



“That Wouldn’t Happen In MY Youth Program!”
Presented by Katie Johnson
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ACA’s Camp Crisis Hotline, established in 1985, is available twenty-four hours a day, every day of the year. The Hotline provides support in times of crisis. If you have any questions about the resources and case studies in this article, please contact Hotline Team Leader Susan E. Yoder (syoder@ACAcamps.org) at ACA’s Administrative Office. For additional resources and case studies, visit www.ACAcamps.org/camp-crisis-hotline.

The Hotline phone number is **800-573-9019**

Analysis of 2012 Summer at a Glance:

- Health and medical issues: 39%
- Personnel/staff issues: 13%
- Allegations of camper-to-camper abuse: 9%
- Camper behavior: 9%
- Parent behavior: 7%
- Allegations of abuse at home: 7%
- Allegations of staff -to-camper abuse: <1%
- Miscellaneous: 15%

Case Study #1 — Transgendered Staff Applicant

Overview

A former camper (who attended camp as a girl) is applying for a camp counselor position as a male. The camp director knows the prospective counselor personally and is aware that she is pre-operational (i.e., she had not yet received sex reassignment surgery to become male). The director feels strongly that she wants to be inclusive and believes that this individual will be a strong staff member. However, the director is also very concerned with how the parents of the other campers — and the staff — would react if the prospective counselor is hired. She also feels that her camp does not have the appropriate housing facilities for a counselor experiencing a transition to another gender because the camp is a very primitive resident camp (e.g., only group showers, etc.) and they do not have the appropriate accommodations for this counselor. The Hotline Team talked through the kinds of questions that need to be considered in this situation and helped them focus on issues they would need to think about.

Questions/Issues

- ***Is sexual orientation or gender identity a protected class in your state?*** To date there is no federal law that consistently protects LGBT (lesbian, gay, bisexual, transgendered) individuals from employment discrimination. In twenty-nine states it remains legal to discriminate based on sexual orientation, and in thirty-five states to do so based on gender identity or expression.
- ***What is your camp’s commitment to diversity and how is that reflected in your hiring practices?*** What do you do to ensure that you are nondiscriminatory?

- **What is your camp’s organizational approach to serving the needs of LGBT campers and staff?** Does your camp hire openly gay, lesbian, bisexual, and transgender professionals? Some companies have established an Equal Employment Opportunity (EEO) policy stating that it is against company policy to discriminate or harass employees due to "gender identity or expression." Would such a policy be consistent with your camp’s mission and philosophy?
- **What accommodations would your camp consider reasonable for a potential employee in a situation like this and where would you be unwilling or unable to make accommodations?** What privacy issues would you need to address?
- **Do you ask specific questions in your employee interviews related to gender identity or sexual orientation?** If so, are you following the law about what you can ask an applicant?
- **How does the possibility of a transgendered staff member impact your relationship with parents and what — if any — specific messages would you share with parents?** How would your camp balance the rights of your employees to privacy with parents’ expectations for information?
- **If your camp were to experience this situation, would you have clear organizational hiring policies and practices that would guide your decision making?** If not, what policies and practices need to be developed or clarified?
- **Do you regularly consult with an employment attorney, and when was the last time your camp’s hiring practices were reviewed by an employment attorney?** An employment attorney familiar with your state’s laws is critical for any camp.
- **A number of camps have also dealt with the issue of a transgendered camper applicant.** Read the case study from 2010 at: www.ACAcamps.org/campline/fall-2010/camps-in-crisis-annual-hotline-review-2010.

Case Study #1 Resources

- National Gay and Lesbian Task Force — Nondiscrimination: www.thetaskforce.org/issues/nondiscrimination
- Social Work Practice with Transgender and Gender Variant Youth: www.amazon.com/Social-Practice-Transgender-Gender-Variant/dp/0415994810
- GLSEN (the Gay, Lesbian, and Straight Education Network): www.glsen.org/cgi-bin/iowa/all/home/index.html
- Workplace Guidelines for Transgendered Employees: www.tgender.net/taw/tggl/index.html
- Parents, Families, and Friends of Lesbians and Gays (PFLAG): <http://community.pflag.org/Page.aspx?pid=194&srcid=-2>
- 20/20 Toolbox: Transgender Youth — The Role Camps Might Play: www.ACAcamps.org/campmag/1109/transgender-youth-role-camps-might-play
- Advocacy for Trans and Gender Queer: www.campuspride.org/advocacy_trans_gender.asp

Case Study #2 — Cell Phone Misuse By Campers

Overview This case study focuses on privacy issues related to cell phone use by campers. We will consider two situations. In the first scenario, LITs (campers who are in a “Leaders In Training” program) were allowed to use their personal cell phones only during evening activities. At all other times the



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phones were stored in the staff living quarters. The staff suspected that one LIT was using her phone at other times and checked the LIT’s cell call log, which showed she had made calls during non-approved times. When the mother of the LIT was made aware of the situation, she was angry because she perceived that her child’s privacy had been breached by the staff when they searched her call record. The mother threatened to sue the camp. The camp does have a personal possession search policy that had been shared as a part of registration. The mother did not acknowledge that her child had lied to her about the cell phone use and trespassed into the staff area to retrieve her phone.

In a related scenario, two male campers who were in the shower house took pictures over a bathroom stall with a cell phone (cell phones are not allowed at the camp) of another boy using the toilet. The victim was upset, as were his parents when they were informed of the situation, and the family decided to remove the boy from the camp program. The family wanted to know if the pictures had been posted to any social network sites. In addition, the parents demanded all written documentation of what happened and confirmation that the pictures were not posted.

Questions/Issues

- **Where were the staff?** In the second scenario, where were the staff when the boys were in the shower house? In the first scenario, even though the camper was an LIT, what breakdown in supervision allowed for the LIT to enter staff quarters and retrieve her phone?
- **Was there a cell phone policy in place?** In both situations, the camps had policies in place about the use of cell phones. However, the camp with the LIT scenario had only a verbal agreement in place. They decided that they were going to change to a written agreement which the LITs would sign. The second camp had a clear policy forbidding cell phones and a forewarning system with specified repercussions for violations.
- **Are cell phone call logs, etc. covered by your personal possession search policy?** This is a good question to ask your legal counsel. You want to make sure you understand what you can and cannot do related to violating personal privacy.
- **Do you know what legal repercussions you might face from camper inappropriate use of cell phones?** One suggestion for camp administrators is to have a conversation with your legal counsel to learn more about your legal obligations in light of your cell phone/electronics policy. Can you search campers’ possessions for cell phones? Can you search their call directories? Can you search the phone for pictures? What if inappropriate pictures are posted? These questions are all good to ask and understand before campers arrive.
- **What relationship exists between your cell phone policies and camper behavior policies such as bullying?** In the second example, the campers’ behavior was covered by the camp’s behavior policies regarding bullying incidents. The camp had clear steps to take when these campers violated the expected behaviors, including parent contact, potential camper dismissal from camp, and victim support.

Case Study #2 Resources

- Searching Personal Possession of Campers and Staff: www.ACAcamps.org/content/privacy-vs-protection-can-you-search-camper-and-staff-belongings

- “Cell Phone Deception and Other Tales from the Summer”: www.ACAcamps.org/content/cell-phone-deception%E2%80%94and-other-tales-summer
 - Bullying Resources:
 - www.findyouthinfo.gov/topic_bullying.shtml
 - www.ACAcamps.org/child-health-safety/bullying
 - Child Abuse Reporting Numbers by State:
www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172
 - Crisis Communications — ACA’s Communications Toolkit:
www.ACAcamps.org/members/toolkit/crisiscomm
 - Mandated Reporting:
 - www.ACAcamps.org/campline/2009fall-mandated-reporting
 - [www.ACAcamps.org/sites/default/files/images/campmag/Camp Mandated Reporting.pdf](http://www.ACAcamps.org/sites/default/files/images/campmag/Camp_Mandated_Reporting.pdf)
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Case Study 3 — Missing Camper Medications and the Camp Nurse

A camp called the Hotline because they were unsure how to handle a situation that had developed with their camp nurse. Seemingly, the nurse and many camper medications (some controlled substances) were missing — meaning no longer on camp property. Additionally, the nurse had skipped administering some camper medications before disappearing. Some empty prescription bottles were left behind in the health center (mostly amphetamines).

To further compound the issue, it was the end of the first camp session and the camp was looking for key messages to tell the parents of campers with missed dosages and/or medications. Prior to disappearing, the nurse told the camp she was “worried about her license” and that she was going to the local pharmacy to have the pharmacist “validate that the pills were really what they (campers) said they were.” Many of the empty pill bottles and missing bottles were amphetamines. Nothing else was missing from the health center. All supplies and records were accounted for and in good order.

The camp was already in communication with their legal counsel and was trying to give the nurse the benefit of the doubt. They were trying to get her to return to camp and bring the missing medications with her. However, the camp understood that they were most likely going to have to call the local authorities for the situation to be resolved, as the nurse was not responding to requests from the camp to do so promptly and voluntarily.

Key Considerations and Lessons Learned — Case Study 3

- ***Was anyone other than the nurse aware that some campers had missed taking their medications?*** Depending upon the nature of the medications, there could be serious complications related to skipped dosages. Did the unit leaders / cabin counselors know they had campers with missed medications? What are the policies and procedures in place at your camp to protect campers from missing medication and for prompt correction should this occur?
- ***ACA standards for accreditation require camps to have a healthcare plan in place that provides direction for meeting the health and wellness needs of campers and staff.*** The

healthcare plan should include many things, including that it should spell out the scope, authority, and responsibilities of the camp nurse / camp healthcare manager as well as their qualifications for the job. Does your plan specify who your nurse/manager should consult related to questionable medications or materials that may be turned in to be administered to campers?

- **The healthcare plan should also identify procedures for how people can obtain routine and emergency healthcare — including medication administration.** Does your camp have an overall healthcare plan that addresses the instances of missed dosages and appropriate follow-up?
- **Medication management should be considered a security risk at camp, especially if many campers come with prescriptions considered “controlled substances” that are highly sought after for their street value and ease of abuse/misuse.** ACA standards for accreditation also specifically address medication storage and administration. Does your camp risk management plan and/or personnel policy address safekeeping of medications and stealing from camp and/or campers? Even if the thief is the camp nurse?

Resources — Case Study 3

- American Camp Association Health and Wellness Standards, Accreditation Process Guide: <https://ACAbookstore.org/p-5688-american-camp-associations-accreditationprocess-guide-2012-edition.aspx>
- *The Basics of Camp Nursing (Second Edition)*: www.ACAbookstore.org/p-5838-the-basics-of-camp-nursingsecond-edition.aspx
- “Medication Management,” CompassPoint: www.acn.org/compasspoint/index.html
- “Managing, Monitoring, and Administering Medications at Camp”:
www.ACAcamps.org/campline/s-2000/managingmonitoring-and-administering
- Risk Management — Security at Camp:
www.ACAcamps.org/members/knowledge/risk/cm/rm003security

Case Study 4 — A Companion Animal and Camp Employee

A camp director called the hotline wanting to understand the legal implications of a staff person’s request to bring a dog to camp as a “service” dog. This staff person had a note from her doctor stating that a companion dog was necessary for her emotional health issues caused by an eating disorder. The director also learned that the dog in question was only recently adopted/rescued by the staff person and had no idea of its history or any record of obedience or other training. This being the case, the director was concerned about the safety of campers and other staff.

Key Considerations and Lessons Learned — Case Study 4

- **Understand the law regarding the accommodation of legally defined service animals.** This dog did not carry that designation. Camps should have access to legal counsel to advise them in matters such as these. Does your camp have access to legal counsel? Does your camp have a good understanding of the Americans with Disabilities Act (ADA) and the varied implications for camp?

- ***If the staff person in this situation was protected by ADA and accommodations for the employee are necessary, is there a difference between a service animal and a companion animal?*** Would the camp be required to accept one or both types? Again, it is important to have a good understanding of the law.
- ***If the camp staff person is not in a protected class by ADA, should the camp consider honoring the doctor’s request and allowing the companion animal anyway?*** If you honor the request, what are the risks — especially if the animal should misbehave and injure someone?

Resources — Case Study 4

- “Revised ADA Requirements: Service Animals,” U.S. Department of Justice: www.ada.gov/service_animals_2010.htm
- American’s with Disabilities Act Web Site. www.ADA.gov

Case Study 5 — Legal Guardian Issue

A camp received notice from the father of a camper that the camp registration application completed for his daughter was completed by the girl’s ex-stepmother (now his ex-wife), who was no longer a member of the family and who did not have legal custody. (Because the ex-stepmother/ex-wife never adopted the daughter, the father had sole custody.) The father requested that the ex-stepmother/ ex-wife not be allowed to make the application for the daughter to attend camp, not be a part of camp-related communications, and not have access to the daughter. The bottom line was that the father wanted his daughter to attend camp but did not want any information about camp shared with the ex-stepmother/ex-wife.

Key Considerations and Lessons Learned — Case Study 5

- ***What policies or procedures does your camp have in place to guide decision making regarding custody-related issues?*** Although camps should avoid getting intertwined in domestic/custody issues and should be cautious when issues such as this arise, these issues are common in many camps and ensuring that proper legal guardians have access to your campers is an important dimension of serving in loco parentis.
- ***If this situation arose at your camp, would you send the camper application back to the ex-stepmother and require that another application be submitted by the current legal guardian with proper legal notices?*** Why or why not?
- ***Does your camp require documentation to identify the legal guardians of your campers?*** If your camp experienced this situation, what documentation would you require? When applicable, legal guardians should be able to provide court documents that restrain one parent (or ex-stepparent) from access and/or guardianship.
- ***ACA standards require that camps have procedures in place for releasing campers to authorized persons during camp and at the end of the camp session.*** What are your camp’s policies and procedures specific to sign out? How are these policies and procedures implemented, monitored, and enforced? How would you involve law enforcement if you found that you turned a camper over to an individual who did not have legal custody?



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- **Does your camp have access to legal counsel if a situation like this escalated at your camp?**
Legal counsel is imperative for any camp.

Resources — Case Study 5

- ACA Standard OM.13 — Camper Security, in the Accreditation Process Guide:
<https://ACAbookstore.org/p-5688-american-camp-associations-accreditationprocess-guide-2012-edition.aspx>
 - Camp Security — ACA Public Policy Statement:
www.ACAcamps.org/sites/default/files/images/publicpolicy/Camp%20Security%202012.pdf
 - “Risk Management — Security at Camp”: www.ACAcamps.org/campmag/0003/risk-management-security-camp
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Case Study 6 — Health Form / Release Form Issue

The parents of a registered camper believe only in faith-healing with regard to medical matters and have refused to sign the camp’s “permission-to-treat” form. The camp director learned of this just a week before camp began.

Key Considerations and Lessons Learned — Case Study 6

- **Would you allow the camper to attend camp without a permission-to-treat form?** Does your camp currently have policies, procedures, and forms that guide decision making if this situation happened to you? If not, what’s needed?
- **Considering this situation, what is your camp’s view on religious beliefs, and does this view influence your healthcare policies and procedures?** Courts have generally interpreted the concept of freedom of religion very broadly to include both religious beliefs and most religious practices. However, in cases of life-threatening medical conditions, courts and Child Protective Services have occasionally intervened and ordered treatment of a child against the wishes of parents/guardians.
- **A permission-to-treat form is a foundational document for camp healthcare.** ACA standards require camps to have either signed permission to provide routine healthcare, dispense medications, and seek emergency treatments, or a signed waiver refusing permission to treat. Although most, if not all, camps have permission-to-treat forms, some camps have not incorporated the use of a signed waiver that can be used when parents/guardians refuse to grant the camp permission to treat.
- **If parents/guardians refuse to sign a permission-to-treat form, for religious or other reasons, the camp should have an alternate form that specifies action to be taken if the camper requires care or treatment.** The form should also release the camp from liability if the parent/guardian cannot be reached in an emergency. Some camps have used generic release / assumption of risk forms for this purpose, but camps need to work closely with legal counsel to determine the type of waiver form that would be most appropriate and the exact wording of that form. Camps often choose to include the element of “indemnity” within their waiver form.

- **Issues involving healthcare forms might be impacted by privacy and confidentiality issues related to the Health Information Portability and Accountability Act (HIPPA).** Camp directors should be aware of HIPPA and should appropriately protect and control the privacy and confidentiality of healthcare forms and related documentation.

Resources — Case Study 6

- “Religious, Cultural, and Philosophical Objections to Care,” American Academy of Pediatrics: www2.aap.org/sections/bioethics/PDFs/Curriculum_Session2.pdf
- ACA Standard HW.9 — Permission to Treat, in the Accreditation Process Guide: <https://ACAbookstore.org/p-5688-american-camp-associations-accreditationprocess-guide-2012-edition.aspx>
- “Releases and Related Issues: Revisited”: www.ACAcamps.org/campline/winter-2012/releases

Case Study 7 — Trip and Travel Program and MRSA Infection

Overview

Following an expedition (trip and travel) camp experience, two campers came back with what was diagnosed by the camp’s health care staff as “infected spider bites.” A few days after the campers were sent home, the camp received a call from one of the camper’s parents indicating that the “bite” was now believed to be a MRSA infection based on a pediatrician’s diagnosis. MRSA, or Methicillin-resistant Staphylococcus Aureus, is a skin infection caused by antibiotic-resistant staph bacteria. The camper’s culture had been sent to a lab and the parents were waiting for possible MRSA confirmation from the pediatrician. Although the “infected” campers were no longer onsite, the camp director shared that a staff member was now showing a similar “spider bite” and she was concerned that she had an infectious disease now spreading through the camp. She wanted more information about MRSA and help considering the issues involved. ACA has an excellent resource page dedicated to MRSA at: www.ACAcamps.org/knowledge/health/diseases/MRSA.

Questions/Issues

- **Quick response is critical!** Responding promptly to infectious disease to avoid the transmission to other campers and staff ensures that a small problem doesn’t become a major problem.
- **What key messages does your camp use when infectious diseases are found in the camp population?** When and what do you communicate with parents? Fall is a perfect time of the year to review and update your communication plans based on recent incidents at your camp or based on situations described in this article. (See ACA’s Crisis Communications Toolkit in the Resources section.)
- **Ensure that camp staff, particularly health care staff, are trained to identify MRSA correctly.** Although MRSA has nothing to do with spider bites, the sores associated with MRSA look and feel like a spider bite (because of the swollen or necrotic tissue near the wound). When in doubt, have the camper or staff member checked for a MRSA infection.

- **Remember the five “Cs” of how MRSA is transmitted: crowding, contact with the skin, compromised skin, contaminated items or surfaces, and cleanliness problems.** Recognize that you can have an active MRSA infection (you show symptoms) OR you can be a carrier (you don’t show symptoms but you still have MRSA bacteria living on your skin and/or in your nose.)
- **Does your camp have clear emergency protocols for outbreaks of infectious and communicable disease like MRSA?** These protocols should include procedures for: health care, housekeeping, laundry, isolation or removal from camp, parent notification, and health department reporting as appropriate.
- **Assess your camp’s hygiene policies and practices, particularly in your health center, to prevent the spread of disease.** MRSA is often spread in health care settings.
- **Ensure that your staff is trained regarding their role in reducing the spread of infectious diseases — particularly hand-washing and personal hygiene policies.** Staff training should include the following topics:
 - Wash your hands.
 - Don’t share personal items that come in contact with your bare skin, such as towels.
 - Keep wounds covered.
 - Shower with soap after sport/recreational activities or contact games.
 - Use a barrier between your bare skin and public surfaces with shared use.
 - Do not participate in contact activities if you have a draining wound.
 - If you have a cut or sore, wash linens and clothes in hot water and dry in hot dryer.
 - Wash sport/recreational clothes after each use.
 - If you have an infected cut or sore, seek medical attention.
- **What are your camp’s housekeeping protocols and how are these protocols reinforced when infectious diseases are identified in camp?** Camps should establish routine housekeeping protocols that maintain a clean environment by establishing cleaning procedures for frequently touched surfaces — especially those that come in contact with people’s skin. It is recommended these cleanings be done at least daily.
- **What is your camp’s relationship with your local health department?** Camps are encouraged to contact their local health department if MRSA is confirmed and follow their recommendations.

Case Study 7 Resources

- MRSA Web Page on ACA’s Web Site: www.ACAcamps.org/knowledge/health/diseases/MRSA
- Centers for Disease Control and Prevention — MRSA Resources: www.cdc.gov/mrsa/index.html
- Living with MRSA: www.unc.edu/depts/spice/LivingWithMRSA.pdf
- ACA’s Crisis Communications Toolkit: www.ACAcamps.org/members/toolkit/crisiscomm
- ACA’s Illness and Injury Prevention Online Courses for Staff: www.ACAcamps.org/einstitute/healthycamp
- ACA’s Trip and Travel Standards: www.ACAcamps.org/sites/default/files/images/accreditation/standards/Final-Program-TripTravel-Standards-for-review.pdf