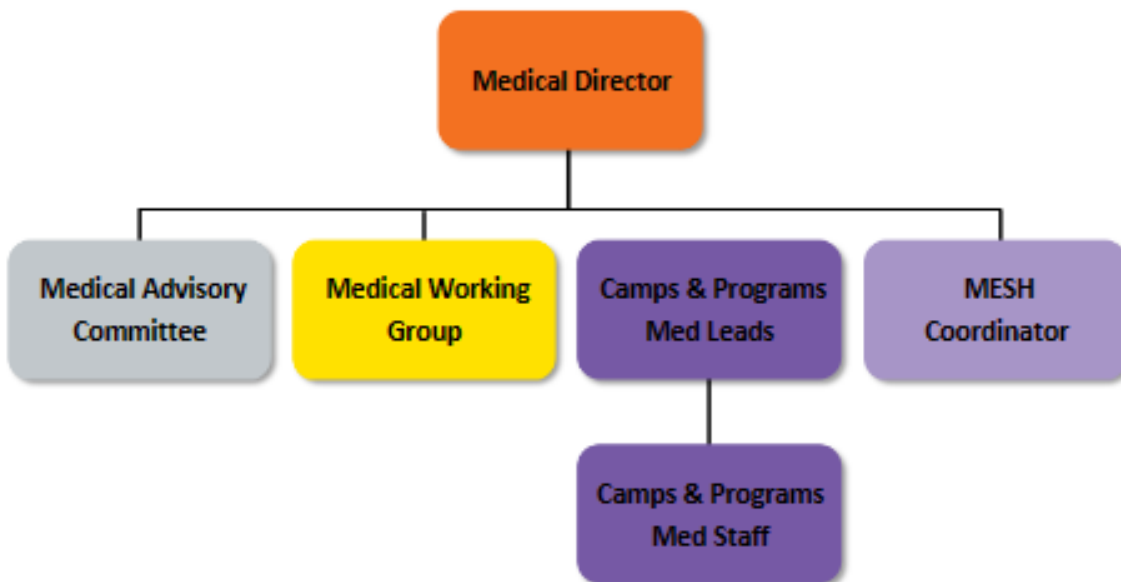


CONNECTED



Organizational Chart as of March 2023

Medical Leadership Structures



Standards of Conduct

All volunteers and participants are expected to act in a responsible manner. The following is a code of conduct to which volunteers are expected to always adhere while on property owned or leased by Children's Oncology Services and during all camps and programs. Remember that as a volunteer with COS you are always a COS ambassador regardless of where you are – in person or on social media.

1. **Follow all safety rules** established by COS and applicable state and federal laws and regulations.
2. **Set good examples** for campers with your actions and words.
3. **Follow the rule of three**, or two-deep leadership – volunteers should never be in a secluded area with an individual camper. If you find yourself in this situation, notify the nearest volunteer or employee and seek their presence.
4. **Monitor the whereabouts of campers** assigned to you throughout the duration of the camp, program, or COS event.
5. **Respect** campers, employees, volunteers, visitors, and donors at all times.
6. **Maintain confidentiality** – you will receive information about your campers and fellow volunteers on a need-to-know basis. Treat that information with respect and keep it confidential.
7. **Be kind** to your campers and fellow volunteers – intentional abuse (physical, mental, or emotional) is not tolerated. Never put you, other volunteers, employees, or campers in harm's way
8. **Follow all COS guidance related to photographing campers**, particularly related to social media. This is a constantly changing field. If you are unsure about the latest guidance, please check with a member of the COS staff.
9. **Complete all mandatory training** and education components.
10. **Participate in all activities.** Our campers will participate if they see you participating. Use your best judgment if the activity involves limited supplies.
11. **Have fun.**

A list of prohibited activities follows. It is not exhaustive. If a volunteer commits any of the following acts, they may be suspended from participation or asked to refrain from further participation in COS activities.

1. Theft (or attempted theft) of property of COS (physical or intellectual), the property of any camper, employee, volunteer, or visitor, or the theft of property of any of our host locations
2. Dishonesty
3. Embezzlement
4. Falsification of the organization's records
5. Intentional damage to the organization's property or the property of others participating in a COS activity including damage to any of our host locations
6. Fighting
7. Harassment – sexual, discriminatory, or otherwise
8. Gambling on COS property or in connection with the organization's operations or camps/programs
9. Use of illegal substances on COS property or in connection with the organization's operations or camps/programs

10. Unauthorized or excessive absenteeism or tardiness
11. Unsatisfactory performance
12. Failure to follow instructions or insubordination
13. Disparaging, maligning, or defaming COS or its campers, employees, or volunteers
14. Obscene, abusive, or disruptive language or behavior
15. Possessing any deadly weapon, including but not limited to knives, clubs, guns, or explosives while on COS property or in connection with the organization's operations or programs
16. Unauthorized use of COS property
17. Violation of any policies or procedures of Camp One Step, or of any laws or regulations applicable to Camp One Step or in connection with the organization's operations or camps/programs

Volunteer Expectations

The overall goal of camp is safety first and fun second. Expectations revolve around keeping campers safe and creating a healthy environment for them to be together and share their experiences. Your role as a volunteer is to guide them and give them a little push when needed so they can enjoy being together. There are some kids who feel more comfortable around adults and, as flattering as that is, they need to be with the other kids. Don't be afraid to give them some encouragement.

Much of the below will apply to volunteers who have direct responsibility for camper care. However, all volunteers should be familiar with this information below so they can assist as needed.

Activities – On Campus

- Know the kids in your group and make sure they know YOU by name by the end of Day 1.
- Be on time – personally and with the group of kids you're responsible for during that camp/program.
- Participate in the activity and help kids where needed. Doing your own project along with the kids is great, but don't work on your own project while a kid struggles with theirs. Assess the supply situation before jumping in and always let the kids pick first.
- Stay for the expected period of time. Be ready to run filler games and activities if there are issues delaying an activity, an activity ends early, or some kids finish before others.
- Do not let campers go anywhere without counselor permission. Depending on the age group you're working with you may employ a buddy system, require counselors to go with campers, or let campers go alone.
- If you need to go somewhere – even briefly – (e.g., bathroom or to get medicine) you must make sure your co-counselors know.

Activities – Off Campus

- Vans and buses – Make sure nothing is thrown out of the windows.
- Keep kids in their seats (you should stay in yours also) with seatbelts fastened if present.

- Van and bus time is not a time to talk on your cell phone or text people.
- One person per seat in vans, two people per seat in buses.
- Be polite and say thanks to bus drivers and destination hosts.
- Unless communicated otherwise, make sure there's a counselor with each group of campers.
- Keep watch over the campers. If you're with a group of counselors and no campers, there's something wrong.
- Encourage campers good behavior. Off campus activities are often donated or offered at a discount. We want our group to be good stewards of our relationships so we can be invited back in future.

Bedtime and Waking Up

Sleep is important to the health, safety, and emotional well-being of all participants, especially children. Sleeping less than the number of recommended hours per day is associated with attention and focus issues, behavior concerns, and learning problems. Insufficient sleep also increases the risk of accidents and injuries (American Academy of Sleep Medicine).

Scheduling your activities to support a good night's rest is important. Incorporating breaks/rest periods throughout the day may be beneficial. Please use these additional guidelines to promote healthy sleep at camps and programs:

- In-person camps may have different assigned bedtimes depending on the age range of the campers or if their parents are present. Make sure you know what time the bedtime is for each camp in which you participate.
- Campers must sleep in their own beds – 1 camper per bed!
- Campers should not set their own bedtime hours. Some campers may need more sleep and may need to go to bed earlier than others. Recommended sleep hours per age group are:
 - Ages 4-12 months: 12-16 hours (including naps)
 - Ages 1-2 years: 11-14 hours (including naps)
 - Ages 3-5 years: 10-13 hours (including naps)
 - Ages 6-12 years: 9-12 hours
 - Ages 13-18 years: 8-10 hours
- Get campers quiet by quiet time and get lights out by lights out time. Each in-person camp location has different rules related to quiet hours. These apply to counselors as well. Be familiar with the quiet hours for your location and abide accordingly.
- Once in bed for the night, counselors are expected to make sure kids are staying quiet and getting their rest. Camps and programs are packed with activities and they need sleep.
- If participating in counselor night activities in person away from the cabin, each camp is required to leave two counselors behind who will be responsible for the campers as needs arise.
- Ensure that all campers in your group know how to ask for help in the middle of the night should the need arise while in person. Setting up a rotating "counselor-on-duty" schedule is recommended. Make sure your program leader or Camp Director has communicated the process so you can participate and support as needed.

- Make sure the campers are up and ready for breakfast when in person. Activities often start right after breakfast so eating in PJs or skipping breakfast isn't an option.
- With some campers, bedtime and wake up time also means assisting with daily cares like teeth brushing, showering, clothing reminders, etc. while in person.
- Monitor your campers for signs of inadequate/poor sleep; lack of interest, not participating, falling asleep during activities, more emotions or acting out, short tempered behaviors, clumsiness or increased accidents. Insert down time and naps into your days where needed.

Communication

Prior and during camps and programs, keep in touch with your co-counselors and Camp or Program Leadership. Make sure you have their email and cell phone number.

Each camp/program has its own preferences for on-the-ground communications. Some group leaders use the GroupMe app for quick communications while others choose to text directly. Make sure you know the best way to contact your fellow staff members and your group/program leaders or Camp Director(s).

Due to homesickness issues, try not to use your phone in front of campers. If conducting camp business, try to step away from the group and always communicate with your co-counselors so they aren't looking for you..

Dining & Meal Times while at In-Person Camps

- Enforce all camp safety protocols.
- Ensure a counselor is at each table. Try to mix it up and sit with all the kids and counselors at some point during the week.
- Depending on the age range of the kids you're working with, there may be rules about caffeine consumption and energy drinks. Make sure you know what they are and follow accordingly.
- Keep kids under control during the meal: in their seats; no wandering around; they can go to the bathroom but come right back afterward.
- No playing with food.
- Sometimes campers won't like the meal that's being served. Where possible, offer alternatives like PB&J, (only if no known nut allergies at the table/surrounding area), salad bar, etc. but don't force the meal on them. When they are hungry, they will eat. Pay attention and check in where needed. They could have a stomachache or homesickness, or they could be struggling with an eating disorder. If you have concerns about a camper's eating habits, talk with your Camp or Program Leader, Medical Staff, or Camp Director as needed.
- Many of the campers have food allergies. Allergies can be mild such as having an upset stomach or diarrhea after eating a certain food, while other food allergies can be more severe and cause life-threatening medical concerns. It is important to know if your camper has allergies so you can assist them during their food selection to ensure they are making the right choices. Check labels closely and ensure foods are safe before allowing them to eat. Some campers will need to carry an Epi-pen with them in case of an allergic reaction. The medical team will provide information regarding food allergies to your program leadership. Please ask your leaders about any food-related allergies.

- Keep kids quiet during announcements and set an example while paying attention.
- Sing! Everyone should participate and you should encourage the kids to join in as well!

Discipline

- Remember: Discipline is saying to a camper, “I don’t like your behavior.” It is not saying, “I don’t like you.”
- Deal with issues as they occur – right away. You may need to remove a participant from a situation, let them cool off, then talk to them. Use other counselors as resources where needed.
- The campers are expected to be civil to and respectful of the other kids and counselors.
- You have responsibilities for every camper even if they are not in your group.
- Don’t allow bad behavior just to be liked – you are their counselor first, not their friend.
- Try to handle things yourself but rely on your co-counselors when needed.
- Be consistent! Be consistent! Be consistent! Behaviors and interactions should be consistent no matter which camper you are addressing to avoid showing favoritism.
- Don’t threaten to take something away unless you’re prepared and able to follow through.
- Campers should be using their cell phones as cameras only; be on the lookout for campers using their phones to text/call during activities. We want to ensure campers are engaged and participate in camp and program activities.

Evaluations

Each camp/program will have different requirements for evaluations. Examples of evaluations include:

- evaluations of campers/Seabee participants by volunteers
- evaluations of volunteers by program leaders/Directors
- evaluations of the camp by campers/families
- evaluations of the camp by volunteers

When evaluations are requested, please complete them as they are critical to COS ensuring the campers/Seabees/volunteers have the right care and support in future sessions, and are also beneficial to continued camp improvement. Please share with Program Leaders and Camp Directors any positive points or concerns about camper behaviors and camp activities.

When evaluations are completed about our volunteers, the volunteers always have a right to review them. We encourage our volunteer program leaders to discuss evaluations prior to departing the camp/program to allow for dialogue about the feedback, but it is not guaranteed while at the given camp/program given the scope and pace of that specific experience. COS staff will do their best to facilitate additional post-camp/program follow-up as needed, especially where feedback needs to be passed to other camps/programs for continued development.

Personal Care/Hygiene for In-Person Campers

As part of good daily hygiene and infection prevention, campers should:

- Practice good handwashing frequently as outlined in the handwashing guidelines.

- Shower at least every other day; daily if on treatment, participating in activities with excessive sweating, after swimming in a lake or river, or if visibly dirty.
- Brush teeth at a minimum of twice daily (in the morning and prior to bed) and if necessary, after all meals.
- Ensure that campers change clothes at least daily and when visibly dirty. Keep an eye out for kids who are wearing the same clothes every day. Some campers may not remember what they wore the day prior. If campers are running low on clean clothes, work with your program leader to arrange time to wash clothes if possible.
- Some campers experience memory issues because of their disease or treatment and may need regular reminders to complete daily tasks while other campers may not enjoy performing these daily activities. Monitoring, reminding, encouraging, and supporting some campers with these tasks may be needed.
- Some campers may need assistance with these tasks due to their level of ability while others may not have the strength or dexterity that is required – for example, opening the tube of toothpaste and squeezing the paste on the toothbrush.
- Discourage use of shared items such as hairbrush, comb, toothbrush, or razor.
- For campers who need assistance with toileting, ensure the following:
 - Safety – discuss with the medical team if you need to stay with the camper or be right outside the door. If the camper is unstable, work with the medical team on safely transferring the camper to and from the toilet.
 - Maintain privacy for the camper.
 - Protect yourself – wear gloves if there is potential contact with body fluids – for example, if you need to help a camper clean themselves up after using the restroom. Gloves and wipes can be obtained from the medical team.
- Some campers may need assistance with showering or washing their hair and may need assistive devices available – handheld shower, shower chair. Work with your medical team to arrange for this equipment and to teach you safety techniques.
- When assisting with private health care situations, always ensure that there is a 2nd counselor or medical staff member there to assist you.

Physical & Cognitive Challenges

- Safety remains our top priority.
- Share responsibility for camper care and be sure to ask for help if you need assistance – this includes asking for help with pushing wheelchairs, carrying supplies, etc.
- Campers may offer to help but counselors should be the ones to assist campers who use mobility devices (pushing wheelchairs, assisting with gait belts, walkers, etc.)
- Adapt games as needed to fit every participant's needs.
- Encourage the camper to do as much on their own as they can. If you're unsure of participation levels or need to know if an activity needs to be modified, talk with your leadership or medical staff.
- Provide frequent review/overview of the schedule for the day.

- Some campers work better with set times, others better with pictures of what we're doing. Employ whatever is useful.
- Some campers need time to adjust to schedule changes – make sure you know which campers might need extra time.
- Concentration and focus can be difficult for some campers. Keep an eye on your group to see who may be disengaged or if someone needs a little extra help or time on an activity. Some campers may need periodic breaks during an activity.
- If you feel uncomfortable assisting with any of the cares for the campers, please share concerns with your Program Leader or Camp Director. Members of the Admin Team and Medical Team are also available.

Waterfront/Waterpark

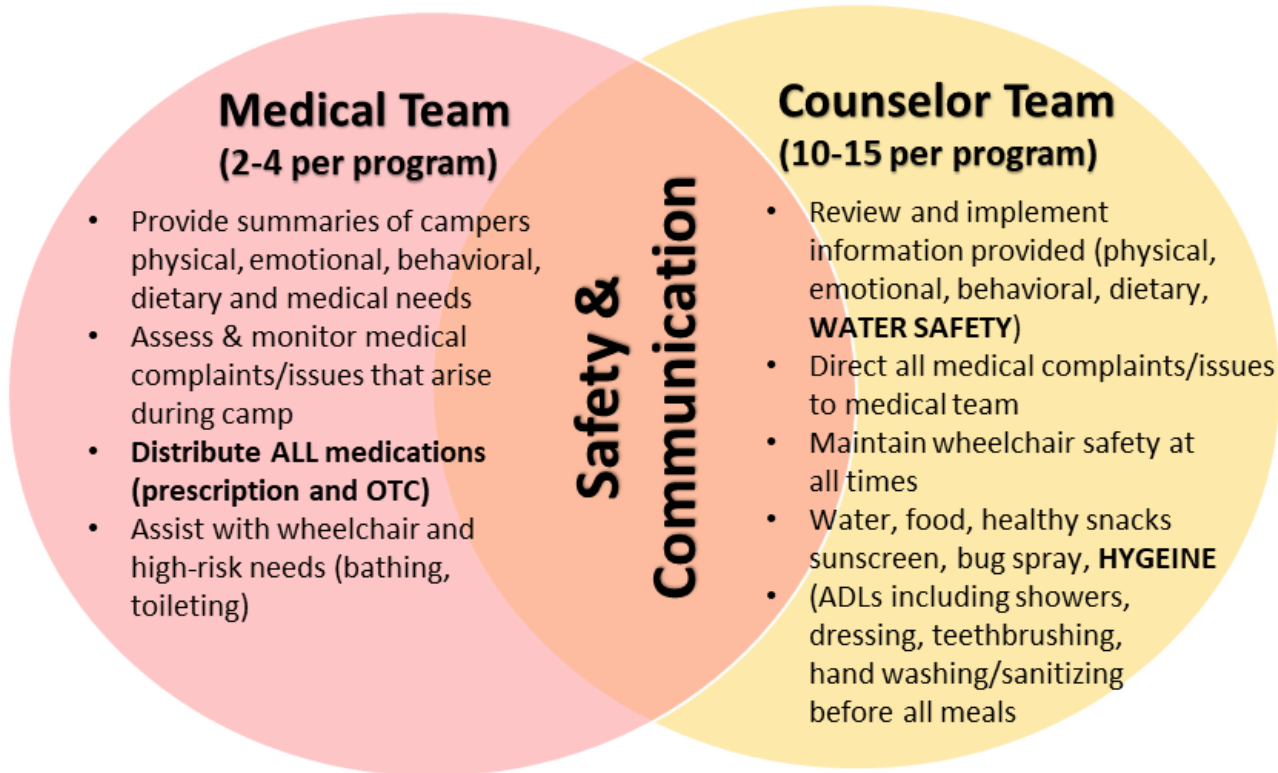
- This is our most vulnerable spot for safety issues – make sure all hands are on deck.
- Be at your designated post (pier, water, sand, etc.) watching the campers at all designated times.
- Know where the kids in your group are and where your co-counselors are.
- Make sure you and your campers are wearing sunscreen and other sun protective gear as necessary (hats, sun shirts, etc.)
- Some locations will employ a buddy system or use a check-in board – make sure your campers are following whatever safety systems are in place.
- When in the lake, follow all safety rules as provided by the host site and our Waterfront Staff, and obey direction from the lifeguards.
- Be familiar with our swim test process and swim bands so you can help ensure campers aren't in water areas outside of their skill sets.
- All campers and staff need a swim band (i.e., pass the swim test) to go in the deep end and to use a boat, kayak, or paddleboard by themselves. Kids or staff who haven't passed the swim test may go in a 2+ person watercraft with a counselor that has passed.
- Some campers will require a 1:1 when in the water due to medical concerns such as balance issues, history of seizures, etc. These campers will have a counselor assigned directly to them during water time. The counselor must always be within arm's length and in sight of the camper. At summer camps, these campers will wear a special arm bracelet that designates them as a 1:1 in water.
- Life jackets need to be worn when using all watercrafts.
- Some waterparks and pools have hot tubs. Please defer to the medical staff for approval on camper usage for certain age ranges and ensure a counselor is with campers while hot tubs are being used. Stay with the campers at the waterpark or pool – there should not be a group of counselors in the hot tubs without campers.

Working Together: Counselors and Medical Staff

Our Counselors and Medical staff work closely together to ensure the health and safety of our campers. Each camp and program will have different parameters for working with the medical staff assigned to your group. In some of the camps, medical staff may be embedded in your group. In other camps, there may be a centralized process where campers need to go to the medical office for care. You will be told the location of the medical office, any on-call rooms, and the medical coverage process as part of your orientation for each camp/program or on arrival in your first counselor meeting. Here are some other items to know:

- When in doubt, just ask. Medical staff is available 24 hours a day.
- For all life-threatening emergencies – loss of consciousness, near drowning, severe allergic reactions, etc. **call 911** if medical is not readily available.
- If a camper tells you they don't feel well or you think they look unwell, please contact one of the medical staff so they can assess the camper. Some campers may need to stay in the medical office while further evaluation and work-up is completed.
- Ensure that your campers get proper hydration, sunscreen, food, and sleep.
- Medications will be handed out by our medical team. Do not dispense any of your own medications to campers – even Ibuprofen and Tylenol need to be monitored by the medical team due to the nature of each camper's medical history.

Below is a diagram that shows how the Medical Team and Counselor Team best work together



Preparing for the Campers: Addressing Psychosocial Needs

What makes Camp One Step different from other camps for kids?

- All campers share one thing in common – a diagnosis of cancer in their lives.
- The campers' personal experiences with cancer, whether the patient, sibling, or parent, potentially impacts their specific needs during the camp experience. What phase of treatment they are in (newly diagnosed, maintenance, off therapy, relapse, end of life) will impact their emotional state and coping skills.
- All campers have experienced a significant life-altering and potentially life-threatening event, and as a result have experienced many physical and emotional changes in their lives. Some campers may be experiencing long-lasting effects from their disease and treatment that impact on their daily life.
- Campers are looking for a place to be “normal”, a place where everyone understands without explanation, a place where new friendships and connections can be made – a place where they belong, where being different doesn't matter, and where they can experience the joy and happiness that life brings.

Children and adolescents with cancer experience many changes in their life because of their disease and treatment. Some of these changes may include physical and emotional changes. Some examples include:

- Amputation of an arm or leg limb
- Hair loss or hair has grown back with entirely different qualities (i.e. thicker, thinner, different color, now curly vs straight)
- Weight change (heavier or lighter) or appetite changes – need for supplemental feeding through tubes or IVs
- Skin changes including stretch marks, dark spots, or skin sensitivity
- Chronic nausea
- Balance issues
- Chronic fatigue or chronic pain
- Visual or hearing impairment – may be legally blind or may need to wear hearing aids
- Immune system is impaired – may be more at risk for infection
- Emotional changes - mood swings, difficulty connecting or relating to peers, social isolation, anxiety, depression, post-traumatic stress symptoms
- Change in mental processes or thinking – processing information may take longer or may have short-term memory issues

These campers often face the reality of their own mortality as they navigate the ups and downs of their cancer. Dependent on their age at diagnosis and level of understanding, campers may be fearful of relapse and possibly even death.

Campers may also talk about their concerns for relapse. This is more often seen in the school-age and adolescent campers as they understand the severity of the cancer diagnosis. Upcoming blood draws and scans that are due after camp can often cause additional anxiety.

Some campers may experience Survivor's Guilt. Survivor's guilt is a symptom of post-traumatic stress disorder; however, people can have survivor's guilt without a PTSD diagnosis. The pain and despair that results from having one of their cancer friends die can make it difficult to cope. The severity and duration of symptoms varies between people. Initially, campers may feel gratitude for being alive, but as they start to relive the experience, they may experience regret, blame, shame, and guilt. Siblings can experience this as well.

Siblings of children with cancer undergo health related transitions as a result of their sibling fighting cancer, and also experience normal developmental and situational transitions at the same time. Siblings may have had to grow up faster than planned, may have been left with others, isolated from parents and their ill sibling during treatment. Rules, regulations and even expectations are often different with more responsibility landing on the sibling – they may be asked to help more around the house or take care of the younger children. They may be resentful or jealous of the attention their sibling received. They may become over-protective of their ill sibling or act as a surrogate caregiver. They may experience guilt with resuming their normal activities and having fun or may experience guilt over not having cancer. They may no longer be asked about how they are doing but instead the focus is shifted to their sibling with cancer. They often become isolated and may become insecure about themselves and lose their sense of self identity.

Academic performance may suffer due to difficulty with concentration and focus, and their involvement in extracurricular activities may change due to other responsibilities at home.

How will I know if someone needs additional support?

PTSD (Post-Traumatic Stress Disorder): Most people who go through traumatic events may have difficulty adjusting and coping temporarily, but with time and good self-care, they usually get better. Symptoms of PTSD may include intrusive memories (flashbacks, nightmares), avoidance, negative changes in thinking and mood, changes in physical and emotional reactions (anxiety). Individuals may have difficulty connecting with others and may shy away from social interactions. They may also have difficulty performing normal daily tasks.

Anxiety/Depression: Anxiety and depression is commonly seen in campers during and post treatment and can last for many years after treatment is completed. Many campers take additional medication to manage their anxiety and depression, and a number of campers receive counseling, both during treatment and after completion. It is important that we monitor campers closely for any signs or symptoms while at camp.

Anxiety can be manifested in a variety of ways. Some common signs of anxiety are excessive worry, intense fear, irritability and restlessness, insomnia or fatigue, hypervigilance or hyperawareness, avoidance, and even physical complaints such as headache or stomachache.

Signs of depression may include sadness, irritability, loss of interest, self-criticism, self-blame, trouble concentrating, trouble sleeping or sleeping too much, changes in appetite, agitation or restlessness, withdrawal or isolation, inability to engage with others, and various other signs determined on an individual basis.

Grief and Bereavement: Some campers may be grieving the loss of a loved one – this could be another friend who had cancer or possibly a sibling. How a child responds to death varies depending on the age and developmental level of the child. There is no right or wrong way to grieve, and there is no timetable for grieving – the loss is something that will always be there but grief should improve over time.

It is common for all children to feel a wide range of emotions in response to the death of a loved one, including shock, sadness, anxiety or anger. Some young children might regress to immature behaviors (baby talk or thumb sucking) or become clingy or irritable. Others might act out in angry outbursts. Remember that these changes in behavior are likely manifestations of unexpressed emotions like confusion or frustration. Common reactions to death in school-aged children may include difficulty concentrating, problems sleeping, and recurrent thoughts about the death. School-aged children may report physical reactions like stomach aches and headaches, which can be triggered by being in places that remind them of the person who died. Teens will likely feel a wide range of emotions surrounding the death, including sadness, anger, guilt, and helplessness. In response, some teens may withdraw, while other teens may engage in risky activities such as self-injury or substance abuse. Recognize that these actions are the teen's attempt to regain control and cope with their emotions.

Strategies that can be useful when supporting the grieving camper include:

- Acknowledge their loss. If you know the individual, acknowledge their importance and consider sharing a story about their loved one.
- Express your concern for them as an individual. Acknowledge their feelings and let them know it's okay to show their feelings in front of you.
- Be genuine in your communication. Don't try to minimize their loss, provide simplistic solutions, or offer unsolicited advice. It is far better to just listen or simply admit "I don't know how you are feeling or what to say but I want you to know that I care."
- Allow them to talk about their loved one. Early on, this might include discussions regarding their death; as they move through their grief, it often shifts to memory sharing. Take time to listen to their stories.
- Be willing to sit in silence. Comfort may come from just being in your presence.
- Offer your support. See if there is something specific you can do to help the individual.

Avoid statements such as:

- "They are in a better place now" or "They are no longer suffering." The bereaved individual may not share these same beliefs with you.
- "This is behind you – it's now time to get on with your life." This may be difficult for the bereaved as they may be fearful of forgetting about their loved one.
- "Look at what you have to be thankful for." They know that they have things to be thankful for but right now they are not important to them.
- Statements that begin with "You should" or "You will". These statements are too direct. Alternatively, you might consider saying something like this, "Have you thought about....." or "You might try....".

Other Significant Life Events: Aside from cancer-related items, there are many other factors that need to be considered when making camps and programs safe, comfortable places for children and teens. Many of the campers have experienced other significant life events such as the loss of a parent, parental divorce, bullying, substance abuse within the family, witnessing violence in the home or community, or experiencing personal violence, abuse, or neglect. These adverse childhood experiences (ACE's) may impact on how the camper interacts with others, and on the development of a trusting relationship. Puberty, body image, sexuality, relationships, and infatuations at camp also impact on the camper's sense of well-being.

Being aware of and sensitive to what the campers have experienced in their life is an essential component of what is done at Camp One Step.

"It is the one place we are accepted and feel normal, and we don't have to explain what we have gone through to anyone." – COS Camper

What are some strategies that can be used to support campers?

- Show interest and concern for the camper.
- Never force a discussion about their cancer or what they have been through but if a camper wants to share their experiences, be a listening ear. Provide time to listen – don't appear rushed.

- Respect where they are coming from – if you have similar life experiences, share strategies that have positively worked for you to address your thoughts, feelings and emotions or have the camper talk through strategies that have worked for them previously in other situations. Focus on the camper's strengths.
- Respect their need for privacy – find a quiet place away from others to talk. Keep your conversation confidential unless you feel that the camper is in danger of harming themselves or others.
- Explore the camper's concern. Use open-ended questions to gather more information. Try to identify what the camper needs, what they are looking for.
- If the camper wants to share in a group setting, check in with the group to see if they are comfortable having this conversation. Watch for the behaviors of the individual group for their comfort level. Recognize the need to shift the conversation from negative thought to positive coping strategies.
- Recognize when you need additional assistance from others – feel free to say “I really appreciate you sharing these concerns with me. Is it ok with you if I find someone who may be able to provide you with some additional support?”
- Depending on the conversation, set a time to check in with the camper to see how they are doing.
- Encourage the use of mindfulness or meditative practices such as yoga, journaling, and gratitude exercises. Camp One Step's website has a support and resource page with some suggestions you might utilize. Check them out @ [Support and Resources - Camp One Step by Children's Oncology Services](#)
- Provide opportunities for creative expression – painting, coloring, craft projects, etc.
- Support a healthy diet and healthy sleep routine at camp. Inadequate sleep can impact on the camper's overall health, well-being, and coping skills.
- Keep the communication between yourself/campers and campers/campers positive. Eliminate swearing or the use of inappropriate language from your group. Avoid negative language such as stupid, dumb, loser, etc.
- Statements that may make cancer patients or survivors uncomfortable include “I was just dying up there on stage,” “it cost an arm or a leg,” or “that person was strong – he looked like he was on steroids.”
- If your campers start talking openly about their cancer experiences in a joking manner, gauge how far it is going. It may not be a positive experience for every camper. Humor is a great healer, but it needs to be used appropriately and in moderation.
- Identity is very important to our campers, and all participants should have the opportunity to be their authentic selves at all of our camps and programs. Be sensitive to skits, activities, and programming that may shame campers' personal or group identity. This may include cultural appropriation, phobic language or behavior, or exclusionary treatment. If you're unsure, ask a program leader or COS staff member.

KEY POINT: Camp is a fun place. Every conversation or interaction that happens doesn't need to be controlled, but it is a key responsibility to ensure that the campers' feelings and their emotional safety are always considered!

Section II: General Policies

The following policies are imperative for the success of Camp One Step's camps and programs. The purpose of these policies is to promote and support the health and safety of all participants. As a volunteer, it is your responsibility to know and abide by the below policies while working with campers both in person and digitally. If you have any questions about any of the policies or the detailed guidelines, please reach out to a COS staff member.

For all the policies enclosed or referenced herein, "COS" will refer to Camp One Step by Children's Oncology Services.

Appropriate Communication & Contact

Subject	Appropriately communicating and interacting with Campers
Statement of Policy	COS provides the following guidelines to ensure a positive and safe environment. Guidelines were taken from “Lifelines and Safety Nets” by Bob Ditter, MSW
Purpose	To promote a positive, safe, and healthy environment for all participants.
Guidelines	<p>Specific guidelines for appropriate touch include, but are not limited to:</p> <ul style="list-style-type: none"> • On the hand (especially with younger campers), shoulder, or upper back. • Never against a child’s will (unless in the case of clear and present danger of the child). • Preferably in the company of other adults. • Never in a place on a child’s body that is normally covered by a bathing suit, unless for a medical necessity, and then only with the supervision of another adult. <p>Inappropriate contact with campers includes but is not limited to:</p> <ul style="list-style-type: none"> • Embarrassing a child about their body. • Drawing undue attention to a child when they are changing clothes or showering. • Tickling, wrestling with, or touching a child in a way that is over-stimulating, or invasive of their privacy. • Getting into the same bed/sleeping bag with a camper, or inviting a camper into a volunteer’s bed or sleeping bag. <p>Additionally, remember that campers are not your colleagues or confidantes.</p> <ul style="list-style-type: none"> • Refrain from disclosing personal information to campers concerning romantic or sexual activities, experience with addiction, alcohol abuse, physical or emotional abuse, or other information of a highly personal nature. • Always consider the appropriateness of physical contact with campers. • Respect the privacy and modesty of campers when they are changing clothes, showering, or using toilet facilities. • Refrain from engaging in conversation of a sexual nature. • Telling stories, or otherwise engaging in conversation that is lurid or over-stimulating.

Behavior Management and Discipline/Use of Restraints

Subject	Behavior Management/Use of Restraints
Statement of Policy	COS will provide training to volunteers on behavior management related to general discipline and the appropriate use of restrictive measures per the guidelines listed below.
Purpose	To provide and promote a safe environment for all camp participants.
Guidelines	<ul style="list-style-type: none"> • COS will provide training for staff and volunteers on behavior management and discipline for campers either through the mandatory online webinars, this Volunteer Handbook, and/or Orientation. • When possible and appropriate, campers will be involved in creating a list of rules and expectations for their behavior and how others should be treated. • Staff and volunteers will be trained in guiding group behavior and how to establish positive norms. General techniques that can be employed include, but are not limited to, redirecting and teaching in an age appropriate way why the behavior is not acceptable. Inappropriate techniques are noted below and are not to be used <ul style="list-style-type: none"> ○ Corporal punishment ○ Bullying - Teasing, belittling, and shaming campers ○ Name calling, ○ Public embarrassment. • As part of the camper health history, the parent/guardian will note any behavioral challenges their camper may have such as Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), Obsessive Compulsive Disorder (OCD), etc. and how to identify escalating behavior, and provide any strategies that are known to promote or hinder positive behaviors. • If the parent/legal guardian identifies on the health history that their child has an Individualized Education Plan (IEP) in school for behavior management, the Medical Director will work with the family to obtain a copy prior to the camp. The Medical Director or mental health specialist will ensure that the counselor team caring for that camper receives that information regarding behavior management prior to camper arrival. <p><u>Use of Restrictive Measures:</u> COS supports the goal of working towards systems and settings in which positive intervention strategies replace the need for restrictive measures. These guidelines are based on recommendations from the Wisconsin Department of Health Services (DHS). Restrictive Measures Guidelines and Standards (wisconsin.gov)</p> <p>It is important to recognize that there may be times when an individual is at risk of causing harm to themselves or to others. In this situation only and when other deescalating measures have been unsuccessful, emergency safety interventions may be necessary.</p> <p>When required, emergency safety interventions should be used for the shortest time possible in the individual circumstance and should be carried out in a manner that does not cause undue physical or emotional discomfort, harm, or pain to the individual.</p> <p>There are risks associated with the use of emergency safety interventions, but certain interventions pose serious risk of injury and possibly death and should be avoided at all times.</p>

	<p><u>Prohibited practices or procedures include:</u></p> <ol style="list-style-type: none"> 1. Any maneuver or technique that does not give adequate attention and care to the protection of the head, 2. Any maneuver or practice that places pressure or weight on the chest, lungs, sternum, diaphragm, back, or abdomen causing chest compression, 3. Any maneuver or practice that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the child's head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway (i.e. straddling or sitting on the torso), 4. Any type of choke hold, 5. Any technique that involves pushing on or into an individual's mouth, nose or eyes, or covering the face or body with anything including soft objects such as pillows, washcloths, blankets, bedding, etc. <p>Emergency safety intervention should not be used for treatment, but rather as temporary, emergency measures only.</p>
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Camper Contact Information

Subject	Camper and staff contact information
Statement of Policy	Specific contact information for campers and staff must be accessible while on-site and with travel groups that are off-site. This information will be kept confidential and only used as needed.
Purpose	To promote communication as needed between campers/staff and their emergency contact and health care provider.
Guidelines	<p>All campers and volunteers will provide the following information as a part of the application process for use by COS staff and designated volunteers as needed:</p> <ul style="list-style-type: none"> • Name • Birth date and age • Home address, telephone number and cell phone number • Name, address, and phone number of adult(s) responsible for each minor • Telephone number(s) of persons to contact in case of emergency during camp • Name and telephone number of individual's physician or health care facility (if applicable). (Collected for campers only) <p>COS launched a phone application "app" called "MyCampApp" for use by the community in 2023. The app has a directory available for use. Camper families and volunteers may opt out of the Directory. COS requires all volunteers restrict the use of camper contact information provided in the Directory to official Program and Camp use unless approved by the camper parent/guardian. Use of the directory is to strengthen connection within the community and is not for solicitation or harassment. If a participant is found to be harassing members of the community through the use of the directory, access to the app may be removed.</p>

Campers in Public Spaces

Subject	Procedures to be followed when campers are in public places
Statement of Policy	When in public places – hotels, public excursions, field trips – safety guidelines will be adhered to for the safety of all individuals.
Purpose	To provide a safe and positive environment for all camp participants
Guidelines	<ul style="list-style-type: none"> • All groups will adhere to the Camper Supervision policy. • All volunteers will have a predetermined communications plan in place. For example, the use of walkie-talkies, exchanging cell phone numbers, utilizing apps like GroupMe, etc. • All offsite events involving swimming or water based activities will follow the Water Safety policy. • All hosts/guests of camp while offsite will be identified to our participants. <p>When participants are staying in hotel/motels, the following will apply:</p> <ul style="list-style-type: none"> • Where possible, room blocks will be reserved so participants are not isolated. • Campers will use the buddy system within the premises. • Volunteers will designate curfews for when campers need to be in the building, in their rooms, and when they need to have lights out. • Volunteers will reasonably monitor hallways after curfew. • Volunteers will communicate the housing plan with campers, including the location of overnight duty staff and medical personnel room phone numbers. • Volunteers will advise campers not to open their hotel/motel/room door for anyone they do not recognize. <p>When participants go on excursions/field trips, the following will apply:</p> <ul style="list-style-type: none"> • Areas that are off limits will be defined and communicated to all participants. • A predetermined meeting place will be designated in the event that a participant needs assistance or medical care • At the discretion of COS staff members or Camp Leadership, campers may be allowed in groups without a counselor for a predetermined amount of time. • Camp Leaders will divide campers into groups and/or approve a buddy system for off campus activities. They will assign designated check in times for all groups/buddy pairings. A counselor or other approved volunteer will accompany the group. • Appropriate behavior in adherence with the Camper Agreement and Camper Guidelines while out in public places is expected and will be communicated to all participants. • Participants will be briefed on what information is appropriate to share with strangers and how to find emergency assistance in the event that they are unable to locate staff or volunteers. • When participants are using public restrooms, they will use the buddy system and/or an adult will accompany them to and from the restroom.

Camper Supervision Ratios

Subject	The number of children/campers who can be assigned to a single adult
Statement of Policy	COS provides the following guidance to all volunteer Camp Directors responsible for staffing to provide adequate supervision ratios for campers. Exceptions may be made depending on the activity (for example, rest time, lights out, free time, etc.) or group of campers being served.
Purpose	To provide a safe and positive environment for all participants
Guidelines	<p>Please note that COS strives to have a general ratio of three children to one adult. Children with special needs will also be taken into consideration when planning the camper supervision ratios, including campers who need one-to-one supervision.</p> <p>For programs/camps that involve an overnight stay, the following minimums are recommended.</p> <ul style="list-style-type: none"> • Children ages 4-5 will have a minimum of 1 adult per group of 5 children. • Children ages 6-8 will have a minimum of 1 adult per group of 6 children. • Children ages 9-14 will have a minimum of 1 adult per group of 8 children. • Children ages 15-18 will have a minimum of 1 adult per group of 10 children. <p>For programs/camps during the day only, the following minimum ratios are recommended:</p> <ul style="list-style-type: none"> • Children ages 4-5 will have a minimum of 1 adult per 6 children. • Children ages 6-8 will have a minimum of 1 adult per 8 children. • Children ages 9-14 will have a minimum of 1 adult per 10 children. • Children ages 15-18 will have a minimum of 1 adult per 12 children. <p>The following minimum ratios are recommended for children with additional physical, medical, or behavioral needs who require additional staff support to participate in camp:</p> <ul style="list-style-type: none"> • A child needing constant and individual assistance or supervision may have a 1:1 ratio with an adult. Campers needing close but not constant assistance may have a 2 staff to 1 camper ratio. • Children needing occasional assistance may have 1 staff to 4 campers. • Children needing minimal assistance or supervision may have 1 staff to 5 campers. <p>Adults in supervisory roles and leadership roles may be counted in the overall ratios as well as adults that have been trained to provide supervision to camper groups. It is not recommended that adults are counted towards these ratios if their primary responsibility is administrative, office, food service, or maintenance duties. Medical staff will not be counted in these staffing ratios.</p> <p><i>These guidelines are in compliance with American Camp Association's "Camper-to-Staff Ratios (And Exceptions) HR.8.1"</i></p>

Certificate of Insurance

Subject	To ensure that proper insurance has been obtained or provided when off site or working with given vendors.
Statement of Policy	A Certificate of Insurance “COI” may be requested by/provided to a person, company or organization providing service, equipment or use of facility for a camp or program. Each instance requiring/requesting a COI must be reviewed as to its own characteristics and the need to obtain or provide. Where requested, the COI must be updated and submitted each year.
Purpose	To provide positive, safe and fun camp experiences for all camp participants.
Guidelines	<ul style="list-style-type: none"> • A Certificate of Insurance (also referred to as “COI”) is a document that confirms an organization/ venue/individual providing service has appropriate insurance. • COI forms are commonly requested from one organization to another to confirm they have the proper insurance. • If unsure whether a COI is needed, or need assistance in submitting a form, contact a COS staff member. • Any organization providing services to COS campers must provide a COI. Examples of this include but are not limited to ground transportation companies, Conference Point, therapy dog services, etc. • If an organization requests a COI from COS, please use the COI Request Form and submit to a COS staff member at least 20 days prior to the event. • COIs must be secured and submitted for all applicable vendors prior to the camp or program start date, or risk having the activity canceled.

Child Disclosing Concerning Information

Subject	What to do if a child discloses concerning information
Statement of Policy	All volunteers are mandatory reporters operating in loco parentis, which means in place of the parent. Guidelines taken from “Lifelines and Safety Nets” by Bob Ditter, MSW.
Purpose	To provide positive, safe and fun camp experiences for all camp participants
Guidelines	<p>Concerning information may include ideas of self-harm, harm of others, or harm from others. For example, a camper may share with you that they have been hit or hurt by a friend or family member, that they have seen their siblings be hurt by someone, or that they have intention or think about hurting themselves. Some comments may be subtle (e.g., “I don’t think anyone will miss me when I’m gone” or “I’m nervous to go home”), and some may be more direct (e.g., “I’m thinking of ending my life” or “My parents hit me”). No matter the situation or subtleness, these comments need to be taken seriously and need to be reported.</p> <p>When facing this situation follow the procedure below:</p> <ol style="list-style-type: none"> 1. Stay Calm. 2. Express appreciation and belief for what the camper shared 3. Assure them that the information will be treated privately, but do not promise to keep anything secret. Rather explain that the information may be shared if there’s a concern about harm to the camper or harm to someone else. Information should be shared up (e.g., to the Camp Leader/Director or COS staff) but not out (e.g., not to other counselors or campers). 4. Let them know that trained people will help them. 5. Tell the Camp Leader/Camp Director/COS staff member. 6. If the information shared is about suicidal ideation, stay with the camper until relieved by a medical professional, Camp Leadership or COS staff member. <p>Camp One Step does not consider the disclosure of gender identity, sexuality, name, or pronoun use to be, on their own, safety risks. These disclosures do not require reporting to anyone unless the disclosure includes a safety concern such as those listed above. (e.g., “I identify as male and my parents hit me because of it” or “I am bisexual and I’m thinking about ending my life because no one understands.” If these kinds of safety disclosures are paired with identity disclosure, follow the procedure listed here. Additionally, if a camp participant discloses their gender identity, sexuality, name, or pronoun use and wants to discuss a housing change as a result of the disclosure, that disclosure will need to be shared with the Camp Director/COS staff responsible for housing assignments for facilitation.</p>

Complaints & Concerns

Subject	Complaints
Statement of Policy	Direct and respectful communication assists in creating a respectful and constructive environment.
Purpose	To provide guidance on escalating complaints.
Guidelines	<ul style="list-style-type: none"> • Misunderstandings and disagreements occur – both between volunteers and between volunteers and COS staff. We encourage all volunteers to bring complaints to light for quick resolution. Raise concerns with the appropriate volunteer leadership team member or COS staff as needed. If concerns are not satisfactorily resolved, escalate the concern to another COS member or bring them to the attention of the COS President • COS asks that concerns be raised in a respectful and appropriate manner. This excludes gossiping, not addressing the issue directly, speaking on someone else's behalf, and/or "grand standing" complaints to those other than the appropriate person (such as the Camp Leadership or COS staff members). • Volunteers are always ambassadors for COS regardless of place or space, including social media. Dissatisfaction is normal, as is using the support of other volunteers in private to talk through issues. However, negatively voicing complaints in public, including on social media, is discouraged and may result in disciplinary action. Constructive feedback helps COS and all individuals to grow and learn, so directly sharing that information with involved parties or leadership is imperative to success.

Computer & COS Gmail Use

Subject	Use of computers and Gmail accounts owned by COS
Statement of Policy	Certain volunteers may have use of a laptop, computer, or ipad/tablet owned by the organization, as well as Gmail accounts within the COS suite. Use may include home access or access during a camp or program. Such use, including email and internet resources, are subject to the provisions outlined below.
Purpose	To set forth clear guidelines on use of computers, laptops, ipads/tablets between the organization and the volunteer
Guidelines	<p><u>Ownership:</u> The computer system, laptops, and ipads/tablets referenced are property of COS and are intended for use associated with its operations. The computer systems, laptops, ipads/tablets and email or internet resources associated therewith may be used for limited personal reasons provided such use does not interfere with responsibilities. All use is subject to the provisions of this policy.</p> <p><u>Prohibited Activities:</u> Sending, receiving, displaying, printing, or otherwise disseminating material that is fraudulent, harassing, illegal, embarrassing, sexually explicit, obscene, intimidating, or defamatory is prohibited. Users encountering such material should promptly report it to COS.</p> <p><u>Prohibited Uses:</u> Computer systems, email resources, or internet resources may not be used for commercial or personal advertisements, solicitations, promotions, destructive programs (i.e.: viruses and/or self-replicating code), political material, religious material, or any other unauthorized or damaging use. Encrypting data, files, or programs without prior authorization from COS is prohibited. Data, files, or programs may not be destroyed or deleted, except in the ordinary course of business (i.e.: deletion of an email after it is read).</p> <p><u>Virus detection:</u> To protect against computer viruses and keep the organization's computer equipment efficient for business use, no unauthorized computer programs (whether on diskette, CD-ROM, or downloaded from the internet) may be loaded on any computer without authorization from COS. All material downloaded from the internet, computers, networks, or software that does not belong to COS, must be scanned for viruses and other destructive programs before being placed onto the laptop/computer.</p> <p><u>Disclaimer of Liability:</u> COS is not responsible for any damages, direct or indirect, arising out of the use of the computer systems, email resources, or internet resources provided.</p> <p><u>User Responsibility:</u> Damages to computers, laptops, ipads/tablets or software caused by material downloaded from the Internet, or other non-organizational sources, are the responsibility of the person who loaded the material.</p> <p><u>Waiver of Privacy:</u> COS has the right, but not the duty, to monitor any and all aspects of its computer systems including, but not limiting to, monitoring the websites individuals visit, reviewing material</p>

downloaded or uploaded, and reviewing email sent and received. All users waive any right to privacy in anything they create, store, send or receive on the computer or Internet while on the COS device.

Compliance with Applicable Laws and Licenses:

All computer systems users, laptop users, and ipad/tablet users must comply with all software licenses, copyrights, and all other state and federal laws governing intellectual property and online activity.

Confidentiality and Privacy Protection – Passwords and Storage

In the course of normal use of the COS computer systems, laptops, and ipads/tablets all may contain Private Information (“PI”), Private Health Information (“PHI”), and/or Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) protected information. As such, all computer systems, laptops, and ipads/tablets should use strong passwords for system access. When not in use, all should be stored safely in private spaces where access is restricted to only the user. If in transport, it is a best practice to lock the computer system, laptop, or ipad/tablet in the trunk of the car.

Stolen / Lost / Damaged Systems

In the event that a computer system, laptop, or ipad/tablet is lost or stolen, report to COS immediately in order to discuss the possible PI, PHI, and HIPAA data breach. If passwords and storage protocols were not followed there may be other procedures or other consequences involved.

Data Retention

In the event that some computer systems, laptops, ipads, and email accounts are used by multiple users, it is the responsibility of the user to transfer any and all documents for retention to the related permanent Dropbox folder, provide Google Drive access, or to email them to a COS staff member before deletion. In the event that the chain of use is within a camp/program and there is a reason for retention, the files may be retained.

Retention/destruction responsibilities will then pass to the new user.

Documentation and Requirements for Out-of-Camp Activities

Subject	Documentation and requirements for groups that leave the main campus
Statement of Policy	COS requires documentation and specific details listed below for out-of-camp activities that will be kept by a designated person on the main campus.
Purpose	To ensure proper documentation and tracking of groups traveling for activities outside of the main campus for the overall safety and care of camp/program participants.
Guidelines	<p>At minimum, the following information will be kept by a designated person at the main campus when groups travel off site:</p> <ul style="list-style-type: none"> • Roster of participants off site. Please note that this may be a list of participant names or simply the name of the group. • A predetermined and approved plan for communication including best methods of contact between the volunteer in charge of group leaving campus and the designated person at the main campus including but not limited to the pre-determined times and methods of contact • Departure and return times • Plans for inclement weather • Routes to be taken (which route the vans or buses will be taking to and from the activity) • How to deal with the media if approached. Please note this plan should be approved by a COS staff member prior to implementation • A predetermined and approved emergency communication plan should be agreed upon that includes the following: <ul style="list-style-type: none"> ○ Procedure for contacting parents/guardians in case of an emergency ○ Procedure for who contacts Camp/Program Administration, Medical Personnel and Community Emergency Services as appropriate (the Police for example). ○ Record of any COS issued credit cards or petty cash sent with individual/group

Dress Code

Subject	Dress Code
Statement of Policy	Our dress code allows for each person to be able to wear clothing that makes them feel comfortable, as long as all private areas are covered and it is deemed safe for programmatic or activity needs.
Purpose	To ensure the comfort and safety of all camp attendees.
Guidelines	Our dress code allows for each person to be able to wear clothing that makes them feel comfortable, as long as all private areas are covered and it is deemed safe for programmatic or activity needs. (i.e., long pants required for horseback riding and rock climbing, long shorts and closed toed shoes required for zip lining, etc.) Camp One Step does not allow clothing displaying or promoting alcohol, tobacco/smokeless tobacco (including vaping), recreational and illegal drugs, weapons, sexual harassment, sexual abuse, and any behavior that threatens or endangers others, including bullying and cyberbullying. Camp participants may be asked to change their clothes if any volunteer or staff person deems their attire in violation of this code.

	<p>The dress code will also apply to the surroundings of participants in our CONNECTED digital programming. Participants need to ensure they are in a private and appropriate space while participating in digital programs. Surroundings will be monitored and participants may be asked to change their environment or turn their cameras off if any volunteer or staff person deems their surroundings inappropriate based on the parameters listed.</p>
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Eligibility as a Driver

Subject	Criteria for authorized drivers
Statement of Policy	<p>Volunteers may, from time to time, be given the use of a vehicle, such as a golf cart, van, or other vehicle in connection with performance of assigned duties. Qualifications and eligibility to serve as a driver during camps are listed below.</p>
Purpose	<p>To provide positive, safe and fun camp experiences for all participants</p>
Guidelines	<ul style="list-style-type: none"> • Drivers must have a valid driver's license. • No counselor may drive a camper in a motor vehicle unless authorized by COS. • Drivers must remain knowledgeable of, and comply with, all applicable motor vehicle laws, regulations, posted street signs, and speed limits. • Drivers must practice effective defensive driving techniques. Exercise special precautions when pedestrians are in roadways, driving during inclement weather, or when navigating around special equipment. • All drivers and occupants must wear seatbelts while the vehicle is in motion. • Drivers will not operate a vehicle after having consumed alcohol and/or drugs, including prescription and non-prescription drugs, which may impair your driving ability. • Drivers will not engage in any activity that distracts from driving or takes eyes or attention off the road. This includes operating cell phones or other handheld devices (including talking, dialing, sending/receiving text messages/emails) while the vehicle is in motion. • No drugs, tobacco (includes smokeless), or alcohol are allowed in vehicles. • If personal vehicles are used in connection with volunteer responsibilities, liability insurance with at least the minimum coverage required by applicable state law is required, and the insurance card must always be carried in the vehicle. COS will strive to only use approved camp-assigned vehicles for transportation, and not personal volunteer vehicles. • Authorized drivers must be 21 years of age in accordance with rental agreements and have a photocopy of their valid drivers' license on file with COS check as part of the volunteer application process. • Authorized drivers must have acceptable driving history and may be verified by a background check. • Any individual with an unsatisfactory driving record may not be allowed to operate a vehicle on behalf of COS. Evidence of an unsatisfactory driving record includes, but is not limited to, the following: <ul style="list-style-type: none"> ○ Accident where the driver was found to be at fault ○ Driving while under the influence of drugs or alcohol

	<ul style="list-style-type: none"> ○ Speeding ○ Suspended license ○ License restriction ○ Any act considered as unsafe use of a motor vehicle
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Emergency Information – Off Campus

Subject	Information carried by leaders when out of camp
Statement of Policy	A leader of out of camp activities must possess emergency information for each camper that includes a copy of insurance information and signed Medical Consent form. These forms are carried by medical volunteers/staff.
Purpose	To enable treatment for campers in an emergency when away from the main site.
Guidelines	A leader or medical staff member participating in offsite activities must possess emergency information for each camper that includes copies of insurance information, and signed Medical Consent form. Out-of-camp or off-site activities include but are not limited to trips to museums, baseball games, overnight sites, and anytime the group is away from the primary site.

Emergency Response – Active Shooter

Subject	Active shooter response
Statement of Policy	COS provides the following guidelines for safety during an active shooter incident while on its properties or during in-person camps.
Purpose	To promote a safe and healthy environment for all participants
Guidelines	<p>COS follows emergency response protocols associated with the site location for each of its camps. Camp Leadership will review the emergency response needs for each location and provide any adjustments or specifics to the below guidance in advance of the start of each in-person camp as needed.</p> <p>In the event of an active shooter, the goal is for volunteers and the campers in their immediate care to evacuate from campus to a safe location as quickly as possible. Once you arrive at the designated safe location, check in with a member of Camp Leadership to report your headcount and await further instructions. If no member of program leadership is present, work with the other counselors present to put together a full list of campers and determine who may be missing. This information may be helpful to law enforcement. The group will likely be held in this safe location until the situation is under control and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed the group to do so.</p> <p>If evacuation is not possible, find a place to hide where the active shooter is less likely to search. This hiding place should be out of the active shooter's view, provide protection if shots are fired, and not trap or restrict options for movement. To prevent an active shooter from entering the hiding place, lock the door and blockade with heavy furniture where able. If</p>

	<p>the active shooter is nearby, silence cell phones and turn off any source of noise. Hide behind large items and remain quiet.</p> <p>As a last resort, and only when life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by acting as aggressively as possible against them, throwing items, improvising weapons, yelling, and committing to your actions.</p> <p><i>Active shooter recommendations come from the Department of Homeland Security. Learn more by going to www.dhs.gov</i></p>
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Emergency Response - First Aid

Subject	First Aid
Statement of Policy	At minimum, at least one medical staff will always be present with in-person camps and available for online programs to ensure the safety of campers.
Purpose	To promote a safe and healthy environment for all participants
Guidelines	<p>When campers are present, COS requires that trained adults with the following minimum qualifications be on duty at all times:</p> <p>The American Camping Association (“ACA”) recommends that when access to an emergency medical system is 20 minutes or less, an adult with certification by a nationally recognized provider of training in First Aid and CPR must be present. The ACA also recommends higher levels of First Aid and CPR when medical emergency systems are more than 20 minutes away.</p> <p>COS requires a medical staff in compliance with all of the varying recommendations provided by the ACA to be present at all times for in-person camps. For online programs, COS requires a medical professional be available for consultation during the digital program.</p> <p><i>This policy is compliant with American Camping Association’s Health and Wellness requirement “First Aid and Emergency Care Personnel” (HW-1).</i></p>

Emergency Response - Severe Weather and Fire Safety

Subject	Severe weather and fire safety
Statement of Policy	Volunteers should be prepared to lead campers to safety and use appropriate action in the event of a major storm, tornado, or fire hazard.
Purpose	To participate and lead camp participants in safe responses to emergency situations.
Guidelines	<p>COS follows emergency response protocols associated with the site location for each of its camps. Camp or Program Leadership will review the emergency response needs for each location and provide any adjustments or specifics to the below guidance in advance of the start of each in-person camp as needed.</p> <ul style="list-style-type: none"> • Camp and Program Leadership are responsible for reviewing the site’s severe weather and fire safety with volunteers prior to or on the first day of camp. • Camp and Program Leadership are responsible for having a specific plan in place for

responding to weather emergencies and for managing camp participants that have physical limitations.

- Camp and Program Leadership may consider running a mock drill with camp participants during the first day of camp.
- Volunteers are responsible for reviewing severe weather and fire safety before camp begins or on the first day of camp based on that site's safety protocols. Information about sirens and warning systems and locations of storm shelters should be shared with campers on the first day of camp.
- Volunteer staff are required to respond to all sirens and warning systems. Follow any prescribed evacuation and safety procedures that are posted or determined by the present site, including leaving personal belongings unless required for mobility (crutches, wheelchair, etc.).
- Participants will proceed to identified shelter locations in the event of a storm, fire, or inclement weather. Participants will stay in that predetermined area until Camp or Program Leadership or COS staff has given the clear to return.

Severe Weather – Storms & Tornados

In the event of a storm or tornado warning by siren or alarm:

- Camp or Program Leadership will identify adequate shelter in the event of inclement weather. There will be additional safety procedures outlined for any camp with outdoor tenting.
- Volunteers will immediately account for all campers within their direct responsibility and take them to the designated shelter area.
- Camp or Program Leadership and group leaders will have a list of all campers in their camp or program to be used in the event of evacuation. Volunteers will follow the communication and action plan determined by Camp or Program Leadership. Camp or Program Leadership will perform a headcount of participants to ensure all individuals are present.
- All volunteers are directed to save Camp or Program Leadership and applicable COS staff member phone numbers in their phone or accessible in case of emergency. Similarly, Camp or Program Leadership are directed to save all volunteer phone numbers in their phone or accessible.
- Camp or Program Leadership will prepare an action plan and consider assigning one or more support staff to collect flashlights, water, blankets, and other supplies if they can be obtained without risk to personal safety. Medical staff will collect and bring first aid supplies as able without risk to personal safety, and will spread out amongst shelter areas where able.
- If severe weather is predicted, Camp or Program Leadership will alert volunteer staff at their earliest convenience. Camp or Program Leadership should limit activities to stay close to designated shelter structure if applicable.
- Normal activities can resume once the "all clear" is given by Camp or Program Leadership and/or COS staff members.

Fire Hazard

- Fire extinguishers will be available in all housing and programming locations.
- Volunteers will follow posted fire safety evacuation routes based on the site in case of a fire. Camp and Program Leadership will provide a safe location to meet outside of impacted buildings.

	<ul style="list-style-type: none"> • Camp and Program Leadership is responsible for activating the EMS system or calling 9-1-1 to report the fire hazard. • Camp and Program Leadership will alert necessary COS staff members and medical staff of evacuation and designated meeting space in case of a fire. • Normal activities can resume once the “all clear” is given by Camp and Program Leadership and/or COS staff members.
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Emergency Response – Digital Response Plan – Allergic Reaction

Subject	Allergic Reactions during digital programming
Statement of Policy	Volunteers should be prepared to instruct campers to safety and use appropriate action in the event of an allergic reaction during a digital program.
Purpose	To provide direction and guidance in the event an emergency takes place during or as a result of virtual programming.
Guidelines	<p>An allergic reaction is an overreaction of the immune system to substances that are usually harmless such as foods, medications or insect bites. This can cause severe symptoms like hives, swelling, breathing problems, throat closure or a fall in blood pressure (anaphylaxis), which can be life threatening. Common causes for allergic reactions include:</p> <ul style="list-style-type: none"> • Food allergies (i.e., peanut, egg, etc.) • Drug allergies (i.e., medications) • Insect Sting Allergies (i.e., bees, wasps, etc.) <p><u>Communication:</u> Use a calm voice with campers so as not to escalate any fears or panic. Inform program-specific medical staff, co-counselor, program leader, Medical Director and member of the Program team of concern. Document on daily activity log and complete an incident report.</p> <p><u>Roles and Response:</u> In the event a staff member or volunteer becomes aware of an allergic reaction occurring while participating in a digital program:</p> <ol style="list-style-type: none"> 1. Staff shall inquire about the nature and severity of the allergy. Use calm and direct questions. 2. The medical or volunteer staff shall inquire if there is someone in the camper’s home that can help. If so, they will direct the camper to call out for help. 3. Co-counselor shall communicate with the other campers that one of the campers needs assistance and that the counsellor team will need to devote their time to them. They will instruct the other campers that the activity will be ending now, and that the campers should leave the meeting. The host SHOULD NOT END the meeting as this will end contact with the camper who needs assistance. 4. At the onset of the medical event, a co-counselor should contact the program leader (if not in the meeting), Medical Director and a member of the Programs Team via cell phone. A member of the counselor team should be assigned to communication. When communicating with other team members, it is important to identify the specific camper involved, camper program and the type of situation occurring. The Program Leader, Medical Director and Programs Team member should immediately connect with the program through the virtual connection to

	<p>obtain additional information.</p> <ol style="list-style-type: none"> 5. If there is a parent or guardian in the home to assist, the medical staff member and counselor will stay with the camper until the parent or guardian is available and states they are comfortable managing the medical issue. The medical staff will provide guidance to the parent or guardian as needed. If the person in the home is a minor, the medical staff and counselor will remain with the camper until a parent or guardian is available or emergency help has arrived. If 911 assistance is required and the minor is able to follow simple directions, the medical staff or counselor will instruct the minor to contact 911. 6. If there is no one in the camper's home to assist, if the person in the home is a minor, or the camper does not know if there is anyone available to assist, and assistance is needed, the Medical Director or Programs Team member will contact the parent or guardian to inform them of the emergency and to offer guidance/direction as needed. If the medical team deems that a higher level of medical care is required than what can be conducted in the home, or medical care cannot wait until a parent or guardian is available in the home, the Medical Director or Program Team member will direct the parent or guardian to seek emergency assistance through 911. 7. If the camper has an Epi-pen nearby, knows how to administer it, and is well enough to administer it (and the medical team feels that this is a life-saving measure), the medical team member will instruct the camper on administration of Epi-Pen by providing simple step by step directions. 8. The medical team and program specific staff will stay with the camper until the parent, guardian or emergency personnel have arrived to assist the camper and indicates that the camp team can sign off. 9. A debriefing should be conducted. Documentation of the event should occur in the daily program summary and an incident report should be completed. 10. The medical team or designee will provide follow-up to all campers' parents post event to address questions they may have or help to alleviate any anxiety that occurred as a result of the event. Communication must maintain camper confidentiality.
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Emergency Response – Digital Response Plan – Fire

Subject	Fire during digital programming
Statement of Policy	Volunteers should be prepared to instruct campers to safety and use appropriate action in the event of a fire during a digital program.
Purpose	To provide direction and guidance in the event an emergency takes place during or as a result of virtual programming.
Guidelines	<p>Common cause of fires in the home are:</p> <ul style="list-style-type: none"> • Cooking • Smoking • Appliances • Candles

Communication

Use a calm voice with campers so as not to escalate any fears or panic. Inform co-counselor, Program Leader, and Summer Camp Director of the event. Document on the daily Activity Log and complete an Incident Report.

Roles and Response

1. In the event a staff member or volunteer becomes aware of a fire in a camper's home:
2. Staff shall inquire about the nature and severity of the fire. Use calm and direct questions.
3. Staff shall inquire if there is someone in the camper's home that can help. If so, and the fire event is not urgent, staff will direct the camper to seek help.
4. Co-counselor will use the "mute all" feature, and only unmute the camper and any other counselors dealing with the issue. This will alleviate the time it takes for all campers to manually mute themselves.
5. If there is no one in the camper's home to assist, or the camper does not know if there is anyone available to assist, and assistance is needed, staff shall contact their Program Leader and the Summer Camp Director using their listed cell phone numbers. A member of the counselor team should be assigned to communication. When communicating with other team members, it is important to identify the specific camper involved, camper program and the type of situation occurring.
6. In this event, there are two options. If the Program Leader is available, the camper and 2 counselors shall be moved into a break-out room so further discussion and guidance can occur in a confidential safe environment. If the Program Leader is not readily available, the co-counselor shall communicate with the other campers that the counselor team will need to devote their time to this camper. They should inform the campers that the activity will be ending now and instruct the other campers to leave. The host SHOULD NOT END the meeting as this will end contact with the camper who needs assistance.
7. If 911 assistance is needed and the camper is able to contact 911, the counselor should instruct them to do so. The counselor will also direct the camper to evacuate the home immediately and to await emergency assistance. If possible, the camper should be directed to take their computer/tablet/phone with them when evacuating the home so that contact with the camper can be maintained until a parent or guardian is available.
8. The Program Leader or Summer Camp Director will contact parent or guardian to inform them of the fire event. If the camper was unable to call 911 and emergency assistance is needed, the parent or guardian will be directed to do so. The Summer Camp Director will remain involved with the incident and advise the Program Leader when it is safe for the counselor team to end the call.
9. A debriefing should be conducted. Documentation of the event should occur in the daily program summary and an incident report should be completed.

Emergency Response – Digital Response Plan – Human Threat

Subject	Human Threat during digital programming
Statement of Policy	Volunteers should be prepared to instruct campers to safety and use appropriate action in the event of a human threat during a digital program.
Purpose	To provide direction and guidance in the event an emergency takes place during or as a result of virtual programming.
Guidelines	<p>There are several examples of human threat events that are possible. These include, but are not limited to:</p> <ul style="list-style-type: none"> • A break-in by an unknown, or known, person or people • Aggressive or potentially violent behavior very near the home, which has the potential to spill into the home • Aggressive or potentially violent or abusive behavior within the home. <p><u>Communication</u> Use a calm voice with campers so as not to escalate any fears or panic. Inform co-counselor, program leader of the concern. Document on the daily Activity Log and complete an Incident Report.</p> <p><u>Roles and Response</u> In the event a staff member or volunteer becomes aware of a human threat event taking place in or near a camper's home:</p> <ol style="list-style-type: none"> 1. Staff should calmly ask if a trusted parent, guardian, or care-giver is in the home. If so, direct the camper to check in with, and follow the instructions of their parent, guardian, or care-giver. Once the trusted parent, guardian or caregiver is involved, the camper should be instructed to log off of the meeting in order to seek shelter. 2. If a trusted parent, guardian or care-giver is not available, there are 2 options available. If the Program Leader is available, the camper and 2 counselors shall be moved into a break-out room so further discussion and guidance can occur in a confidential safe environment. If the Program Leader is not readily available, the co-counselor shall communicate with the other campers that the counselor team will need to devote their time to this camper. They should inform the campers that the activity will be ending now and instruct the other campers to leave the meeting. The host SHOULD NOT END the meeting as this will end contact with the camper who needs assistance. 3. The Program Leader, Camp Director and Programs team member should be contacted using the listed cell phone numbers. A member of the counselor team should be assigned to communication. When communicating with other team members, it is important to identify the specific camper involved, camper program and the type of situation occurring. 4. The Summer Camp Director or Programs Team member will contact the trusted parent, guardian to offer assistance as required. 5. Counselors shall stay on the video call to provide assurance and updates to the camper, until a trusted parent, guardian, or caregiver is available 6. A debriefing should be conducted. Documentation of the event should occur in the daily program summary and an incident report should be completed. 7. A member of the Programs team should follow up with the campers' parent post-event to address questions and alleviate anxiety, ensuring camper confidentiality at all times.

Emergency Response – Digital Response Plan – Life Threatening Medical Issue

Subject	Life threatening medical issue during digital programming
Statement of Policy	Volunteers should be prepared to instruct campers to safety and use appropriate action in the event of a life threatening medical issue during a digital program.
Purpose	To provide direction and guidance in the event an emergency takes place during or as a result of virtual programming.
Guidelines	<p>Major illnesses or injuries are more critical than something you would treat yourself or have treated by a family doctor. Events that may require emergency intervention include, but are not limited to:</p> <ul style="list-style-type: none"> • Loss of consciousness • Difficulty breathing • Serious injury such as head injury • Stroke • High fever • Heat stroke • Serious burns • Seizures • Exposure to toxic chemicals • A sudden very severe headache or loss of vision (possible sign of a stroke) • Serious cuts or severe bleeding • Poisoning • Intoxication, overdose or attempted suicide <p><u>Communication:</u> Use a calm voice with campers so as not to escalate any fears or panic. Inform program-specific medical staff, co-counselor, program leader, Medical Director and member of the Program team of concern. Document on daily activity log and complete an incident report.</p> <p><u>Roles and Response:</u> In the event a staff member or volunteer becomes aware of a life-threatening injury or illness:</p> <ol style="list-style-type: none"> 1. Staff shall inquire about the nature and severity of the injury or illness. Use calm and direct questions. 2. Medical or volunteer staff shall inquire if there is someone in the camper's home that can help. If so, they will direct the camper to call out for help. 3. Co-counselor shall communicate with the other campers that one of the campers needs assistance and that the counsellor team will need to devote their time to them. They will instruct the other campers that the activity will be ending now, and that the campers should leave the meeting. The host SHOULD NOT END the meeting as this will end contact with the camper who needs assistance. 4. At the onset of the medical event, a co-counselor should contact the program leader (if not in the meeting), Medical Director and member of the Programs Team via cell phone. A member of the counselor team should be assigned to communication. When communicating with other team members, it is important to identify the specific camper involved, camper program and the type of situation occurring. The Program Leader, Medical Director and Programs Team member should immediately connect with the program through the virtual connection to obtain additional information.

	<ol style="list-style-type: none"> 5. If there is a parent or guardian in the home to assist, the medical staff member and counselor will stay with the camper until the parent or guardian is available and states they are comfortable with managing the medical issue. The medical staff will provide guidance to the parent or guardian as needed. If the person in the home is a minor, the medical staff and counselor will remain with the camper until a parent or guardian is available or emergency help has arrived. If 911 assistance is required and the minor is able to follow simple directions, the medical staff or counselor will instruct the minor to contact 911. 6. If there is no one in the camper's home to assist, if the person in the home is a minor, or the camper does not know if there is anyone available to assist, and assistance is needed, the Medical Director or Programs Team member will contact the parent or guardian to inform them of the emergency and to offer guidance/direction as needed. If the medical team deems that a higher level of medical care is required than what can be conducted in the home, or medical care cannot wait until a parent or guardian is available in the home, the Medical Director or Programs Team member will direct the parent or guardian to seek emergency assistance through 911. 7. The medical team and program specific staff will stay with the camper until the parent, guardian or emergency personnel have arrived to assist the camper and indicates that the camp team can sign off. 8. A debriefing should be conducted. Documentation of the event should occur in the daily program summary and an incident report should be completed. 9. The medical team or designee will provide follow-up to all campers' parents post event to address questions they may have or help to alleviate any anxiety that occurred as a result of the event. Communication must maintain camper confidentiality.
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Emergency Response – Digital Response Plan – Non-Life threatening Injury or Illness

Subject	Non- Life threatening injury or illness issue during digital programming
Statement of Policy	Volunteers should be prepared to instruct campers to safety and use appropriate action in the event of a non-life threatening medical issue during a digital program.
Purpose	To provide direction and guidance in the event an emergency takes place during or as a result of virtual programming.
Guidelines	<p>Examples of these types of injuries or illnesses include, but are not limited to:</p> <ul style="list-style-type: none"> • Sprains, strains or a possible broken bone • Minor burns • Minor cuts – may need stitches • Minor animal bites • Sore throats and coughs • Ear infection • Fever or flu symptoms <p><u>Communication:</u> Use a calm voice with campers so as not to escalate any fears or panic. Inform program-specific medical staff, co-counselor, and program leader of concern. Document on daily activity log and complete an incident report if indicated.</p> <p><u>Roles and Response:</u> In the event a staff member or volunteer becomes aware of a non-life threatening injury or illness:</p> <ol style="list-style-type: none"> 1. Staff should inquire about the nature and severity of the injury or illness. Use calm & direct questions. It is important to incorporate the rule of 3 (1 camper to 2 volunteers or staff). This could be 1 counselor/program leader and medical staff member. 2. When a non-life threatening injury or illness occurs, use the “mute all” feature, and only unmute the camper and any other counselors dealing with the issue. This will alleviate the time it takes for all campers to manually mute themselves. When possible, inform the camper that you are moving them into a virtual break-out room with a counselor and medical staff so that you can talk privately. This will also ensure that the other camper’s program will continue without disruption and reduce potential anxiety or fear in the other campers. In order to move the camper into the break-out room, the program leader will need to be present to facilitate the move. 3. Volunteer counselor or medical staff shall inquire if there is an adult available in the camper’s home that can provide assistance. If so, staff will direct the camper to seek help from that individual. 4. If there is no one in the camper’s home to assist, or the camper does not know if there is anyone available to assist and assistance is needed, the program leader will contact the Medical Director via cell phone for further direction. 5. The Medical Director will contact the parent or guardian to inform them of the medical concern and offer guidance and assistance. The medical team and program specific staff will stay with the camper until a parent or guardian arrives to assist the camper and indicates that the camp team can sign off. 6. A debriefing should be conducted. Documentation of the event should occur in the daily program summary and an incident report should be completed.

Emergency Response – Digital Response Plan – Severe Weather

Subject	Severe weather during digital programming
Statement of Policy	Volunteers should be prepared to instruct campers to safety and use appropriate action in the event of a severe weather during a digital program.
Purpose	To provide direction and guidance in the event an emergency takes place during virtual programming.
Guidelines	<p>Severe weather can mean a thunderstorm, very high winds, tornado warning, or even flooding.</p> <p><u>Communication</u> The camp leadership team (Directors or Programs Team members) should remain alert of the weather in the surrounding area. Staff and volunteers can remind campers of the difference between a thunderstorm watch and a thunderstorm warning. Watch means that the potential exists for the development of thunderstorms; warning means that a severe thunderstorm is occurring or is imminent.</p> <p><u>Roles and Response</u> In the event that the camp leadership team or a volunteer becomes aware of severe weather taking place near a camper's home:</p> <ol style="list-style-type: none"> 1. The camp leadership team should notify the Program leaders of the concern. 2. Calmly ask if the camper's parent or guardian is in the home. If so, direct the camper to check in with and follow the instructions of their parent or guardian in regards to the severe weather threat. 3. Do not end the call with the camper until parent or guardian presence confirmed. 4. Co-counselor should advise the other campers to mute themselves while the situation is being addressed. 5. If there is no parent, guardian or care-giver available, ask the camper if they know how to respond to the weather event. This may involve checking windows and doors, checking on siblings, and moving to a safe part of the home, such as a basement, a storm cellar or an interior room on the lowest floor with no windows. The Program Leader should notify the parent or guardian of the situation. 6. The camper may either end their involvement with the activity during the severe weather event or stay on the call. The program leader and counselor should determine what is the safest decision for the camper. If the camper ends their involvement with the call and there is no parent or guardian in the home, follow-up with the camper's parents should occur post event. 7. If there is severe weather throughout the area, the Camp Director, in conjunction with the Programs Team, should determine the best and safest plan of action for camp. This may mean stopping the activity temporarily and resuming camp programming when the severe weather has passed.

Harassment

Subject	Discriminatory & Sexual Harassment
Statement of Policy	COS is committed to maintaining a camp environment free of discrimination and harassment on the basis of race, religion, color, age, disability, national origin, ancestry, military or veteran status, marital status, sexual orientation, genetic information, or any other characteristic protected by applicable law (any "Protected Characteristic").
Purpose	To provide positive, safe, and fun camp experiences for all participants.
Guidelines	<p>COS takes allegations of harassment seriously. If a participant feels they or any camper, volunteer, or employee is being subjected to offensive conduct in violation of COS policies, whether the offender is another volunteer, employee, vendor or visitor, they should do the following:</p> <ul style="list-style-type: none"> • If comfortable doing so, clearly and directly inform the offender that their conduct is unwelcome and must stop. Communicate this to the direct report. • If uncomfortable with confronting the offender directly or if the offensive conduct does not stop, promptly report the offensive conduct to a COS staff member and provide any documentation regarding the conduct. • If for any reason the volunteer does not feel comfortable reporting the offensive conduct to a COS staff member, they should report it directly to the President. • If an individual is found to have violated this policy, COS will take prompt, corrective action that is reasonably designed to end the violation, and to prevent further violations. Such corrective action may include suspension or separation from volunteering with COS or termination of employment (if the offender is an employee). • COS will not tolerate retaliation against any individual who makes a report of harassment, even if after investigation it appears that there have been no violations of this policy. <p><u>Discriminatory Harassment</u> Violation of this policy includes but is not limited to:</p> <ul style="list-style-type: none"> • Comments or jokes that disparage, insult, offend, or ridicule an individual or group of people based on a protected characteristic. (as defined above). • Creating a hostile environment or otherwise singling out an individual for abuse based on that individual's protected characteristic. • Using, displaying, or communicating words, objects, or pictures that disparage, insult, offend, or ridicule based on a protected characteristic <p><u>Sexual Harassment</u> Violation of this policy means any unwelcome conduct sexual in nature, including but not limited to:</p> <ul style="list-style-type: none"> • Sexually suggestive or vulgar comments or jokes, inappropriate comments about another person's sexual behavior or body, or insulting another person because of their gender. • Improper or intrusive questions or comments about an individual's romantic or sexual experiences or preferences, or unwelcome or offensive sexual flirtations, propositions, advances, or requests. • Use, display, or communication of sexually suggestive or offensive words, objects, or pictures.

	<ul style="list-style-type: none"> • Making or threatening undesired sexual contact (such as touching, embracing, or pinching). • Requesting or demanding sexual favors or taking or threatening to take adverse action against an individual because they reject sexual requests.
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Helmets & Protective Headgear

Subject	Wearing Helmets and Other Forms of Protective Headgear
Statement of Policy	All camp participants, including campers, volunteers, staff, guests, and donors, are required to wear protective headgear at all times during activities specified in the guidelines below.
Purpose	To promote a safe environment for participants to enjoy adventurous activities.
Guidelines	<p>All participants must wear protective headgear while engaged in the following activities: rock climbing, rappelling, skiing, tubing, snowboarding, horseback riding, high ropes courses, and any other activity determined by COS staff members.</p> <p><i>This policy is compliant with American Camping Association's Program Adventure/Challenge Standards requirement "Protective Headgear" (PC-15) and "Rider Apparel" (PH-15).</i></p>

Incident Reporting

Subject	Incident Reporting
Statement of Policy	Following an incident or occurrence, the outlined procedure will be followed to assist appropriate follow up, communication, and documentation.
Purpose	To provide a safe and positive environment for all participants.
Guidelines	<ul style="list-style-type: none"> • At the earliest convenience post incident, the volunteer camp or program leader and/or impacted party will fill out and submit an Incident Report form to the COS staff member present during the camp, program, or event. Where comfortable, the volunteer camp or program leader will conduct additional follow-up interviews and discussions and include documentation of those conversations with initial incident report as needed. • The COS staff member will be responsible for all communications with camper families where needed. • COS volunteer leadership may be asked to assist with communications with any involved COS volunteers as needed/appropriate. • The COS staff member will alert the COS President and communicate to all appropriate team members as necessary. • The COS staff member will coordinate any additional post-incident follow-up, documentation, or notifications as needed in compliance with COS's Incident Reporting process. This includes issuing letters of suspension, probation, termination, and separation, as well as notifications regarding the lifting of the same. • The COS staff member will retain all necessary documentation regarding the incident in compliance with COS's record retention parameters.

Orientation for Off Campus Trips

Subject	Orientation prior to each trip for campers, staff, and volunteers
Statement of Policy	All campers, staff, and volunteers must participate in a pre-trip orientation prior to leaving camp.
Purpose	To familiarize all participants with the documentation and requirements for off-campus trips, per policy “Documentation and Requirements for Off-Campus Trips”
Guidelines	<p>All campers, staff, and volunteers must participate in a pre-trip orientation that includes but is not limited to the following information:</p> <ul style="list-style-type: none"> • Safety regulations that are specific to the activity or location (for example, buddy system) • Emergency procedures that are specific to the activity or location • How/where to seek medical care if needed • How to protect the environment if applicable (for example, outdoor camping or hiking) • Health and sanitary practices if applicable (for example, outdoor camping or hiking) • Areas that are off limits (for example, specific areas that are not to be played in or walked to, specific areas of a field trip where campers are not allowed) • Meeting times and places • General expectations on appropriate behavior as consistent with the Camper Agreement and the Camper Guidelines at minimum • Phone numbers of leaders or medical personnel, as well as locations where they can be found, may be given out if deemed appropriate

Orientation and education for Onsite Camps & Programs

Subject	Volunteer orientation and education for onsite camps and programs
Statement of Policy	All volunteers will receive information necessary to performing the duties and responsibilities assigned to them for each specific camp or program.
Purpose	To provide for the safety and well-being of all participants at COS camps and programs.
Guidelines	<p>In addition to the Volunteer Handbook, volunteers will be provided information necessary for performing their responsibilities and duties for each specific camp or program. Because COS is volunteer led, the volunteer leadership for each camp or program will determine how to meet the needs for information dissemination.</p> <p>COS distinguishes between orientation and education as follows:</p> <ul style="list-style-type: none"> • Orientation refers to “orienting” participants to the experience of working with COS and working with the specific camp or program. This may include reviews of COS Standards of Conduct and the Counselor Expectations section of this Handbook as well as sessions on how to adapt games for special needs, how to collaborate with medical staff, and campus tours (where applicable). • Education refers to providing information necessary to perform the tasks and responsibilities of the volunteer to all attendees of that specific camp or program (both new and returning volunteers). This may include more specific information about schedules, camper needs, emergency protocols like severe weather and active shooter guidance, and information specific to the site offerings such as waterfront and watercraft rules at summer season camps, van group protocols at travel camps, and severe cold safety at winter season camps. Related to digital programs, topics may also include breakout room coverage, session recording, and activity leader responsibilities. <p>The preference for in-person camps, where possible, is to provide an in-person orientation and/or education session. This may take the format of an early arrival for staff hours/day before camper arrival or be a wholly separate session. When in-person is not possible, volunteer leadership may offer a digital session to cover the required information. For some camps, it will be possible to provide both orientation and education in the same session. For other camps (typically Summer Camp), these two offerings may need to be offered separately to cover all the information. All digital program orientation/education sessions will be held online via Zoom.</p> <p>Each camp and program leadership team will set different parameters regarding requirements for attendance. Some may require attendance (in person or on Zoom) and allow for the viewing of a recording with an attestation or a quiz to follow if unable to attend. Others will host more than one session to offer options. Still others in the smaller camps will have 1:1 dialogues with anyone that had to miss the session as they are able. Volunteers should ensure they understand the requirements and follow those stipulations accordingly.</p> <p>All orientations and education sessions are supplemented with printed materials specific to each camp. In some cases, particularly with travel camps, volunteers will want to bring their own copies. In others, the camp leadership will provide printouts to all. Beginning in June 2023 these materials will be available in the MyCampApp document center as well.</p>

	<p>While the volunteer leadership is responsible for setting the agenda for each of its camps or programs, COS has determined that the below topics will be required discussion for each camp session and take responsibility for the dissemination of the requisite information:</p> <ul style="list-style-type: none"> • Mandatory Reporting • Social media and campers who have not signed photo consent • DEI statement and additional information
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Outdoor Food Service

Subject	Outdoor Food Service
Statement of Policy	Outdoor food service will comply with any applicable codes set forth by state regulations.
Purpose	To outline food service standards set by the Wisconsin Health Department for camps or programs held in that State. To ensure compliance with any regulations for camps or programs held in other states.
Guidelines	<p>COS requires all in-person camps taking part in outdoor food service to designate a food service and safety volunteer responsible for food safety. This individual is required to complete a food safety course and renew as needed. This person will oversee all food safety for outdoor food service, either directly or in a supervisory capacity. At minimum, the food safety guidance applicable will include but not be limited to:</p> <ul style="list-style-type: none"> • Any potentially hazardous food (according to HFS 175.03: eggs, meat, poultry, fish, and shellfish) should be held at 41 degrees Fahrenheit or lower, or 140 degrees Fahrenheit or higher. Any camps or programs preparing foods utilizing outdoor cooking or food storage, will have thermometers provided. • Potentially hazardous foods should be cooked to heat all parts of the food to 150 degrees Fahrenheit or higher. Exception: any chopped meat such as hamburgers or turkey burgers shall be heated until all parts are 155 degrees Fahrenheit. • Poultry, stuffing, and stuffed meats shall be heated until all parts are 165 degrees Fahrenheit. • Potentially hazardous food cannot cool below 140 degrees Fahrenheit prior to serving. • Once food leaves the quartermaster preparation area, any food not consumed shall <u>not</u> be returned. Exception: individually packaged items not requiring preparation may be returned providing the package seal has not been broken. • Utensils and equipment will be washed, rinsed, sanitized and air dried using an approved sanitizer or hot water at 171 degrees Fahrenheit for sanitation. • All food handlers will follow recommended hand-washing procedures.

Personal Flotation Devices

Subject	Use of Personal Flotation Devices While Engaged in Watercraft Activities
Statement of Policy	COS requires that all participants in watercraft activities wear personal flotation devices (PFDs) that are in good condition (not ripped).

Purpose	To promote a safe environment for those involved in activities with watercraft.
Guidelines	<p>All participants, including but not limited to, campers, volunteers, staff, guests, and others are required to wear a PFD while engaged in activities involving watercraft. This includes but is not limited to boating, rafting, water skiing, kayaking, and water tubing. COS staff members may add additional activities to this list.</p> <p><i>This policy is compliant with American Camping Association's requirement for Program Adventure/Challenge Standards, "Personal Flotation Devices in Watercraft Activities" (PT-18).</i></p>

Personal Websites/Social Media

Subject	Personal Website, Social media, Blogs, etc.
Statement of Policy	COS respects the rights of individuals to engage in using social media as a means for self-expression. To protect the organization and its participants, all individuals should follow the guidelines set forth at the start of each camp/program as provided by COS.
Purpose	To provide a safe environment and protect confidential/sensitive information for children with cancer, their families, and volunteers.
Guidelines	<p>As a part of the application process, all participants are asked to sign a basic Social Media Waiver. To keep up with the pace of change in social media use, current standards and practices will be provided at the outset of each camp/program by a COS staff member.</p> <p>A couple of the guidelines for social media use include:</p> <ul style="list-style-type: none"> • Volunteers posting images/videos to their sites that only include other volunteers/staff members, those that have been approved by the COS Social Media Senior Manager, or those that have already appeared on COS's social media channels. • Volunteers should be conscious of their social media presence if they choose to follow/friend campers or other COS community members. Volunteers are free to express themselves on their social media as they see fit; if that persona is not appropriate for camper or family viewing, then friending/following is strongly discouraged. <p>As of the publication of this manual, a new Social Media policy is being written and will be shared with volunteers as soon as available.</p>

Phone/Device Usage – Camper

Subject	Camper Phone/Device Usage
Statement of Policy	Disruptive camper use of phones and similar devices is prohibited while participating at camp. Campers who need to make calls must discuss with camp staff and, if appropriate, a Director or COS staff member can initiate a call. Exception to this policy is use of a phone as a camera, as long as it is not a distraction from the activity at hand, and at the end of a session to confirm transportation arrangements.
Purpose	To provide a safe and fun experience for participants that does not disrupt from camp

	activities.
Guidelines	<ul style="list-style-type: none"> • Phones and similar devices should not be used for reasons other than taking pictures during camp or participating in digital programs. • If a phone or similar device is found to be used in a disruptive manner, it could be confiscated by camp volunteer or COS staff members. If a phone is confiscated, it will be returned at the end of camp. • Phone/device damage, loss, or incurred charges are the sole responsibility of the device owner. • If a camper feels the need to call home: <ul style="list-style-type: none"> ○ Ask about why the camper wants to call home. ○ Use a distraction technique to combat any homesickness, such as getting the camper engaged with other campers or in an activity. ○ If the camper still wants to make a call, remind them that phone usage is not allowed at camp; share the information with Camp Leadership about the situation. ○ If the camper still wants to call home, work with Camp Leadership to determine a course of action. Camp leaders or COS staff members should be the only individuals initiating a call home. ○ All camper call requests and issues should be kept quiet and private to minimize other campers also wanting to call home. • If a homesick camper discloses that they have contacted their parents via phone or text, please report to program leadership so they can determine if additional outreach to the family is needed.

Phone/Device Usage – Volunteer

Subject	Volunteer Phone/Device Usage
Statement of Policy	Appropriate use of volunteer phones and similar devices will be determined by the Camp or Program Director and/or Camp Leadership and should be limited to Camp or Program specific use when around campers. Phones should not be used for/by campers under any circumstance. Personal phone calls should be limited to break or down time when campers are not present. Use of a phone or similar device should be limited to communication between staff and the Camp or Program Director or other program contacts as appropriate e.g., emergency, directions, status, etc.
Purpose	To provide a safe and fun experience for participants that does not disrupt from camp or program activities.
Guidelines	<ul style="list-style-type: none"> • Volunteer use of phones may be appropriate based on the camp or program. Volunteers should not make calls for or allow campers to make calls from their phone/device. • Phone/device damage, loss, or incurred charges are the sole responsibility of the device owner. • If volunteers need to make work/personal calls during camp or program activities, those situations should be approved by Camp or Program Leadership. These calls should be discreetly made away from campers.

Reasonable Accommodation

Subject	Providing Reasonable Accommodation
Statement of Policy	COS is committed to providing reasonable accommodation to participants with disabilities for given camp and program activities.
Purpose	To provide inclusive adaptations for individuals participating in camps and programs in a safe manner.
Guidelines	<ul style="list-style-type: none"> • If volunteers can perform the essential functions of their role, COS will provide those individuals with reasonable accommodations. COS is also committed to providing reasonable accommodation in regard to individuals' religious observations and beliefs that may conflict with camp and program activities. Any individual in need of accommodation(s) based on disability or religion is responsible for discussing their situation as soon as possible with a COS staff member and/or Camp or Program Leadership. • Individuals may be asked to provide medical documentation establishing the existence and extent of a disability, any role-related restrictions, and the estimated length of time for which accommodation is needed. The organization will keep all medical information confidential and securely stored. • Any individual who believes to have been denied reasonable accommodation should promptly notify a COS staff member. If the denial involves a COS staff member, the individual should contact COS's President.

Room & Board

Subject	Room and Board accommodations
Statement of Policy	COS provides free room and board to all registered in-person participants, including a place to sleep and meals for the duration of camp.
Purpose	To provide guidance on the determination of room and board accommodations
Guidelines	<p>In-person camps for COS take place at a variety of facilities with different room and board accommodation.</p> <p><u>Room</u> The facilities COS utilizes will be a combination of small cabins with single, double, and triple room configurations, dorm style buildings with multiple bunk beds, larger lodges, and hotels. Occasionally, tenting may be a confirmed lodging method for specific camps. Some of the buildings used have group style toilets and/or showers while others have ensuite or separate toilets and showers. Some of the rooms can be locked while others cannot. If the camp participant's cabin assignment and bathroom access does not meet their basic needs, Directors and COS staff will work with the camp participant to create a solution that ensures the camp participant's safety.</p> <p>Housing is based on the size and need of each of the in-person camps. Specific housing</p>

requests will be considered where reasonable accommodation is needed. All participants will be assigned to a bed or tent location for their sole use during their participation. Registrants will be told about tent usage upon application and prior to arrival.

Capacity limits for housing often require participants to share a room with a roommate(s). COS will never ask participants to share a bed with another individual. If there are not enough beds assigned to a room, please contact a member of camp or program leadership or a COS staff member to correct the issue.

As a general practice, volunteers and their significant others will not be assigned to the same room. An example of an appropriate exception is when volunteers are participating in a Family Camp where their entire family is registered and assigned to housing.

After arrival to camp, additional requests for cabin or room changes will be granted or denied at the Director's and/or COS staff's discretion. Cabin changes are only made for safety reasons. Affirming a camp participant's gender identity is a safety concern and therefore a qualifying reason. If a camp participant presents a reason for changing cabins, we will determine with that camp participant whether they are experiencing feelings of discomfort or a threat to their safety or health. If a camp participant comes to a volunteer or other staff person to request a cabin/room change, that volunteer or staff person may ask for a reason but should not assume gender identity as a motivation unless disclosed by the camp participant.

Camp One Step understands the need for camp participant privacy regardless of sex assigned at birth or gender identity. We know that when camp participants are respectful of others' boundaries and have appropriate supervision, anybody can be safe(r) in any space. Camp participants will be allowed to use the restroom/shower/changing area/facility that best aligns with their gender identity without question. Staff and volunteers will be trained in appropriate supervision practices for "vulnerable spaces" (showers, restrooms, and changing areas). All bathroom stalls, showers, and changing spaces will be designated as single occupancy. Public nudity, including changing in a room with other individuals present, will be highly discouraged.

Board

COS provides meals to all its participants free of charge. COS in-person camps offer a variety of meal styles including family style or buffet dining, restaurant catered dining, restaurant delivery, fast food dining, and meals cooked over a campfire by participants.

COS will solicit all participants for food allergy and dietary needs and provide meals in accordance as applicable. Please note that depending on the camp, COS may not be able to source supplies for more severe dietary allergies and needs. Volunteers with these higher needs are encouraged to bring items to supplement their meals as needed. Reach out to a member of camp or program leadership or a COS staff member for any questions.

Safety - Overall

Subject	Overall Safety
Statement of Policy	Safety is the number one priority in caring for camp and program participants.
Purpose	To provide a safe and positive environment for all camp participants
Guidelines	The safety of all campers, volunteers, staff, donors, and guests is of utmost importance. Any illness, injury, or potential hazard should be reported to the Medical Director, medical volunteers, Camp or Program Leadership, and/or a COS staff member immediately. Volunteers should comply with all policies and procedures during camp.

Safety - Orientation for Specialized Camp and Program Activities

Subject	Safety orientation to participants prior to engaging in specialized activities
Statement of Policy	Before a specialized activity such as archery, horseback riding, or SCUBA, an instructor will provide a safety orientation
Purpose	To provide a safe environment for all camp participants
Guidelines	The safety orientation should include safety rules and regulations, proper use and care of equipment, safety signals and practices to be used as appropriate, and necessary information regarding the characteristics and boundaries of the area. Safety orientation should also discuss inclement weather plans, and any go/no-go thresholds.

Safety – Sun and Outdoor Guidelines

Subject	Sun and outdoor safety guidelines
Statement of Policy	All volunteers should ensure campers are following the necessary sun safety, hydration, and bug bite prevention guidelines as indicated. Volunteers should also perform these measures for their own safety and to set a strong example for campers.
Purpose	Define procedures to guide COS staff and volunteers on safe care of campers
Guidelines	<p><u>Sun Safety</u></p> <ul style="list-style-type: none"> • Everyone is at risk to the harmful effects of the sun. • Adults and children need protection from ultraviolet (UV) rays whenever they're outdoors. • A few serious sunburns can increase a child's risk of skin cancer later in life. • Some campers are on medications that increase their risk for severe sunburns. • Never assume that campers have applied their own sunscreen. Some campers don't like applying creams and other campers "want to work on their tan". They may tell you they applied sunscreen when they really didn't. <p>Procedure:</p> <ul style="list-style-type: none"> • Apply a SPF 30 or higher sunscreen with protection against UVA/UVB 30 minutes before going outside • Reapply every 2 hours if remaining outdoors, and after swimming or sweating. • Even on cloudy days sunscreen is important because up to 80% of the sun's harmful rays can penetrate skin. • Wear a hat that shades the face, scalp, ears, and neck. If wearing a baseball cap, be sure to protect exposed areas with sunscreen. • Children who have no hair or thinning hair should always wear a head covering (hat, scarf, or bandana) when outdoors. • If campers have sunglasses, have them wear them for eye protection. • Set a good example for campers and follow these recommendations for yourself. <p><u>Hydration</u></p> <ul style="list-style-type: none"> • Good fluid intake is important to keeping the body healthy. Other than oxygen, water is the most vital substance that bodies need to function properly. • Very young children are more vulnerable to dehydration as up to 75% of a young child's body is made up of water. • Sun exposure and participation in sports/exercise increase the need for more fluid. When dehydrated (lacking sufficient body fluids), campers may experience symptoms such as headaches, dizziness, and fatigue. • Some campers take medications that are hard on the kidneys and other campers may only have one kidney as the other kidney may have been removed due to their cancer. <p>Procedure:</p> <p>Prevention of dehydration is the best medicine. A few tips to ensuring good hydration include:</p> <ul style="list-style-type: none"> • Ensure that campers drink at least 8 ounces of fluid at every meal – this can be water, juice, milk, etc. Caffeinated beverages should not be included in daily fluid needs and be minimized as they increase urination which may lead to dehydration. • Take water breaks at least every 2 hours during the day. Ensure that young campers

(10 and under) drink at least 6 ounces of fluid and older campers drink at least 8 ounces of fluids at water breaks. In hot temperatures or when kids are actively playing, water breaks should be taken hourly.

- Minimum adult fluid requirements = 64 ounces per day
- Recommended fluid intake for the following weights: (Average weight of a 7 year old is 50lbs#.)
 - 50# - 52 ounces
 - 60# - 55 ounces
 - 70# - 58 ounces
 - 80# - 60 ounces
 - >90# - 64 ounces

Preventing Insect Bites

- Some COS camps are in outdoor areas where ticks and mosquitoes are prevalent.
- Mosquitoes can be associated with West Nile Virus; ticks can be associated with Lyme's disease.
- Most tick bites do not result in transmission of disease. Ticks embedded under the skin for greater than 24 hours pose a higher risk of disease.
- Once a tick is identified, notify your medical staff for removal. Documentation of tick removal is important and parents need to be notified for post-camp monitoring of illness.
- Some campers are extremely sensitive to insect bites and may experience severe local allergic reactions. Prevention is the best policy.

Procedure:

- Avoid being outdoors during peak times if possible. Peak times are early morning and at dusk.
- Avoid use of fragrances on the body.
- Wear light-colored clothing with long-sleeved shirts, tucking long pants into socks or shoes.
- Use up to 30% DEET depending on the duration of outdoor activities. Avoid use of higher concentrations in children. Average protection time of 30% DEET is 5 hours; 10% DEET protection is about 1-2 hours.
 - *Apply only to exposed skin and/or clothing. Do not use repellents under clothing.*
 - *Do not apply to eyes or mouth and apply sparingly around ears. Do not spray directly on the face – spray on hands first and then apply to the face.*
 - *Never apply over cuts, rashes, or other breaks in the skin.*
- Assist children when applying repellent; children may inadvertently ingest the repellent through hand-to-mouth activity.
- Wash repellents off with soap and water at the end of the day.
- ***Check yourself and your campers for ticks daily after outdoor activities.***

Safety – Water Activities

Subject	Participating safely in water activities
Statement of Policy	All participants engaging in activities involving a body of water must follow prescribed safety guidelines.
Purpose	To provide safe camp experiences for all participants.
Guidelines	<ul style="list-style-type: none"> • All swimming and waterfront activities must be provided under the direct supervision of certified lifeguards. No swimming will take place if lifeguards are not present. All participants are subject to the direction of lifeguards while in the water or at the waterfront. • Wisconsin regulations require a minimum of one adult for every ten people in the water, however, volunteers should follow COS ratios for campers to staff numbers, including one-on-one water supervision guidelines. • There should be adequate volunteers available to provide supervision into and out of the water. • Volunteers are responsible for monitoring campers even when lifeguards are present • Designated volunteers should be in the water to assist any camper that requires additional attention, including campers requiring one-on-one supervision. • Volunteers who were previous campers that required one-on-one supervision in the water will not be assigned to a camper requiring water supervision. Exception to this would be a counselor who had an isolated seizure due to a drug reaction and remained seizure free and off anti-seizure medications for more than 3 years. • Access to water activity areas will be controlled; the area used for swimming may be separated into sections for varying levels of proficiency. No camper or volunteer may go into a section beyond his or her demonstrated swimming ability, except when completing a supervised swim test. • Use of colored wristbands will designate participants' approved level of swimming ability for given camps. Additional wristbands will be worn by campers that require 1:1 supervision in the water when applicable. • There will be a Waterfront/Swim Area check-in/check-out procedure for applicable camps. • Campers or volunteers using any watercraft will be given instruction for use. Use of this equipment is limited to the designated area. It is required for all the campers and volunteers to wear an approved personal flotation device during watercraft use. For more information, see the Watercraft Policy • A first aid kit with basic supplies will be available any time the waterfront is open. Lifeguards and the lead waterfront staff member are the first responders in relation to any minor medical need, details of which should be reported to the corresponding medical staff member or volunteer. The medical team will assume assessment and management of the involved party when they arrive on site. • In the event of a water emergency, the lifeguards will perform any water rescue actions. Waterfront volunteers should radio for immediate Medical Staff response to the area and if necessary request initiation of the EMS system or call 9-1-1. If needed, CPR will be started by the lifeguard or an appropriately trained individual if the lifeguard is performing other rescue acts until the arrival of the Medical Staff and/or EMS responders. • Certified lifeguards trained in first aid and CPR will be utilized at swimming facilities

and sites. In the event that a location does not provide lifeguards, additional individuals with required certifications will be secured for designated swimming or waterfront time.

- The “buddy system” will be employed as a safety system and as a means to quickly account for all participants. Prior to entering the water, campers will pair up and stay together during the water activity. Volunteers should enforce that campers stay together during this time.
- Volunteers are provided an overview of Waterfront guidelines and safety protocol during training or as part of the resources sent upon application completion.

Swim Test

- All campers and volunteers are required to pass a swim test to enter the intermediate or proficient swimmer areas (if applicable.)
- All swim tests will be observed and monitored by a lifeguard and a COS volunteer.
- Swim test times will be determined and recorded by waterfront staff and Camp or Program Leadership.
- Participants that successfully pass the swim test are given a designated color wristband. The swim band should not be taken off until the end of camp. Replacement bands will be provided if needed.
- Participants without a swim test wristband are limited to the beach and shallow sections of the swimming area.
- The waterfront volunteer(s) keep a log of all participants who are undergoing, have attempted, or have passed the swim test.

Swim Test Requirements

- The swim test entails swimming a predetermined distance, treading water for 5 minutes, and then putting on a personal flotation device (“PFD”) while still in the water. The swimmer may use any stroke and as much time as needed to swim the designated distance. In order to pass, the swimmer is not allowed to touch the bottom of the lake or take breaks by touching the ropes or holding onto the pier.
- The test will be monitored and observed by a lifeguard and witnessed by a volunteer. In order to pass the test, the swimmer must perform the requirements to the satisfaction of the lifeguard. If the waterfront volunteer is uncomfortable with the ability of the swimmer, they have the obligation to fail the swimmer. A swimmer may attempt the swim test multiple times if time allows.
- Participants should be informed of the swim test requirements before attempting the test. Participants should be shown the PFD and given the opportunity to try it on prior to the swim test.
- Under the observation of lifeguards, each participant taking the test should be specifically told that if they become tired they should grab onto the swim line or other stationary items in the water, call for help, swim to shallow water, or exit the water. If any of these should occur, the participant will not pass the test.
- Lifeguards will monitor those taking the swim test and carefully observe for fatigue. If a volunteer has concerns about the abilities of the swimmer, they may ask a lifeguard to bring a rescue device or ask another volunteer that has passed the swim test to swim alongside the participant.
- Participants that are new to the swim test may be asked by the Waterfront staff to perform a pre-test, which may include swimming a short distance in the shallow end

	<p>under supervision to ensure the participant will be capable of performing the test. It may be determined that the participant needs additional time practicing or assistance with swim lessons from a volunteer or Waterfront Staff.</p> <ul style="list-style-type: none"> • Swim tests are valid for the current camp season and must be retaken each year. <p>Lost Swimmer while at Waterfront/Swimming Area If a volunteer notices that a participant is no longer with their designated buddy:</p> <ul style="list-style-type: none"> • Volunteers should immediately perform a headcount and confirm all participants that signed in at the waterfront from their group are present <p>If a camper is missing:</p> <ul style="list-style-type: none"> • Alert lifeguards and volunteer staff of possible lost swimmer • Following the direction and supervision of lifeguards, all participants should evacuate the water and a search/rescue should be initiated. • A volunteer should also perform a land search within the proximity of the waterfront area • Waterfront volunteers are to alert Camp or Program Leadership, COS staff members, and the Medical Director. • Volunteers will manage other campers by staying calm and redirecting if applicable. Volunteers and other campers will leave the area and move to a different area of the site if directed by Camp or Program Leadership or a COS staff member. <p><i>This policy is compliant with the American Camping Association's requirement Program Aquatic "Safety Systems" (PA-9) and "Participant Classification" (PA-10). It adopts recommendations noted in the American Camping Association Program Aquatic's mandatory requirement "Staff Swimming" (PA-16).</i></p>
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Tent Camping

Subject	Tent camping requirements
Statement of Policy	COS camps and programs participating in tent camping will comply with any applicable codes set forth by state and local regulations as well as the guidance listed below.
Purpose	To provide positive, safe, and fun camp experiences for all participants
Guidelines	<ul style="list-style-type: none"> • Counselor supervision of campers is always required during tent camping activities. • Any food preparation done as part of the camp or program while at a tent camping location must be in compliance with "Outdoor Food Service" policy and under the supervision of a trained food service adult. • Containers for transporting water for human consumption should be labeled, and easily distinguishable from other containers; it shall be constructed of a food grade material that does not allow the migration of external sources and is easily cleanable. Water containers should be cleaned and sanitized between uses. • Any camp or program utilizing a tent camping location will have a First Aid kit available. Overnight tent camping at locations off site require Medical staff to accompany the camp or program. • Camp or Program/Group Leadership is responsible for having contact information for

	<p>COS staff members, Medical Director, and EMS (Call 9-1-1) at off-campus destinations.</p> <ul style="list-style-type: none"> • The “Travel for Camps and Programs” policy applies for tent camping; a chase vehicle is required. • Camp or Program/Group Leadership will file a Trip Form if applicable. A copy of the Trip Form should be given to the Medical Office. • Camp or Program/Group Leadership is responsible for ensuring compliance with any local rules and regulations for safety, conservation, etc. • Camp or Program/Group Leadership is responsible for obtaining any necessary permits prior to the program activity. • Camp or Program/Group Leader is responsible for ensuring that communication is available with COS contacts, either by radios or cell phones. • Tent camping participants should each be instructed to bring a flashlight, and spare flashlights and/or batteries should be available. • A tent camping site should have a fire extinguisher easily available. All counselors tent camping should know the location of the extinguisher. • Adequate shelter will be identified/ provided in case of inclement weather
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Theft, Damage, & Vandalism

Subject	Addressing theft, damage, or vandalism
Statement of Policy	Volunteers are directed to ensure that all personal belongings are in a safe place during the day and taken with them when they leave camp. COS is not responsible for personal property that is lost, stolen, or damaged, and reserves the right to investigate any occurrence of suspected theft, damage, or vandalism during camp.
Purpose	To outline a process for volunteers/campers to report suspected theft, damage, or vandalism.
Guidelines	<p>All incidents of alleged theft, damage, or vandalism must be reported as detailed below.</p> <p>If a participant is missing an item and believes theft is involved:</p> <ul style="list-style-type: none"> • Report the missing item to Camp or Program Leadership or a COS staff member. • If said item is not located, an investigation may be started. • Investigations may include, but are not limited to: <ul style="list-style-type: none"> ○ Check lost and found ○ Search of immediate area ○ Search of cabins, camper rooms, restrooms, vehicles (if used for transport), walking paths, and other site locations <p>Damage and Vandalism:</p> <ul style="list-style-type: none"> • Volunteers or campers who purposefully damage public or personal property or participate in vandalism may be sent home at the discretion of Camp or Program Leadership and COS staff members. • All incidents or suspicions of theft, damage, and vandalism must be documented following COS's incident reporting procedure.

Travel – Camps & Programs

Subject	Travel during participation in Camps and Programs
Statement of Policy	Camps and programs requiring travel for participating campers and volunteers will follow prescribed guidelines to assure safety and preparations to meet any needs of the group during travel times.
Purpose	To ensure appropriate preparation for camp and program travel and handling of any needs during travel.
Guidelines	<p>The following guidelines should be followed:</p> <ul style="list-style-type: none"> • All travel must be approved by Camp or Program Leadership and scheduled appropriately with the Camp or Program Coordinator or other point person. • Travel for camper participants requires a “chase car” vehicle be available to transport individual campers for medical intervention if needed. Drivers for chase vehicles must meet driver eligibility requirements. • A minimum of two Medical Staff members are required for all travel camps/programs. • Medical Staff will carry copies of each camper’s medication administration record and health history summarized in the special needs report. • Medical Staff will carry a medical kit containing medications and supplies as applicable to the needs of the campers/program. • Each camp has different timelines for approval of off-campus trips. Volunteers requesting off-campus trips will follow those timelines as provided. All travel is subject to the approval of the leadership and the Camp or Program Coordinator where applicable. • Camp Directors and Camp or Program Leaders are responsible for determining if Certificates of Insurance are required. Leaders should contact a COS staff member for Certificate of Insurance processing and approval. • Prior to any travel, Camp Directors or Camp or Program Leadership will complete the Medical Considerations for Travel form. This form will list the closest hospital facility if medical care is needed during the trip. Medical staff may be utilized as a resource in gathering needed information. • In addition, the Camp Director or Camp or Program Leader will determine the route for travel from the end travel site to the closest hospital facility. • The Camp Director or Camp or Program Leadership will need to have access to each camper’s medical consent during travel.

Travel – Camper Requirements

Subject	Information that will be communicated to campers and families related to trip and travel requirements for campers
Statement of Policy	COS travel eligibility will be determined based on the specific mission and purpose of the camp/program.
Purpose	For each trip or travel camp or program, COS will have eligibility requirements for participation, a process implemented to inform parents and campers of relevant information outlined below, and procedure to follow if a camper cannot continue with the trip/travel camp or program.
Guidelines	<ul style="list-style-type: none"> • Camper eligibility requirements such as age, ability level needed to safely participate, and other information will be communicated. • The camper must be approved by the Medical Director or other appointed medical personnel to participate in the camp or program. • Information will be provided to parents and campers either by website, Camper Guidelines, Camper Application, relevant waivers or another method about the following: <ul style="list-style-type: none"> ○ Camper eligibility for participation. ○ Availability and accessibility of emergency assistance (for example, a Nurse Practitioner will be traveling on the trip and use of Emergency Departments will be used as necessary). ○ The nature of specific activities to be engaged in and the relevant risks. This may be communicated in a related waiver. ○ The degree of difficulty or physical challenge required by the activities and the camper's responsibility for maintaining a level of fitness that is needed to participate in the activity (for example, strong swimming abilities, endurance to stay outside in cold weather to learn to ski or snowboard, etc.). ○ Procedure that will be followed if a camper is unable to complete the camp or program or trip due to illness, injury, or behavioral problems.

Violence

Subject	Response to violence or harm
Statement of Policy	Violence or threats of violence are not tolerated at any COS camps or programs.
Purpose	To provide a safe and positive experience for all camp participants.
Guidelines	<p>COS does not tolerate violence or threats of violence by or against any individuals including campers, volunteers, staff, donors, and guests. Violence includes but is not limited to inappropriate conduct occurring on camp premises for in-person camps or while using program software for virtual programs which is directed towards or against any other individual; this conduct includes physical acts, verbal or written threats, cyberbullying, or gestures of violence that are threatening or intended to convey potential or actual injury. Violence also includes acts and/or threats that are later claimed to have been made in jest at the time of occurrence.</p> <p>Every volunteer must take any act or threat of violence seriously. Any individual who is subject to, witnesses, learns about, or fear that any such act or threat has occurred or may occur, is required to report that situation to Camp or Program Leadership or a COS staff member. When appropriate, Camp or Program Leadership or COS staff members will refer acts or threats of violence to police and/or other authorities for additional investigation or action.</p> <p>Acts of violence or threats of violence may result in the suspension or dismissal of the perpetrator. Any acts of violence or threats of violence must be documented in accordance with COS's Incident Reporting policy.</p>

Volunteer Assignments/Staffing

Subject	The assignment / staffing of volunteers to camps and programs
Statement of Policy	Guidance on how volunteer staff are assigned will be provided to ensure safety for all participants.
Purpose	Children's Oncology Service provides a positive, safe, and fun camp experience for all participants.
Guidelines	<p>Ultimately, placement of volunteers into staff roles is at the discretion of the volunteer camp or program Director and leadership of each specific camp and program. The camps and programs of COS all have varying needs that dictate how volunteers are assigned. Some of the needs for consideration are as follows:</p> <ul style="list-style-type: none"> • Number of registered campers • Number of registered campers with special needs • The camper-to-counselor ratio required by applicable state laws for specific age groups • Number of registered volunteers based on ratio needed • Experience level of registered volunteers • Duration of availability for registered volunteers • Housing capacity at in-person camps • Zoom breakout room needs specifically for digital programs • Types and number of activities offered • Number of open positions in auxiliary posts • Medical needs for the camp or program <p>Some of COS's larger camps ask volunteers for their first and second choices for positions. Where possible, those requests are honored, but in some instances, it is not possible to honor those requests based on the needs for the camp. COS asks for volunteer understanding and flexibility if asked to participate in a camp or with an age group that was not their first choice, including volunteers with medical backgrounds.</p> <p>For camps offering two weeks of programming, all first-time volunteers will only be assigned to one week as a volunteer. This allows the participant to experience the stamina needed and assess fit while allowing COS to do the same of the new volunteer. After the first year as a volunteer is complete, if evaluations do not contraindicate, the volunteer is welcome to apply for two weeks as desired. This "first-time" designation also applies to former campers who have transitioned to volunteer positions. Former One Step Further participants may be staffed for two weeks in their first year if not contradicted by their One Step Further Program Leaders.</p> <p><u>Waitlist Placement</u></p> <p>Periodically volunteers may be placed on a waitlist. This may be due to the popularity of the camp or program or any number of reasons related to the needs listed above for the specific camp or program. COS asks for your understanding, flexibility, and patience. There will be times that volunteers are called up off the waitlist and times they are not. Where volunteers are not given their first or second choice of placement, they are welcome to remove themselves from active registration and add themselves to the waitlist for one of those positions.</p>

	<p><u>Volunteers who have a camper family member registered for the session</u> COS prefers that campers and volunteer parents/family members/guardians have their own unique camp experience. Volunteers have a responsibility to the campers in their care and/or the duties assigned to them and it's important that they not be distracted by their child in attendance at the same session. In larger camps, COS may be able to assign a parent to a different week or different group in order to allow both participants to attend. In smaller camps, this may not be an option. Where it's not possible, the preference would be for the parent to allow the camper to attend on their own. COS may ask the parent to remain on a waitlist in the event that a solution can be accommodated at a later date.</p> <p><u>First-time volunteers who are closely related to one another</u> COS prefers that all volunteers have their own unique camp experience, especially in camper facing roles and during their first experience volunteering. Camper facing volunteers have a responsibility to the campers in their care and it's important not to be distracted by a related (siblings, parent, child) volunteer that might also be in the same session. In larger camps, COS may be able to assign related staff to different weeks or different groups in order to allow both participants to attend. In smaller camps, COS may be able to assign related staff to different housing. After the related individuals volunteer the first time, if evaluations do not contradict, they may be assigned to the same week or program as needed.</p> <p><u>Volunteers who are dating/significant others/married</u> COS prefers that all volunteers have their own unique camp experience, especially in camper facing opportunities. Volunteers have a responsibility to the campers in their care and/or the duties assigned to them and it's important not to be distracted by the significant other that may be in their session. In larger camps, it may be possible to assign significant others to different weeks or different groups in order to allow both participants to attend. These individuals will not be housed together per COS' Room and Board policy.</p>
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Volunteer/Camper Interactions

Subject	Creating a safe environment for campers
Statement of Policy	COS will provide training for staff and volunteers in required online webinars, pre-camp orientation, pre-camp/program staff calls, and/or the Volunteer Handbook.
Purpose	To provide training to volunteers and promote positive interactions between volunteers and campers.
Guidelines	<p>COS training will focus on:</p> <ul style="list-style-type: none"> • Meeting campers' needs rather than on other staff and themselves. • Speaking with and listening to campers in a manner that reflects respect for each individual, including those of different background and abilities. • Creating and supporting an environment that provides emotional safety. • Guiding group behavior in developmentally appropriate manners. <p><i>This policy was adopted from the American Camping Association's recommendation from Human Resources "Staff and Camper Interactions" HR-15</i></p>

Volunteer Participation – Digital Programs

Subject	Volunteer participation expectations for digital programs
Statement of Policy	COS requires its digital volunteers adhere to our general Standards of Conduct with additional guidelines specific to online/digital platforms.
Purpose	To ensure the safety and care of camp/program participants
Guidelines	<p>COS hosts a digital program called “CONNECTED” via the Zoom platform. When campers are present on Zoom, the following guidelines will be followed:</p> <ul style="list-style-type: none"> • <u>Consideration of volunteer environment:</u> All volunteers should ensure that they are in a private and appropriate space while participating in digital programs. • <u>Preparedness for being off-mute and on-camera:</u> Participation from digital volunteers is intended to be engaging and interactive. Volunteers should have a working camera and microphone to fully participate with campers and other volunteers. • <u>Compliance with zero tolerance policy:</u> All digital volunteers are expected to participate sober and uninhibited. Refrain from alcohol, illicit drugs, legal drugs that may impact your behavior, or any other prohibited behavior / substances. • <u>Compliance with Social Media Guidelines related to recordings, screenshots, and photos of digital programs:</u> Volunteers may not record (exception listed below), take screenshots, take photos, or share any part of the digital program to their social media that has not already been shared on COS’s social media first. Volunteers may share images and recordings from activities without campers (Counselor night or counselor meetings). This policy does not include activities where campers may have their cameras turned off. • <u>Recording of sessions:</u> All digital programs will be recorded to maintain the safety of all participants. The host of the meeting, usually the CONNECTED Director or a member of COS leadership, will be responsible for recording digital sessions for review and archival purposes. When digital programs require breakout rooms, volunteers may be asked to assist with recording. Breakout room recording may result in a hard drive download. These downloads are the property of COS and should be treated as sensitive and privileged information. Volunteers with recorded downloads should work with their program leadership as soon as possible (preferably within 24 hours) to transfer the information to COS’s secured Dropbox and remove the recording from their personal computer/devices. • <u>Mandatory reporting:</u> Digital volunteers will follow all guidelines related to mandatory reporting or the “Child Disclosing Concerning Information” policy. With campers participating in their own homes, volunteers should be prepared in the event that they witness or campers share concerning behavior in the home.

Volunteer Screening

Subject	Volunteer Interviews and Background Checks
Statement of Policy	Volunteers will be required to complete a background check and new volunteers will be interviewed as part of the volunteer screening process.
Purpose	To ensure a safe and appropriate experience for camp and program participants, in compliance with state laws and insurance requirements.
Guidelines	<p>COS will screen all volunteers and participants who interact with and may have unsupervised access to campers and children. Camp guests who visit campus in a limited area and are never with campers in an unsupervised situation would not be required to be screened, but may be asked to by a COS staff member.</p> <p>For all volunteers, the following measures are taken:</p> <ul style="list-style-type: none"> • A Criminal Background Check will be completed annually which includes: <ul style="list-style-type: none"> ○ National Criminal Database Check ○ Social Security Number Trace\ ○ National Sex Offender Search • New volunteers will be interviewed by a current COS volunteer and/or staff member. <p>Returning volunteers may be asked to interview again if they have not yet participated in a specific camp or program, have not volunteered with the organization for an extended period, or if they are returning from a suspension.</p> <p><i>This policy is in compliance with American Camping Association's mandatory standards v. 2019 AD.25 and AD.26</i></p>

Volunteer Time Off

Subject	Volunteer time off while at camps and programs
Statement of Policy	COS supports an environment of mental, emotional, and social health for all its participants and, where able, provides break for its volunteers as outlined.
Purpose	To support the mental, emotional, and social health of all participants, particularly volunteers.
Guidelines	<p>Volunteering with COS camps and programs is rewarding but demanding. Many camps and programs require volunteers to be “on” for 24 hours a day for the full duration of the session. This means volunteers are expected to be available as needs arise, even after all participants go to bed.</p> <p>Where possible, COS supports its volunteers taking time off. Time off looks different for each camp/program due to the varying durations and needs of each camp.</p> <p><u>Weekend Camps</u> With shorter, weekend camps, leadership may encourage volunteers to work together to “break each other” for a short spell. A quick nap, a coffee break on campus, or time for a private phone call may be all that’s needed to return to the camp refreshed. If the volunteer numbers warrant, leadership in these camps may put into place a more official system and assign time off. Unless otherwise stipulated, time off at weekend camps and programs should take place on the campgrounds. Volunteers should not leave campus without permission from camp leadership.</p> <p><u>Week-long Camps</u> Time off in week-long camps and programs (including travel camps) may incorporate informal and formal breaks like those already listed above. The preference would be for all volunteers to be supported in taking twenty minutes to an hour each day for a break where and when they are able. Volunteers are never responsible for campers alone and should work together to ensure that no one individual is left to hold the load for all others. Unless otherwise stipulated, time off at weeklong camps and programs should take place on the campgrounds. Volunteers should not leave campus without permission from camp leadership.</p> <p><u>Two-week Camps</u> Time off for two-weeklong camp volunteers will incorporate informal and formal breaks like those already listed above. Additionally, volunteers that participate for two full weeks are allotted a “half of a day” off (minimum of 3 hours, maximum of 6 hours), preferably between the two, week-long sessions. Volunteers at two week-long camps may leave campus for their break when approved by leadership. They will check-out as appropriate with camp leadership when they leave campus and they will check back in, ensuring proper tracking for safety checks. If a volunteer’s time off is in the evening, they are required to check back in on campus before curfew and sleep onsite.</p>

Volunteer Training – Limits of Care by Non-Medical Volunteers

Subject	Volunteer training expectations for delivering medical care
Statement of Policy	Volunteers will receive training on strategies to promote wellness and prevent illness.
Purpose	To define and clarify the roles of volunteers in the promotion of wellness and illness prevention.
Guidelines	<p>Volunteers will be educated and trained on their participation in delivering care to participants while at camp. Preventative topics may include strategies to avoid dehydration, fatigue, and sunburns, as well as universal precautions, infection control, water safety, and wheelchair safety. Additional topics may be included that are specific to the camp or program, like altitude sickness for the Utah Ski Camp.</p> <p>Medical personnel will be trained as deemed appropriate by the Medical Director on topics related to greater medical needs for participants, including compliance with disposal of needles and disposal of dressings used with blood and other infectious waste.</p> <p>Additionally, emphasis will be placed on infection prevention and control for all volunteers. As applicable, COS will be compliant with OSHA (Occupational Safety and Health Association) standards.</p>

Volunteer Training – Online Education

Subject	Training provided for volunteers prior to participating in any camp or program
Statement of Policy	All registered volunteers who are participating in a camp or program are required to participate in an annual online training prior to the start date.
Purpose	To educate volunteers on how to provide a safe and positive environment for participants.
Guidelines	<p>Webinars will be emailed out from the Expert Online Training (EOT) platform in advance of camp and must be completed by both non-medical and medical volunteers by the assigned deadline. Completion is noted by passing the appropriate quizzes associated with each module. Online webinars will vary from year to year, and may differ depending on the volunteer role assignment.</p> <p>COS reserves the right to cancel volunteer registration for volunteers that are not in compliance with their webinar requirement by the advertised due date.</p>

Zero Tolerance

Subject	Zero Tolerance
Statement of Policy	There is zero tolerance toward camp participants using or being in possession of recreational drugs, drug paraphernalia, alcohol, tobacco/smokeless tobacco, and weapons on or off campus during any in-person camp session or digital program.
Purpose	To provide a safe environment for all camp participants.
Guidelines	<p>Zero tolerance applies to all camp functions including off-campus activities, travels during camps, in-person orientation, and digital programs.</p> <p>Possession or use of alcohol or illegal drugs, being under the influence of alcohol or illegal drugs, and misuse of prescription or non-prescription drugs are prohibited at all times while on property owned or leased by COS, as well as on all property used for COS camps and activities or during your presence online at digital programs. Use of drugs and alcohol can adversely affect performance and jeopardizes the safety of all camp participants.</p> <p>Any camp or program participants that use illicit or recreational drugs (including those that are legal in other states) or are in possession of illicit or recreational drugs (including those that are legal in other states), paraphernalia, alcohol, or weapons during camp will be dismissed immediately by Camp or Program Leadership or COS staff members. This also includes anything seen onscreen of participations at digital programs.</p> <p>Following dismissal, the impacted individual will be contacted to discuss implications for future camp and program involvement. All dismissals and repercussions will be documented in accordance with COS's Incident Reporting policy.</p>

Section III: Medical Policies

CBD/THC Use

Subject	Cannabidiol (CBD) and Tetrahydrocannabinol (THC) Use
Statement of Policy	Campers may receive CBD (<0.3% THC) at camp provided they provide a written statement from their physician stating that the camper is taking CBD for a medical indication. Products containing > 0.3% CBD and/or THC are not approved for camp use by campers or staff.
Purpose	Provide guidelines that adhere to state and federal regulations regarding CBD.
Definition	Hemp and cannabis (marijuana) are derived from the same plant species (cannabis sativa strain). The difference between Hemp and cannabis is in the amount of tetrahydrocannabinol (THC) that each contains. Cannabis usually contains THC levels above 0.3% and can reach levels as high as 15-30%. THC is the component that causes psychoactive effects or the feeling of “being high”. THC can impair thought processes and function. CBD products from the hemp plant (CBD hemp oil) typically contain THC content less than 0.3% (products are not regulated) so hemp CBD products have negligible psychoactive effects.
Background	The use of CBD in a variety of forms (oils, creams, gummies, etc.) has increased significantly over the past several years and is now in widespread use throughout the United States. Research is limited in regard to the benefits of CBD; however there is definitive evidence that supports its role in seizure control. In addition, there is preliminary research, as well as anecdotal evidence, that demonstrates that CBD is beneficial for the treatment of many symptoms, some of which are experienced by children and adolescents who attend COS camps – symptoms such as pain, nausea/vomiting, mood dysregulation, headaches, inflammation, etc. In addition, there is continued emphasis being placed on understanding the endocannabinoid system in the human body and the CBD receptor sites.
Legislation	<p><u>Federal legislation:</u> On December 12th, 2018, Congress passed the 2018 Farm Bill that removed hemp-derived products from the Schedule 1 list under the Controlled Substances Act. Only CBD products produced in compliance with the Farm Bill would be legal by federal law. This means that in order for a CBD product to be federally legal, it must meet all of the federal and state regulations, be THC free (< 0.3%), and have hemp derived from a licensed grower.</p> <p>As a result of this legislation, CBD oil derived from the hemp plant has become widely available as an OTC supplement and can be obtained through mail order, distributors, and stores that sell health and nutrition products.</p> <p><u>State legislation:</u> There continues to be differences in state legislation in regard to the legality of CBD oil. It is important that as an organization, COS remains in compliance with state regulations.</p> <p>Illinois: Previously signed into law, legislation that supports the use of CBD (either hemp or marijuana) for medicinal purposes and in June 2019, approved these products for recreational use. There are medical dispensaries available throughout the state for obtaining these products.</p> <p>Wisconsin: The use of hemp CBD was legalized as a treatment for seizure disorders in 2014 (AB 726). In 2017, the Senate expanded the medical conditions to include any medical condition with a physician’s written statement. CBD must not have psychoactive properties (<0.3% THC).</p>

<p>Guidelines</p>	<p><u>Campers:</u></p> <ul style="list-style-type: none"> • Campers who attend COS camps will be able to receive hemp-derived CBD products while participating in the camp provided the product contains < 0.3% THC and there is a physician letter on file that states that the camper is taking CBD to treat a medical condition. • Cannabis (marijuana) derived CBD is not legal in the state of Wisconsin so therefore cannot be administered to children participating in camps that take place in Wisconsin. If a camper is attending a camp outside of the state of Wisconsin, the ability to administer these products will be based on current state laws (Utah, Washington DC). • All hemp CBD products will be maintained in the medical office and will be dispensed at the time of each dose. The camper will need to come to the medical office for administration of the CBD product. • Medical staff administering the product to the camper will be limited to the medical lead(s) for that camp or program. • Products containing 0.3% THC or more, which includes recreational or medicinal THC (medical marijuana), cannot be administered at camp. These products remain illegal in the state of Wisconsin. <p><u>Staff Members:</u></p> <ul style="list-style-type: none"> • CBD or THC products are not approved for use by staff at COS camps and programs. • Unauthorized use of any of these products during a camp or program will result in disciplinary action.
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Communicable Disease

Subject	Communicable disease
Statement of Policy	All individuals suspected of having a communicable disease will be isolated in the medical office until further assessment is completed and a plan is made.
Purpose	To prevent or minimize the spread of communicable disease.
Guidelines	<p>For the safety of all, any camper, volunteer, or staff member found to have a communicable disease (influenza, pink eye, hand/foot/mouth disease, etc.) will be immediately isolated in a designated room in the Medical Office.</p> <p>After assessment and confirmation of the condition, parent/guardian will be notified of their child's illness, the contagious nature of the illness, and that they will need to pick up their child from camp.</p> <p>Where the individual is a staff member, they will be discharged home. Determination will be made as to whether they are well enough to drive themselves home or if other arrangements need to be made.</p> <p>Exposure Procedure (concern for a communicable disease, suspicious lesion or rash):</p> <ul style="list-style-type: none"> • Individual will be brought immediately to the medical office. As the individual is presumed contagious, appropriate isolation precautions will be established and PPE used. • History and physical examination will be performed by a physician or Advance Practice Provider. • If illness is confirmed, the individual will remain in isolation in the Medical Office until arrangements can be made for discharge from camp. The Medical Director or designee will notify the family and inform them that their child will need to be picked up from camp and why. The medical staff will also provide them guidance and direction of the management of the illness at home. • The Medical Director or designee will also inform the Camp or Program Director of the plan. The Camp or Program Director will communicate the plan to the appropriate staff members and will arrange for the individual's belongings to be packed up and brought to the medical office. • The medical staff will determine if other individuals were exposed. They will also evaluate the risk for transmission and need for prophylaxis if applicable. In addition, determinations regarding additional cleaning of the housing space and other common areas will be evaluated. • The Medical Director or designee will contact the parent/guardian for those campers exposed and discuss the plan associated with the exposure. If prophylaxis is indicated and the parent/guardian is not comfortable with proceeding with prophylaxis, the medical team will need to determine if the exposed individual can stay on campus. • The medical staff will document the event on an Unscheduled visit form, and on the incident report form. <p>Refer to the Communicable Disease plan for further information.</p>

Consent for Treatment

Subject	Consent for Medical Treatment/Permission to Treat
Statement of Policy	All campers, including adults needing cognitive assistance, who are participating in any camp must have a consent for medical treatment signed by the parent(s) or guardian, or camper of legal age.
Purpose	To ensure all campers have appropriate consent for any necessary medical care/treatments while at camp.
Guidelines	<ul style="list-style-type: none"> • A Medical Consent form is included as part of the application process for all in-person camps. This form is available either through the electronic application system or via paper format, whether electronic or paper. • The Medical Consent form provides permission to provide routine healthcare, dispense medications, and seek emergency medical treatment and is a requirement to attend COS camps. • A signed consent form must be completed before the camper will be accepted as a participant. • The completed Medical Consent form will be available electronically during the specified camp and will be maintained after the camp in compliance with the Record Retention and Destruction policy. Paper copies of the form will not be generated unless needed for emergency treatment from healthcare professionals outside of the camp's medical team. • In the event that a camper requires medical or dental intervention outside of the camp's medical office, the Medical Consent form and camper insurance information will be provided electronically to the medical staff member who will be accompanying the camper for treatment. This information will be presented upon check-in at the healthcare facility. Alternatively, the medical staff member can request a secure email account at the hospital or clinic check-in desk and the health information can be transferred directly into the hospital system. <p><i>This policy aligns with American Camping Association, Health and Wellness Standards: "Permission to Treat" (HW.2).</i></p>

Emergency Medical Care

Subject	Emergency Medical Care
Statement of Policy	Emergency medical care for all campers and staff will be initiated by the medical staff. This care will include initial evaluation including ABCs, stabilization if possible, and notification of the local EMS system.
Purpose	To ensure appropriate emergency medical intervention for all campers and volunteers.
Guidelines	<p><u>General Policy Statements:</u></p> <ul style="list-style-type: none"> • Prior to each camp, the Medical Director or designee will identify the hospital that will be utilized both for initiation of care (acute care hospital) and a hospital for higher level of care. The Medical Director will correspond with that hospital in advance to inform the Emergency Department of travel in the area. • In camps located at our primary campsite, Conference Point Center in Williams Bay, WI, initial emergency care and stabilization will be provided at the acute care hospitals in the surrounding area. These hospitals are located within 15 minutes of the camp site. • If needed, transport to a higher level of care will be coordinated by the emergency department team. • For campers on treatment, those experiencing complications of their therapy or post transplantation, tertiary care will be provided at their primary oncology-treating center. The exception to this will be travel camps: Utah Ski - tertiary care will be provided to campers at Primary Children's Hospital in Salt Lake City; Washington, D.C. Program- tertiary care will be provided at Children's National Medical Center; Dude Ranch Camp, Adventure Camp – tertiary care will be provided at American Family Children's Hospital, Madison, Wisconsin. All camps are within 1-2 hours of a tertiary care center that treats children. • All camps are held in an urban center where EMS response is typically less than 15 minutes. • In the event that a camper requires transport to a hospital or clinic in a camp vehicle, a member of the medical team will always accompany the camper. The medical staff member will carry a medical supply bag with them which will contain a few select medications such as epinephrine, diphenhydramine, solucortef, and a rescue inhaler. If there is a hospital in close proximity to the transport vehicle's location (within 15 minutes), the driver will be redirected to the emergency department of the nearest hospital. A member of the medical staff at the campsite will alert the hospital the camp transport is being redirected to their facility. If the vehicle is more than 15 minutes from the hospital, the vehicle will pull over and the driver will activate the EMS system. <p><u>All In-Person Camps:</u></p> <ul style="list-style-type: none"> • A medical office will be established for all in-person camps. For camps held at our primary camp site, Conference Point Center in Williams Bay, WI,, the medical office will be established in one of the designated housing locations. For traveling camps, such as the Utah Ski Camp, a designated medical office will be established in the lodging area. This area will have equipment, supplies, and medications to allow for initial medical evaluation and interventions. In addition, the Medical Office will have limited emergency intervention meds/equipment (i.e., Epinephrine, Solumedrol, bag mask). When camps are being held on our primary campus, an AED is available in the Administration Office Building. During traveling camps and programs (staying at

	<p>hotels), location of the closest AED in the housing will be determined upon arrival and medical staff will be informed of the AED's location.</p> <ul style="list-style-type: none"> • The medical office is staffed by a member of the medical team, typically the Medical Director or designee and at least one other staff member. Other medical team members are assigned to the specific camper programs/groups where they will be in direct contact with them during all camp activities. During mealtimes or all campus activities, the medical office will be closed and the medical team is available via telephone or walkie-talkie. If all campers are traveling off campus (i.e., going to a basketball game for Winter Camp), the medical office will be closed and the entire medical team will travel with the campers. If there are campers who are ill and unable to travel, a designated medical staff member will stay back and remain in the medical office with the ill camper. • A designated medical staff member will be on call in the medical office every night. The on-call staff member is available via phone, walkie-talkie (for select camps), or by having a counselor bring the camper directly to the medical office. • A physician or Advance Practice Provider will be on-site for all camps. If a physician is not on-site, one will be available via phone for consultation. • For any emergency situation, regardless of whether it is for a camper or volunteer staff, a Camp or Program Leader or counselor should call for immediate assistance from the medical staff, if not in the area. The Medical Office staff may be reached by walkie-talkie (select camps only) or phone. Any medical staff members hearing the request may immediately respond to the emergency location. The medical staff member responding from the medical office will bring the emergency medical bag with them that includes emergency medications and equipment. If multiple medical staff members respond, a team leader should be designated, usually the physician or someone trained in advanced life support. Other roles that will be assigned include delegating someone to attempt intravenous access, administering medication, performing CPR if indicated, and documenting the care being provided. • The Camp Director should also respond to any emergency situation to assist the medical staff as needed. The Roverbacks (for given camps) should be on standby if transportation is needed and the camper is stable enough to be transported via camp vehicle. • The medical team leader will determine if the camper or staff can be safely transported to the Medical Office and/or the EMS system activated. • If the EMS system is activated, the designated caller should be able to give clear directions to the 911 operator. One individual (preferably a counselor) should be designated to be on watch for the EMS providers and assist with directing them to the location of the emergency. • In the event the EMS system is activated, a staff member must alert the main desk of the facility that 911 was called, and the location of the emergency. This task should be delegated to allow the medical staff to continuously monitor the medical needs of the individual requiring emergency care. • Upon arrival of the EMS providers, the medical team leader or medical staff member should give a report including the time medical occurrence began, circumstances/chief complaint, interventions provided, and current status. • If the medical emergency involves a camper, a medical staff member will accompany the camper for EMS transport. A designated medical staff member, preferably the Medical Director or designee, will ensure prompt notification of the camper's parents
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	<p>and the camper's primary care provider. In addition, they will also ensure that the documentation of the incident is comprehensive and complete.</p> <ul style="list-style-type: none"> • If not involved in the emergency event, the Medical Director should be made aware of the circumstances of the event at the earliest convenience. • The Medical Director will also inform key COS personnel, including Director(s) of Program Operations and the President of the organization. • A member of the medical team that was involved in managing the incident will document the incident and care provided. Any incident requiring EMS involvement will also be documented on an incident report in accordance with the Incident Reporting policy. <p><i>This policy aligns with American Camping Association, Health and Wellness Standards: "Healthcare Equipment, Supplies, and Emergency Assistance" (HW.11).</i></p>
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Emergency Transportation

Subject	Transportation in the event of an emergency
Statement of Policy	Emergency transportation will be available at all times.
Purpose	To provide safe, efficient transport of campers (and volunteers where applicable) to outside medical facilities.
Guidelines	<ul style="list-style-type: none"> • Prior to all camps, the Medical Director will identify the hospital that should be utilized for urgent or emergent care during the camp. Directions to the hospital will be provided to the medical team, roverbacks (where applicable), and camp or program directors and/or program leaders. • COS will have emergency transportation available at all times during a camp. Designated volunteers will be readily available to transport a participant to a medical facility 24 hours per day. COS will utilize local emergency services (9-1-1) if and when needed. • The nearest hospital or medical facility will be made known to the volunteer Camp Director and all volunteer drivers, and directions supplied as needed. The role of Roverback will be used in this capacity for many of the larger camps. • All drivers must have a valid license on file with COS and fulfill the Eligibility Requirements listed in the Driver Policy. Vehicles designated for use as emergency transportation vehicles must have sufficient fuel to reach a medical facility at all times and at least one vehicle/driver must be available at all times. • If a camper requires transport to an outside medical facility, a member of the medical staff will travel with the camper and serve as their advocate in the absence of their parent/guardian.

Fatality during/at a Camp or Program

Subject	Fatality during/at a camp or program
Statement of Policy	In the unforeseen occurrence of a death during a camp or program, notification of emergency contacts and the appropriate officials is necessary. In addition, sensitivity to the needs of the remaining participants, both campers and staff, must be addressed.
Purpose	To outline specific steps that need to take place in the event of a fatality during a COS Camp or Program.
Guidelines	<p>If a participant is found to be unresponsive, pulseless, or not breathing during a camp, the person discovering the unresponsive individual should immediately initiate the EMS system (911) and call for assistance from the medical staff. Any individual in the area of the incident, if appropriately trained, may initiate CPR until the med staff and/or EMS arrives. An exception to this is a camper receiving end of life care and that has a Do Not Resuscitate (DNR) order. When the EMS system is activated, communication to the front desk of the facility should occur. It is also important to identify a staff member to watch for EMS and to direct EMS to the appropriate location.</p> <p>It is important to maintain privacy, respect, and dignity for the individual. Campers, volunteers, and staff members who are not needed at the scene will be asked to return to their camps/programs/groups. If possible, a barrier should be placed around the individual where emergency care is being provided.</p> <p>The Medical Director and Director(s) of Program Operations should be notified of the incident as soon as possible.</p> <p>Dependent on state requirements, different scenarios could occur in the setting of an unexpected death.</p> <ol style="list-style-type: none"> 1. EMS will transport the individual to the nearest hospital for evaluation. The hospital will pronounce the individual as deceased and appropriate paperwork completed. A member of the medical staff will stay with the individual during transport, whether camper or staff member, and will stay with the individual until family members have arrived. When selecting a staff member to accompany the individual to the hospital, consideration should be given to the following: <ol style="list-style-type: none"> a. Years of experience in the healthcare profession, b. Level of knowledge, experience, and competency working with families at end of life, c. Level of experience with having difficult conversations, and d. Comfort level of the healthcare professional. If a member of the medical staff has been a direct caregiver of the individual and has a trusting relationship with the family, consideration for sending that person will be given. 2. The police may respond to the incident and may direct response to the incident. If the cause of death is unknown, the medical examiner may be notified. If allowed to be moved, the individual should be moved to a private setting out of sight of other campers and staff, preferably the Medical Office. Family members will be notified as soon as possible and directed to the location of the camper or staff. 3. If the deceased individual is receiving end of life care and has a Do Not Resuscitate order, the individual will be transported to the Medical Office and appropriate individuals contacted. Notifications will be made immediately to the family (if family is

not available onsite). In addition, the primary oncology team and the hospice/palliative care team that is involved in the individual's care will be informed of the death. If the family has selected a funeral home in advance, contact with the funeral home will be made to determine if the funeral home personnel will travel to the camp location to pick up the body OR if a local funeral home will need to be involved until further arrangements can be made. Campers who are receiving end of life care will not be allowed to participate in travel camps such as the Utah Ski Camp or Washington D.C. Program.

4. In the event that a camper or staff member is pronounced dead, the Director(s) of Program Operations will notify the volunteer leadership for the specific camp and the President of COS.

The Medical Director, Director(s) of Program Operations, and President of the organization will work together to notify the appropriate emergency contacts for the camper or volunteer regarding the medical event, current status of the individual if known, and information about transport. In the event that the family does not have immediate available transportation to the location of the camper or staff member, the COS team will work with the family to assist with coordination of transport.

If a death occurs during a camp or program, the Director of Program Operations and the camp's mental health specialist will work closely with the volunteer Camp or Program Leadership to ensure that the psychosocial needs of all of the campers and staff are being met. Any camper or staff member who was directly involved in the incident or witnessed the incident or event/resuscitative measures should meet with a member of the administrative team (Director of Program Operations, Camp or Program Leadership) and mental health specialist to evaluate their current state of mental health and assess their coping skills/available supportive resources. It may be necessary to have a staff member stay with these individuals for an extended period of time to provide ongoing support.

Debriefing sessions will need to be held as soon as possible with other attendees at camp. If there are mental health specialists on site that are working in volunteer counselor roles, they may be enlisted to assist with debriefing sessions.

It is important to remind campers and staff that this is a private, sensitive matter and that it is important to show respect to the family. Confidentiality is important – campers and staff should be asked to avoid communication about the incident to individuals outside the camp setting. The Administrative team will facilitate camper communication with their parents as needed and as soon as possible. Communications with other camper parents are important but should not occur until the family members of the deceased individual have been notified.

The Administrative team will need to determine if the camp or program should continue or if the remainder of the camp or program should be canceled.

All media requests will be directed to the President of the organization.

A follow-up plan to support the bereaved family will be developed, provided the family would like continued contact with COS.

A follow-up plan will be developed to provide ongoing support to campers and staff who

	were participating in camp when the death occurred.
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Hazardous Waste

Subject	Management of hazardous waste
Statement of Policy	Hazardous waste will be handled safely and according to respective standards.
Purpose	Identify a process for handling hazardous waste and prevent exposure to all participants, providing a safe environment to all camp participants.
Guidelines	<ul style="list-style-type: none"> • Hazardous waste requires specific handling and disposal procedures to minimize exposure. • The Medical Office will maintain hazardous waste containers for both infectious and antineoplastic (chemotherapy) waste. • Antineoplastic waste will be disposed of in a chemotherapy waste container. At the end of camp, this container will be transported to Children's Hospital of Wisconsin for appropriate disposal. • All body secretions may be emptied into the toilet in the following manner: <ul style="list-style-type: none"> ○ Pour body secretions into the toilet. ○ If reusable equipment (emesis basin), rinse twice and pour fluid into toilet ○ Place a cover over the toilet seat and/or close the lid, then flush the toilet. • Linens contaminated with blood/body fluids or chemotherapy should be placed in a plastic bag and washed as soon as possible. <ul style="list-style-type: none"> ○ Linens soiled with blood, body fluids, or chemotherapy should be washed in hot water and run through two cycles. • Personal protective equipment (PPE) will be available when handling hazardous waste.

Health History - Volunteer

Subject	Volunteer Health History
Statement of Policy	COS must receive a current, signed health history from each volunteer staff participating in its in-person camps and digital programs.
Purpose	The health history provides an opportunity to ensure that the volunteer staff is physically and mentally able to meet the demands of camp and provide safe care to the campers. It also provides an opportunity to ensure that the volunteer is in compliance with COS's immunization requirements.
Guidelines	<p>Each volunteer staff must provide a current, signed health history during their application process with the following information included:</p> <ul style="list-style-type: none"> • Chronic health conditions – optional • Allergies/Dietary restrictions • Current medications, prescribed and over the counter – optional • Immunization record, including date of last tetanus shot • Acknowledgement that the volunteer staff is physically and mentally able to fulfill the responsibilities of the job and can provide safe care to the campers OR

	<ul style="list-style-type: none"> Description of any current physical or mental health condition that could impede the volunteer staff's ability to perform the responsibilities of the job and that could impact on the volunteer staff's ability to provide safe care to the campers. <p><i>This policy aligns with American Camp Association, Health and Wellness Standards: "Health History" (HW.15).</i></p>
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Healthcare Policy Review

Subject	Healthcare Policy Review
Statement of Policy	All healthcare policies and procedures will be reviewed a minimum of every three years by the Medical Director for COS and a licensed physician.
Purpose	To promote safety and current practices in the area of healthcare policies.
Guidelines	<ul style="list-style-type: none"> All healthcare related policies and procedures will be reviewed annually. Review process will include the following: 1) addressing camp health concerns that have arisen since the last review, 2) updating recommended policies/procedures, and 3) revising existing materials based on operations, camper needs, or required level of health-care staffing. This review will be completed by the Medical Director of COS and a licensed physician who is actively engaged in COS's camps or programs. <p><i>This policy aligns with American Camp Association, Health and Wellness Standards: "Health Care Policies and Treatment Procedure." (HW.9).</i></p>

Immunization Requirements

Subject	Immunization Requirements
Statement of Policy	Participants will be required to remain up-to-date on required immunizations per the below guidelines.
Purpose	To promote safety and current practices in the area of healthcare policies. To reduce the risk of communicable disease spread at camp.
Guidelines	<p>All campers, volunteers and COS staff need to be up to date on required vaccines to participate in in-person camps.</p> <p>A camper or volunteer may request a medical exemption form from the COS office or Medical Director. This form must be completed by the individual's primary physician and is required prior to being accepted into a COS camp or program. All medical exemptions are subject to review by the Medical Director and the Medical Advisory Committee before final acceptance into a camp. Religious or personal conviction exemptions will NOT be accepted.</p> <p>Individuals who are unvaccinated and do not have a medical exemption will be encouraged to participate in CONNECTED digital programming.</p> <p>A secure, protected immunization database will be maintained for campers and volunteers/COS staff.</p>

	<p><u>Application process for campers and staff:</u> The person completing the application will need to document the status (whether or not their immunizations are up to date or if they ever had the disease) of their immunizations for the following communicable diseases:</p> <p>REQUIRED</p> <ul style="list-style-type: none"> • Diphtheria • Pertussis • Tetanus, including date of vaccine • Measles • Mumps • Rubella • Chicken pox • Polio <p>RECOMMENDED</p> <ul style="list-style-type: none"> • Influenza, including date of last vaccine (if participating in camps that occur during influenza season – typically late fall through early spring) • COVID-19, including dates of vaccines <p>In addition to the vaccine requirement, recent exposure to or treatment of tuberculosis will also be required information on the camper and volunteer health histories.</p> <p><u>Prior to each camp</u> Prior to each camp or program, the Medical Director will review the immunization information on file for participants who applied for the camp to ensure that they remain up to date on their immunizations or that appropriate exemptions are on file. For those individuals who are not up to date, the Medical Director or designee will communicate directly with the parent/guardian or volunteer regarding what immunizations are required to attend the camp.</p> <p>Campers will need to submit proof of vaccination through submission of immunization records.</p>
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Infection Control Guidelines

Subject	Infection Control Guidelines
Statement of Policy	Define infection control measures aimed at preventing or minimizing the spread of infection at camp.
Purpose	Define procedures to prevent or minimize risk of infection
Guidelines	<ul style="list-style-type: none"> • Many of the campers and some of the volunteers/staff are immunocompromised (immune system doesn't work as well as it should) which puts them at increased risk of developing infections. Because they don't have good infection-fighting cells, minor infections can become more serious in these individuals and can even be life threatening. To these individuals, there is no such thing as a simple cold. • The best and simplest way of preventing the transmission of infection is <u>good hand washing</u>. Set the example for campers – wash hands frequently.

- Some campers and even staff may not always practice effective handwashing techniques – incorporate teaching handwashing techniques into programming.
- Supporting good personal hygiene for self and campers is also an important safety strategy.
- It is important to report signs of infection immediately: fever, rash, sore throat, sore ears, cough, chills, feels warm to touch, GI upset, redness/drainage from sores, cuts & scrapes.
- Sores, cuts, and scrapes need to be cleaned daily with soap & water, often with daily showering. If a camper has a sore or a cut, make sure that they are showering daily and using soap and water.
- Handwashing should occur at the following times for all campers, volunteers, and staff:
 - Before/after meals
 - Upon entering your cabin
 - After touching frequently touched surfaces (railings, doorknobs, counters, etc.)
 - After using the restroom
 - After using common items, such as sports equipment, craft supplies, etc.
 - After coughing, sneezing, or blowing your nose
 - Any time hands are dirty
 - After handling animals
- Staff should also wash their hands:
 - After diapering or toileting campers
 - After handling body fluids of any kind
 - Before and after giving first aid (cleaning cuts or scrapes, bloody noses)
 - After cleaning up spills or objects contaminated with body fluids
 - After taking off your disposable gloves. Wearing gloves does NOT replace handwashing.
- **Practice good handwashing.** Wash hands thoroughly with soap and water for at least 20 seconds before and after having physical contact with a camper.

Universal/Standard Precautions

- Universal/Standard precautions are about protection. They protect the individual and the person needing the first aid from illness and diseases that could spread through contact with body fluids. All staff should practice universal precautions.
- **Wear gloves when handling bodily fluids, touching mucous membranes (mouth) or non-intact skin (open skin or wounds), contaminated materials (wet linens), and other waste (emptying trash).**
- **All body fluids (except sweat) should be considered a potential source for infection.**
- Wet bed or loss of stool or vomit: Do not touch urine, stool, or vomit without gloves on. Gloves should be worn when cleaning up the camper and surrounding area. Soiled clothes and sheets should be placed in a sealed plastic garbage bag for laundering.
- If assisting a camper in the restroom, wear gloves.
- Gloves are available in the cleaning/disinfecting bin in your housing area. Additional gloves are available from the medical team.
- **Contact with blood must be avoided.**
- If a camper scrapes a knee or cuts himself, do not touch the blood until gloves are on. If gloves are not readily available, use a barrier (towels, a t-shirt, a bandana, bandages)

	<p>to stop the bleeding and cover the injury. Ensure that other campers do not touch the blood.</p> <ul style="list-style-type: none"> • Cover mouth and nose when coughing or sneezing. Use and dispose of tissues in no-touch trash bins. Perform hand hygiene after hands have been in contact with respiratory secretions.
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Medical Services Staffing

Subject	Medical Services Staffing
Statement of Policy	The Medical Director will oversee the selection process for provision of medical personnel for all camps and programs.
Purpose	To ensure that qualified medical staff are available to provide coverage for campers' medical needs.
Guidelines	<ul style="list-style-type: none"> • The Medical Advisory Committee, in conjunction with the Medical Director, provides guidance and direction for the overall operations of COS's medical services, and assists in developing and reviewing medical policies/procedures. The medical committee will be comprised of (at minimum): Medical Director for COS, pediatric oncologist from at least one of the referring hospitals (preferably a representative from an Illinois and Wisconsin hospital), and a member of the Camps and Programs Team. • The Medical Director will oversee the process to secure volunteer medical staff for all camps and programs. • Medical staff members may consist of physicians, Advance Practice Providers, and Registered Nurses. • Medical volunteers meeting the recommended criteria will complete an application, available online at the organization's web-site. The Medical Director will review the application in the camp's electronic system and contact medical volunteers to confirm their availability for the camp or program dates. All new medical volunteer staff will be interviewed via phone or virtual meetings by the Medical Director or a member of the medical advisory committee prior to being accepted for the medical volunteer role. New medical volunteers may be asked for references. • The Medical Director will oversee all administrative duties during the camp or program or delegate a "medical lead" to assume these duties if unable to participate. If unable to attend the camp, the Medical Director will be accessible via phone for consultation. If a physician consult is needed and a physician is not in attendance on the camp or program, one will be accessible by phone for consultation. • The medical staffing will vary by camp or program and will be based on camper numbers and medical needs of the campers (complexity of care). The staffing will include at minimum 2 providers, one being either a physician or Advanced Practice Provider, or experienced pediatric oncology nurse with documented leadership abilities. The Medical Director is responsible to ensure adequate medical staff to oversee the campers' medical needs. • Medical Staffing Ratios: Camper to medical staff should be at a minimum of one licensed healthcare professional to every 20 campers. Licensed healthcare professionals include physicians, advance practice providers, or registered nurses. The majority of the medical staff are decentralized out of the medical office and assigned

	<p>to provide coverage to a specific group of campers. These individuals report to the Medical Director or designee. There will be a small core staff of medical volunteers assigned to the medical office. For smaller camps or travel camps, one individual will be assigned to oversee the Medical Office while at least two individuals will be assigned for larger camps such as Summer Camp.</p> <ul style="list-style-type: none"> • Medical staff for non-summer camps will ideally have participated in a Summer Camp as a medical staff member, prior to participating in a non-summer camp as medical staff. The Medical Director or designee will ensure that the medical information for all campers enrolled in each camp or program is reviewed prior to the start date. • The Medical Director or designee is responsible for reviewing all campers' medical information in the electronic system, as well as preparing the medical documentation needed for the camp or program - campers' special needs list, campers' food allergies list, campers' medication administration records, etc. The Medical Director or designee will communicate this information to the medical team and Camp or Programs Leadership to ensure safe care of the campers. • The Medical Director or designee will work with the Camp or Program Director to provide information about Oncology programs and physician contacts (local to the area of the camp or program) that may be used as a resource for camper issues. If deemed necessary, the Medical Director will notify those resource programs and staff in advance of the camp. • Volunteer medical staff should not be assigned in a counselor capacity. The medical staff's primary responsibility is to ensure the health and safety of the campers. They must be able to attend to any camper's medical needs in an immediate fashion without concern about the activities of other campers. They may assist the counselor as available but should never be assigned to directly supervise campers. • For any camp where all campers are not housed at a common site, the Camp or Program Director is responsible to review housing assignments with the Medical Director or designee prior to the beginning of the camp. Housing assignments should ensure that any medical needs for campers requiring consistent monitoring by the medical staff be considered. An example of this is a lower bunk for a camper with a history of seizures or a camper with increased fall risks.
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Medication Management

Subject	Medication Management
Statement of Policy	Medical staff are responsible for all medications for all campers at all in-person camps.
Purpose	To define a consistent, safe process for all aspects of medication management during a camp.
Guidelines	<ul style="list-style-type: none"> • Medication refers to any product or substance that a camper takes to improve or maintain health. Some examples of medications are prescription drugs, over the counter medications, vitamins, supplements, protein shakes or other nutritional support. • The medical staff will be responsible for the storage, preparation, and administration of all medications for campers during all in-person camps. • All medications are prepared and administered by a licensed healthcare professional, either a physician, Advance Practice Provider, or a Registered nurse. A two-person check system is used when preparing medications. • Campers will NOT be allowed to keep medications with them unless it is deemed an emergency medication such as Epi-Pen and rescue inhalers. The Medical Director will discuss with the parent or guardian prior to camp as to whether their camper is educated and competent on the use of their emergency medications. The counselor or medical volunteer must check with the camper each morning to ensure that the camper is carrying the medication. • All campers, volunteers, and staff will be required to wear a lanyard that lists their full name and camp program assignment. This will help to ensure that the right camper is receiving the right medication. Campers will be required to submit an updated photo as part of their application process. The photo will be included as part of the medication administration record (MAR). • Non-medical volunteers should not provide any medications to a camper that has not been prepared by the medical team, whether prescription or over the counter (“OTC”). • A stock medical cart will be available in the medical office. This cart will contain additional medications, primarily over the counter medications, that are frequently used during camps. These medications are available for use by both the campers and camp volunteer staff based on assessed need. • Medical staff licensed to prescribe medications may do so as indicated. Prescription pads for COS are available for use in the medical office. After evaluation by the medical staff, a prescription for an indicated, new medication may be written. If a prescription is being written for a new condition, the prescribing medical staff member should attempt to contact the camper’s parent or guardian to discuss the medical concern, their evaluation, and the medication being prescribed. Phone calls or any attempt to communicate with the parent or guardian, whether successful or unsuccessful should be documented in the camper’s file. • Medical staff will NOT prescribe federally controlled substances such as narcotics. If a camper needs a refill of these medications while at camp, the Medical Director or designee will contact the parent/guardian to obtain a new prescription from the primary prescriber. If the parent/guardian is not available, the primary prescriber will be contacted directly to obtain a new prescription. If possible, the prescription will be called in to a local pharmacy for pick-up by the camp staff or the parent/guardian will bring the prescription to the camp’s medical office. • In the event the parents did not provide enough medication for the camp session, the

Medical Director or designee will contact the parent to discuss the situation. Whenever possible, the parent will be asked to either obtain a new prescription through their home pharmacy and deliver to the camp's medical office or mail the prescription directly to camp. Alternatively, a prescription may be transferred to one of the local pharmacies for pick-up by camp personnel. Phone calls, including unsuccessful attempts to reach the parent or guardian, should be documented in the camper's file. If neither option is possible, a prescription may be written by camp personnel to obtain (previously prescribed) additional medication.

Pre-Camp

- As part of the camper application, the parent/guardian is asked to enter the most up to date medications for their camper into their system. In addition, the physician providing the physical exam for the camper also submits a list of medications. The information submitted by the physician and parent/guardian is utilized by the Medical Director to create the MAR. If there are discrepancies in the information, the Medical Director will reach out to the parent or health care team for clarification.
- Parents/guardians will have access to the "Medications at Camp" teaching sheet through the MyCampApp Document Center. This teaching tool was designed to inform parents what constitutes a medication, the importance of entering all medications into the camp system, and the processes that COS has put into place to enhance medication safety. This tool also lists what medications COS has on stock for prn (as needed) use so parents can minimize what medications are sent with the campers.
- All medications must be brought to camp in containers that are clearly labeled with the camper's name, name of the medication, dose, how often the medication is taken, and how the medication is taken (i.e., by mouth, applied to the skin). All prescription medication must also include the name of the doctor who wrote the prescription, prescription number, and date written. This information is available on the label attached to the medication bottle. All medication must be provided in their original bottle - medications that have been pre-packaged in pill containers, pill boxes, or zip lock bags cannot be accepted.
- The Medical Director or designee is responsible to review camper medication information prior to each camp and prepare a Medication Administration Record (MAR) for each camper participating in the camp. The MAR will be generated electronically
- Approximately 2-3 weeks prior to the start of the camp, the Medical Director will attempt to connect with each camper's parent/guardian to verify that the medication information is correct, and that information has not changed since the application was submitted. This also provides an opportunity to verify the time of day that each medication is taken, ensure that allergy information is accurate, and obtain a camper weight if not submitted on the physician exam.

Medical Check-In

- Labels and MARs for each camper will be available at the medical check-in station when campers arrive.
- During check-in, a medical staff member will review the MAR with the camper/parent or guardian for accuracy. If there have been any changes to the camper's medications since the MAR was prepared, the medical staff member will make the appropriate

changes on the MAR. Specific information to verify includes camper weight, allergies, scheduled medications and as needed medications including name, dose, route, frequency, and time of day.

- All camper medications, whether prescribed and/or OTC, are collected by medical staff at medical check-in. Each camper's medications will be secured in either an individual med box or ziplock bag, kept separated from other camper's medications, and stored securely in a locked area of the medical office.

Medication Packaging

- Camper medications will be pre-packaged by the medical team for a pre-defined period of time. If campers will be off campus and on travel trips, medications may be set up for a longer period of time.
- The medical staff who will be administering the medications to the camper should be the same medical staff who will package the medication. All medications are prepared by medical staff in teams of two. For chemotherapeutic agents, at least one of the team members must be chemo-certified. A double-check system is utilized to enhance accuracy.
- All camper medications are prepared as unit dose and put in clear ziplock medication bags by the medical staff. Liquid medications will be prepared in oral, capped syringes. Each unit dosed medication is labeled with the camper's name, program/group (if applicable), and day/time medication will be administered. Medications contained in each medication bag will be written out on a label and the label placed on the respective medication bag.
- Unit-dosed medications are prepared to coincide with camper mealtimes and/or bedtime unless the prescription/medication requires administration at a designated time (i.e., midafternoon dosing for Hydrocortisone).
- Once packaging is completed, medication bags will be sorted by mealtimes and stored securely until needed.

Medication Administration/Documentation

- Most medications will be administered to the camper at mealtimes or bedtime based on the information provided at check-in. In some circumstances, medications will need to be administered outside of these routine times. An example of this is Hydrocortisone that is given at 3PM for adrenal insufficiency.
- Using the prepared MAR, the medical staff will verify the camper's name on their lanyards and also ask them to state their name. The medical staff will also ensure that the camper photo on the MAR matches the camper who is to receive the medication.
- The medical staff will stay with the camper until the medication is taken. If the camper is not ready to take their medication, the medical staff will take back the medication and return at a later agreed upon time (i.e., camper takes medication after they eat rather than before).
- If a camper questions the accuracy of the unit dose medication, the medication should not be taken until verification of the medications can be performed. This will be done as soon as possible after the concern is raised. The medical staff member will check the camper's medication administration record and the prescription bottle to clarify the accuracy of the medication. If there are continued concerns by the camper after verification, the medical staff member will contact the parent/guardian or primary physician (if indicated) for further discussion.

	<ul style="list-style-type: none"> • Only oral medications will be dispensed as unit dose packets. Medications, such as scheduled inhalers, will be maintained by the medical team and administered to the camper by the medical team at the respective time. There are some circumstances where a camper may need a prolonged IV infusion or enteral feeding – in these circumstances, the infusion will be programmed using a home infusion pump and the camper will be allowed to return to participate in the camp activities while running. Medical staff will be available at all times for trouble-shooting pumps – under no circumstances should a counselor be allowed to manipulate the pump. • Any IM or IV chemotherapy required by a camper during the camp session must be administered by a chemo-certified medical staff member. • For campers who require rescue medications such as inhalers for reactive airway disease or Epinephrine for allergic reactions, the medical staff who are assigned to their program/group will carry these medications in their medical backpack. Having the camper carry these medications with them will be considered and will be based on their age, developmental level, and cognitive ability. Counselors should not carry these medications for campers unless the counselor also happens to be a licensed medical professional. <p><u>Medication Documentation</u></p> <ul style="list-style-type: none"> • After the camper takes their medications, the medical staff will document in real time on the MAR that the medication was taken. They will place their initials in the medication box for that date/time and also sign the bottom of the medication record with their initials and signature. • If a medication is held, the medication dose will be circled in the MAR and a reason for holding the dose written on the MAR. <p><u>Medical Check-Out</u></p> <ul style="list-style-type: none"> • At the end of the camp session, the medical staff will verify that all medications are returned to the camper by checking the camper's medication bottles against the MAR. A member of the medical staff will be present at camper check-out and will return the medications directly to the parent or guardian. Medications should not be given to the camper and should NOT be placed in their luggage for transport home. If the camper drove themselves to camp, the medication will be given to the camper immediately prior to departure. <p><u>Medical Storage:</u> Refer to policy entitled "Storage of Camper, Volunteer, and Staff Medications".</p>
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Notification of Death Outside of a Camp or Program

Subject	Notification of Death of a camper or volunteer outside of a camp or program
Statement of Policy	COS will communicate with appropriate parties when notified of a death of a camper or volunteer outside of a camp or program
Purpose	Outline a consistent process for notification of death
Guidelines	<ul style="list-style-type: none"> • When COS is notified of a death of a camper or volunteer outside of a camp or program, that COS team member will share this information with the entire COS team.

- If a general voicemail was left, the COS team will determine the best person to reach out to the impacted family.
- All families will receive a written note of condolence from COS. If a camper is the deceased individual and the parents do not live together but both parents were noted on the camper's application, a note of condolence will be sent to both parents.
- Even though death notices are public information, COS will not send out large group emails or social media posts in regard to the death of a camper or volunteer. This is out of respect for the individual's family. If the family member of the deceased individual is comfortable with the information being shared, the COS team member will ask them if there are specific individuals that they would like to be contacted.
- The COS team will also review the camps and programs that the individual was involved with and communicate the information to the specific camp or program leadership.

COS may receive notification of death in a variety of ways and communication may occur via a phone call or email. Communication may be received from:

- Family member or friend of the family
- Volunteer staff member
- Hospital staff
- Obituary (newspaper or online)
- Other

Notification of Death from a Family Member

- Offer condolences on behalf of the entire camp organization in the same manner that COS was informed of the death. If the family reached out to COS via phone, it may be important to the family to connect with them in the same manner. If an email was sent, it is important to recognize that the family may not be emotionally able to connect via phone at this time.

Depending on the form of communication (phone or email), implement the following:

- Provide time for the family to share their feelings – don't be rushed (phone only).
- Recognize the varying emotions of grief – sadness, anger, shock, denial, etc. and acknowledge those emotions.
- If possible, share positive camp memories of the individual.
- Inform the caller that COS is here to provide support to the family.
- **Seek permission to share information with select members of the camp community.**
- If the death of a camper, let parent know that camp notifications will be paused unless directed otherwise by the family.
- If the death of a volunteer, notifications will be permanently paused in the camp's electronic systems – application system and donation system, if applicable.

Notification of Death from a Third Party:

- Thank the individual for providing the information and let them know that a member of the COS team will reach out to the family to express condolences, provide support, and confirm comfort level with sharing the information with other select members of the community.

	It is important to find opportunities to celebrate the individual's life, whether through cards, stories, art, etc. Facilitating discussions as needed at camps and programs is important to those that are grieving.
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Provision of Medical Services – Campers

Subject	Provision of Medical Services to Campers
Statement of Policy	A designated area will be available to provide medical services to campers, for all in-person camps. There will also be a designated area to isolate a camper if indicated by the nature of the medical evaluation required for the ill or injured camper.
Purpose	To ensure appropriate medical intervention to meet all campers' medical needs. To provide a separate examination area to support camper privacy or isolation for a potentially contagious illness.
Guidelines	<ul style="list-style-type: none"> • A copy of policies covering routine healthcare, emergency healthcare, and medication administration will either be available via paper or on the camp app. If the Medical Director is not attending the camp and a designee has been appointed, it is the responsibility of the Medical Director to ensure that the designee, acting in the lead role, reviews the medical policies prior to the start of the camp. The Medical Director is responsible for communicating the information in the policies/procedures to the volunteer medical staff and to ensure that clinical practice aligns with the policies/procedures. • A medical office will be established at each camp. • The medical office will include private areas for triage/examination. In addition, an area that is locked will be designated for medications. • An additional private room, in close proximity to the Med Office, will be available in the event a camper requires evaluation for a potentially contagious illness and needs isolation. This area will have separate bathroom facilities and bedding if additional campers require isolation for the same contagious illness. <p><u>Non-Summer Camp Camps</u></p> <ul style="list-style-type: none"> • For non-summer camps that are traveling outside of the primary camp site, an area will be designated as the Med Office. If a separate area is not available due to the nature of the facilities, it may be the room of the Medical Director or designee. This area should be identified as such to campers and volunteers. Equipment, supplies, and medications for non-summer camps are available. Each camp has a designated inventory for that camp. The inventory is provided in a suitcase or backpack, or container appropriate to the travel needs of the camp. • For non-summer camps, provision of medical volunteer staff is as described in the medical staffing policy. All medical volunteers will be accessible via cell phone, at all times during the camp. <p><u>All Camps</u></p> <ul style="list-style-type: none"> • All camps will have a vehicle, provided by COS, available at all times to transport a camper for medical evaluation and interventions. A volunteer, designated by the Camp Director, is assigned to drive the camper requiring transport. Exception: The Washington D.C. Program does not have a vehicle provided and would take appropriate action for necessary transport. A medical staff member will accompany and monitor any camper during transport. The medical staff member will stay with the

	<p>camper and advocate for the camper's medical needs until the camper returns to camp or a parent/guardian is available.</p> <ul style="list-style-type: none"> • The Medical Director or designee will notify the parent/guardian of any camper being transported for additional care. Notification should occur as soon as possible, after the camper has been stabilized. In some circumstances, a parent/guardian is not available – in this situation, communication with the emergency contacts should be attempted. Communication with parents/guardians or any attempts to contact parent/guardian should be documented. • If medical intervention requires that the camper be taken to the hospital that provides primary care for the camper's cancer diagnosis, the Medical Director or designee should contact the camper's parents regarding the transport, and request the parents report to that hospital. If it is anticipated that the camper will be unable to return to camp, the custody of the camper is returned to the parent, and the Roverback or other volunteer and medical staff will return to camp. A medical volunteer must stay with the camper until the parent/guardian is present and has assumed their child's care. • If a camper requires hospitalization other than at the camper's primary care center, the Medical Director or designee or the Camp Director should contact the parents to plan contingencies, such as whether the camper would remain in that setting, be transported to the primary care center, or the camper's parent(s) commute to the camper. A medical staff member must stay with the camper until a parent is present. The camper's primary care provider or designee should be informed of the camper's location and medical status. This may be done by a medical staff member, the camper's parents, or the medical provider at the hospital where the camper is admitted.
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Provision of Medical Services – Volunteers and Seabees

Subject	Provision of medical care for volunteer staff and participants in the Seabees Leadership Program
Statement of Policy	Oversight for routine medical care for volunteer staff is the personal responsibility of the individual. As adults, participants in the Seabees program strive for independence and will manage their own health care when possible. The Medical Office staff is available to support the Seabees with their daily healthcare needs and are available to provide initial assessment and management of any new health concern that arises during a camp or program.
Purpose	To provide direction to the volunteer staff and Seabees regarding routine medical care.
Guidelines	<ul style="list-style-type: none"> • Routine medical care includes assessment and management of healthcare concerns that are appropriate to the capabilities of the camp's medical team and camp setting and falls within the medical staff member's scope of practice. • A Medical office space will be established for all in-person camps. Routine medications/equipment and limited emergency equipment/medications will be available in the medical office. In addition, medical supplies and routine medications such as Acetaminophen, Diphenhydramine, etc. will be carried by the medical staff member in their medical bag. <p><u>Volunteer Staff</u></p> <ul style="list-style-type: none"> • Volunteer staff are expected to manage their routine healthcare needs independently but may seek guidance from the medical staff if a new health concern occurs. Depending on the presenting medical concern, the medical team may choose to offer routine medical intervention or request that the volunteer staff contact their primary healthcare provider or present to a local healthcare center for treatment. In some circumstances, the care that may be required is unavailable at the camp site – i.e. a staff member steps on a dirty nail and the last tetanus shot was given more than 5 years ago. • Volunteer staff are expected to provide their own personal medications, including OTC medications, for the duration of the camp session. The exception to this is prn medications that are kept as part of camp's "stock medications." <p><u>Seabees Leadership Program Participants</u></p> <ul style="list-style-type: none"> • As adults, participants in the Seabees program strive for independence and will manage their own care needs, including taking their medications. The facilitators for the Seabees program will provide oversight, guidance, and direction for the Seabees. • The medical staff is available to support the Seabees with their healthcare needs if required, and are available to provide initial assessment and management of any new healthcare concerns that arise during a camp. • The medical office is open 24 hours per day and participants in the Seabees process may access the medical office at any time.

Routine Medical Care

Subject	Routine Medical Care
Statement of Policy	Oversight for routine medical care for all campers will be provided by the Medical Director and the designated volunteer medical staff, as described in the Medical Staffing policy. Routine medical care will include evaluations and interventions appropriate to the capabilities of the camp setting.
Purpose	To ensure appropriate routine medical intervention for all campers' medical needs.
Guidelines	<ul style="list-style-type: none"> • All interventions prescribed by the camper's primary physician are completed by the medical staff. This may include but is not limited to: administering medications (including select chemotherapy), accessing and/or maintaining of any venous devices, monitoring vital signs, obtaining specimens, facilitating processing of the labs, reporting lab values to the ordering provider, assessing/triaging medical concerns, maintaining clinical trial recording, and documenting all care provided. If requested by the primary physician, documentation of any medical intervention can be faxed, mailed, or electronically transmitted directly to the physician using a secured site. • Campers receive medications as described in the Medication Administration policy. For certain medications or other medical interventions, the camper may be required to have these interventions provided in the medical office. The Medical Director or designee, in collaboration with the medical volunteer, will identify those campers requiring intervention and will communicate directly with the camper/counselor or camp/program/group leader the date/time that the care is required. Medical volunteers assigned to the camper's program/group will facilitate the camper presenting and receiving the specified treatment or intervention. The Medical Director or designee will provide oversight to ensure that the care has been provided. The medical staff providing the specified care will ensure that the intervention is documented appropriately in the camper's file. • A camper may present to the medical office or staff for medical concerns at any time. These presentations are considered "unscheduled". For camps with assigned medical volunteers (decentralized), the camper should present to one of the assigned medical staff with their medical concern. The medical staff member may evaluate the camper at the current camp site. If the medical staff member feels that the camper requires evaluation and intervention beyond what may be given at the camp site, the medical team will take the camper to the medical office for further evaluation after informing the camper's counselor or camp/program leader. Campers accompanied by medical staff do not require a counselor. • If the medical volunteer assigned to the camp/program/group is unavailable or the camper has a medical need after hours, the camper should notify a counselor that they don't feel well and ask the counselor to accompany them to the medical office. The counselor is required to stay with the camper, unless released by the medical staff member assessing the camper. For campers remaining in the medical office for extended care, the camp/program/group leader will be notified when the camper is ready to return to the camp/program/group. The camp/program/group leader will designate one of the counselors to come to the medical office to pick up the camper. The medical staff providing the care in the medical office will update the camp/program/group specific medical staff of the care provided and any medications administered, new medications prescribed, and required follow-up care or evaluations. If the camper requires additional follow-up in the medical office at a later time, the camp/program/group specific medical staff member will inform the

	<p>counselors and requisite camp/program leader of the follow-up. The camp/program/group specific medical staff will ensure that the camper returns to the medical office at the designated date/time.</p> <ul style="list-style-type: none"> • Minor injuries and illnesses will be treated according to the established clinical standards of care, which have been approved by the Medical Director and the physician advisor. Additional care and orders are the discretion of physician or Advance Practice Provider involved in overseeing the care. • Documentation of all unscheduled visits is completed by the medical staff providing service on the Unscheduled Visit Form. Unscheduled visit forms are available in the medical office and are also stocked in each of the camp/program/group-specific medical bags. This form documents all assessments, interventions, and medications administered and the medical staff member providing service. All forms are reviewed by the Medical Director or designee. This individual will sign the form after review is completed, and documentation is considered completed. For campers presenting for follow-up care after their initial visit, the initial documentation form may be used for follow-up documentation. At the end of the camp or program, all completed documentation will be given to the Director of Program Operations for secure storage. • An incident report form will be completed for accidents/illness that requires additional medical intervention beyond the scope of the camp's medical office. • The Medical Director will oversee the medical supplies, equipment and stock medications for use at camps. An inventory list will be maintained, and inventory completed at least annually. For travel camps, the travel medical bag is inventoried prior to each travel camp or program. It is the responsibility of the Medical Director to review expiration dates for the medical supplies/equipment and medication and dispose of outdated items appropriately. • Medical back packs will be cleaned and restocked by the medical staff at the end of each camp. The Medical Director will clean and restock the traveling medical bag. • The centralized medical staff are responsible to keep the medical office cleaned and sanitized during camps. The campsite cleaning staff are responsible for cleaning the medical exam areas and restrooms daily. COS will also contract with an outside cleaning company as needed.
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Storage of Camper, Volunteer, and Staff Medications

Subject	Storage of camper, volunteer, and staff medications
Statement of Policy	Medications will be labeled correctly and will be stored in a secure, locked area out of the reach of campers.
Purpose	Promotes medication safety, preventing access to medications by unauthorized individuals.
Guidelines	<ul style="list-style-type: none"> • All medications brought to camp by a camper, volunteer, or staff member must be in containers that are clearly labeled to include the name of the camper or staff member, name of the medication, dosage, frequency of administration, and the route of administration. • All medication prescribed by a physician must also include the name of the prescribing healthcare provider, prescription number, date prescribed, possible side effects, specific instructions when contact should be made with the prescribing healthcare provider, and other special instructions as needed. • Medications that treat life-threatening conditions such as epinephrine for allergic

reactions, inhalers for asthma, and insulin for diabetes may be carried by the camper (with parental consent if the camper manages care at home) or with the medical staff member assigned to the camper's camp/program/group. This medication should not be left unattended to avoid access by other campers. The volunteer or staff member may carry these medications with them but should keep them secured and out of the reach of campers.

- The medical office will house commonly used medications at camp referred to as "stock medications." To reduce the quantity of medications brought to camp, a list of stock medications will be made available to parents/legal guardians, volunteers, and staff.
- The medical team will carry commonly used stock medications in their medical bags. Medical bags will be attended to at all times by the medical staff. If the medical staff is called away, they will ensure that the medical bag is left under the supervision of a responsible adult.
- The medical team, comprised of physicians, advance practice providers, and registered nurses, will administer all medications to campers. This includes direct supervision of the camper taking the medication. In the setting where a camper is trained to administer their own medications, such as injection of insulin or growth hormone, the medical staff member will supervise the camper throughout the process. An exemption to this would be when a camper needs to urgently use their inhaler, inject epinephrine, or administer insulin.

Camper Medication

- All medications brought to camp by a camper will be checked in at the medical office on the day of arrival to camp and will be maintained in a locked area in the medical office until discharge from camp.
- Medications will be administered by a licensed member of the medical staff members authorized to administer medications.
- A designated refrigerator is available in the medical office for medications that need to be refrigerated. This refrigerator is located in the locked medication room.
- For camps where the parent/legal guardian is attending the camp or program with their children (Family Camp and Brain Tumor Family Camp, etc.), the parents or legal guardian will be provided locks in order to secure their family's medications. The parents or legal guardians will manage and administer their medications for their children.

Volunteer or staff medication

- All medications brought to camp by a volunteer or staff member will be maintained in a secure, locked area if the volunteer or staff member will be housed in a housing unit with campers. Locks will be made available to volunteers who bring medications with them to camp.

Participants in the Seabees Leadership Program

- Participants in the Seabees Leadership Program are all adults and do not share housing space with minors. Program participants may keep their medications in a secure location in their housing space.

Universal Precautions

Subject	Universal Precautions (Blood and Body Fluid Precautions)
Statement of Policy	<p>COS recognizes and uses the method of infection control known as “Universal Precautions,” a term that is often used interchangeably is Standard Precautions.</p> <p>Accordingly, all blood and certain body fluids will be treated as though they are known to be infectious carriers of hepatitis B, HIV (AIDS virus), and other blood borne pathogens.</p>
Purpose	To prevent transmission of infectious organisms through blood or body fluid contamination.
Guidelines	<p><u>Camp/Program Staff (Camp/Program Leaders, Counselors)</u></p> <ul style="list-style-type: none"> • All blood and body fluids are treated as though they are infectious. • Staff will use appropriate Personal Protective Equipment (PPE) when there is a potential exposure to blood or body fluids (blood, urine, vomit). • PPE will be provided to each housing location from the medical office. Gloves will be available in the First Aid/Personal Hygiene kit located in each housing area and at select locations throughout campus (Waterfront, Arts and Craft, Quartermaster). In addition, gloves and gowns will be available in the cleaning/disinfecting bins that are available in each housing area. • Medical staff will present at the activities and will carry gloves in their medical backpacks. • If in an area where gloves are unavailable and a child is bleeding, any type of barrier (towel, shirt, tissue) should be used to control bleeding and to provide protection against direct exposure to blood. • Hands and skin should be washed immediately with soap and running water if contaminated with blood or body fluids. • Any blood and body fluid exposure should be reported directly to the Medical Director (or designee) for COS. <p><u>Health Care Workers:</u></p> <ul style="list-style-type: none"> • All health care workers will use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or body fluid of any person is anticipated. • Hands will be washed before and after each contact with an ill or injured camper or staff member, and after handling contaminated equipment. • Gloves will be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all persons OR for handling items or surfaces soiled with blood or body fluids. Gloves will be changed after contact with each person. • Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands will be washed immediately after gloves are removed. • Needles should not be re-capped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. • After use, such items should be placed in a sharps container and disposed of in the appropriate container located in the Medical Office. Small sharps containers are available in the medical office and may be taken with you if needed outside of the medical office.

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| | <ul style="list-style-type: none">• Immediately report any needle sticks or unprotected exposures to the Medical Director (or designee).• All medical specimens will be handled with gloves and placed in a resealable, leak-proof plastic bag for transport.• When handling linen soiled with blood or body fluids, place in a plastic bag. |
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