

APPENDIX F: Staff Training

Camp training occurs with all staff prior to the beginning of the program each week. The attached training document is sent to all staff prior to the start.

Training includes but is not limited to:

1. Purpose and goals of program
2. Overview of BI
3. Care of the camper:
4. Review of all relevant policies and procedures.
 - a. Confidentiality
 - b. Social media
 - c. Emergency Preparedness
 - d. I-9 Form
5. Transfer training
6. Medical issues common to the camper population.
7. Counselor and camper relationships.
8. Camper review:
9. Daily operations and programming
10. Use and safety of golf carts
11. Camper supervision
12. Safety education and instruction for all water activities
13. High ropes and canoes to ensure safety and responsibility.
14. Education and instruction on strategies to manage camper behavior

Camp staff training is completed by the camp director or another staff member designated by the director for each week.

Staff:

Program manager: The program manager is the liaison between caregivers, camp and facility staff, the hospital, outside resources, etc. and is ultimately responsible for the safe and efficient operation of camp. S/He functions as the representative of BIAV, is primarily involved with the administrative operation of camp, and acts as a resource for the program specialist.

Program specialist: The functional "in charge" person during camp, and is responsible for daily operations including counselor and camper activity assignments.

Heat Counselor: Designated by program manager and program specialist to be a resource for the other counselors and may assume additional duties as assigned.

Counselors: Counselors are expected to ensure the safety of campers at all times, assist and supervise the campers with personal care, in activities and cabins and at meals, and lead camp activities.

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Camp Staff Training Information

(PLEASE BE SURE TO BRING THIS WITH YOU TO CAMP!)

Purpose and goals of camp:

1. To allow brain injury survivors opportunities to experience activities in a safe and supportive environment
2. To socialize with peers and get away from their normal, everyday existence
3. To provide caregivers some sorely needed respite
4. To broaden the professional's realm of knowledge about the needs of brain injury survivors.

Overview of Brain Injury

1. Causes: Young males, 16-24, are the most likely to sustain an injury
2. Most common cause is fall, followed by car accidents, assaults, ruptured blood vessels, and lack of oxygen to the brain.
3. With traumatic injuries, damage is widespread as the brain ricochets inside the skull during impact. Axonal injury occurs when the nerve cells are torn from one another. Increased intracranial pressure from the subsequent swelling causes diffuse damage. Localized damage occurs at the site where the brain hits the skull. The brain stem, frontal lobes and temporal lobes are particularly susceptible to injury because of their location near bony protrusions within the cranial vault. Problems remaining after an injury vary greatly, depending on the site and extent of the injury; impairment in more than one area is common. They may include some of the following; it is not an all-inclusive list by any means.
 - a. Physical: Vision, hearing, and other sensory impairments; difficulty speaking or swallowing; headaches; seizures, sleep disturbances; spasticity, paralysis or weakness, which may lead to diminished strength and endurance, coordination and balance problems; gait disturbances.
 - b. Cognitive: Short and long term memory problems; poor attention and concentration; delayed processing and response times; communication deficits; impairments of judgment; decreased ability to plan, organize and sequence tasks; inflexibility.
 - c. Emotional: Mood swings, denial, self-centeredness, anxiety, depression, low self-esteem, restlessness, lack of motivation, inability to self-monitor behavior, agitation

Care of the Camper:

1. Level of function/Level of assist: Some campers live independently or semi-independently, some live with his/her parents or spouses, some live in long-term care facilities. Some are able to meet their own self-care and mobility needs without assistance, some need verbal cueing or reminders, some need physical assistance, and some require total care from an attendant. Campers may need help in one area and none in others. It is very important to gauge what kind and how much help each individual requires and to provide only that which is necessary; this can change from minute to minute, so be alert. Do not be too quick to do for them; let them try it on their own before interceding, unless safety will be compromised. Don't rush them, but if something is taking too long (i.e. getting dressed), try to strike a deal with the camper to help them get to meals or activities on time.
2. Hygiene/Showering: Campers may not remember, may not like, or may not be able to do these things for themselves. Do not rely on them doing it all or doing it well until you have seen it yourself. If you haven't seen it, check with other counselors to see if they have. Be sure they change their clothes, brush their teeth, etc. If they don't want to shave during the week, be sure they have shaved by the time they are picked up. Try to arrange it so that half of the

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camper's shower at night and the other half in the morning. Be careful with toilet and shower transfers. We have had falls with injuries in there.

3. Wanderers: A few of the campers may wander; this is not usually done maliciously or in an attempt to escape, but rather is a result of their poor memory. These campers will be identified during camper review. Don't assume they know where they're going, just because they tell you they do. Some of them can be monitored well as long as they are in your line of sight; this is easier than it sounds, because there are usually lots of things going on that compete for your attention. Please be vigilant! If a wanderer is in your activity, when it's over one of the counselors running it will need to accompany the camper to the next activity and designate the next counselor responsible for watching this camper. If a wanderer is scheduled to be in your activity, make sure they show up. If not, alert the Program Director as soon as possible.
4. Outbursts: Not an everyday occurrence, but it does happen. If the outburst is verbal, then explain in a calm voice that the behavior is not appropriate, that it is upsetting to others, that you don't deserve to be spoken to in that manner, etc. (See strategies in the next section) If the outburst should be physical, stay calm and clear the area of other campers. Send someone to notify the Camp Manager(s). Do not engage or confront the camper; things are best handled by encouraging him/her to walk it off and cool down. Keep an eye on the camper, but do not press them.
5. Strategies for working with brain injury survivors:
 - a. Avoid the use of good/bad when referring to a disability; use strong/weak, right/left, etc.
 - b. If a camper becomes agitated, try to re-direct them first. It's the easiest and often the best strategy. Offer the camper a drink, change the subject, start singing; anything safe that may change the direction the behavior is headed. If that doesn't work, try mirroring (a non-judgmental verbal reflection of a camper's statements or behaviors that prevents escalation and helps both of you keep your cool), empathy (acknowledging the validity of the campers concern or complaint), negotiation, or provision of alternate choices. If you're unsure how to handle the situation, have someone notify the Program Manager(s) or BIAV Executive Director.

Transfers

Even if you have experience with transfers, you will do some funky ones at camp; therefore general principles of transfers will be reviewed during staff training. There are a few things to always remember; they are:

1. Keep your back straight
2. Lift with the legs
3. Offer no more assistance than is necessary to keep the camper safe.
4. When in doubt, get help. Better safe than sorry.

Medical Issues

1. Universal Precautions: To protect yourself and others, assume that all body fluids are potentially infectious. Wear gloves whenever you may come in contact, and wash your hands with soap and warm water often. It's not a bad idea to carry an extra pair of gloves and a small container of hand sanitizer in your pocket, in case something unexpected happens.
2. Seizures: With *Grand Mal* seizures there is a sudden loss of consciousness, usually without warning. Try to catch the person's head and gently lower the camper to the ground. Move other campers away and try to clear the immediate area of any objects that might threaten injury. Try to cushion the head with something soft or your hands if the head is banging against the ground. There may be large body movements, as virtually every muscle in the body is contracting. There may be biting of the tongue, incontinence, and sometimes color changes of the lips or nail beds. With *Partial Complex* seizures, there is generally some type of warning or

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“aura”. The camper may not be aware of the environment, but there is usually no collapse or loss of consciousness. They may walk around, as if with purpose. Repetitive, non-purposeful acts may be seen. *Partial Simple* seizures involve rhythmic twitching of the face, hand/arm, and/or leg on one side of the body. The duration of any seizure may be several minutes, after which the camper may be sleepy, confused, or fatigued. Some campers become agitated. This will fade over time. Do not try to put anything in the camper’s mouth during a seizure, do not attempt to restrain the limbs, do not try to give fluids. Be sure to note exactly how long the seizure went on (be sure to look at your watch at the start and the end-it will feel like a long time), and what the physical manifestations of the seizure were. The nurse must be notified of any seizure activity. Seizure prone campers must wear flotation devices in the pool and cannot swim alone.

- a. First Aid procedures for seizures:
 - i. Do not force any objects into the person’s mouth
 - ii. Clear the environment of harmful objects
 - iii. If possible, ease the individual to the floor to prevent injury from falling
 - iv. Turn the person to the side to keep the airway clear
 - v. Remove eyeglasses or hearing aids while turning the head to one side to allow saliva to drain from the mouth
 - vi. Do not try to hold their tongue
 - vii. Put something soft under the head if possible
 - viii. Place pillows along bedside, if in bed
 - ix. Loosen tight clothing around their neck
 - x. Do not attempt to restrain the person
 - xi. Do not give the person liquids during or just after the seizure
 - xii. Continue to observe the person until fully alert and check vital signs such as their pulse and respirations periodically
 - b. Important information to remember regarding seizures:
 - i. Time when the seizure begins and ends (**this is why a watch is required**)
 - ii. Level of consciousness
 - iii. Parts of the body involved
 - iv. Type of movements or other symptoms
 - v. If bowel and/or bladder incontinence occurred
 - vi. Possible causes
3. Minor Problems: Falls are a common problem and may result in cuts, bruises, sprains, etc. Any bleeding wound should have direct pressure applied to it, and be cleaned if possible. Have someone get the Medical Personnel as soon as possible, and make sure they are able to let the nurse know the location and the specifics of the accident (what part of the body, how it happened, how badly the person is hurt).
 4. Major Problems: If EMS needs to be activated, send someone to locate the director and send someone else to find the Medical personnel.
 5. Hazards: Be sure to know if your campers have allergies! Our biggest hazards tend to be bee stings. If you or campers appear to be having an allergic reaction, find the Medical Personnel immediately. Look for signs of swelling, redness, warmth, pain, rash, or shortness of breath. Be alert; respiratory failure is a possibility and if that looks eminent, EMS should be activated promptly. Snakes are around, but are not generally a problem. Spiders are a potential problem, so be alert to that too. If someone is bitten, get a description of the snake/spider, and again, find the Medical Personnel. Nightly tick checks must be done by you or the camper; check for other minor injuries at the same time, particularly with the non-verbal campers. Report any

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suspicious lesions or problems to the Medical Personnel. Be particularly vigilant with non-verbal campers!

6. **Tick Checks:** Tick checks are completed everyday for all campers and staff. If a tick is found then notify the Medical Personnel. They are the only one(s) to remove ticks.
7. **Sunscreen/Bug Repellent:** Some campers are on medications that cause phototoxic reactions, some burn easily, and it's too hard to keep track of; every person (counselors and campers) wears sunscreen of at least SPF 30. All campers should wear bug spray; high functioning campers can decline, but if they start getting bitten, ask to apply bug spray.
8. **Hydration:** Critical, especially if it's hot. Offer your campers something to drink at the start and finish of each activity. Be sure to monitor the fluid intake of the campers and yourself.

Conduct/Relationships:

1. Each staff member is expected to conduct him/herself in a manner that is appropriate for modeling by campers, and to deal in a professional and courteous manner with fellow staff, family members and campers.
2. Never talk about a camper in front of other campers.
3. While many of the campers have amusing quirks, do not make fun of the campers; they are not here for our amusement.
4. Avoid spending a significant length of time alone with a camper, unless instructed to do so by the Program Manager(s). Interpersonal conflicts may happen; you are each encouraged to attempt resolution of your specific issues. If you are unable to do this in a satisfactory manner, please talk to the Program Specialist; bringing others into the conflict will likely backfire on you, and could result in a situation that is counterproductive.
5. Relationships occur between counselors frequently; just remember that whatever happens, you still have a job to do. Do not display affection openly in front of the campers, many of whom are frustrated by the lack of an intimate relationship in their own lives.
6. Camper relationships will be dealt with on a case by case basis, and information will be shared with staff as to the appropriate handling of the situation.
7. Finally, and most importantly, be very careful in your own relationships with a camper. Don't pick favorites; don't give out your address, e-mail and/or phone number unless you are prepared to deal with the consequences. If someone forms an attachment to you, be as sensitive and honest as you can. While difficult at times, you do not spare someone's feelings by leading them on, or by not dealing with the issue. If you do need to address this with a camper, do so honestly and with kindness.

Universal Camp Staff Responsibilities:

- a. Staff is responsible for on-site pre-camp prep and post-camp clean up.
- b. All scheduled training and meetings are mandatory for all staff. Advance notice will be given for any sessions planned. Staff must contact the Program Director(s) should absence be required. Any missed training or meetings must be made up by the staff.
- c. Staff is to use common sense and discretion when dressing for work. Open toed shoes are not allowed at any activity other than the pool.
- d. Alcohol and/or illegal drugs are not allowed on camp property. Violation will result in immediate dismissal.
- e. Telephone Use: Cell phones are to be kept in the cabins during activities unless permission is given by the Program Manager(s). Designated staff will carry cell phones for emergency situations and contact with BIAV staff.