



Volunteer Handbook

Camp One Step - 2020 Volunteer Handbook



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Section I: General Information

<u>Welcome</u>

Welcome! We are Children's Oncology Services (may be referred to as C.O.S.), and we are thrilled that you have chosen to volunteer your time with Camp One Step to help children diagnosed with cancer reclaim their lives.

This handbook is provided to you for general guidance about our current volunteer roles, rules, and operating procedures. We hope it will serve as a useful resource for you.

No handbook can answer every question or anticipate every situation. For that reason, Children's Oncology Services may change this handbook or any of its policies from time to time, as it is deems appropriate. While we will try to give you advance notice of updates, but this may not always be possible.

This handbook supersedes any earlier statements that you may have seen or heard about the topics described in this handbook. Nothing in this handbook or in any of Children's Oncology Services', practices, or representations to or about its volunteers is an expressed or implied contract, and you are not an employee of Children's Oncology Services.

These policies do not supersede the applicable laws or rules of any legislative, regulatory, or administrative body. To the extent any policy conflicts with any such laws or rules, the applicable laws or rules will control.

Should you have any questions about any of the roles or policies in this handbook, please contact Children's Oncology Services Chief Programs Officer or its President.

Thank you again for volunteering with us! We hope you have a wonderful experience.

About Camp One Step

Children's Oncology Services believes that a diagnosis of cancer should not prevent a child from experiencing the simply joys of childhood.

Through the magic of childhood experiences, we help children diagnosed with cancer reclaim their lives. Our programs offer participants:

*diversion from their diagnosis/treatment *opportunities for support *friendship and acceptance from those who understand *reason to adopt a positive "fighting" attitude *something to look forward to *memories that comfort when times are hard *hope for the future

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 be heavily reliant on volunteers, relying on more than 350 volunteers (including many former campers) to plan and operate a wide portfolio of camping, recreational and educational programs for children and adolescents diagnosed with cancer. The organization now offers programs throughout the year for kids with cancer. Summer camp serves the largest number of campers. Volunteers are needed for all programs. For additional information on programs offered, please visit our website: www.camponestep.org.

Mission Statement and Goal

Children's Oncology Services' mission is to empower children with cancer, encouraging them to take on the world.

Camp One Step exists so kids with cancer can enjoy experiences and bond with other pediatric cancer patients and survivors outside of the hospital. We work to provide an environment where the shared experiences help provide hope, strength and understanding.

Responsibilities of Our Volunteers

As a volunteer, you are the life's blood of Camp One Step. We could not do what we do without the time and efforts of our volunteers.

You have certain responsibilities in order to serve as a volunteer. Those responsibilities are described throughout this handbook, and we ask that you read them carefully and comply with them.

The following are what we consider your top ten considerations when serving as a volunteer for Camp One Step:

- *Safety comes first and is our number one priority.
- *Encourage campers to maintain a reasonable level of personal hygiene standards.
- *Maintain a healthy level of constructive behavior and discipline.
- *Lead or assist in activities as assigned.
- *Participate in activities with your campers.
- *Follow all procedures and protocols concerning medication administration.
- *Regularly inspect cabins and grounds to ensure acceptable standards of cleanliness.
- *Provide age and developmentally appropriate activities.
- *Respect diversity and promote inclusivity.

*Have fun!

<u>Honesty</u>

One of the most important principles that Children's Oncology Services expects of all employees and volunteers is honesty. If we learn that you have been dishonest or have engaged in conduct that is not in the best interest of our campers, their families, or our employees or other volunteers, you may become ineligible to volunteer for Camp One Step (and in some instances, you may be directed to leave camp immediately), and we expect that you will honor that directive. Volunteers serve at the discretion of the Chief Programs Officer and President, and may be dismissed at any time.

Honoring Your Commitment

Children's Oncology Services is a non-profit organization. If you have committed to serve as a volunteer in a program, and fail to fully honor that commitment after the organization incurs significant expense on your behalf (i.e. airfare, hotel, etc...), you may be asked to reimburse the Children's Oncology Services for the expense incurred. Naturally, we may not impose this requirement if circumstances arise that are beyond your control, such as serious illness or injury, or a death in your family, but we reserve the right to require you to provide documentation of such circumstances (e.g.: physician's note).



Absenteeism/Tardiness

We value your time and your contributions to Camp One Step. Your commitment to attendance and promptness are critical to the success and safety of our programs, and beneficial to our campers.

In those cases, where you cannot be at camp, or cannot be on time, we ask that you contact the Chief Programs Officer at the earliest possible time, preferably well in advance.

We ask that if you make a commitment to volunteer with Camp One Step, we ask that you are present for the entire session, and on time for all activities. That said, we understand that circumstances may arise beyond your control. Accordingly, if you unexpectedly need time off, will be late, or must leave early, please contact the Chief Programs Officer, the Program Director and/or the Staff Coordinator (if applicable), so that we can make sure we have enough staff and volunteers to ensure the benefit and safety of our campers.

Health Insurance

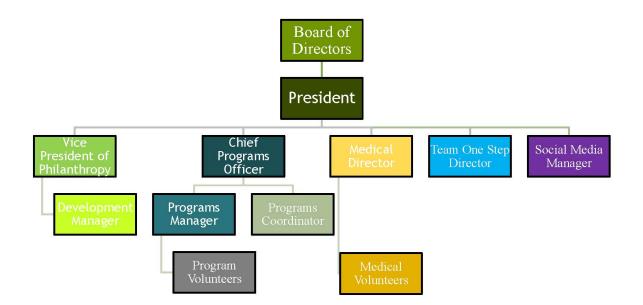
Each volunteer for Camp One Step must have health insurance. You must provide proof of insurance (i.e.: a copy of the insurance card) on or before the first day you begin your volunteer work. The Chief Programs Officer may also set an earlier deadline.

Confidentiality

Information regarding Children's Oncology Services' campers, employees, and/or volunteers' personal information (including, but not limited to, medical information), must be kept confidential, and cannot be used for any purpose unrelated to Camp One Step's operations.

Volunteer Database

It is important that our volunteer database is complete and up to date. Please make sure your name, address, telephone number, email address, health insurance, health information, copy of immunization record, photo identification, and emergency contact information are up to date. Please notify the Chief Programs Officer with any questions.





Section II: General Policies

Complaints

| Subject | Voicing Complaints/Concerns |
|------------------------|--|
| Statement of Policy | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer, as well as survivors of childhood cancer. Children's Oncology Services strives to create an environment that is free of any strife or disagreements. Direct and respectful communication as outlined below will assist in creating an environment free from stress and tension. |
| Purpose | To provide guidance on to whom to bring concerns to in a constructive and respectful manner. |
| Guideline(s) | We know that occasionally, misunderstanding and disagreements occur. We encourage all volunteers to bring the matter to light for quick resolution. You are encouraged to raise yourconcerns with the Program Leader/Director, and/or the Chief Programs Officer. If your concerns are not resolved to your satisfaction, you may bring them to the attention of the President. In all cases, we will seek resolution of problems in a positive manner. Please note that we require concerns to be raised in a respectful and appropriate manner. This excludes gossiping, not addressing the issue directly, speaking on someone else's behalf, and/or emailing/"grand standing" your complaint to those other than the appropriate person (such as the Program Leader/Director, Director of Programs, or the President/Executive Director). Voicing complaints in a public manner and negative fashion, such as on social media, may result in disciplinary action, as we request that volunteers publicly represent the organization in a positive light. We always welcome your concerns being brought forth, in a respectful tone and demeanor, via the chain of command or hierarchy, so that we may assist in being part of the solution. |





Computer Use

| Subject | Use of computers owned by Children's Oncology Services |
|--------------|--|
| Statement | Certain volunteers may have use of a laptop or computer owned by the organization. Such use, |
| of Policy | including email and Internet resources, are subject to the provisions outlined below. |
| Purpose | To set forth clear guidelines on use of computers and laptops between the organization and the |
| Turpose | volunteer |
| Guideline(s) | volunteer <u>Ownership</u>: the computer system and laptops are property of Children's Oncology Services, and is intended to be used for the purposes associated with its operations. The laptops/computer and computer systems (as well as email and internet resources) may be used for limited personal reasons provided such use does not interfere with responsibilities, and is subject to the provisions of this policy. <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 the Chief Programs Officer. <u>Prohibited Uses</u>: Email resources may not be used for commercial or personal advertisements, solicitations, promotions, destructive programs (i.e.: viruses and/or self-replicating code), political material, or any other unauthorized or damaging use. Encrypting 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). <u>Virus detection</u>: In order to protect against computer viruses, and to keep the organization's computer equipment efficient for business use, no unauthorized computer programs (whether on diskette, CD-ROM, or download from the internet) may be loaded on any computer without authorization from the Chief Programs Officer. All material downloaded from the Internet, computers, networks, or software that does not belong to Children's Oncology Services, must be scanned for viruses and other destructive programs before being placed onto the laptop/computer. <u>Disclaimer of Liability</u>: Children's Oncology Services is not responsible for any damages, direct or indirect, arising out of the use of the Internet resources or its computers. <u>Yurus Responsibility</u>: Children's Oncology Services has the right, but not the duty, to mon |
| | Compliance with Applicable Laws and Licenses: All computer users must comply with all software licenses, copyrights, and all other state and federal laws governing intellectual property and online activity. |



Communication & Contact

| Subject | Guidelines for appropriate and inappropriate contact with campers |
|--------------|--|
| Statement | Children's Oncology Services provides the following guidelines to ensure a positive and safe |
| of Policy | environment. Guidelines were taken from "Lifelines and Safety Nets" by Bob Ditter, MSW. |
| | Additionally, remember that campers are not your colleagues or confidantes. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer as well as survivors of childhood cancer. |
| Guideline(s) | Specific guidelines for touching campers include, but are not limited to: |
| | • 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 when it will over-stimulate a child. |
| | 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. |
| | necessity, and then only with the supervision of another dualt. |
| | Inappropriate contact with campers include but are not limited to: |
| | • Embarrassing a child about his/her body. |
| | Drawing undo attention to a child when they are changing clothes or |
| | showering. |
| | Tickling, wrestling with, touching a child in a way that is over-stimulating, or in a way that is invasive of his/her privacy. |
| | A counselor sharing personal information about their romantic or sexual life. |
| | • Getting into the same bed/sleeping bag with a camper, or inviting a camper into a counselor'sbed or sleeping bag. |
| | • Telling stories, or otherwise engaging in conversation, that is lurid or over-stimulating. |
| | Additionally, remember that campers are not your colleagues or confidantes. |
| | Refrain from disclosing personal information to campers concerning your romantic or sexual |
| | activities, bouts with addiction, physical or emotional abuse, or other information of highly personal |
| | nature. |
| | • Always consider the appropriateness of your 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. |
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Discrimination & Harassment

| Subject | Discrimination and Harassment |
|------------------------|--|
| Statement of Policy | Children's Oncology Services 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 children and adolescents diagnosed with cancer, as well as survivors of childhood cancer and the volunteers. |
| Guideline(s) | Sexual Harassment: in violation of this policy means any unwelcome conduct sexual in nature, including, but not limited to: Sexually suggestive or vulgar comments or jokes, inappropriate comments about another person's sexual behavior or body, or insulting another person because of his/her 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. 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 s/he rejects sexual requests. Discriminatory harassment violation of this policy includes, but is not limited to: Comments or jokes that disparage, insult, offend, or ridicule an individual based on a Protected Characteristic. Creating a hostile environment, or otherwise singling out an individual for abusive conduct, based on that individual's Protected Characteristic. Children's Oncology Services takes allegations of harassment seriously. If you feel that you or any camper, volunteer, or employee is being subjected to offensive conduct in violation of this policy (whether the offender is another volunteer, an employee, a vendor, or a visitor) you should do the following; If you feel comfortable doing so, clearly and directly inform the offender that his/her conduct is unwelcome and must stop; in addition, communicate this to your direct-report. If you and have regarding the conduct. If, for any reason, you do not feel comfortable reporting the offensive conduct to the Chief Programs Officer, and provide any documentation you may have regarding the conduct. If, for any reaso |
| | Such corrective action may include termination of employment (if the offender is an employee), or if |



| the offender is a volunteer, a directive that the individual no longer attends or participate in Camp |
|---|
| One Step. |
| • Children's Oncology Services will not tolerate retaliation against any individual who makes a good- |
| faith report of discrimination or harassment, even if, after investigation, it appears that there has |
| been no violation of this policy. |

Emergency Care Personnel

| Subject | Emergency Care Personnel on Duty |
|------------------------|---|
| Statement of Policy | Camp One Step will provide and/or advise user groups leaders, in writing to provide, adults with the minimum qualifications listed below. |
| Purpose | To provide a safe and positive environment for children with cancer and their families. |
| Guideline(s) | Camp One Step will provide and/or advise user groups leaders, in writing to provide, adults with the following minimum qualifications to be on duty for emergency care if needed: CPR certification from a nationally accredited organization. First Aid certification from a nationally accredited organization. OR a person with the minimum medical qualification of R.N. license This policy is compliant with the American Camping Association's Mandatory Requirement "Health and Wellness- Emergency Care Personnel- HW 23. |

First Aid

| Subject | First Aid and Emergency Care Personnel |
|------------------------|--|
| Statement of Policy | A nurse, at minimum, will always be present with campers. |
| Purpose | To promote a safe environment for participants |
| Guideline(s) | When campers are present or on camp trips, Camp One Step will require that trained adults with the following minimum qualifications be on duty at all times: |
| | The American Camping Association recommends that when access to the emergency medical system is 20 minutes or less, an adult must be present who holds a certification by a nationally recognized provider of training in First Aid and CPR. The ACA also has recommendations for higher levels of First Aid and CPR when medical emergency systems are more than 20 minutes away. Camp One Step will require a medical volunteer, that is at a minimum a nurse, who may provide First Aid and administer CPR, be present at all times which is compliant with all of the varying recommendations provided by the ACA. This policy is compliant with American Camping Association's Health and Wellness requirement "First Aid and Emergency Care Personnel" (HW-1). |



Incident Reporting

| Subject | Procedures to be followed for an incident or occurrence |
|--------------|--|
| Statement | Following an incident or occurrence, the outlined procedure will be followed to assist appropriate |
| of Policy | follow up, communication and documentation. |
| Purpose | To provide a safe and positive environment for kids with cancer and their families |
| Guideline(s) | Report following chain of command (unless urgent): |
| | Counselor reports it to Leader/Director. |
| | Program Leaders/Director notifies Chief Programs Officer. |
| | Chief Programs Officer notifies Executive Director/President. |
| | Medical Notified, if needed. |
| | *if any of these are unavailable, skip to the next level. |
| | **Medical decisions have authority that supersedes others, as related to camper health. |
| | ***Remove other campers from situation if needed. |
| | ***Contact parents if needed after consulting with Chief Programs Officer or Designee. |
| | ***Chief Programs Officer must be notified ASAP. S/he will facilitate or be directly involved in |
| | collecting appropriate documentation including but not limited to: written account from witnesses |
| | (must be written by an adult) including contact info, the time of the incident, description, and their |
| | signature. Documentation should focus on facts and observations. The Chief Programs Officer will |
| | ensure that there is documentation from those involved including but not limited to witnesses, |
| | consultants (for example, any Medical personnel contacted), and others. Chief Programs Officer and |
| | President will determine if Children's Oncology Services' insurance company should be notified and |
| | who will contact them. Chief Programs Officer will submit all documentation to President for review |
| | no later than one week of the incident. Chief Programs Officer and President will determine if it should |
| | be reviewed by attorney if deemed appropriate and determine if additional follow up is needed. |
| | ****In the case of a medical event or error, the medical staff member will communicate directly with |
| | the Medical Director. The Medical Director will then share the information with Program Director/ |
| | Chief Programs Officer. The Medical Director will complete the appropriate tracking forms. |

Outdoor Food Service

| Subject | Compliance with regulations for Outdoor Food Service. |
|------------------------|--|
| Statement of Policy | Outdoor food service will comply with any applicable codes set forth by state regulations. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer, as well as survivors of childhood cancer. To outline standards set by the Wisconsin Health Department for programs held in that State. To assure compliance with any regulations for programs held in other states. |



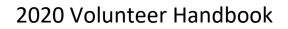
| Guideline(s) | • Any potentially hazardous food (according to HFS 175.03: eggs, meat, poultry, fish, and shellfish) should be held at 41 degrees Fahrenheit or lower, or 140 degrees Fahrenheit or higher. Any programs preparing foods utilizing outdoor cooking or food storage, will have thermometers provided. |
|--------------|--|
| | • 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 and is served, any food not consumed shall not be returned. Exception: individually packaged items not requiring preparation may be returned providing the package seal has not been broken. Utensils and equipment shall be washed, rinsed, sanitized and air dried in a manner approved 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 (PFDs)

| Subject | Use of Personal Flotation Devices while engaged in watercraft activities |
|--------------|---|
| Statement | Children's Oncology Services requires that personal flotation devices (PFDs) that are in good |
| of Policy | condition (not ripped, overall are in good condition) be worn by all participants in watercraft |
| | activities. This includes but is not limited to boating, rafting, water bikes, water skiing, kayaking, |
| | and water tubing. The Chief Programs Officer may add additional activities to this list. |
| Purpose | To promote a safe environment for those involved in activities with watercraft. |
| Guideline(s) | All participants, including but not limited to, campers, staff, guests, and others are required to wear a |
| | Personal Flotation Device while engaged in activities involving watercraft. This policy is compliant with |
| | American Camping Association's requirement for Program Adventure/Challenge Standards, "Personal |
| | Flotation Devices in Watercraft Activities" (PT-18). |

Personal Websites/Social Media

| Subject | Personal Website, Social Media, Blogs, etc. |
|------------------------|--|
| Statement of Policy | Children's Oncology Services respects the rights of individuals to engage in using social media as a means for self-expression. To protect the organization and its participants, the guidelines below should be adhered to. |
| Purpose | To provide a safe environment for children with cancer, their families, and volunteers and protect confidential/sensitive information. |
| Guideline(s) | Please see updated Social media Policy Document and Waiver. |





Phone Usage - Camper

| Subject | Camper Phone Usage |
|------------------------|--|
| Statement of Policy | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer, as well as survivors of childhood cancer. Camper use of phones during any time, while part of a program, is prohibited. Similarly, campers are not allowed to use the phone of staff, host, instructor, guest, etc. Campers needing to make calls must discuss with counselor and program leader/director. If appropriate, a call will be initiated by the Program Director. Exception to this policy is use of a phone at the end of a session, to confirm transportation arrangements. |
| Purpose | Our goal is to provide a safe and fun experience for the children that we serve. Camper use of a phone for any reason is not necessary, and is a distraction to the program and other campers. |
| Guideline(s) | Phones should not be used for any reason during program session. If phone is found in use, it can/should be confiscated by the program leader/director, for the duration of the program. Program leader/director will return confiscated phone at the end of session. Phone charges, damage, or loss of equipment are the sole responsibility of the owner. If a camper feels the need to call home: You should first ask why (likely from homesickness). Use a distraction technique to combat the homesickness. Explain that the policy does not allow for camper phone calls. Remind them (if age appropriate) that they signed camper agreement, with explanation of phone usage policy; make program leader/director aware that the camper wants to call. If a camper is consolable, meet with the child and the program leader/director, and determine a course of action. Program leader/director is the only one that should initiate a call home. Camper call issues should be kept quiet and private, so that there isn't a situation with mass call requests. |

Phone Usage - Volunteer

| Subject | Volunteer Phone Usage |
|------------------------|--|
| Statement of Policy | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer. Use of telephones will be determined by the Program Director and should be limited to program specific use when around campers. Phones should not be used for/by campers under any |
| | circumstance. Personal phone calls should be limited to assigned times. |
| Purpose | Our goal is to provide a safe and fun experience for the children that we serve. Use of a phone should be limited to communication between staff and the Program Director or other program contacts as appropriate e.g., emergency, directions, status, etc. |
| Guideline(s) | Volunteer use of phones may be appropriate based on the program. Do not call for or allow campers to make calls from any phone. Phone charges and damage or loss of equipment are the sole responsibility of the owner. Work/personal calls that need to be made during a program's daily schedule must be approved by the program leader/director and should and should be made discreetly away fromcampers. |

2020 Volunteer Handbook



Protective Headgear

| Subject | Wearing helmets and other forms of protective headgear |
|--------------|---|
| Statement | Campers and all other participants in activities specified below are required to wear protective |
| of Policy | headgear at all times during the activity. Such activities include rock climbing, rappelling, skiing, |
| | tubing, snowboarding, horseback riding, spelunking, high-ropes course elements or when using a |
| | vertical climbing wall/tower. Other activities may be added by the Chief Programs Officer. Helmets/protective headgear used for horseback riding must be specifically designed for horseback |
| Purpose | To promote a safe environment for participants to enjoy adventurous activities. |
| Guideline(s) | All campers, staff, guests, and volunteers are required to wear protective headgear while engaged in |
| | activities listed above with Children's Oncology Services and Camp One Step. |
| | This policy is compliant with American Camping Association's Program Adventure/Challenge |
| | Standards requirement "Protective Headgear" (PC-15) and "Rider Apparel" (PH-15). |

Reasonable Accommodation

| Subject | Providing Reasonable Accommodation to Enable Qualified Individuals with |
|------------------------|---|
| Statement of Policy | Children's Oncology Services is committed to providing reasonable accommodation to those qualified individuals with disabilities, so they may participate in programs. |
| Purpose | To include qualified individuals in participating in camp, and to provide a safe and positive experience for children with cancer and their families. |
| Guideline(s) | Children's Oncology Services is providing reasonable accommodations to qualified individuals, with disabilities, to volunteer at Camp One Step, if they can perform the essential functions of the job for which they have volunteered. The organization is also committed to providing reasonable accommodation of an individual's religious observations and beliefs, that conflict with normal job requirements. Any individual who believes s/he needs accommodation based on disability or religion is responsible for bringing the matter to the attention of the Chief Programs Officer. In the case of disability, the individual may be required to provide medical documentation establishing the existence of a disability, any job-related restrictions, and the estimated length of time for which accommodation is needed. The organization will keep all medical information confidential to the extent feasible. Any individual who believes s/he has been denied reasonable accommodation should promptly notify the Chief Programs Officer. |



Staff/Camper Interactions

| Subject | Training provided will include information to create a safe environment for campers |
|--------------|---|
| Statement | The following will be provided by Camp One Step during training for staff and volunteers |
| of Policy | either in the Mandatory Webinars, Orientation, and/or Volunteer Handbook. |
| Purpose | To provide training to staff and volunteers on behavior management and camper supervision techniques that are most likely to result in a physically and emotionally safe environment and promote positive interactions between staff/volunteers and campers. |
| Guideline(s) | Training will be provided to staff and volunteers by Camp One Step to promote safe environment: -Attention will be focused on the camper's needs, rather than on other staff and themselves. -Speak with and listen to campers in a manner that reflects respect for each individual, including those of different background and abilities. -Create and support an environment that provides emotional safety. -Guide group behavior in a developmentally appropriate manner. This policy was adopted from the American Camping Association's recommendation from Human Resources "Staff and Camper Interactions" HR-15 |

Safety

| Subject | Overall Safety |
|------------------------|--|
| Statement of Policy | To encourage and reinforce that safety is the number one priority in caring for program participants. |
| Purpose | To provide a safe and positive environment for the campers, their families and volunteers. |
| Guideline(s) | The safety of all staff, campers, and volunteers is important to Children's Oncology Services. Please report any illness/injury or potential hazard to the Medical Director, Program Director and/or the Chief Programs Officer immediately, so that it can be addressed. Please exercise caution, and comply with all policies and procedures at all times. |

Staff and Volunteer Screening

| Subject | Measures that Camp One Step will take when screening staff and volunteers |
|------------------------|--|
| Statement of Policy | To encourage and reinforce that safety is the number one priority in caring for program participants. |
| Purpose | Camp One Step will screen all volunteers. This is applicable to all participants who may have unsupervised access to children. Guest program specialists who provide leadership 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 at the discretion of the Chief Programs Officer. |
| Guideline(s) | For all staff and volunteers, the following measures, at minimum, will be taken annually: -A voluntary disclosure statement will be completed. -A check of the National Sex Offender Public Registry. -A Criminal Background Check will be completed. |



Staff Training- Limits of Care by Non-Medical Staff

| Subject | Staff and volunteer training on expectations of delivering medical care |
|--------------|--|
| Statement | Volunteers and Staff will be trained by Camp One Step related to the limitations of their participation |
| of Policy | in delivering medical care to participants. |
| Purpose | To define and clarify the roles of volunteers and staff in circumstances related to medical care. |
| Guideline(s) | Staff and volunteers will be educated and trained on their participation in delivering care to participants while at camp. Preventative topics may include planning to avoid dehydration, fatigue, sunburns, infection control, water safety, wheelchair safety. Additional topics may be included that are specific to the program (i.e. altitude sickness for the Utah programs). Medical personnel will be trained as deemed appropriate by the Medical Director on topics related to compliance with disposal of needles, disposal of dressings used with blood and other infectious waste. Additionally, emphasis will be placed on infection prevention and control.As applicable, Camp One Step will be compliant with OSHA (Occupational Safety and Health Association) standards. |

Staff Training – Online Education

| Subject | Training provided for staff and volunteers prior to participating in any program |
|--------------|--|
| Statement | All participants who are staying on campus and/or has direct child care responsibility are required to |
| of Policy | participate in an annual training prior to participating. This requirement is fulfilled by completing a webinar training and passing the appropriate quizzes associated with it. This includes but is not limited to counselors, Program Leaders, Program Directors, and ancillary roles such as Roverback and Quartermaster. Medical staff are excluded from requirement due to their training, licensing, and education as medical professionals |
| Purpose | To provide a safe and positive environment for kids with cancer and their families and to provide education and support to volunteers. |
| Guideline(s) | All volunteers who stay overnight at a camp/program and/or have direct child care responsibilities must complete an annual staff training prior to participating in a camp or program as noted in "Pre- Camp Staff Training" policy. This will be done by participants completing a webinar training series. All participants must complete the webinars and pass the appropriate quizzes by a given deadline in order to participate. |

Standards of Conduct

| Subject | Standards of Conduct for Program Participants |
|--------------|---|
| Statement | To outline expected, appropriate and inappropriate behaviors for all participants in Camp One Step. |
| of Policy | |
| Purpose | To create a safe and positive environment for children with cancer, their families, and volunteers. |
| Guideline(s) | All volunteers and participants are expected to act in a professional and responsible manner. The following is a code of conduct to which you are expected to adhere to, at all times, while on property owned or leased by Children's Oncology Services, and during all programs: *Set good examples for campers with your actions and words |



| *Follow all safety rules established by Children's Oncology Services and applicable state laws and |
|--|
| regulations. |
| *If at all possible, 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 his/her presence if possible. |
| *Never intentionally abuse campers physically, mentally or emotionally. |
| *Respect campers, employees, volunteers, and visitors at all times. |
| *Monitor the whereabouts of campers assigned to you throughout the week. |
| *Never intentionally put you, other volunteers, employees, or campers in harm's way. |
| *Do not take photographs of campers, employees, volunteers, or visitors, unless you are given |
| express authorization to do so by the Chief Programs Officer or President/Executive Director. |
| |
| A list of prohibited activities follows. It is not exhaustive. If you commit any of the following acts, you may be asked to refrain from further participation in Camp One Step. |
| *Theft, or attempted theft, of property of Children's Oncology Services or property of any camper, |
| employee, volunteer or visitor. |
| *Dishonesty, embezzlement, or falsification of the organization's records. |
| *Intentional damage to the organization's property or the property of others. |
| *Fighting |
| *Gambling on Children's Oncology Services property, or in connection with the organization's |
| operations or programs. |
| *Disloyalty, including but not limited to, disparaging, maligning, or defaming Children's Oncology |
| Services or its campers, employees, or volunteers. |
| *Unauthorized or excessive absenteeism or tardiness. |
| *Unsatisfactory performance. |
| *Failure to follow instructions, or insubordination. |
| *Obscene, abusive, or disruptive language or behavior. |
| *Possessing any deadly weapon, including but not limited to, knives, clubs, guns or explosives while |
| on Children's Oncology Services property, or during its programs. |
| *Unauthorized use of Children's Oncology Services property. |
| *Violation of any laws or regulations applicable to Children's Oncology Services. |
| *Violation of any policies or procedures of Children's Oncology Services or Camp One Step. |

Storm/Severe Weather and Fire Drills

| Subject | Storm and Fire Drill requirements for Children's Oncology Services |
|--------------|--|
| Statement | Children's Oncology Services volunteer staff should be prepared for appropriate action in the event |
| of Policy | of a major storm or fire hazard to protect program participants. |
| Purpose | To provide positive, safe and fun experiences for campers and families we serve, and volunteers |
| Guideline(s) | Storm and Fire Safety are reviewed with all volunteer staff at Orientation. |
| | Program Leaders and Program Directors should review Storm and Fire Safety with campers and volunteer staff on first day of session week, including, but not limited to, any/all sirens or warning systems, and location of storm shelters. Program Leaders/Directors should consider a mock drill with |



program participants during first day of session week, and have specific plan in place for dealing with campers that have physical limitations, which might be challenging in an emergency situation.

- Volunteer staff should respond, without hesitation, to any/all sirens and warning systems. Follow any prescribed evacuation and safety procedures that are posted. Leave personal belongings, unless required for mobility (crutches, wheelchair, etc.).
- A plan should be in place for inclement weather for participants to stay until the Program Director and/or the Director of Program Services has given permission to return.
- Adequate shelter will be identified and provided for campers and staff in the event of a storm, fire, or inclement weather.

Storms

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

- Volunteer staff should immediately account for all campers under their direct responsibility, and take them to the designated shelter structure.
- The Program Leader is responsible to have a list of all campers in their program, in the event of evacuation. A communication and action plan/procedure to ensure all program participants are accounted for, in the case of an emergency, should be developed and discussed with volunteer staff for that program. It will be necessary to account for all program participants if an evacuation, either to a storm shelter or from a potential fire hazard, is necessary.
- Program Directors should have volunteer staff's cell phone numbers.
- The Program Director should prepare an action plan; consider assigning one or more support staff to collect and bring adequate flashlights (with extra batteries), water, non-perishable food stuffs, blankets, etc.., and only if this is without risk to personal safety. Support staff should be assigned to ensure one or more are available to each storm shelter area. Medical staff should collect and bring first aid supplies as able, and without risk to personal safety. Medical staff should be assigned to ensure one or more are available to each storm shelter area.
- If severe weather is predicted, Program Director should alert volunteer staff at earliest
- convenience. Programs should limit activities to stay closeto designated shelter structure(s).
- Adequate shelter will be identified and provided for campers and staff in the event of inclement weather.
- Any programs with outdoor tent living will communicate any weather related concerns to the Program Director, to consider placement in an alternate area.
- Do not resume normal program activities unless/until given the "all clear".

Fire Hazard

- In the event that it is necessary to evacuate an area because of a potential fire hazard, the Program Leader/Director should designate a meeting spot for volunteer staff to takecampers.
- For summer camp, the Program Leader should alert both the Program Director and the Medical Staff, via radio, if evacuating due to a potential fire hazard, and include the location of the designated meeting spot for the program participants.
- The Program Leader or Program Director is responsible to ensure activation of the EMSsystem (call 9-1-1) to report the potential fire hazard.
- Do not resume normal program activities unless/until given the "all clear".

Adequate shelter will be identified and provided in the event of a fire. This policy follows recommendations from the American Camping Association's Foundational Practices for Site and Food Service.



Suspected/Alleged Theft, Damage, Vandalism, Lost Items

| Subject | Camp One Step's approach of any situation of suspected/alleged theft, damage or vandalism. |
|------------------------|---|
| Statement of Policy | Children's Oncology Services is not responsible for personal property that is lost, stolen, or damaged. Volunteers should be sure that all personal belongings are in a safe place during the day, and that they take belongings with them when they leave camp. Children's Oncology Services reserves the right to carry out reasonable searches of volunteers, and their property, if reasonably necessary to protect the health and safety of campers, employees, and volunteers. Children's Oncology Services reserves the right to investigate any occurrence of suspected/alleged theft, damage, or vandalism during program. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer as well as survivors of childhood cancer. To outline a process for volunteers/campers to report suspected/alleged theft, damage, or vandalism. |
| Guideline(s) | All reports of alleged theft, damage, or vandalism, must be made to the Program Leader/Program Director/Chief Programs Officer. Missing item/alleged theft: If said item is not located, an investigation may be started. Investigation might include, but not limited to: Search of immediate area. Search of cabin, camper room, restrooms, vehicles (if used for transport), walking paths, etc. Check lost and found. Program Director will notify Chief ProgramsOfficer. Damage and Vandalism: Volunteers and campers who demonstrate such inappropriate behaviors may be sent home at discretion of Program Director/Chief Programs Officer. Program Director to complete an Occurrence Report, and submit to Chief Programs Officer. |

Violence

| Subject | Violence |
|--------------|--|
| Statement | Children's Oncology Services will not tolerate violence or threats of violence. |
| of Policy | |
| Purpose | To provide a safe and positive experience for children with cancer, their families, and volunteers. |
| Guideline(s) | Children's Oncology Services will not tolerate violence or threats of violence by, or against, its campers, employees, or volunteers. As used in this policy, "violence" includes, but not limited to, conduct occurring on Children's Oncology Services premises, which is directed towards, or against, any camper, employee, or volunteer; this conduct involves physical acts of violence, oral or written threats, or gestures or acts, that are threatening, or intended to convey actual or potential injury. It also includes acts and threats that are later claimed to have been, at the time of occurrence, made in jest. |



Every volunteer must take any act, or threat, of violence seriously. So that the organization can prevent or respond to any act or threat of violence, any individual who is subject to, witnesses, or learns about any such act or threat, or who fears or suspects that such an act may occur, is required to report the act, threat, fear or suspicion to the Chief Programs Officer as soon as the act or threat occurs, or as soon as the individual fears or suspects that such an act may occur. When appropriate, Children's Oncology Services will refer acts or threats of violence to police and/or other authorities for possible criminal prosecution.

Restrooms and Bathroom

| Subject | Bathroom and shower facilities will meet expectations noted below |
|--------------|---|
| Statement | Children's Oncology Services will offer programs/camps at facilities that meet the guidelines noted |
| of Policy | below. |
| Purpose | To promote a safe and inclusive environment for children with cancer and their families |
| Guideline(s) | Bathrooms and bathing facilities will meet adequate expectations including but not limited to: -Toilets must meet the standards of regulatory bodies and applicable building codes. -Hand-washing facilities are located adjacent to toilets and meet the standards of regulatory bodies and applicable building codes. -Toilet facilities in the main area and living area provide privacy for occupants. -Pit and chemical toilets are screened or vented and equipped with lids and self-closing doors. -The facility will provide a minimum of one shower head or bathtub for each 15 persons on-site for all resident camps. -Toilet and bathing facilities will be provided to persons with disabilities and requiring assistance due to special physical needs. This policy follows the recommendations from American Camping Association's Site and Food Service Foundational Practices. |

Water Safety

| Subject | Water Safety for Children's Oncology Services programs |
|--------------|--|
| Statement | All Children's Oncology Services programs participating in activities/events involving a body of water |
| of Policy | or pool must follow prescribed safety guidelines. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer, as well as survivors of childhood cancer. |
| Guideline(s) | There should be adequate volunteer staff available to provide supervision from the piers, and in the water. Volunteer staff are responsible to monitor campers. Qualified volunteer staff should be in the water to assist any camper that requires close supervision. Volunteer staff who were previous campers and required 1:1 supervision in the water while a camper will not be assigned to a camper requiring 1:1 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. |



• All swimming and waterfront activities for Camp One Step participants are under the direct supervision of volunteers and lifeguards.

• Certified lifeguards will be on duty at all times that swimming is available to participants. Participants are, at all times during the waterfront usage, subject to direction of lifeguards.

• Wisconsin regulations require a minimum of one adult staff for every 10 persons in the water; volunteers should consider and follow volunteer staff/camper guideline ratios as determined by campers' ages, determined qualifications, and programs.

• Access to a water activity area, with varying levels and water activities, will be controlled; the area used for swimming is separated into sections for non-swimmers, beginners, intermediates and proficient swimmers, if possible. No camper or volunteer staff may go into a section beyond his or her demonstrated swimming ability, except when being tested under supervision and observation.

• Use of colored wrist bands will designate participants approved level of swimming ability, as appropriate. Additional wristbands will be worn by campers that require 1:1 supervision in the water.

• There will be a Waterfront/Swim Area check-in/check-out procedure.

• Campers or volunteer staff using any watercraft (including but not limited to canoes, rowboats, aqua cycles, etc.) will be given instruction for use. Use of this equipment is limited to the area as designated. It is required for all the camper or volunteer staff to wear an approved personal flotation device during watercraft use.

• A first aid kit, with basic supplies, is available at any time the waterfront is open. First responder, in relation to any medical need, at the waterfront is waterfront staff. First aid kit will be provided by Medical Program. 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 life guards will perform any water rescue actions. Waterfront program volunteers should radio for immediate Medical Staff response to the area, and if indicated, request initiation of the EMS system (call 9-1-1). If indicated, CPR should be started by lifeguards or, in the alternative, an appropriately trained individual, until arrival of the Medical Staff and/or EMS responders.

• Children's Oncology Services will utilize staffed swimming facilities having persons on duty with lifeguard certification, as well as certification in First Aid and CPR. In the event that a location does not provide persons with lifeguard certification and a certification in First Aid and CPR, Children's Oncology Services will secure individuals with these certifications, to be present during the activities. If there are not such persons available, campers, volunteers, and adults will be prohibited from swimming.

• 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 then they must stay together during the aquatic activity. Counselors will enforce that campers stay together during this time.

• Volunteers are provided an overview of Waterfront guidelines and safety protocol during training.

• Participants may not swim without certified lifeguards on duty. This includes but is not limited to staff, volunteers, and other adults.

Swim Test/Swim Band

Each camper or volunteer staff are required to pass a swim test to be designated as eligible to be in the intermediate or proficient swimmer areas, if these swimming areas are made available. During Summer Camp, the Waterfront Program Leader determines the times available for testing.
All tests will be observed and monitored by a lifeguard and a volunteer staff.



• If applicable, following prescreening, candidates that successfully pass the swim test are given a colored wrist band, which designates their swimming ability. The swim band should not be taken off until the end of the program session.

• When applicable, any camper or volunteer staff without a swim test colored band are limited to the beach, wading sections, or shallow section of the swimming area.

 During Summer Camp, the Waterfront volunteer staff will keep a log of all campers and volunteer staff undergoing a swim test, and indicate successful candidates awarded a colored band.

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 in the water, in that order, and without resting. The swimmer may use any stroke, and as much time as needed, to swim the lap. The test will be monitored and observed by a lifeguard, and witnessed by a volunteer/staff. In order to pass the test, the swimmer must perform the requirements to the satisfaction of the lifeguard. If a Waterfront team member is uncomfortable with the ability of the swimmer, they may choose to fail the swimmer, in spite of the swimmers "completion" of the test. A swimmer may attempt the test as many times as he/she chooses.

• Before taking the swim test a swimmer should be informed of the specific requirements. He/she should be shown a PFD, and given the opportunity to try it on prior to the test.

 Under the observation of lifeguards, each swimmer taking the test should be specifically told that should they become tired they should 1) grab onto the swim line, 2) call for help, 3) swim to shallow water, or 4) exit the water. If any of these should occur, the swimmer has failed the test.

 Lifeguards will monitor and observe those taking the test carefully, being alert for fatigue. If a volunteer has reservations about the abilities of the swimmer, they may ask a lifeguard to bring a rescue tube, or ask another volunteer that has passed the swim test to swim along.

• Swim tests are valid for the current program year, and must be retaken each year.

Lost Swimmer while at Waterfront/Swimming Area

- Alert lifeguards and volunteer staff of possible lost swimmer.
- Following the direction and supervision of lifeguards; all swimmers evacuate the water.
- Volunteer staff should immediately do a head count, and confirm that all campers/volunteers from their program that signed in for Waterfront activities are present.
- If someone is missing, have a Lifeguard immediately begin searching the water areas.
- Designate a volunteer staff to do a land search, within proximity of water frontarea.

• Waterfront Program volunteers should radio, and alert Program Director, Chief Programs Officer and Medical Services Director.

 Keep other campers/volunteers calm. If directed by Program Director/Chief Programs Officer, leave the area, and return to cabin, or move to a common area to allow search to continue, unobstructed.

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).



Zero Tolerance

| Subject | Children's Oncology Services supports a zero tolerance approach during any Camp One Step |
|------------------------|--|
| Statement of Policy | Children's Oncology Services supports zero tolerance toward volunteers or campers using, or in possession of, recreational drugs, drug paraphernalia, alcohol, tobacco/ smokeless tobacco, and weapons, either on or off campus, during any program. This is including, but not limited to, off campus activities, programs, trips, orientations, and training. Possession or use of alcohol or illegal drugs, or misuse of prescription or non-prescription drugs, or being under the influence of alcohol or illegal drugs, are prohibited at all times while on property owned or leased by COS, on all property used for COS programs, and at all times during COS programs including, but not limited to, off campus activities, programs, trips, orientation, and training. Use of drugs and alcohol can adversely affect performance and morale, and it can jeopardize the safety of employees, volunteers, others who interact with COS, and the campers who attend Camp One Step. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer as well as survivors of childhood cancer. |
| Guideline(s) | Any volunteers or campers that use or have possession of illicit or recreational drugs (including those that are legal in other states), paraphernalia, alcohol or weapons during program period will be dismissed immediately by the Program Director/Chief Programs Officer. Communicate dismissal to the President immediately. |

Section III: Medical Policies Health History

| Subject | Health History of Campers and Staff |
|------------------------|---|
| Statement of Policy | Children's Oncology Services must receive from each camper and staff person a current, signed health history. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer, as well as survivors and staff. To assure relevant health history is gathered. |
| Guideline(s) | Children's Oncology Services must receive from each camper and staff personnel a current, signed health history, requesting all of the following information relating to the activities in which the camper/staff may participate in camp: Description of any camp activities from which the camper/staff should be exempted from for health reasons Cancer Diagnosis (if applicable) Record of past medical treatments, if any Record of current medications, prescribed and over the counter Description of any current physical, mental, or psychological conditions requiring medications, treatment, or special restrictions or considerations while at camp. This policy follows some recommendations made by American Camping Association, Health and Wellness Standards: "Health History" (HW-2). |



Health Care Policy/Procedure Review

| Subject | Health Care Policy Review |
|--------------|--|
| Statement | All health-care policies and procedures will be reviewed a minimum of every three years by a |
| of Policy | licensed physician or registered nurse. |
| Purpose | To promote safety and current practices in the area of health care policies. |
| Guideline(s) | All health-care related policies and procedures will be reviewed a minimum of every three years and may focus on addressing camp health concerns that have arisen since the last review, updating recommended procedures, or revising existing materials based on operation, camper needs, or level of health-care staffing required. This review must be done by a licensed physician, mid-level practitioner, or registered nurse. |

Medical: Administration of Medication

| Subject | Medication Administration |
|--------------|--|
| Statement | Medical staff are responsible for all medications, all campers at all programs |
| of Policy | |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with |
| | cancer, as well as survivors of childhood cancer. To assure qualified medical staff oversee campers' |
| | medication needs for all camper programs. |
| Guideline(s) | The Medical Director or designee is responsible to review camper |
| | information for the program and prepare a Medication Administration |
| | Record (MAR) for each camper participating in the program. |
| | MAR's will be available at the medical check-in station when campers arrive. |
| | As part of medical 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. |
| | • All camper medications, whether prescribed and/or over the counter (OTC), are collected by |
| | medical staff at medical check-in, and are kept securely in the Med Office. Each camper's |
| | medications will be secured in either an individual med box or ziplock bag, and kept separated from |
| | other camper's medications. |
| | • Campers are requested to bring any needed medication to camp in the prescription vial or bottle |
| | and/or original container, if over the counter (OTC). If parents pre-package medications for camps, |
| | the original containers must be provided for verification. |
| | • For campers who require rescue medications such as inhalers for reactive disease or Epinpehrine |
| | for allergic reactions, the medical staff who are assigned to their program will carry these |
| | medications in their medical back pack. Consideration for having the camper carrying 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. |
| | • All camper medications are prepared as unit dose, and put in packets by the medical staff. Liquid |
| | medications will be prepared in oral, capped syringes. Each unit dosed medication(s) is labeled with |
| | the camper's name, program, and day/time medication will be administered. All medications are |
| | prepared by medical staff in teams of two. For chemotherapeutic agents, at least one of the team |
| | must be <u>chemo-certified</u> . |
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• As unit dosed packets are prepared and labeled, one of the team documents/signs off that medication on the camper's MAR.

• 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).

• At mealtimes and/or bedtimes, the medical team will hand the med packet to the appropriate camper, after verification to ensure right camper. The medical staff member will stay with the camper until the medication has been taken.

• If a camper questions the accuracy of the unit dose medication, the medication packet should be returned to the medical staff member and verification of the medications performed as soon as possible. The camper should not take the medication until this process is completed. The medical staff member will check the camper's record and clarify 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.

• 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. Any medications requiring subcutaneous, intramuscular or intravenous administration, will be administered in the Med Office. 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 the program activities. 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.

• Volunteers should not provide any medications to a camper that has not been prepared by the medical team, whether prescription or OTC.

• 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 camper/parent or guardian or will place the camper's medications directly into the camper's luggage with the camper present.

• 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 camp programs.

• Medical staff appropriately licensed to prescribe medications, may do so as indicated. Prescription pads for Children's Oncology Services 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 unsuccessful attempts to reach the parent or guardian, 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 additional (previously prescribed) medication.

Medical: Consent for Treatment

| Subject | Consents for Medical Treatment/Permission to Treat |
|------------------------|--|
| Statement of Policy | All campers, including adults needing cognitive assistance, who are participating in any program must have a consent for medical treatment signed by the parent(s) or guardian. The Medical Consent form must authorize permission to provide routine health care, dispense medications, and seek emergency medical treatment. If a parent or camper of legal age does not authorize permission to treat, they may submit a signed waiver refusing treatment. Children's Oncology Services reserves the right to deny services to a participant based on refusal of permission to treat. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer, as well as survivors of childhood cancer. To assure all campers have appropriate consent for any necessary medical treatments. |
| Guideline(s) | For all programs, a medical consent is included in the application packet. The signed consentmust be returned with the packet before the camper will be accepted as a participant. For Summer Camp, a copy of the signed medical consent will be kept in the Med Office. An additional copy of the signed medical consent for all campers in a program will be compiled by the camp's program staff and given to the Program Leader (one set per program) at the start of the program. It is the responsibility of the Program Leader to maintain these consents during the camp session. If at any time, the program goes off-site, whether as a day trip or overnight trip, the Program Leader is responsible to have these consents available. In the event that a camper requires transport for medical intervention, the assigned medical staff member will obtain the consent from the Program Leader prior to departure to the health care facility, and will present this consent for treatment upon check-in at the health care facility. For non-summer camp programs, the medical director or designee will maintain a copy of all campers' signed medical consents. It is the responsibility of the medical director or designee to provide the signed consent for any camper requiring transport for medical intervention. |



Medical: Emergency Medical Care

| Subject | Emergency Medical Care |
|------------------------|--|
| Statement of Policy | Oversight for emergency medical care for all campers will be provided by the medical director and designated volunteer medical staff as described in the Medical Services Staffing policy. Emergency care is extended to all volunteers to the abilities of those medical staff volunteers. Emergency medical care will include stabilization, as able, to the capabilities of the camp setting, and notification of the local EMS system as appropriate. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer, as well as survivors of childhood cancer. To assure appropriate emergency medical intervention for all campers and volunteers. |
| Guideline(s) | All Camp Programs A medical office will be established for all camp programs. For programs held at our primary camp site, the medical office will be established in one of the designated housing locations. For travelling programs, such as Utah Ski trip, a designated locked medical office space 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 Med Office will have limited emergency intervention meds/equipment (i.e. Epinephrine, Solumedrol, epinephrine, CPR mask). When programs are being held on our primary campus, an AED is available in the Administration Office Building. During travelling programs, location of the closest AED will be determined upon arrival. The Med Office is staffed by a member of the medical volunteer staff, typically the medical director or designee. During meal times or all campus activities, the medical office will be closed and the medical team is available via telephone or walkie-talkie. If all programs are travelling or off campus, the med 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 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 wia phone, walkie-talkie (summer camp only), or by having a counselor bring the camper directly to the medical office. If a physician is not participating in the designated program, one will be available via phone for consultation. For any emergency situation, regardless of whether for a camper or volunteer staff, a Program Leader or counselor should call for immediate assistance from the medical staff member shearing the request may immediately respond to the emergency location. The medical staff member responding from the Med office, w |



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| | has been requested, and the location for the EMS personnel to respond. This task should be |
| | delegated to allow the medical staff to continuously monitor the medical needs of the camper or staff. |
| | • Upon arrival of the EMS providers, the medical team leader or medical staff member should give report including the time medical occurrence began, circumstances/chief complaint, interventions done, 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, the camper's primary care provider. In addition, they will also ensure that appropriate information is documented. If not involved in the emergency event, the Medical Director should be made aware, at the earliest convenience, of the circumstances of the event. |
| | |

Emergency transportation in the event of an emergency. Subject Emergency transportation will be available at all times. Statement of Policy Purpose To promote a safe environment for participants. Guideline(s) Camp One Step will have medical emergency transportation available at all times during a camp or program. Vehicles will be available at all times and designated volunteers will be readily available to transport a participant to medical facilities at all times during camp/program. The nearest hospital or medical facility will be made known to all volunteer drivers and directions supplied if needed. Typically, the volunteers will be under the role of Roverback but this is not a requirement. All drivers must have a valid license on file with Camp One Step program and fulfill the Eligibility Requirements as a Driver Policy. Vehicles designated for use as emergency transportation vehicles must have sufficient fuel to reach medical facility at all times.

Medical Emergency Transportation

Medical: Fatality at a Program

| Subject | Fatality at COS Program |
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| Statement of Policy | In the unforeseen occurrence of a death during a program, the notification of emergency contacts, and the appropriate officials, is necessary. In addition, sensitivity to the needs of the remaining participants, both campers and volunteers, must be addressed. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer. To assure appropriate handling of any unforeseen fatality during a Camp One Step Program. |
| Guideline(s) | If a camper or volunteer is discovered to be unresponsive during a program, the person discovering the unresponsive individual should immediately initiate the EMS system (call 9-1-1) and call for assistance from the medical staff. That person or any other bystander, if appropriately trained, may immediately initiate CPR until the med staff and/or EMS arrives. The Chief Programs Officer and the President/Executive Director should be notified immediately. The President/Executive Director is responsible to notify the appropriate emergency contacts for the camper or volunteer regarding the discovery of unresponsiveness, information about transport, and current status, if known. Due to the nature of the population served by Children's Oncology Services, there is potential for participating campers to be at the end stage of a terminal illness. If applying to participate in a |



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| | program, it is the responsibility of the Medical Director or designee, in conjunction with the camper's |
| | primary care provider, to review these campers on a case-by-case basis. It should be determined if |
| | the camper will benefit from the camp experience, and if the camp medical program is able to meet |
| | the medical needs of that camper. The primary care provider is responsible to discuss any concerns |
| | about the camper's status and ability to participate in camp with the parents. If death is imminent, |
| | participation is discouraged due to the potential impact on other campers or volunteer staff. |
| | • Participation of a camper with these concerns is subject to approval of both the Chief Programs |
| | Officer and the Medical Director. |
| | • If it is determined that a camper with end stage status is able to participate, the camper should be |
| | assigned as a "one-on-one" camper, to assure that the child is closely monitored. |
| | • If a camper has a "Do Not Resuscitate" (DNR) status, which the parent(s) or guardian wish to |
| | maintain during the camp session, it is the responsibility of the primary care provider to submit a |
| | physician order for that status. The order must be presented by the parent(s)/guardian at the time of |
| | the camper's registration for the program. The parent(s)/guardian must sign the order at the time of |
| | registration, signifying their wish to maintain that status. |
| | • For any camper participating that has a "Do Not Resuscitate" (DNR) order, a plan should be |
| | discussed with the parents regarding their wishes should the camper expire. |
| | • If a camper that has a "Do Not Resuscitate" (DNR) status is found unresponsive, the medical staff |
| | should immediately be notified, and the camper moved to the med office. |
| | • For any death occurring during a program, the Chief Programs Officer and the President/Executive |
| | Director must be notified immediately. It is the responsibility of the President/Executive Director to |
| | notify the parent(s)/guardian and local authorities. Arrangements for pronouncement of death, and |
| | transfer of the body, must be addressed. |
| | • If a death occurs during a program, it is the responsibility of the Program Director, the Medical |
| | Director or designee, and Chief Programs Officer to consider the psychosocial needs of the campers |
| | and volunteer staff, and to determine what approach is necessary. Considerations may include |
| | seeking counseling intervention, or cancellation of the remainder of the program. |

Medical: Routine Medical Care for Volunteer Staff and SeaBees

| Subject | Provision of Routine Medical Care for Volunteer Staff and SeaBees Program |
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| Statement | Oversight for routine medical care for volunteers or participants in the SeaBees Program is the |
| of Policy | personal responsibility of the individual. The medical team may choose to offer routine medical intervention, or request that the volunteer staff present to a local center for treatment. Routine care would include evaluation and interventions that are appropriate to the capabilities of the camp's |
| | medical team and camp setting. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer. To consider appropriate routine medical intervention for volunteers and SeaBees Program. |
| Guideline(s) | A Medical office will be established for all programs, except for the Chicago Day Camp Program. Routine medications/equipment and limited emergency equipment/medications will be available in the medical office. Volunteer staff are expected to manage their routine health care needs independently but may seek guidance from the medical staff if new health care concerns arise. Volunteer staff, or participants in the SeaBees program, are expected to provide their own personal medications, including over-the-counter medications, for the duration of the camp session. The medical staff will be available as a resource for the Seabees and/or their facilitators, as needed, to provide guidance on meeting the medical needs of their participants. |



• Volunteer staff or participants in the SeaBees program may present to the Med Office to request evaluation and intervention for routine medical needs. It is the option of the medical staff member to provide medical evaluation and intervention. The medical staff member may request that the individual contact their personal primary care provider, or present to a local center to seek treatment.

Medical: Medical Staffing



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| program. In indicated, they will provide a list of those campers on the wait list. |
| • 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 program - |
| campers' special needs list, campers' food allergies list, and campers' medication administration |
| records, etc. The medical director or designee will communicate this information to the medical |
| team and programs leaders to ensure safe care of the campers. |
| • The medical director or designee will work with the Program Director to provide information |
| about Oncology programs and physician contacts (local to the area of the program) that may be used |
| as a resource for camper issues. If deemed necessary, the medical director will notify those resource |
| programs and staff with information about the indicated program. |
| • 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 programs where all campers are not housed at a common site, the Program Director is |
| responsible to review housing assignments with the medical director or designee, prior to the |
| beginning of the program. Housing assignments should assure that any medical needs for campers |
| requiring consistent monitoring by the program's medical staff, be considered. |
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| Subject | Provision of Medical Services |
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| Statement of Policy | A designated area will be available to provide medical services to campers, for all camper programs. 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 provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer. To assure appropriate medical intervention to meet all campers' medical needs. To provide a separate examination area, in the event an intervention requires consideration of privacy for the camper, or an illness requires consideration of isolation for a potentially contagious illness. |
| Guideline(s) | Summer Camp A medical office will be set up with the capacity to provide clinic type interventions. The area will have equipment, supplies, and medications to provide basic medical evaluation and interventions. An inventory list of equipment, supplies, and medications is available in the Med Office. An area will be designated to secure camper medications, as well as all stock medications. This area is locked when not under direct supervision by a member of the medical team. Medical volunteer staff members are provided as described in the medical staffing policy. A physician or Advance Practice Provider, specializing in pediatric oncology, will be available on site, at all times during the Summer Camp sessions. When not in the Med Office, they will be available via long range walkie-talkie, provided by the camp, and/or via personal cell phone. If a physician is not in attendance at summer camp, one will be available for consultation via cell phone - this individual will be determined prior to the start of the program. There are designated activities such as the Abbey Boat Day, an off-site activity, that includes all campers, volunteers and staff. On these days, the physician or Advance Practice Provider will travel with, and be available to, the campers. |

Medical: Provision of Medical Services



• A copy of policies covering routine health care, emergency health care, and medication administration will be kept in the Med Office. These policies will be reviewed at a minimum of every 3 years. The medical director is responsible to communicate the information in the policies/procedures to the volunteer medical staff and to ensure that clinical practice aligns with the policies/procedures.

• The medical office includes examination rooms that are connected to the primary medical office space. These rooms may be closed off for privacy, as needed during medical evaluation.

• Additional private rooms, in close proximity to the Med Office, are available in the event a camper requires evaluation for a potentially contagious illness and needs isolation. This area has separate bathroom facilities and bedding if additional campers require isolation for the same contagious illness. When not being used for camper isolation, the Medical Director or designee will be housed in this room to facilitate proximity to the Med Office. If needed for camper isolation, the Medical Director or designee will be moved to alternate housing.

Non-Summer Camp Programs

• For non-summer programs an area will be designated as the Med Office. If a separate area is not available due to the nature of the facilities for the non-summer programs, it may be the room of the medical director or designee. This area should be identified as such to campers and program volunteers. Equipment, supplies, and medications for non-summer programs are available. Each program has a designated inventory for that program. The inventory is provided in a suitcase or backpack, or container appropriate to the travel needs of the program.

• For non-summer programs, provision of medical volunteer staff is as described in the medical staffing policy. For non-summer programs, all medical volunteers will be accessible via cell phone, at all times during the program.

• A copy of policies for routine health care, emergency health care, and medication administration will be kept by the Medical Director or designee for non- summer programs. If a designee is appointed, it is the responsibility of the Medical Director to ensure that the designee, acting in the lead role, review the medical policies prior to the start of the program.

All Programs

• All camp programs will have a vehicle, provided by Children's Oncology Services, available at all times to transport a camper for medical evaluation and interventions that are beyond what can be provided by medical staff for the program. A volunteer, designated by the Program Director, is assigned to drive the camper requiring transport. Exception: The Washington D.C. Advocacy program does not have a vehicle provided and would take appropriate action for necessary transport. One medical staff member will accompany and monitor any camper during transport. The medical staff member will stay with the camper and advocate for his medical needs until the camper returns to camp or a parent/guardian is available.

• The medical director or designee will notify the parent/guardian of any camper being transported for additional care. For transports where it is anticipated that the camper will return to the program (i.e., x-ray, sutures), notification of parents may be done after the camper returns from the transport. 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 and medical staff volunteer will return to camp. A medical staff member must stay with the camper until the parent/guardian is present and has assumed their child's care. • If a camper participating in a program requires hospitalization other than at the camper's primary care center, the Medical Director or designee or the Program 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.

| Medical: Routine Medical Care | |
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| Subject | Routine Medical Care |
| Statement | Oversight for routine medical care for all campers will be provided by the designated volunteer |
| of Policy | 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 provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer. To assure appropriate routine medical intervention for all campers' medical needs |
| Guideline(s) | Summer Camp |
| Guideline(s) | Summer Camp For all camp programs, a medical office is set up. This area has equipment, supplies, and medications to allow for medical evaluation and interventions. During summer camp programs, all camper programs are provided with a Personal Aid/First Aid kit for their designated housing space. The personal aid/first aid kit contains basic supplies such as band-aids, gloves, gauze, etc. (no medications). The medical director ensures that these kits are maintained and restocked as needed & distributed to the camper programs on the program start date. The Medical Director is responsible for monitoring the inventory of equipment, supplies, and medications for all camp programs, and to reorder/obtain additional items as needed. The medical office is staffed by members of the medical team, with primary oversight provided by the medical director or designee. The medical staff is available 24/7. During summer camp, the Medical Director or designee will be stationed in the med office. During non-summer camp programs, the medical director or designee will be travelling with the campers during their activities. An identified medical team member will be designated for on call duties each night. Regardless of program, campers experiencing medical issues during the night can be brought directly to the medical office by a counselor, or can access the medical on call via phone. During meal times or all camp activities at summer camp and during non-summer camp programs, the medical team will be present at these activities and immediately available to address medical staff via phone either by contacting the medical director or designee directly, through communication with the Program Director or Chief Programs Officer, via e-mail or text messaging, or via a land-line phone (available in the medical office during summer camp only. The medical office phone has voicemail in the event that a medical staff member is not immediately available. The Medical Director or designee is |
| | responsible to monitor for, and respond to, any phone messages. |
| | • During summer camp, the Medical Director will assign medical staff to either be stationed in the |
| | Med Office, or assigned to provide coverage to one of the specific summer camp programs |
| | (Standard, Stepping Up, etc.). Staff assigned to specific summer camp programs will oversee clinical |

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management for campers in those programs, managing their medications, providing support and education to the program leaders and counselors regarding camper needs, attending program specific activities, triage routine medical questions and concerns, and identifying need for further evaluation of the camper in the medical office. The medical director will make all efforts to ensure assignment of medical staff to each programs. For any program that does not have assigned medical staff, the medical staff who are assigned to the medical office will assume responsibility for the medical care of campers in that program.

• For non-summer camp programs, the medical director or designee and the volunteer medical staff will work together to provide oversight and responsibility for the medical needs of the campers as described above. They will be present during all aspects of the program and will travel with campers to their activities.

• Medical staff assigned to a program or on non-summer camp programs will carry a backpack with commonly used equipment, supplies and medications to allow for basic evaluation and interventions in the field. In addition, backpacks will be stocked with designated emergency equipment/medications available (i.e. Epinephrine).

• All interventions prescribed by the camper's primary physician are completed by the medical staff. This may include, but is not limited to: administration of medications (including chemotherapy), accessing and/or maintenance of any venous devices, monitoring of vital signs, obtaining specimens, and facilitating processing of the labs, reporting lab values to the ordering provider,

assessing/triaging medical concerns, maintaining clinical trial recording, and documentation of all care provided. If requested by the primary physician, documentation of any medical intervention can be faxed, mailed, or e-mailed 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, will identify those campers requiring intervention and communicate directly with the camper/counselor or program leader the date/time that the care is required. Medical staff assigned to the camper's program 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 for medical concerns at any time. These presentations are considered "unscheduled". The camper should notify a 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 program leader will be notified when the camper is ready to return to the program. The program leader will designate one of the counselors to come to the medical office to pick up the camper. For programs with assigned medical staff, 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 program site. If the medical staff members feels that the camper requires evaluation and intervention beyond what may be given at the program site, the medical team will take the camper to the medical office for further evaluation after informing the camper's counselor or program leader. Campers accompanied by medical staff do not require a counselor.

• The medical staff providing the care will update the program specific medical staff of the care provided and the need for any medications provided, 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 program specific medical staff member will inform the counselors/program leader of



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| | the follow-up. The program specific medical staff will ensure that the camper returns to the medical |
| | office at the designated date/time. |
| | • Documentation of all unscheduled visits is completed by the medical staff providing service on the |
| | Unscheduled Visit Form. See Medical Director or Chief Programs Officer for a copy of the form. This |
| | form documents all assessments, interventions 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 program, all completed documentation will be given to the |
| | Chief Programs Officer for secure storage. |
| | • The medical director will oversee the medical supplies, equipment and stock medications for use at |
| | camp programs. An inventory list will be maintained for all programs and inventory completed at the |
| | conclusion of each 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. |

Section IV: Non-Medical Volunteer Policies

| Subject | Providing training for staff and volunteers on behavior management and discipline for campers. |
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| Statement | Camp One Step will provide training on camper behavior management and Policy discipline. |
| of Policy | |
| Purpose | To provide staff and volunteers with training to promote a positive environment and appropriate techniques for behavior management and discipline for campers. |
| Guideline(s) | Camp One Step will provide training for staff and volunteers on behavior management and discipline for campers either in the Mandatory Webinars, the 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 forbidden: Corporal punishment. Teasing, belittling, and shaming campers. Name calling, public embarrassment. If the behavior identified on the health history that their child has an IEP in school for behavior management, the medical director will work with the family to obtain a copy prior to the camp program. The staffing coordinator or designee will ensure that the counselor team caring for that camper receives appropriate management information. |

Behavior Management and Discipline



Camper Contact Information

| Subject | Camper and staff contact information |
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| Statement of Policy | Specific contact information for campers and staff must be kept on-site and with travel groups that are off-site. |
| Purpose | To promote communication as needed between campers/staff and their emergency contact and health care provider. |
| Guideline(s) | All campers and staff should have the following information kept on-site with a group that travels: -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). |

Camper Security

| Subject | Release of campers to a parent/guardian or to someone other than the parent or legal guardian. |
|------------------------|--|
| Statement of Policy | Campers who are under the age of 18 must be released to a parent/legal guardian or the parent/legal guardian must provide in writing the name of the alternate person authorized to pick up their child. All persons picking up a minor must provide photo identification and a signature. |
| Purpose | To keep campers safe and release minors to parents/legal guardians as well as have policy in place to release campers to persons who are not legal guardians. |
| Guideline(s) | Parents/guardians will provide written notification naming the alternate person authorized for picking their child up. This can be done via email, at drop off, or any other form of written notification. All persons picking up a minor will provide photo identification, and sign the minor out. |

Campers in Public Places

| Subject | Procedures to be followed when campers are in public places |
|------------------------|--|
| Statement of Policy | Campers, volunteers and staff will be oriented to the appropriate expectations listed below when they will be in public places such as hotel/motels, public excursions, and field trips. |
| Purpose | To provide a safe and positive environment for kids with cancer and their families |
| Guideline(s) | -For any group, the Camper Supervision Ratio policy will be adhered to. -Staff and volunteers will have a plan in place to contact each other if needed. For example, the use of walkie-talkies, exchanging cell phone number, and/or leaving their cell phone numbers in an accessible area. -In the event that the excursion or field trip involves swimming, all policies related to swimming and |



| water based activities take precedence. |
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| -Guidance on how to identify a guest of camp (for example, they will be wearing a name-tag or other |
| type of identifying information) will be given to all participants. |
| When participants are staying in hotel/motels, the following will apply: |
| -The rooms will be reserved in blocks so that participants are not isolated. |
| -Campers will use the buddy system within the premises. |
| -Staff and volunteers will designate a curfew as to when campers need to be in their rooms |
| -Staff and volunteers will reasonably monitor hallways after curfew |
| -Campers will be told what rooms numbers the staff, volunteers, and medical personnel are residing |
| in the event they need something |
| -Campers will be told they can call these rooms rather than walk to them in the middle of the night |
| -Campers will be told not to open their hotel/motel door for anyone they do |
| not recognize |
| When participants go on excursions/field trips, the following will apply: |
| -Campers will be told about areas that are considered off limits |
| -A meeting place will be designated in the event that a camper needs assistance or medical care |
| -The Program Leader/Director will oversee the division of campers into groups and/or buddies to |
| explore the excursion/field trip and approve designated check in times for campers to check in with |
| the Program Leader/Director or appointed person. It is preferred that an adult accompany the group. |
| -Campers will be notified of appropriate behavior while out in public places including, but not limited |
| to, 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. Camper Behavior as outlined in the |
| Camper Agreement and Camper Guidelines are always to be adhered to. |
| -At the discretion of the Chief Programs Officer, campers may be allowed on their own in groups for a |
| pre-determined amount of time. |
| -When participants are using public restrooms, they will use the buddy system and/or an adult will |
| accompany them to and from the restroom. |
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Camper Supervision Ratios

| Subject | The number of children/campers who can be assigned to a single adult |
|------------------------|--|
| Statement of Policy | The following recommendations are in place for supervision ratios for campers. Exceptions may be made depending on the activity (for example, rest time, lights out, free time, etc.). |
| Purpose | To provide a safe and positive environment for children with cancer and their families. |
| Guideline(s) | For programs/camps that involve an overnight stay, the following minimums are recommended. Please note that Camp One Step strives to have a ratio of three children to one adult. Children with special needs will also be taken into consideration when planning the camper supervision ratios. Children ages 4-5 will have a minimum of one adult per group of five children. |
| | Children ages 6-8 will have a minimum of one adult per group of six children. Children ages 9-14 will have a minimum of one adult per group of 8 children. Children ages 15-18 will have a minimum of one adult per group of 10 children. |



For programs/camps during the day only, the following minimum ratios are recommended: Children ages 4-5 will have a minimum of one adult per six children. Children ages 6-8 will have a minimum of one adult per ten children. Children ages 9-14 will have a minimum of one adult per ten children. Children ages 15-18 will have a minimum of one adult per twelve children.
The following minimum ratios are recommended for children with special physical, medical, or behavioral needs who require additional staff support to participate in camp: 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 one staff to two campers. Children needing occasional assistance or supervision may have one staff to five campers.
Children needing minimal assistance or supervision may have one staff to five campers.
Adults in supervisory roles (counselors) 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

Certificate of Insurance Requirements

administrative, office, food service, or maintenance duties.

| Subject | To ensure that proper insurance has been obtained or provided. |
|------------------------|--|
| Statement of Policy | A COI may be requested by/provided to a person, company or organization providing service, equipment or use of facility for program. |
| Purpose | To provide positive, safe and fun camp experiences for children and adolescents diagnosed with cancer. Each instance must be reviewed as to its own characteristics and the need to obtain or provide a Certificate of Insurance. Se coverage and companies change annually, the COI must be updated and submitted each year. |
| Guideline(s) | 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. Any organization providing services to COSI campers must provide a COI. Examples of this include but are not limited to ground transportation companies, Conference Point Center, etc. If you are not sure whether you need to secure a COI, contact the Chief Programs Officer. To secure a COI from any facility or vendor, complete the standard COI Request Form, and submit to Chief Programs Officer, or ask the Chief Programs Officer for assistance. If an organization requests a COI from Children's Oncology Services, please use the COI Request Form and submit to the Chief Programs Officer for assistance. Programs must secure and submit for all appropriate COIs prior to the program start date, orrisk having the program canceled. |



Child Disclosing Concerning Information

| Subject | What to do if a child discloses information that you are concerned about |
|--------------|---|
| Statement | Children's Oncology Services provides the following guidelines to ensure a positive and safe |
| of Policy | environment. Guidelines taken from "Lifelines and Safety Nets" by Bob Ditter, MSW. |
| Purpose | To provide positive, safe and fun camp experiences for children diagnosed with cancer. |
| Guideline(s) | 1. Stay Calm. |
| | 2. Tell the camper you're glad they told you and that you believe them. |
| | 3. If child swears you to secrecy, express you understand why they want to keep a secret but what |
| | kind of a friend would you be if you didn't help him/her? Explain that you can't keep a secret that |
| | may lead to their harm. |
| | 4. Assure them that other kids won't find out. |
| | 5. Assure them that privacy will be given. |
| | 6. Assure them that trained people will help him/her. |
| | 7. Tell your Program Leader/Program Director/Chief Programs Officer. |

Documentation & Requirements for Off Campus Trips

| Documentation and requirements for groups that leave the main camp. |
|---|
| Camp One Step requires documentation and specific details listed below for out of camp activities |
| that will be kept by a designated person on the main campus. |
| To keep needed documentation and information on file at the main camp and to keep open |
| communication between the main camp and the group traveling off campus. |
| At minimum, the following information will be kept by a designated person back at the main camp |
| when a group has traveled off site: |
| -Roster of participants who are off site. Please note that this may be a list of participant names or |
| simply the name of the group. |
| -A plan for communication should be agreed upon and documented including but not limited to the |
| times and methods of contact that are planned in advance. |
| -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 the Chief |
| Programs Officer prior to implementation. |
| An emergency communication plan should be agreed upon that including the following: |
| -Agreement on procedure for who contacts parents/guardians in case of an emergency. The Chief |
| Programs Officer must approve this plan prior to implementing. |
| -Agreement on a procedure for who contacts Camp/Program Administration, Medical Personnel, |
| and Community Emergency Services as appropriate (for example, the Police). The Chief Programs |
| Officer must approve this plan prior to implementing. |
| |



Eligibility Requirements as Driver

| Subject | Criteria to become authorized driver for Children's Oncology Services |
|--------------|---|
| Statement | To determine qualifications and eligibility to serve as a driver during programs. Volunteers may, from |
| of Policy | time to time, be given the use of a vehicle, such as a golf cart, van, or other vehicle (or your own |
| | vehicle) in connection with performance of your duties. |
| Purpose | To provide positive, safe and fun camp experiences for children diagnosed with cancer |
| Guideline(s) | • Due to liability insurance restrictions, during the program period, no counselor may drive acamper |
| | in a motor vehicle unless authorized by Children's Oncology Services. |
| | Drivers must have a valid driver's license. |
| | Drivers must remain knowledgeable of, and comply with, all applicable motor vehicle laws, |
| | regulations, posted street signs, and speed limits. |
| | Practice effective defensive driving techniques. Exercise special precautions when pedestrians are |
| | in roadway, driving during inclement weather, or when navigating around special equipment, etc. |
| | All drivers and occupants must wear seatbelts while the vehicle is in motion. |
| | • Do not operate a vehicle after having consumed alcohol and/or drugs, including prescriptionand |
| | non-prescription drugs, which may impair your driving ability. |
| | • Do not engage in any activity that distracts you from driving, or takes your eyes or attention off the |
| | road. For example, do not operate cell phones or other handheld devices (including talking, dialing, |
| | sending/receiving text messages/emails) while your vehicle is in motion. |
| | • No drugs or alcoholic beverages are allowed invehicles. |
| | • If you use your own vehicle in connection with your performance of your job responsibilities, you |
| | must have liability insurance with at least the minimum coverage required by applicable state law, and must always carry your insurance card in your vehicle. |
| | Authorized drivers must be 21 years of age, and have a photocopy of their valid drivers' license on |
| | file with C.O.S. |
| | Authorized drivers must have acceptable driving history, as determined by a backgroundcheck. |
| | • All drivers must abide by all applicable motor vehicle laws. |
| | Any individual with an unsatisfactory driving record may not be allowed to operate a vehicle on |
| | behalf of Children's Oncology Services. Evidence of an unsatisfactory driving record includes, but is |
| | not limited to, the following: |
| | • Accident where the driver was found to be at fault. |
| | • Driving while under the influence of drugs or alcohol. |
| | • Speeding. |
| | • Suspended license. |
| | License restriction. |
| | Any act considered as unsafe use of motor vehicle. |



Emergency Information

| Subject | Information carried by leaders when there are out of camp activities programs. |
|--------------|--|
| Statement | A leader of out of camp activity must possess emergency information for each camper that includes a |
| of Policy | copy of insurance information and signed Medical Consent form. |
| Purpose | To enable treatment for campers in an emergency when off of the main site. |
| Guideline(s) | A leader of out of camp activity 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 for an extended period of time. |

Program Orientation

| Subject | Orientation prior to each trip for campers, staff, and volunteers |
|--------------|---|
| Statement | All campers, staff, and volunteers must participate in a pre-trip orientation prior to leaving camp. |
| of Policy | |
| Purpose | To clarify communication plans, contact points, what to do if separated from the group, and other information noted below that may be needed during the trip. |
| Guideline(s) | All campers, staff, and volunteers must participate in a pre-trip orientation that includes but is not limited to the following information: |
| | -Safety regulations that are specific to the activity (for example, buddy system). -Emergency procedures that are specific to the activity. -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). -Monting times and places |
| | -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 may be given out if deemed appropriate or locations where they will be found. |



Program Travel

| Subject | Travel during participation in Children's Oncology Services' programs |
|--------------|--|
| Statement | Programs requiring travel for participating campers and volunteers will follow prescribed guidelines |
| of Policy | to assure safety and preparations to meet any needs of the group during travel times. |
| Purpose | To assure appropriate preparation for program travel, and handling of any needs during travel. |
| Guideline(s) | • For Summer Camp programs, all travel must be approved by the Summer Camp Program Director, and scheduled appropriately with the Programs Coordinator. |
| | • Any travel for participants requires a vehicle ("chase car"), which is available to transport an |
| | individual camper for medical intervention, if needed. A driver for this vehicle must meet driver |
| | eligibility requirements. |
| | Two Medical Staff members is the minimum coverage required for travel. |
| | Medical Staff will carry copies of each campers Medical History documentation and medication administration record, and special needs report. |
| | • Medical Staff will carry a medical kit containing medications, supplies, as applicable to the needs of the campers/program. |
| | • Summer Camp Program Leaders are responsible to have any anticipated travel plans presented at Spring Leader meeting. Plans for additional travel after this meeting are subject to the approval of the Summer Camp Program Director and the Program Coordinator. |
| | • Prior to any travel, the Program Director or Program Leader is responsible to determine if there are any requirements for Certificate of Insurance. If applicable, Program Director of Program Leader should contact the Chief Programs Officer for Certificate of Insurance processing and approval. |
| | Prior to any travel, Program Director or Program Leader will review the opportunities for medical intervention, during travel, if needed. The Program Director or Program Leader will complete the Medical Considerations for Travel form. This form lists the closest hospital facility for care to the end |
| | site of travel. Medical staff for Summer Camp, or those assigned to the non-summer program, may be utilized as a resource in gathering needed information. |
| | • In addition, the Program Director or Program Leader will determine the route for travel from the end travel site to the closest hospital facility. |
| | • The Program Director or Program Leader is responsible to have a copy of each camper's medical consent during any travel. For Summer Camp, the Programs Manager/Programs Coordinatorwill provide a packet containing all campers' medical consents for that program. |



Review of Foundational Practices

| Subject | Review of Foundational Policies |
|------------------------|--|
| Statement of Policy | All foundational practices will be reviewed annually. |
| Purpose | All policies identified as foundational practices will be reviewed annually by the Chief Programs Officer. Changes and issues that need to be addressed to assure that these Foundational Practices are operable (as applicable) in the camp setting. |
| Guideline(s) | The Chief Programs Officer will review any policies identified as Foundational Practices (commonly accepted standards among camping professionals) and provide written evidence such as dated check marks and notations in the document related to the review. The Chief Programs Officer will make changes as needed to stay current and make adjustments if needed to fit the camp/program's most current needs. |

Safety Orientation for Specialized Program Activities

| Subject | Safety orientation to participants prior to engaging in specialized activities such as archery, |
|--------------|--|
| Statement | Before a specialized activity including but not limited to archery, horseback riding, or SCUBA, an |
| of Policy | instructor will provide a safety orientation |
| Purpose | To provide a safe environment for kids with cancer and their families. |
| Guideline(s) | Specialized activities include but are not limited to archery, horseback riding, SCUBA. The safety orientation should include safety rules and regulations, proper use of equipment, safety signals and practices to be used as appropriate and necessary information on the characteristics and boundaries of the area. For example, noting specific safety handling procedures of equipment, noting areas of potential concern, and/or all safety rules. |

Special Needs Staff Requirements

| Subject | Staff requirements related to children with special needs |
|------------------------|---|
| Statement of Policy | At least 20% of the day and resident camp administration and program personnel with staff supervisory responsibilities should have a bachelor's degree in an area relevant to the clientele served, or at least 24 weeks of experience working with the special populations being served. |
| Purpose | To provide a safe environment for kids with cancer and their families. |
| Guideline(s) | A minimum of 20% of administrative staff and program staff/volunteers who have supervisory experience will have either a bachelor's degree in related field and/or 24 weeks of experience working with children with special needs. This is also subject to the Chief Programs Officer' discretion. |



Tent Camping

| Subject | Tent Camping requirements for Children's Oncology Services' programs |
|--------------|---|
| Statement | Children's Oncology Services' programs participating in tent camping will comply with any applicable |
| of Policy | codes set forth by state and local regulations. |
| Purpose | To provide positive, safe and fun camp experiences for children diagnosed with cancer |
| Guideline(s) | Counselor supervision of campers is required at all times during tent camping activities. |
| | Any food preparation done, as part of the program while at a tent camping |
| | location, must be in compliance with "Outdoor Food Service". |
| | 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 becleaned |
| | and sanitized between uses. |
| | • Any program utilizing a tent camping location will have a First Aid kit available. Overnight tent |
| | camping, done at locations off site, require Medical staff to accompany program. |
| | Medical staff will have medical history forms available, for all program participants, either in |
| | Medical office, or a copy for off-site locations. Program Leader/Director will have copies of medical consents for campers, in case of an emergency. |
| | • Program Leader/Director is responsible to have contact information for Chief Programs Officer, |
| | Medical Services Director, and EMS (Call 9-1-1) at off-campus destinations. |
| | The Travel policy applies for tent camping; a chase vehicle is required, and the Program |
| | Leader/Director is responsible to file a Trip Form, if applicable. A copy of the Trip Form should be given to the Medical Office, if applicable. |
| | The Program Leader/Program Director is responsible to ensure compliance with any localrules and regulations for safety, conservation, etc |
| | • The Program Leader/Program Director is responsible to ensure that any necessary permitshave |
| | been obtained, prior to the program activity. |
| | The Program Leader/Program Director is responsible to ensure that communication is available |
| | with Children's Oncology Services contacts, either by radios or cell phones. Program participants and |
| | volunteers should each be instructed to bring a flashlight, and the Program Leader/Program Director |
| | should have spare flashlights and/or batteries. |
| | A tent camping site should have a fire extinguisher easily available. All counselors in the program |
| | should know the location of the extinguisher. |
| | Adequate shelter will be identified/ provided in case of inclement weather |



Trip and Travel-Camper Requirements

| Subject | Information that will be communicated to campers related to Trip and Travel Requirements |
|------------------------|--|
| Statement of Policy | Children's Oncology Services' programs participating in tent camping will comply with any applicable codes set forth by state and local regulations. |
| Purpose | For each trip or travel program, Camp One Step 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 program. |
| Guideline(s) | -Camper eligibility requirements will be communicated such as age, specific ability level needed to safety participate in the program, and any other information. -The camper must be approved by the Medical Director or other appointed medical personnel to participate in the Program Trip/Travel. Information will be provided to parents and campers either by website, Camper Guidelines, Camper Application, relevant waivers or another method of the following: -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 program or trip due to illness, injury, or behavioral problems. |