

## APPENDIX 2. Camp Staff Training Information

### **Brain Injury 101 Handout (BRING THIS WITH YOU TO CAMP!)**

**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.**

A. **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.

B. **Overview of Brain Injury:**

1. The most common cause is falls, followed by car accidents, assaults, ruptured blood vessels, and lack of oxygen to the brain.
2. Older adults are the most likely to sustain a brain injury as a result of a fall. Young males, 16-24, are the most likely to sustain an injury as a result of an accident. Two thirds of our campers are male.
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.

C. **Job Descriptions:**

1. **Program Director:** 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 Camp Program Manager(s).

2. **Program Manager:** The functional “in charge” person during camp and is responsible for daily operations.
3. **Medical Manager:** The “nurse”. Responsible for collection, administration and documentation of all medications at camp. Manages all medical issues for staff and campers.
4. **Head Counselor:** Head counselors are designated to be a resource for other counselors and volunteers and may assume additional duties as assigned.
5. **Counselor:**
  - a. 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.
  - b. **POSITION RESPONSIBILITIES:**
    - i. Assist campers with dressing, showering, toileting, bathing and feeding in a respectful and safe manner.
    - ii. Facilitate camper participation in activities.
    - iii. Report any illness, accident, or behavior problems to the Camp Program Manager(s) and/or Medical Manager in a timely manner.
    - iv. Assist with checking campers in and out of cabin.
    - v. Report cases of lost, damaged or stolen property to the Camp Program Manager
    - vi. Report maintenance needs or damage to Camp Program Manager.
    - vii. **Reports to: Camp Program Manager**
6. **Attendant:**
  - a. Attendants are assigned to one specific camper and are expected to ensure the safety of that camper at all times, meet the camper’s needs relative to personal care, and facilitate the camper’s participation in activities.
  - b. **POSITION RESPONSIBILITIES:**
    - i. Assist camper with dressing, showering, toileting, bathing and feeding in a respectful and safe manner.
    - ii. Facilitate camper participation in activities.
    - iii. Report any illness, accident, or behavior problems to the Camp Program Manager(s) and/or Medical Manager in a timely manner.
    - iv. Assist with checking camper in and out of cabin.
    - v. Report cases of lost, damaged or stolen property to the Camp Program Manager
    - vi. Report maintenance needs or damage to Camp Program Manager
    - vii. **Reports to: Camp Program Manager**
7. **Universal Camp Staff Responsibilities:**
  - a. Staff is responsible for on-site pre-camp prep and post-camp clean up.
  - b. Counselors are responsible for the entire camp group, not just the assigned individual groups. Counselors must be totally attentive and involved with the campers at all times. Counselors must know how many campers are present at ALL times.
  - c. Campers’ needs **always** come first! (e.g., am/ pm showers, at meals, restroom time, changing from swimming activities, laundry, etc.)
  - d. 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.
  - e. Alcohol and/or illegal drugs are not allowed on camp property. Violation will result in immediate dismissal.

- f. Cell phones are to be kept out of sight during activities unless permission is given by the Camp Program Manager(s). Designated staff will carry cell phones for emergency situations and to have contact with BIAV staff.
- g. Counselors should enforce the camper's behavior policies and should report any problems or concerns to the Camp Program Manager(s).

D. **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 can 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 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 as the floors can be wet and slippery.
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 Camp Program Director and/or Camp Program Manager 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 has impaired speech production and/or language comprehension (i.e., aphasia, dysarthria) and you have difficulty understanding, do not pretend to understand. Instead, seek clarification from the camper (i.e., I'm sorry, I missed that, could you please say that again?) or seek assistance from another counselor or one of the Camp Program Manager(s). A camper may be trying to express their needs in this

situation, so it is important that you make an effort to understand them in order to meet their needs accordingly.

c. 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 camper's 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).

E. **Transfers:**

1. 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 and are included in the pre-camp training modules. ***There are a few things to always remember:***

- a. Keep your back straight (avoid bending/twisting your back)
- b. Lift with the legs
- c. Offer no more assistance than is necessary to keep the camper safe.
- d. When in doubt, get help. Better safe than sorry.

F. **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. **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 Camp Medical Manager as soon as possible, and make sure they are able to let the Medical Manager know the location and the specifics of the accident (what part of the body, how it happened, how badly the person is hurt).

3. **Major Problems:** If EMS needs to be activated, send someone to locate the Camp Program Director and/or Camp Program Manager and send someone else to find the Camp Medical Manager.

4. **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 Camp Medical Manager 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 Camp Medical Manager. Nightly tick checks must be done by you or the camper; check for other minor injuries at the same time, especially with non-verbal campers. Report any suspicious lesions, skin irritation/breakdown, or other problems to the Camp Medical Manager. Be particularly vigilant with non-verbal campers!

5. **Tick Checks:** Tick checks are completed every night for all campers and staff. If a tick is found then notify the Camp Medical Manager. They are the only one(s) to remove ticks.

6. **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) should wear 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.

7. **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.

8. **Heat related illness:** It's not uncommon for persons with brain injury to have temperature regulation/tolerance issues. Heat exhaustion is a condition whose symptoms may include heavy sweating and a rapid pulse, a result of your body overheating. Signs and symptoms of heat exhaustion may include Cool, moist skin with goose bumps when in the heat; Heavy sweating; Faintness; Dizziness; Fatigue; Weak, rapid pulse; Low blood pressure upon standing; Muscle cramps; Nausea; Headache. If someone is displaying any of these symptoms notify the Camp Medical Manager immediately.

9. **Seizures:**

a. With *Grand Mal* seizures there is a sudden loss of consciousness, usually without warning. Try to catch the camper and gently lower him/her 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 color changes of the lips or nail beds.

b. With *Partial Complex* seizures, there is generally some type of warning or "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.

c. 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. 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.

d. The Camp Medical Manager must be notified of any seizure activity.

e. Seizure prone campers must wear flotation devices in the pool and cannot swim alone.

f. First Aid procedures for seizures:

i. 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.

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

g. Important information to remember regarding seizures:

- i. Time when the seizure begins and ends (**you must bring a WATCH with you to camp that can be used for this**)
- 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

G. **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).
5. Interpersonal conflicts, either between campers, counselors, or a camper and a counselor, 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 Camp Program Manager(s); bringing others into the conflict will likely backfire on you, and could result in a situation that is counterproductive.
6. Relationships occur between counselors occasionally; 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.
7. 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.
8. 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** (this is a new policy); you may connect with campers on Mighty Networks, which is monitored by camp leadership. 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.

H. **Counselor Related Policies and Procedures**

- A.
- B.
- C.
1. Confidentiality
  - a. Confidential information is defined as any information not known to the general public. It is valuable and sensitive information and is protected by law and strict BIAV policies. All Employee and volunteers must adhere to BIAV's confidentiality policy.
  - b. BIAV's confidentiality policy pertains to the use of all BIAV information in mediums including social media, television/radio, newsprint, publications, and other outside entities.
  - c. All Employee and volunteers must sign confidentiality agreement upon employment or initiation of activities and annually; this obligation remains even after the employment relationship with BIAV ends.

- d. Employee or volunteers of the BIAV will not disclose personal information about its consumers to outside entities.
  - e. Information concerning employee or volunteers, including but not limited to compensation and benefits, addresses, credit, employment and medical history is considered confidential and will not be revealed to anyone, including other employee or volunteers, unless he/she is specifically authorized to have access to the information.
2. Social Media
- a. Social media includes any website or medium including video that allows for communication in the open.
  - b. Use of social media sites shall be in accordance with the BIAV's confidentiality agreement signed by all employees and volunteers.
3. Emergency Preparedness
- a. Weather Emergency
    - i. Camp Program Director(s) or the Program Manager(s) will stay alert to weather forecasts throughout the day.
    - ii. Triple R staff will alert the Camp Program Director of any weather warnings or alerts that may be issued. If a Tornado Warning is issued for the site location, Triple R staff will blow an air horn continually to let you know need to seek shelter immediately.
    - iii. If the situation or time permits, the Wally Ball Court should be considered as shelter first, followed by cabin bathrooms, or the bunkhouse (downstairs) bathroom. Assembly points are the D-Hall, Café and Ponderosa
    - iv. After campers have been gathered together, a head count should be taken by the Camp Program Manager. If anyone is missing, the Camp Medical Manager and Head Counselors will be notified, and the Camp Program Manager will give instructions for management of the situation.
    - v. Wherever you are – sit on knees with heads down and against a wall with hands over heads.
    - vi. If you are caught outside and there is no building (such as the hayfields), find a ditch and lay flat. Do not try to outrun a Tornado.
  - b. Fire:
    - i. In the event of a fire, the first priority is to secure the safety of the campers. Keep the campers together and if able, evacuate them and notify ranch staff immediately.
    - ii. Campers and staff are to gather together if possible; if not possible, gathering points are the D-Hall, the Ponderosa or the Café.
    - iii. After campers have been gathered together, a head count should be taken by the Camp Program Director. If anyone is missing, the Camp Medical Manager and Head Counselors will be notified, and the Program Director will give instructions for management of the situation. Campers and staff are to remain at their location until given further instructions by the Program Director. Any missing campers or staff should be reported to Triple R staff and emergency personnel.
    - iv. If the fire is in the Ponderosa, pull a fire alarm.
    - v. If you are in a location where there is no fire alarm, call 911 from the nearest phone. Get details to the Camp Medical Manager, Ranch Office or Ranch Duty Person immediately.

- vi. Ranch Facility staff will wait at the front entrance to camp to direct the fire truck.
- c. Missing Camper:
  - i. When it has been determined that a camper is missing from a particular event or activity, the Camp Program Director will assume control of the situation and direct all staff activity.
  - ii. If it is determined the camper should be on site, designated counselors will check all places the camper was last known to be, cabins, bathrooms and all site locations, including Porta-Johns.
  - iii. If there is still no sign of the camper, the Camp Program Director will obtain a description of camper and the clothes he/she was wearing when last seen, and contact the Triple R Ranch staff. Counselors are to re-check previous locations, and walk around general camp grounds checking all areas including amphitheaters, archery/riflery ranges, ropes courses and wooded areas on main camp property.
  - iv. If there is no sign of the camper, all campers are to remain at their site locations with counselors until instructed to do otherwise by the Camp Program Director or designee. The Camp Program Director or designee will drive down Bunch Walnut Rd. to its end in both directions and ask anyone she/he sees about the missing camper.
  - v. The Camp Program Manager will coordinate communication with the Camp Program Director and staff who are looking for the missing camper.
  - vi. If the camper is still missing, call 911.
  - vii. Create detailed time log of all procedures and participants.
- b.
- c.
- d. Medical Emergency
  - i. Immediately call or send someone to notify the Camp Medical Manager first and then the Camp Program Director.
  - ii. Keep the victim stationary, calm, and comfortable, providing assistance as instructed in pre-camp first aid training.
  - iii. Keep all campers and staff away from the incident.
  - iv. Report to the Camp Medical Manager, who will then take control of the scene.
  - v. If 911 is called, the Program Director will notify the Triple R staff and designate a staff person to meet EMS.
- e. Intruder Alert
  - i. Any person not a part of the Triple R Ranch staff or their immediate families, registered camper or Camp Bruce McCoy staff will be considered as intruders.
  - ii. If an intruder is spotted, immediately notify the Camp Program Director and the Triple R Ranch Director.
  - iii. Triple R Ranch staff will confront the intruder.
- 4. Use and safety of golf carts
  - a. Golf carts are to be used for the safe transport of campers and staff; they are not to be used for joy riding of any sort at any time.
  - b. Drivers must have a valid Virginia drivers' license



- c. Golf Cart/Utility Vehicles are to be operated at speeds no greater than 10MPH or as safety concerns demand.
  - d. Operators should always consider the terrain, weather conditions, and existing pedestrian and vehicular traffic, which may affect the ability to operate the Golf Cart safely.
  - e. Any time a Golf Cart/Utility Vehicle is unattended, the ignition will be turned off, and the key will be removed from the ignition and kept in the possession of the authorized operator. Golf Cart operators are responsible for the security of ignition keys during the time that a Golf Cart/Utility Vehicle is assigned to them.
  - f. Golf Cart operators are not permitted to drive while wearing devices that impede hearing.
  - g. All passengers must be in seats designed for such use, and arms and legs should always remain in the vehicle.
5. Drug and alcohol policy
- a. It is the intent of BIAV to maintain a safe workplace that is free of drugs and alcohol
  - b. BIAV will not tolerate the unlawful possession, use, manufacture, distribution or dispensation of controlled substances in the workplace or during work time. Employees are expected to be free from the influence of alcohol, illegal drugs and unlawfully used prescription medication while at work. Personal conduct while under the influence of drugs or alcohol that results in injury to or endangers the safety of the employee or any other person, significant damage to agency property or equipment, or in the sole opinion of management posed a risk of significant damage is grounds for immediate dismissal.
  - c. Upon accident or suspicion of drug or alcohol use, a drug test will be initiated.
6. Cell phone policy
- a. Cell phone usage while driving a Golf Cart/Utility Vehicle is prohibited.