Camp Rainbow Gold 2023 Volunteer Manual
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ABOUT CAMP RAINBOW GOLD

INTRODUCTION

Welcome! New and returning volunteers, we are delighted to have you in the Camp Rainbow Gold family and are certain you will be a wonderful part of the team this year.

The purpose of this manual is to acquaint all camp volunteers with general and specific procedures and practices specific to Camp Rainbow Gold and to serve as a resource if questions or concerns arise during the camp season.

Our volunteers are selected for reasons such as personal character, high ideals, sense of responsibility and various other special skills, all of which will offer our campers the quality of leadership, mentorship, and friendship they can confidently emulate to grow emotionally, physically, and mentally. Yours is a challenge worth meeting in every sense of the word; a responsibility entrusted to you by the parents of our campers and the campers themselves.

Cancer survivors, siblings and family members who attend our programs are resilient, special individuals. They deserve our best efforts to motivate them to their greatest potential through experiences, connections, conversations, and moments of celebration, magic, love, hope and fun.

Volunteers are the lifeblood of our organization. You provide the tempo and establish the quality of our camp programs. Each camper represents an opportunity for personal growth and knowledge. To meet this challenge, volunteers must strive to continually improve and enhance their skill set. Great volunteers lead and learn daily.

Every idea and experience volunteers bring to be better equipped to do this work well means an improved camp experience for children and volunteers alike. This manual is designed to provide you with information to prepare you for your camp session(s) and allows us to fully utilize the limited time during training by providing a constant resource after you return home and throughout the camp session. While it is certainly not designed to complete any phase of your work, it will introduce you to the considerations and situations you may encounter this year at our various camps.

As an American Camp Association (ACA) accredited camp, each volunteer is required to complete at least 24 hours of training prior to participating in our camp programs. Our trainings are provided not only to meet this requirement but, more importantly, to assure our volunteers have the knowledge and skills to ensure a safe and positive experience for our campers.

It is the expectation you will know and follow all guidelines presented and discussed in this manual.

Thank you for being here. We are thrilled to have you as part of the Camp Rainbow Gold family and we’re looking forward to another amazing camp season!
HISTORY
Our roots were planted way back in the ’80s, when one boy in Twin Falls, Idaho, was told “no.” His request? To go to summer camp — an experience commonplace in the lives of countless children. But for this one boy, the notion of campfires, art projects and silly skits with new friends wasn’t something he thought could ever be possible. As a youngster undergoing treatment for cancer, this boy couldn’t find a camp equipped and willing to handle his medical needs in a remote location.

The boy expressed his dismay to Twin Falls general surgeon Dr. David McClusky. That “no” became the launch of a “YES!” of unimaginable proportions. “He was a patient, and I could see the disappointment on his face when he told me he wished he could go to summer camp,” McClusky said. “I just got to thinking, ‘Why not?’”

This set in motion a small team of grant writers and big thinkers. Camp Rainbow Gold was officially established in the mid-1980s as one of the first children’s oncology camps in the country. From there, we grew and enjoyed tremendous support by the American Cancer Society. Then, in 2013, as our parent organization made difficult decisions, we stayed true to our mission to serve Idaho’s children diagnosed with cancer. Our singular focus made the decision to become an independent nonprofit organization easy. We’ve made a lot of great choices over the years, but that one shines and serves us — and the families we serve — very well.

BUILDING A FOUNDATION
As decades progressed and the bonds between Camp Rainbow Gold and the community strengthened, the need for family services, continued involvement, and year-round programs became evident. Simply put, one week just wasn’t enough. Just like the children, parents also need a break from the rigors of a cancer diagnosis. Siblings often feel pushed aside and need validation and encouragement. The love of camp doesn’t end when you turn 18, so our Junior Volunteer program provides a natural transition for campers to become volunteers and give back to their Camp Rainbow Gold family.

Camp Rainbow Gold provides cancer survivors with an escape from the rigors of their illnesses. With the generosity of many donors and major fundraising events orchestrated by wonderful volunteers, our unique programs are provided free of charge to all campers and their families. Additionally, camps are attended by a full medical staff and a licensed social worker to ensure the children are supported both medically and emotionally. Program staff and volunteers are highly trained and aim to provide a fun, safe and caring community for children, siblings, and parents through every interaction.

Dr. McClusky’s original vision for camp has transcended into a year-round community of support and encouragement for Idaho families facing difficult circumstances. Every day, we find ourselves making history, be it through a teen support group or through minting relationships with new families. The victories and the hardships that come through our organization add to our rich fabric.

OUR VISION
The Camp Rainbow Gold camp program originated in McCall, Idaho, and then spent many years north of Ketchum in the Sawtooth National Forest. Today, you’ll find us in three locations: one just blocks from St. Luke’s Cancer Institute in Boise, Idaho; another in Ketchum, Idaho, an incredible community that has been supporting Camp Rainbow
Gold through events, partnerships, sponsorships, and donations since our inception; and our new home in Fairfield, Idaho.

Like many medical-needs camps and organizations, Camp Rainbow Gold had always leased land to operate our summer programs. We faced challenges such as capacity, accommodations for medical needs, a lack of long-term leases, infrastructure and capital improvements needs, and increased safety risks. We’ve always considered whether there was more we could do to face the hard reality of new childhood cancer diagnoses in Idaho and an increase in demand for our programs.

In 2019, Camp Rainbow Gold purchased 172 acres of land in Fairfield, Idaho, called Hidden Paradise Camp. With a permanent home for camp, we can provide a stable base for activities and learning experiences. With 172 acres, we can finally expand — more bunk houses, more activities, more grounds to explore. Imagine what it would be like to build a home that could welcome generation after generation of Idaho children and their families.

Having an Idaho-based medical camp presents an enormous opportunity for Camp Rainbow Gold, as well as other Idaho nonprofits with like-missions, to collaborate and serve a growing need in one of the most beautiful and therapeutic places on earth.

Our vision is to create and maintain an Idaho Medical Camp, a welcoming space designed specifically for guests with medical needs to securely connect with nature and each other. We’re excited for this vision to take shape and are thrilled to have you join us as we grow.


GENERAL INFORMATION

ACA ACCREDITATION
The American Camp Association, or ACA, (formerly known as the American Camping Association) is a community of camp professionals who, for nearly 100 years, have joined together to share knowledge and experience and to ensure the quality of camp programs. Because of the diverse 7,000 plus membership and exceptional programs, children and adults can learn powerful lessons in community, character-building, skill development, and healthy living—lessons that can be learned nowhere else. As a leading authority in child development, the ACA works to preserve, promote, and improve the camp experience.

The main purpose of the ACA Accreditation program is to educate camp owners and directors in the administration of key aspects of camp operation, particularly those related to program quality and the health and safety of children and staff. The standards establish guidelines for needed policies, procedures, and practices. The camp, then, is responsible for ongoing implementation of these policies.

ACA Accreditation means that a thorough review of over nearly 300 standards is conducted by the ACA—from volunteer qualifications and training to emergency management. ACA collaborates with experts from the American Academy of Pediatrics, the American Red Cross and other youth service agencies to assure that current practices at the camp reflect the most up-to-date, research-based standards in camp operation. A
partnership is formed that promotes summers of growth and fun in an environment committed to safety.

ACA helps all accredited camps provide:
- Healthy, developmentally appropriate activities and learning experiences
- Discovery through experiential education
- Caring, competent role models
- Service to the community and the environment
- Opportunities for leadership and personal growth

Camp Rainbow Gold became ACA accredited in 2002 and is re-visited every five years. Our goal is to attain and maintain accreditation through the ACA.

Every year we commit to:
- Concurring with definition of camping as set forth by ACA
- Confirming we are operating under applicable federal, state, and local laws, codes, and regulations and that all required permits and licenses have been obtained by our host camp
- Continuing to meet the standards verified by visitors on the day of the visit
- Confirming the understanding that accreditation may be withdrawn if any ACA standards and safety guidelines and code of ethics are not being met
- Relaying ACA Standards to our host site, transportation, and third-party providers to request their cooperation and compliance

In addition, we will conform to all guidelines as set by the Camp Rainbow Gold, Inc., including, but not limited to:
- Use of camper and staff application wording, and parental consents as approved by the Board of Directors
- Secure staffing according to the recommended staff/camper ratios
- Implement and train all volunteers regarding the emergency and crisis management protocols
- Utilize the medical practice and standing orders as well as standardized medical forms recommended as guidelines for camper and volunteer medical care
- Use a NARHA accredited therapeutic horseback riding facility
- Use risk management practices and contracts to define liability of third-party providers
- Utilize the Board of Directors to analyze incident reports, request advice to reduce risk and make recommendations to modify procedures and policies to improve safety
- Adhere to volunteer background check policies defined by the Board of Directors

INSURANCE COVERAGE
Camp Rainbow Gold will provide liability insurance coverage to include the following:
- General liability coverage
- Motor vehicle insurance on all owned, hired, or leased vehicles
- Employer’s non-ownership liability insurance on all non-owned vehicles
- Accident coverage for campers and volunteers with the understanding that the primary coverage lies with their personal insurance
Leased camp sites will be named as an additional insured for general liability with respect to liability arising from negligence of Camp Rainbow Gold.

Third-party activity providers will provide liability insurance and assume the risk of said activities as stated in the contracts with these providers. Third party providers may be requested to name Camp Rainbow Gold as an additional insured on their liability policy and supply documentation demonstrating this compliance.

FINANCIAL POLICY
- Funding for all programs comes from donations received from individuals, corporations, service clubs, foundations, and fundraising events.
- Camp Rainbow Gold maintains an account where donations are held for the exclusive benefit of Camp Rainbow Gold and all its programs including additional camps, college scholarships and year-round services.
- Other funding is in the form of in-kind gifts from the community.
- The Executive Director develops and maintains a budget approved by the Board of Directors.
- Camp Rainbow Gold and all its programs, including additional camps and year-round services, are provided at no cost to the families of the children attending.

PUBLIC RELATIONS AND SOCIAL MEDIA

PUBLIC RELATIONS
- The Executive Director and Marketing Manager should be contacted for all media coverage and requests for information about Camp Rainbow Gold or Hidden Paradise.
- Media representatives are allowed at camp only at specified, pre-arranged times. Certain activities of a private and personal nature may not be a part of film coverage unless approved by the Program Manager and Executive Director.
- Photographs or videos of children are taken by Camp Rainbow Gold and used only if a signed parental consent and release form for each child is on file at the Camp Rainbow Gold office.
- If you bring a camera, we ask you to please use these photographs for personal viewing only. Any other use of these photos including all social media will require permission from the Program Manager, Marketing Manager or Executive Director.

SOCIAL MEDIA GUIDELINES
Social media allows us a unique chance to share the magic of Camp Rainbow Gold every day. We can share stories and photos, triumphs, and tribulations. We can reach new families and stay connected to old friends.

However, each Camp Rainbow Gold employee, participant and volunteer can also impact the CRG brand by how they choose to use private social media and other online accounts. Following are guidelines we ask everyone to consider when using social media or interacting anywhere online where you may be considered a representative of Camp Rainbow Gold.

- **Think before you post.** Even though it can be deleted, the existence of a photo or a message – even for a split second – gives people plenty of time to take a screenshot and keep it living on and on.
- **Protect private information and identities.** Consider not only your own information, but also protect your CRG family. If it is not information, names, details, quotes, or stories CRG openly provides to the public via official social media pages, don’t put it on your own personal pages.

- **Campers are not content for your personal social media.** Ever. Our photo releases do not extend to volunteers. If you take any photos or videos of campers at CRG events or programs, they can only be posted on camp’s account after we confirm a signed release. Photos or videos can be sent to kc@camprainbowgold.org if you’re willing to share them with us for future use.

- **Set appropriate boundaries.** The boundaries we set between campers and volunteers should remain with any online connections. If campers contact you via social media or email, make sure all interactions and conversations are in view of another adult. Move private message invitations to a more public forum or invite a third person to the conversation. Use your ratios!

- **Your views are your own.** If your personal social media account shows your connection to CRG, be sure that readers and viewers know your views are yours. Do not use Camp Rainbow Gold to promote unrelated events, products, causes or people without prior permission from CRG staff to do so.

  Do not use the Camp Rainbow Gold name, trademark, or logo to endorse messages, views, images, organizations, products, or services without written permission from CRG staff.

- **Don’t feed the trolls.** People love to complain about anything and everything on social media, but before you jump in somewhere to defend Camp (no matter how well intentioned) please bring the issue to the attention of a CRG staff member to address in an official capacity.

- **Be respectful of others.** Don’t post information that is false, misleading, defamatory, abusive, harassing, threatening, discriminatory, obscene, or harmful to others.

- **Remember, the Internet is eternal.** Social media is forever. Social media is saved, recorded, forwarded. It is safest to assume that everything you post is public. Even if your posts are private, they can be forwarded or shared beyond your connections.

- **Share your heart!** These guidelines are meant to protect you, Camp Rainbow Gold and all our volunteers, donors, families, and campers. Please do not feel discouraged from sharing your stories, your photos, your connections, and the love you have for Camp Rainbow Gold.

LIKE, FOLLOW, SHARE
Make sure you are following CRG, Hidden Paradise and Share Your Heart on Facebook, Instagram, Twitter, YouTube, TikTok and LinkedIn. Check out our blog. Engage with our
posts and stories and share them with your family and friends. Contact us if you’d like to write a blog post or want to bring any news, partnerships, or events to our attention.

- https://camprainbowgold.org/news-events/blog/
- https://www.facebook.com/CampRainbowGoldInc/
- https://twitter.com/camprainbowgold
- https://www.instagram.com/camprainbowgold/
- https://www.linkedin.com/company/camp-rainbow-gold-inc/
- https://www.youtube.com/@camprainbowgoldinc
- https://www.facebook.com/hiddenparadiseidaho
- https://www.instagram.com/hiddenparadiseidaho
- https://www.facebook.com/shareyourheartball
- https://www.instagram.com/shareyourheartball

Thank you for being a part of this incredible community and helping us to protect and support each other.

**MISSION AND PHILOSOPHY**

**OUR MISSION**
To provide emotionally empowering experiences to Idaho’s children diagnosed with cancer and their families.

**OUR VALUES**
It’s all about the children.

**PHILOSOPHY**
Children who face cancer should have the opportunity to experience as many of the joys and freedoms of a healthy childhood as possible. A summer camp planned and administered with the special needs of these children in mind provides the ideal setting to give them that chance. In the relaxed atmosphere of camp, all children can share their ideas and experience, gain independence, and improve their self-image.

For children with cancer, these experiences are an important source of strength and support. Having the chance to develop friendships at camp can be therapeutic, with benefits lasting throughout the year.

**GOALS AND OBJECTIVES**

**Goal:** To provide campers with a well-trained staff and a safe camping environment at no financial cost to their families.

**Outcome objectives:**
- 100% of the time, all campers will be supervised according to the appropriate camper to staff ratios.
- Recruit and train a minimum of 45 volunteers for staff and counselor positions during a week of camp.
- 100% of participants may attend camp sponsored events free of charge.
**Goal:** To provide the special medical expertise and close monitoring required by children with cancer, not generally available at ordinary summer camps.

**Outcome objectives:**
- 100% of Camp Rainbow Gold camps for children with an oncology diagnosis will be monitored by at least one oncology nurse, complimented by a team of three additional nurses and an oncology physician available 24 hours a day.

**Goal:** To offer campers a wide variety of new and fun experiences with an emphasis on building life skills through activities that promote team building.

**Outcome objectives:**
- At least 15 different activities will be offered at camp each year.
- 75% of campers will actively participate in small group activities of their choice.
- 25% of campers will participate in an activity that is new to them.

**Goal:** Encourage each child to develop a self-sufficient attitude and the self-esteem derived from looking after oneself.

**Outcome objectives:**
- 75% of campers will have shared in the work of all cabin clean-ups and cabin duties by the end of the week.
- 75% of campers will be able to choose their appropriate clothes by the end of the week.
- 75% of campers will be able to shower and brush their teeth on their own by the end of the week.

**Goal:** To give children with cancer the opportunity to make friends with others who understand their situation, the chance to learn from others who share similar health experiences, thereby coming to understand ways to cope with their difficulties and/or limitations.

**Outcome objectives:**
- 75% of campers will have made two new friends by the end of the session.
- 25% of participants in Camp Rainbow Gold programs are 5 years or more since diagnosis.
- 25% of all participants in Camp Rainbow Gold programs are within 3 years of diagnosis.

**Goal:** To provide assurance to parents of campers that their children are in a safe, secure program by giving them all necessary information and support.

**Outcome objectives:**
- 100% of families receive camp packets and final information at least one month prior to camp.
• 100% of the families will have received written documentation regarding camp accreditation and association, information on staff training, medical staff provided and program activities.

**Goal:** To assist children in learning self-care or self-monitoring as recommended by their physicians and to assist them in acquiring as great a sense of responsibility for themselves as their ages and abilities allow.

**Outcome objectives:**
• 50% of all campers on medication, by the end of the camping session, will have developed a responsibility for getting to the infirmary to take their prescribed medications.

**Goal:** To develop a year-round support network for all Camp Rainbow Gold participants.

**Outcome objectives:**
• At least 3 different activities will be offered during the year that will enable emotional and social support with other families.

**Goal:** To offer an arts program, that encourages creativity.

**Outcome objectives:**
• 75% of all campers will have the opportunity to participate in art projects.

**Goal:** To provide maximum benefits to the children from the donations received.

**Outcome objectives:**
• 100% of all gifts will be used to support Camp Rainbow Gold programs.

**ORGANIZATIONAL STRUCTURE**

**GENERAL**
Camp Rainbow Gold, Inc., and all its programs operate under the direction of the Board of Directors and Chief Executive Officer / Executive Director.

The Program Manager and Volunteer Manager are directly responsible to the Camp Rainbow Gold Program Director. The Program Manager, Volunteer Manager and the volunteer Camp Directors are jointly responsible for the activities of the Operations Teams as well as all camp volunteers. The Program Manager is responsible for supervising the medical staff, working with the facility staff, and communicating with families.

The Camp Director is responsible for the Assistant Camp Director, Activity Director, Social Workers, Counselors and Junior Volunteers and has a reporting relationship to the Program Manager. The Program Manager and the Camp Director work jointly prior to, during and after camp to ensure programs run efficiently and effectively.

**BOARD OF DIRECTORS**
The purpose of the Board of Directors is to create, update and monitor the strategic direction of Camp Rainbow Gold and all its programs. Members of the Board of Directors
can include volunteers from Camp Rainbow Gold and any of its year-round programming but also consists of members from the community who represent different areas of expertise including healthcare, youth development, social services, philanthropy, accounting, marketing, and other community services.

Members of the Board of Directors are asked to commit to a two-year term, attend monthly meetings and invest approximately 60 volunteer hours per year through attendance at required meetings as well as additional assigned and/or assumed tasks.

**OPERATIONS TEAM**
The Operations Team consists of the Program Manager, Camp Director, Assistant Camp Director, Med Shack Director, Activity Director and LMSW. The Operations Team meets year-round to ensure that volunteer recruitment, camp programming and activity planning are completed prior to camp.

Camp Rainbow Gold is committed to having a leadership development program that includes success tracking, talent identification and a succession plan. The Program Manager will select the Camp Directors by evaluating how much time and/or experience the volunteer has with the program, reviewing performance skills demonstrated and documented and what their potential leadership capabilities are. Once the Program Manager has identified the volunteer Directors for each camp, they will work together utilizing the same criteria to select additional Operations Team members.

**VOLUNTEERS**
The Volunteer Coordinator is responsible for year-round recruitment of volunteers that may be selected for the camp programs. Selection of camp personnel is the responsibility of the Volunteer Coordinator and the Program Manager with input from Camp Directors and Program Director. The policy of camp personnel selection is to select the best qualified applicants based on references, a personal interview, and evaluations from experience as a volunteer at Camp Rainbow Gold camps or other programs. Background checks will be conducted on all volunteers who are at camp or assisting with any year-round programming. NO EXCEPTIONS! Prior to reporting to camp, each camp volunteer will receive a staff manual with position descriptions and other pertinent information.

**COLLEGE SCHOLARSHIP COMMITTEE**
The Camp Rainbow Gold College Scholarship Committee works with the Program Manager to both create and drive the strategic direction for the College Scholarship Program. The Committee will assist with the development of policies, best practices for budgets and program development including review and approval of all scholarship applications.

**SHARE YOUR HEART BALL COMMITTEE**
The Share Your Heart Ball is currently the primary fundraising event for the Camp Rainbow Gold program. In one amazing evening, Camp Rainbow Gold donors, families and friends join to celebrate and show their support for our programs. The event is planned and executed by the efforts of a volunteer committee and the Development Director. This committee works year-round and provides volunteer opportunities with many different levels of commitment.
CAMP POLICIES AND PROCEDURES

The following policies and procedures have been developed to enable volunteers and administration to function effectively and harmoniously in the best interest of the campers. The structure in which we operate is based on common sense, responsibility, fulfilling the needs of the campers and fulfilling the roles to which we are assigned. The guidelines are intended to ensure a comfortable and productive working atmosphere.

Please note our in-camp and out-of-camp behavior is reflected in the manner, the energy, and the effectiveness with which we fulfill our commitments to campers and fellow workers. In the final analysis, the responsibility for your professional and personal conduct rests with you.

- All prospective volunteers have completed an application form, provided references and medical history and a statement that they are free of communicable diseases and have provided immunization records. Camp Rainbow Gold will utilize recommended application forms and follow pre-approved hiring and training practices per guidelines by ACA.

- A position description for all volunteers is included in this manual.

- Selection of camp volunteers is the responsibility of the Program Director and the Program Manager with input from the Camp Director. Alumni applicants from previous camps may be accepted without an interview if evaluations of their peers and camp staff are very good. Evaluations from prior camps may be accepted in lieu of yearly personal reference checks.

- Camp volunteers are required to submit to a criminal background and personal reference check annually as required by the ACA and Camp Rainbow Gold Board of Directors.

- Experience, personal reference checks and interviewer reports will be taken into consideration to choose the most qualified volunteers to fill available openings.

- All volunteers will be notified of the requirement to commit to volunteer service for the entirety of camp, which will include arriving one day early for training and camp set-up as well as training held in the spring.

- Mandatory volunteer training will be provided and documented for all volunteers. Any late-hire or replacement volunteers, who are not present for the pre-camp group training will agree to complete an independent training program administered by the Program Manager or Volunteer Coordinator which may include a combination of training sessions or an apprenticeship with their supervisor or mentor as well as assigned self-study topics encompassing CRG policy manual topics.
RELATIONSHIPS
All volunteers will maintain friendly, supportive, and professional relationships with the campers and other volunteers. We will have zero tolerance for inappropriate intimate behaviors or sexual relationships between volunteers and between volunteers and campers while at camp. All focus should be directed towards the well-being, needs and interests of campers rather than on each other or yourself. Camp is for the kids!

CONFIDENTIALITY
All staff and volunteers will always maintain confidentiality including during and after the camp sessions.

ANTI-DISCRIMINATION POLICY
Camp Rainbow Gold is committed to promoting and maintaining a productive work and camp environment that is free from discrimination. No person will be discriminated against based on race, color, religion, sex, age, status of marriage, sexual orientation, national origin, physical disability, or any other characteristic protected by applicable federal or state law, except where specific age, sex or physical requirements are a bona fide occupational qualification.

Discrimination is illegal and Camp Rainbow Gold will not condone and will not tolerate any actions, words, jokes, or comments based on any characteristic protected by applicable federal or state law.

Camp Rainbow Gold expects that volunteers will act responsibly to establish a pleasant, friendly, and productive work and camp environment. However, any volunteer that believes they have been subjected to any form of discrimination should firmly and clearly tell the person engaging in the discriminating conduct that it is unwelcome, offensive and should stop at once. The volunteer has a responsibility to report the situation immediately, preferably in writing, to the Program Manager, Program Director, or Executive Director.

ANTI-HARASSMENT POLICY
Camp Rainbow Gold is committed to promoting and maintaining a productive work and camp environment that is free from all forms of harassment and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Verbal or physical conduct that harasses, disrupts, or interferes with another’s work or camp performance or that creates an intimidating, offensive, or hostile environment is prohibited.

Sexual harassment is defined as intentional or unintentional, unwelcome sexual attention, advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature when one or more of the following apply:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment/volunteering.
- Submission to or rejection of such conduct is used as the basis for employment or volunteering decisions affecting the individual.
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work or volunteer performance or creating an intimidating, hostile, or offensive working or volunteering environment.
Verbal harassment can include but is not limited to unwelcome requests for a date or sexual favors or lewd remarks or sounds. Physical harassment can include but is not limited to unwelcome touching, gesturing, impeding, or blocking movements. Visual harassment can include but is not limited to unwelcome exposure to sexual photos, cartoons, or drawings.

Harassment, including sexual harassment, is illegal and Camp Rainbow Gold will not condone and will not tolerate sexually harassing or offensive conduct in the workplace, at camp or elsewhere, whether committed by supervisory or nonsupervisory staff or volunteers.

This conduct can include but is not limited to:

- Unwanted physical contact or conduct of any kind, including sexual flirtations, touching, advances or propositions
- Verbal harassment of a sexual nature, such as lewd comments, sexual jokes or references and offensive personal references
- Demeaning, insulting, intimidating or sexually suggestive comments about an individual
- The display of demeaning, insulting, intimidating, or sexually suggestive objects, pictures, or photographs
- Demeaning, insulting, intimidating or sexually suggestive written, recorded or electronically transmitted messages (such as e-mail, instant messaging, and Internet materials).

Camp Rainbow Gold expects that volunteers will act responsibly to establish a pleasant, friendly, and productive work and camp environment. However, any volunteer that believes they have been subjected to any form of harassment should firmly and clearly tell the person engaging in the harassing conduct that it is unwelcome, offensive and should stop at once. The volunteer has a responsibility to report the situation immediately, preferably in writing, to the Program Manager, Program Director, or Executive Director.

All complaints of harassment will be investigated promptly in a confidential manner. In all cases, the volunteer will be advised of the investigation’s conclusions. Any volunteer who is found to have engaged in harassment of staff, volunteer, or camper, will be subject to appropriate disciplinary action, up to and including discharge. Based upon the severity of the conduct and management discretion, the appropriate law authorities may also be contacted.

CRG Staff or volunteers that witness unlawful harassment should report it immediately, preferably in writing, to the Program Manager, Program Director, or Executive Director. Camp Rainbow Gold prohibits any form of retaliation against staff or volunteers for bringing bona fide complaints or providing information about harassment. Anyone who brings false charges will also be subject to appropriate disciplinary action, up to and including discharge.

**DISCIPLINE POLICY**

It is the responsibility of all volunteers to be informed of the camp policies and procedures, volunteer guidelines and policies and responsibilities as outlined in their respective job
descriptions as outlined in this training manual. Each volunteer will agree to and sign the volunteer contract form as a condition of participating at camp.

All discipline matters concerning volunteers are handled immediately by the Camp Director and Program Manager. Infractions are handled in a discreet manner, with a thorough explanation of why the inappropriate behavior is unacceptable. The Camp Director and Program Manager evaluate the conduct of the volunteer and reserve the right to relieve said volunteer of their duties at once. If asked to leave, the volunteer is responsible for their own transportation home.

A volunteer may be terminated for, but not limited to, the following reasons:
- Use of alcohol, tobacco, and recreational or illegal drugs
- Abusive behaviors or language
- Inappropriate physical contact with campers, volunteers, or staff
- Gross insubordination
- Any action that endangers the health and safety of campers, volunteers, or staff

Please remember that volunteers serve as role models to campers. Be a positive one!

SUCCESS TRACKING
Your performance matters! To evaluate the success of your week, and the program, every volunteer will be asked to participate in a self-evaluation process during camp. The process will provide you with the opportunity to review your successes identify challenges and provide feedback to leadership. The forms will be reviewed by the appropriate leadership staff to identify and address any challenges and celebrate successes. The next step will be at the end of Camp when you will complete another form sharing how you overcame your challenges, what great successes you experienced and any additional feedback you would like to provide to your leaders.

These forms will be kept in camp records to provide a documented history of performance and provide information in the volunteer selection process.

In addition, every volunteer member will be provided the opportunity to conduct an evaluation on staff training and the overall camp experience.
The positions below are described in greater detail on the following pages. At least 20% of leadership positions (Director and other area directors with volunteer supervisory responsibility) will have a bachelor’s degree, or 24 weeks experience, in the area relevant to their position.

- **Camp Director(s)** - Responsible for the Assistant Director, Activity Director, LMSW, Counselors and all supporting staff. Works jointly with the Program Manager before and during camp to ensure the camp runs efficiently and effectively.

- **Assistant Camp Director(s)** - Responsible to the Director to carry out assignments as requested in keeping with the job description. Responsible for Junior Volunteers.

- **Activity Director** - Responsible to the Camp Director to assure a versatile activity program that is age appropriate and fit the needs of all children. Responsible for Art Shack Director and all activity leads.

- **Art Shack Director** - Responsible for ensuring a versatile art program that is age appropriate and is accessible to all children. Reports to the Activity Director. Responsible for Art Shack Support volunteers.

- **Med Shack** - Consists of an Attending Physician, Med Shack Director and registered nurses who are responsible for the medical care of campers and volunteers. Responsible for health screening upon arrival, the dispensing of medication during camp, rendering of first aid and organization of Med Shack. Reports to Camp Director.

- **LMSW** - Responsible to the Camp Director. Works to assure the psychosocial needs of the children are met. Any emotional or psychological concerns that arise will be directed to the LMSW who will work jointly with the Camp Director to ensure it is handled professionally and confidentiality is maintained. LMSW will act as 1:1 coordinator and work jointly with the Program Manager and medical team to assign, support and assist the 1:1 Counselors as needed.

- **1:1 Counselor** - Responsible to the LMSW. Responsible for a child as assigned and for participation in all camp activities in adherence to job description.

- **Cabin Counselors** - Responsible for campers of assigned cabins and for participation in all camp activities in adherence to job description. Counselors are always in the cabins when campers are in the cabins – bedtime and rest hour. This can be scheduled on a rotational basis with co-counselors. Report to Camp Director.

- **Junior Volunteers** - Are 18 to 20 years of age and are assigned to the Junior Volunteer program. Responsibilities will be a combination of group participation in the programs at camp and assistants to cabin counselors in providing camper supervision. Report to Assistant Camp Director.

- **Activity Support** - Responsible to Activity Director. Volunteers who implement and lead the activity schedule including but not limited to fishing, archery, and bike riding. Activity support may also include maintenance, photography, and other support. (Drivers, relief for cabin counselors, carry out duties as assigned by Camp Director or Program Manager).

- **Art Shack Support** - Responsible to Art Shack Director. Volunteers are responsible to implement art activities as instructed by the Art Shack Director.

- **POC** - Point of Contact for camp; includes security such as checking in visitors and relaying information when buses arrive. Participate in activities when needed; help all cabins with supplies and possible laundry. Reports to Camp Director.
CAMP DIRECTOR

Qualifications for Camp Director:
• Minimum age – 25 years.
• Knowledge of all aspects of camp operation including medical issues and considerations, planning and programming, volunteer and counselor selection processes, and legal issues relating to camp and camp operation.
• Demonstrate skills in communication, problem solving and personal responsibility.
• Experience with Camp Rainbow Gold.
• Leader of the Operations Team with commitment for consistent attendance at team meetings.
• Commitment and availability for extensive pre-camp planning, training, and coordination.
• Available and assist with fundraising activities for camp and other camp events throughout the year.

Responsibilities of Camp Director:
• Works with Operations Team and Program Manager to plan all aspects of camp.
• Responsible to fill vacant Ops Team positions, utilizing the Program Manager as a resource in the selection process. Before volunteer spots can be offered, they are to be confirmed with the Program Manager.
• Reports to the Program Manager working jointly before and during camp to ensure that camp runs smoothly, and camp budget is maintained.
• Assists the Program Manager and Volunteer Coordinator in the selection, screening, and placement of volunteers prior to camp.
• Plans volunteer training, delegating aspects to appropriate Ops Team members.
• Promotes communication and cooperation to all volunteers. Interacts daily during camp session with Program Manager, Assistant Director, and Operations Team to promote open lines of communication and problem solving.
• Directly responsible for the Assistant Director, Activity Director, POC, Counselors and Junior Volunteers. Delegates responsibility to the Assistant Director, Ops Team, and Counselors, supporting them in their areas of responsibilities as defined in their job descriptions. Works cooperatively with all volunteers and the Program Manager to create a team dedicated to ensuring a safe, healthy, and nurturing atmosphere for all campers, counselors, and volunteers.
• Acting as final arbiter with Program Manager in all disputes, disagreements, and disciplinary situations. Working jointly, the Camp Director and the Program Manager have the right to relieve any staff member of their responsibilities during camp if engaging in unsafe practices or violating camp policies.
• A member of the Crisis Management Team along with the Assistant Director, Program Manager, a member of the medical team and any other person as designated by one of these team members.
• In the event the Program Manager is involved in an accident or is otherwise unable to perform their responsibilities at camp, the Camp Director notifies the Camp Rainbow Gold office and requests that a representative be dispatched to handle administrative details for which the Program Manager is responsible.
• Leads group activities at camp and participates in camp activities to the extent necessary for proper awareness and supervisory functioning.
• Maintain communication skills that encourage positive response and outcome. Maintain optimum enthusiasm and presents a positive example.
• Be aware of and enforce all safety and risk management policies.
• Leads daily counselor meeting, encouraging free exchange of ideas and feedback from all volunteers.
• Coordinates camp wake up and campus patrols.
• Observant of camper behaviors to assess their appropriateness and enforce regulations. Proactively engages the support provided by social workers and other members of the administrative staff.
• Works with Ops Team in supply acquisition before camp. Coordinates and supervises loading and transportation of equipment and supplies to camp, set-up at camp and delivery/storage of equipment after camp.
• Participate in counselor evaluations with the Ops Team after camp.

Reports to: Program Manager
ASSISTANT DIRECTOR/JUNIOR VOLUNTEER DIRECTOR

Qualifications for Assistant Director/Junior Volunteer Director:
• Demonstrate skill in communication, problem solving and personal responsibility.
• Experience with Camp Rainbow Gold.
• Demonstrate excellent interpersonal and communication skills.
• Have adequate auditory, visual and speech ability to identify and respond to emergencies.
• Member of the Operations Team with commitment for consistent attendance at Operations Team meetings.
• Commitment and availability for pre-camp planning, training, and coordination.
• Be available and assist with fundraising activities for camp and other camp events throughout the year.

Responsibilities of Assistant Director/Junior Volunteer Director:
• Assist the Camp Director at camp, being a conduit of communication between the counselors and the Director, relaying any problems or concerns.
• Be available to take on the role of Director, in the absence of the Director.
• Maintain communication skills that encourage positive responses and outcomes.
• Maintain optimum enthusiasm and present and positive example.
• Be aware of and enforce all safety and risk management policies.
• Attend daily counselor meeting.
• Assist with wake up, campus patrol and other camp activities as requested.
• Cooperate with camp staff, administrative staff, and counselors to create a team dedicated to the best camp experience for all children attending.
• Be observant of camper behaviors, assess their appropriateness and enforce regulations. Remember to take advantage of the support provided by social workers and other members of the administrative staff as defined in their job descriptions.
• Participate in counselor evaluations with the Operations Team after camp.
• Holds planning meetings with Junior Volunteers prior to camp.
• Coordinates the Junior Volunteers as well as the annual dance and evening activities.
• Follow all provided guidelines for leading Junior Volunteers during camp and for reviewing their performance.
• Assists in the coordination of the YA Team volunteers by ensuring the have all the supplies they need and that they get scheduled breaks.

Reports To: Camp Director
MEDICAL DIRECTOR (Attending Physician)

Qualifications for Medical Director:
- Licensed physician – in Idaho
- Oncology and/or pediatric experience
- Board eligible/certified in one of the following disciplines preferred:
  - Hematology/oncology
  - Pediatrics
  - Emergency medicine
- Malpractice insurance coverage

Function of Medical Director:
To promote a safe, healthy environment within the camp by providing medical care and supervision in collaboration with Program Manager, Medical Coordinator, Med Shack Director, staff nurses and camper’s designated personal physicians.

Responsibilities of Medical Director:
- Administration of health policies.
- Supervision of medical staff.
- Oversight of camper admissions.
- Review of individual health status of campers.
- Supervision of medication administration to include chemotherapy.
- Supervision of necessary treatment.
- Provision of care for acute illness and/or injury.
- Provision of communication with camper’s physician/oncologist when needed.
- Ensuring that all campers are provided with a healthy, safe environment consistent with each camper’s medical condition and capacity of the camp.
- Education of all camp personnel concerning camper’s diagnosis, care, and treatment.
- Member of the Crisis Management Team along with the Program Manager, Camp Director, Assistant Director(s), member of the medical staff and any other person as designated by one of these team members.
MED SHACK DIRECTOR

Qualifications for Med Shack Director:
- Licensed registered nurse in Idaho, experience in oncology and/or pediatric required.
- Current CPR certification and advanced first aid preferred.
- Camp nurse experience desired.
- Supervision experience preferred.
- Demonstrate excellent interpersonal and communication skills.
- Commitment and availability for pre-camp planning, training, and coordination on medical shack support team.

Function of Med Shack Director:
To promote a safe, healthy environment within the camp by providing necessary professional supervision of nursing care in collaboration with the camp Program Manager, Medical Coordinator, Medical Director, camp nursing staff and camper’s designated personal physicians.

Responsibilities of Med Shack Director: (pre-camp)
- Participates in camper recruitment and screening prior to camp.
- Reviews all individual health status of campers.
- Provides education of all camp personnel concerning camper’s diagnosis, care, and treatment.
- Participates in pre-camp planning meetings.
- Organizes and implements Med Shack set-up, management of the dispensary, accurate documentation, and organization during camp.
- Reports to the Medical Coordinator, relying on him/her for support and coordination before and during camp ensuring camp runs smoothly.
- Assistance to Medical Coordinator with development and implementation of policies of the camp relating to health matters.

Responsibilities of Med Shack Director: (at camp)
- Education and supervision of camp nursing staff.
- Assists with camper screening and medication check-in upon arrival at camp.
- Provides supervision of medication administration and documentation to include chemotherapy, necessary treatments, care of chronic, acute illness and/or injury.
- Administers routine first aid and emergency first aid, when necessary for campers and volunteers. Determines who will accompany emergency transport of camper to hospital as directed by the Medical Director.
- Responsibility for having a camp nurse on site 24 hours a day when camp is in session for emergencies.
- Coordinates nursing staff to accompany campers on off-site activities, as requested by the Camp Director, Activities Director, or Program Manager.
- Rotates through being “on duty” and being “on call”, when necessary.
- Participates in nightly camp meetings on site and as directed by Camp Director.
- Be aware of and refer any psychosocial concerns and discipline concerns to the Camp Director and Camp Director follows up with LMSW and Program Manager.
- Promotes communication and cooperation among all members of the volunteer staff and the Program Manager. Works cooperatively with all volunteers and the Program Manager to create a team dedicated to enhancing the best camp experience for all children attending.
- Med Shack Director is a member of the Crisis Management Team along with the Camp Director, Assistant Director(s), Program Manager, and any other person as designated by one of these team members.
- Maintain communication skills that encourage positive response and outcome. Maintain optimum enthusiasm and presents a positive example.
- Be aware of and enforce all safety and risk management policies.
- Be observant of camper behaviors, assess their appropriateness, and enforce regulations.

**Reports To:** Medical Director (Attending Physician) and Camp Director
MED SHACK NURSES

Qualifications for Medical Shack Support Volunteers:
- Licensed registered nurse in Idaho, experience in pediatrics, oncology or emergency room preferred.
- Current CPR certification and advanced first aid preferred.
- Provide professional malpractice/liability insurance.
- Demonstrate excellent interpersonal and communication skills.
- Commitment and availability for pre-camp planning, training, and coordination.

Function of Medical Shack Support:
To promote a safe, healthy environment within the camp by providing necessary professional nursing care in collaboration with the camp Med Shack Director, Attending Physician, and the camper’s designated personal physician.

Responsibilities of Medical Shack Support:
- Staffing Med Shack per schedule to provide first aid care and triage campers.
- Assisting with medication administration and documentation for campers and volunteers as needed.
- Administering chemotherapy as ordered.
- Participates in Med Shack set-up, management of the dispensary, accurate documentation, and organization during camp.
- Administers routine first aid and emergency first aid, when necessary. Monitors daily sick calls. Accompanies emergency transport of camper to hospital as directed by the Med Shack Director.
- Provides coverage in Med Shack and on scheduled activities as assigned by Med Shack Director.
- Be observant of camper behaviors for signs and symptoms of the campers physical and psychosocial condition, assess their appropriateness, and enforce regulations.
- Observe camper and volunteer health status and concerns, assisting in management of any camper or staff disabilities.
- Assists with camper screening and medication check-in upon arrival at camp.
- Be aware of and refer any psychosocial concerns and discipline concerns to the Camp Director and Camp Director follows up with LMSW and Program Manager.
- Promotes communication and cooperation among all members of the volunteers and the Program Manager. Works cooperatively with all volunteers and the Program manager to create a team dedicated to enhancing the best camp experience for all children attending.
- Participates as member of the Crisis Management Team as directed by the Med Shack Director along with the Camp Director, Assistant Director(s), Program Manager, and any other person as designated by one of these team members.
- Maintain communication skills that encourage positive response and outcome. Maintain optimum enthusiasm and presents a positive example.
- Be aware of and enforce all safety and risk management policies.

Reports To: Med Shack Director
CABIN COUNSELOR

Qualifications for Cabin Counselors:
- Minimum age – 21 years.
- One year of college education or the equivalent in experience significant for youth development.
- Demonstrate skills in the areas of communication, problem solving and personal responsibility.
- Experience with children.
- Basic first aid or CPR preferred.
- Demonstrate interest in community service or volunteer activities.
- Have adequate auditory, visual and speech ability to identify and respond to emergencies.

Responsibilities of Cabin Counselors:
- To provide leadership and guidance to a cabin of 8 to 12 campers.
- Work together with co-counselors to provide consistent and unified leadership and direction. Cooperate with other counselors and leadership to create a team dedicated to enhancing the best camp experience for all children attending.
- Create a consistently positive and nurturing atmosphere for all campers, personally accepting the direct responsibility for the safety, health, and general well-being of each camper.
- Interpret and enforce all safety, health, and hygiene regulations for your campers, assuring a safe and healthy camp experience.
- Guide the individual camper to participation in group and camp activities, assisting them in having a good adjustment to their camp experience and to each other.
- Monitor and mentor Junior Volunteers within your cabin by working with leadership to foster an atmosphere for them to grow and for you to provide constructive feedback as they learn to take on more responsibility.
- Assist with camp program activities and other camp-wide activities as assigned.
- Participate in and complete all pre-camp requirements including the 24 hours of required training.
- Following all camp policies, rules and regulations as prescribed by the Director and Program Manager.
- Take the lead in cleanliness of campers, cabins, grounds, dining hall and all other camp facilities throughout the camping session as well as before departure at the end of camp. Assure that all campers to do their part, supervise the completion of the tasks and follow through until the job is done.
- Participate in the end-of-session evaluation sessions (oral and written).
- Report any signs of fever, other illness or injury, or exceptional fatigue to the appropriate camp medical staff.
- Counselors will arrange among themselves for a specific counselor from each cabin to attend mandatory staff meetings, and that counselor will communicate information from that meeting to their co-counselors.
- Accept the responsibility of camper supervision, coordinating with co-counselors to assure campers always have a counselor with them.
- Plan and participate in daily cabin activities with co-counselors and campers, being cognizant of adjusting activities according to the ability and energy level of each camper.
- Be alert to the specific physical limitations and medical conditions of every camper in your cabin. Assure that you or an assigned co-counselor accompanies all campers to the Med Shack for daily medications or other required treatments.
- Report any of the following to the Camp Director or Assistant Director in charge of counselors, or the Program Manager:
  - use of alcohol, tobacco, non-prescription drugs.
  - abusive behaviors or language.
  - lack of adherence to safety rules or good safe practices.
  - the presence of strangers (after guiding them to POC).
  - inappropriate physical contact by campers or counselors.
- Respect the confidential nature of all campers' names, addresses, diagnoses, and telephone numbers before, during and after camp. You may not release personal information regarding campers, staff, or counselors attending CRG. The Program Manager, upon verifying appropriate written consent has been given by the parents, may allow pictures or interviews for media purposes.

**Reports To: Camp Director**
JUNIOR VOLUNTEERS

Qualifications for Junior Volunteers:
- Must be between 18-20 years old (birthday must fall before the first day of camp).
- Must be intellectually and emotionally responsible for self and others.
- Must be competent and hard-working.

Junior Volunteers Program Outline:
Camp Rainbow Gold utilizes a three-year Junior Volunteer program that provides a balance of leadership training, hands-on supervision with the campers and assignments of designated volunteer tasks. Junior Volunteers are required to attend all training sessions and will work at Camp Rainbow Gold under the direct supervision of the Assistant Director and Camp Director. Further instruction may be provided by co-counselors and activity leaders.

At age 18, all former campers who apply will be accepted into the Junior Volunteer program regardless of meeting the above qualifications. At age 19, former campers who apply and meet all the qualifications listed above plus can fulfill at least half of the responsibilities of their position as listed below will be accepted. At age 20, former campers who volunteer for the Junior Volunteer program must meet all the qualifications above and be able to fulfill all the responsibilities of their position to be accepted into the Junior Volunteer program.

The determination of a Junior Volunteer meeting the qualifications and responsibilities will be handled by the Program Manager and Operations Team Leadership including the Director, Assistant Director, LMSW and Med Shack Director.

Junior Volunteers are restricted to volunteering in cabins at either Sibling Camp or Youth Camp their first year. Second-year and third-year Junior Volunteers may apply to volunteer at Teen Camp or under the supervision of activity leaders.

Because of the limited space available in the program, volunteers who were not former campers will be selected in exceptional circumstances as determined by the Program Manager.

Responsibilities of Junior Volunteers:
- Accept direction and assignments from the Assistant Director and/or supervising volunteers.
- Personally accept the direct responsibility for the safety, health, and general well-being of each assigned camper.
- Interpret and enforce all safety, health, and hygiene regulations for each assigned camper, assuring a safe and healthy camp experience.
- Report any signs of fever, injury, exception fatigue or other illness to the appropriate camp medical staff.
- Guide your cabin’s campers in having a good adjustment to their camp experience and to others.
- Accept the duty of constant camper supervision. All campers always require at least one supervisory counselor present. Each Junior Volunteer must know where your campers are or who has been assigned to their care, always.
- Attend assigned meetings with the Assistant Director.
- Take the lead in cleanliness: for campers, cabins, campgrounds, dining hall and all other camp facilities. Encourage all campers to do their part, supervise the completion of the tasks, and follow through until the job is done.
- Cooperate with other counselors, volunteers, and leadership to create a team dedicated to a successful camp.
- Plan and participate in daily cabin activities with co-counselors and campers. Be ready to adjust activities according to the ability and energy level of each camper.
- Be alert to the specific physical limitations and medical conditions of every camper in your cabin.
- Report any of the following to the Camp Director immediately:
  - use of alcohol, tobacco, wrongful use of prescribed or illegal drugs.
  - abusive behavior or language.
  - maintenance of safety issues.
  - the presence of strangers (after guiding them to POC).
  - Inappropriate physical contact between campers or counselors.
- Respect the confidential nature of all campers’ names, addresses, diagnoses, and telephone numbers before, during and after camp. You may not release personal information regarding campers, staff or counselors attending Camp Rainbow Gold without specific personal approval. Campers under the age of 18 years old required parent approval before information can be released.
- Under the supervision of the Assistant Director and Director, Junior Volunteers will work as a team to put on the themed dance and/or carnival. This includes participating the pre-camp planning sessions, gathering the necessary materials, set-up, and clean-up at each event.

Reports To: Assistant Camp Director
ACTIVITY DIRECTOR

Qualifications for Activity Director:
- Minimum age – 21 years.
- Experience and knowledge in leading groups of children in the area they direct.
- Demonstrate excellent interpersonal, communication and coordination skills.
- Commitment and availability for pre-camp planning and coordination.
- Commitment to Operations Team membership and attendance.

Responsibilities of Activity Director:
- Reports to the Camp Director, relying on them for support and coordination before and during camp ensuring camp runs smoothly.
- Participates in Operations Team meetings and pre-camp planning sessions with the activity team.
- Plan and presents activities program, coordinating all participants and presenting the activities program timeline to the Operations Team for input and approval for the purpose of coordinating with the overall camp program.
- Responsible for the Art Shack Director and scheduling activities.
- Assists in purchasing and/or acquiring all needed supplies and equipment, maintaining expenses within the camp budget.
- Creates a written activities program and timeline for use at camp, printing copies for all camper and volunteer use.
- Confirms timeline and participation of all activity provider volunteers three weeks prior to camp.
- Coordinates activity orientation for campers and volunteers at the start of camp.
- Plans alternate activities in the event of rain.
- Directs and/or coordinates all activity events at camp, facilitating communication and participation of all members of the activities team.
- Coordinates transportation to all off-site activities at camp utilizing pre-approved vehicles according to camp policy.
- Works with the Medical Director to coordinate participation of a medical team member on off-site activities, when appropriate.
- Identify camper needs, be flexible in meeting needs during program presentation.
- Attends pre-camp volunteer orientations, conducting informational and instructive orientation as requested by the Camp Director.
- Be aware of and refer any psychosocial concerns and discipline concerns to the Camp Director and Camp Director follows up with LMSW and Program Manager.
- Promotes communication and cooperation among all members of the volunteers and the Program manager. Works cooperatively with all volunteers and the Program manager to create a team dedicated to enhancing the best camp experience for all children attending.
- Maintain communication skills that encourage positive response and outcome.
- Maintain optimum enthusiasm and presents a positive example.
- Be aware of and enforce all safety and risk management policies.
- Be observant of camper behaviors, assess appropriateness and enforce regulations.

Reports To: Camp Director
ACTIVITIES SUPPORT STAFF

Qualifications for Activities Support Staff:

- Minimum age – 21 years.
- Experience and knowledge in leading groups of children.
- Demonstrate excellent interpersonal, communication and coordination skills.
- Commitment and availability for pre-camp planning and coordination.

Responsibilities of Activities Support Staff:

- Reports to the Activities Director, relying on him/her for support and coordination before and during camp ensuring camp runs smoothly.
- Plan and presents activities program, coordinating all participants and presenting the activities program timeline to the Operations Team for input and approval for the purpose of coordinating with the overall camp program.
- Coordinates activity orientation for campers and volunteers at the beginning of camp.
- Plans alternate activities in the event of rain.
- Directs and/or coordinates assigned activity events at camp, facilitating communication and participation of all members of the activities team.
- Identifies camper needs, being flexible in meeting those needs during program presentation.
- Attends pre-camp volunteer orientations, conducting informational and instructive orientation as requested by the Camp Director.
- Be aware of and refer any psychosocial concerns and discipline concerns to the Camp Director and Camp Director follows up with LMSW and Program Manager.
- Promotes communication and cooperation among all members of the volunteers and the Program manager. Works cooperatively with all volunteers and the Program Manager to create a team dedicated to enhancing the best camp experience for all children attending.
- Maintain communication skills that encourage positive response and outcome. Maintain optimum enthusiasm and presents a positive example.
- Be aware of and enforce all safety and risk management policies.
- Be observant of camper behaviors, assess their appropriateness, and enforce regulations.
- Participates in the set-up/clean-up, logistics and organization in all camp activities.

Reports To: Activity Director
ART SHACK DIRECTOR

Qualifications for Art Shack Director:
- Minimum age – 21 years.
- Experience in leading groups of children.
- Demonstrate excellent interpersonal, communication and coordination skills.
- Commitment and availability for pre-camp planning and coordination.
- Has knowledge and experience in/of, and/or teaching ability in creative arts and crafts.

Responsibilities of Art Shack Director:
- Reports to the Activity Director, relying on him/her for support and coordination before and during camp ensuring camp runs smoothly.
- Participates in pre-camp planning sessions with the art team.
- Plans the art program, coordinating all volunteer participants and presenting the art program to the Activity Director for Operations Team approval.
- Assists in purchasing and/or acquiring all needed supplies and equipment, arranging transportation of these supplies and equipment to camp with the Activity Director, maintaining expenses within the camp budget.
- Participates in the art tent set-up and organization of art supplies with other members of the art team.
- Directs and/or coordinates all art activities at camp, facilitating communication and participation of all members of the art team.
- Identifies camper needs, being flexible in meeting those needs during program presentation.
- Attends pre-camp volunteer orientations, conducting informational and instructive orientation as requested by the Activity Director.
- Coordinates camper and volunteer orientation of the art tent at camp.
- Be aware of and refer any psychosocial concerns and discipline concerns to the Camp Director and Camp Director follows up with LMSW and Program Manager.
- Promotes communication and cooperation among all members of the volunteers and the Program Manager. Works cooperatively with leadership, all volunteers, and the Program Manager to create a team dedicated to enhancing the best camp experience for all children attending.
- Maintain communication skills that encourage positive response and outcome. Maintain optimum enthusiasm and presents a positive example.
- Be aware of and enforce all safety and risk management policies.
- Be observant of camper behaviors, assess their appropriateness, and enforce regulations.

Reports To: Activity Director
ART SHACK SUPPORT STAFF

Qualifications for Art Shack Support Staff:
- Minimum age – 21 years.
- Experience in leading groups of children.
- Demonstrate excellent interpersonal, communication and coordination skills.
- Commitment and availability for pre-camp planning and coordination.
- Has knowledge and experience in and/or teaching ability in creative arts and crafts.

Responsibilities of Art Shack Support Staff:
- Reports to the Art Shack Director, relying on him/her for support and coordination before and during camp ensuring camp runs smoothly.
- Assists in purchasing and/or acquiring all needed supplies and equipment, arranging transportation of these supplies and equipment to camp with the Art Shack Director, maintaining expenses within the camp budget.
- Participates in the art tent set-up and organization of art supplies with other members of the art team.
- Assists in all art activities at camp, facilitating communication and participation of all members of the art team.
- Identifies camper needs, being flexible in meeting those needs during program presentation.
- Attends pre-camp volunteer orientations, conducting informational and instructive orientation as requested by the Camp Director.
- Coordinates camper and volunteer orientation of the art tent at camp.
- Be aware of and refer any psychosocial concerns and discipline concerns to the Camp Director and Camp Director follows up with LMSW and Program Manager.
- Promotes communication and cooperation among all members of the volunteer staff and the Program Manager.
- Works cooperatively with leadership, all volunteers, and the Program Manager to create a team dedicated to enhancing the best camp experience for all children attending.
- Maintain communication skills that encourage positive response and outcome. Maintain optimum enthusiasm and presents a positive example.
- Be aware of and enforce all safety and risk management policies.
- Be observant of camper behaviors, assess their appropriateness, and enforce regulations.

Reports To: Art Shack Director
LICENSED MASTER SOCIAL WORKER (LMSW)

Qualifications for LMSW:
- Licensed LMSW – (Idaho preferred)
- Oncology and/or pediatric experience preferred but not required.
- Supervision experience required.
- Demonstrate excellent interpersonal and communication skills.
- Commitment and availability for pre-camp planning, training, and coordination.

Function of LMSW:
To promote a safe, healthy environment within the camp by providing psychosocial and emotional support for children and volunteers as needed. To promote a safe, healthy environment for the campers requiring additional support through our 1:1 program. Supervision in collaboration with Camp Director of the 1:1 Counselors.

Responsibilities of LMSW:
- Administration of health policies.
- Review of individual health status of all campers with Medical Director.
- Development and oversight of policies of the camp related to psychosocial and emotional matters.
- Communication with children’s families when needed.
- Accept the responsibility of camper supervision, coordinating this supervision with 1:1 Counselors to assure campers always have supervision.
- Supervision of 1:1 Counselors to assure they implement duties as defined in job descriptions.
- Develop and maintain a schedule for breaks to be given to all 1:1 Counselors. This schedule should be readily available to all 1:1 Counselors and Camp Director.
- Check in regularly with 1:1 Counselors to assure needs of assigned children are being met and to provide support and assistance.
- Organize necessary meetings with the 1:1 Counselors, Medical Director, and Program Manager to review and assign staffing and housing for children.
- Determine if a child requires a home visit prior to camp and coordinate this visit with self-and/or Program Manager.
- Provide at minimum one daily report to Camp Director to assure troubleshooting and/or necessary adjustments are addressed quickly.
- Ensure all campers are provided with a healthy, safe environment consistent with each child’s medical condition and capacity of the camp.
- Educate all camp personnel concerning camper’s diagnosis, care, and treatment.
- Member of the Crisis Management Team along with the Program Manager, Camp Director, Assistant Director(s), member of the medical staff and any other person as designated by one of these team members.
- Cooperate with other counselors and leadership team members to create a team dedicated creating an enriching camp experience for all children attending.
- Create a consistently positive and nurturing atmosphere for all campers, personally accepting the direct responsibility for the safety, health, and general well-being of each child.
• Interpret and enforce all safety, health, and hygiene regulations for campers, assuring a safe and healthy camp experience.
• Meet with the Activity Director prior to camp to discuss that any special needs are accounted for and handled appropriately throughout the activity schedule.
• Respect the confidential nature of all campers’ names, addresses, diagnoses, and telephone numbers before, during and after camp. You may not release personal information regarding campers, staff, or counselors attending CRG. The Program Manager, upon verifying appropriate written consent has been given by the parents, may allow pictures or interviews for media purposes.
• Participate in and complete all pre-camp requirements including the 24 hours of required training.
• Participate in end-of-session evaluation sessions (oral and written).
• Report any of the following to the Camp Director or Assistant Director in charge of counselors or the Program Manager:
  o use of alcohol, tobacco, non-prescription drugs.
  o abusive behaviors or language.
  o lack of adherence to safety rules or good safe practices.
  o the presence of strangers (after guiding them to POC).
  o inappropriate physical contact by campers or counselors.

Reports To: Camp Director
1:1 COUNSELOR

Qualifications for 1:1 Counselors:
- Minimum age – 21 years.
- One year of college education or the equivalent in experience significant for camping.
- Demonstrate skills in the areas of communication, problem solving and personal responsibility.
- Experience with children.
- Basic first aid or CPR preferred.
- Demonstrate interest in community service or volunteer activities.
- Have adequate auditory, visual and speech ability to identify and respond to emergencies.

Responsibilities of 1:1 Counselors:
- Confidentiality is essential. Maintain confidentiality of camper information by only discussing concerns with the appropriate leadership. (i.e., 1:1 Coordinator or LMSW).
- Meet with LMSW prior to camp to review specific needs of camper assigned.
- If it is determined the LMSW will contact the family of a camper prior to camp, the appointment must occur with either the LMSW or a Program Manager present.
- Maintain open and consistent communication with the LMSW as to how the week is progressing for assigned camper.
- Assist and support assigned camper in effort to always ensure a safe and healthy atmosphere.
- Cooperate with other Counselors and leadership team members to create a team dedicated to creating the best camp experience for all in attendance.
- Create a consistently positive and nurturing atmosphere for all campers, personally accepting the direct responsibility for the safety, health, and general well-being of each camper.
- Interpret and enforce all safety, health, and hygiene regulations for assigned child, assuring a safe and healthy camp experience.
- Guide the individual camper to participation in group and camp activities, assisting them in having a good adjustment to the camp experience and to each other.
- Assist with camp program activities and other camp-wide activities as assigned.
- Participate in and complete all pre-camp requirements including the 24 hours of required training.
- Following all camp policies, rules and regulations as prescribed by the Camp Director and Program Manager.
- Take the lead in cleanliness of campers, cabins, grounds, dining hall and all other camp facilities throughout the camping session as well as before departure at the end of camp. Assure all campers fulfill their role in this task as well as supervise the completion of the tasks.
- Participate in end-of-session evaluation sessions (oral and written).
- Report any signs of fever, other illness or injury or exceptional fatigue to the appropriate camp medical staff.
• Accept the responsibility of camper supervision, coordinating this supervision with Co-Counselors to assure campers always have a Counselor with them.
• Plan and participate in daily cabin activities with Co-Counselors and campers, being cognizant of adjusting activities according to the ability and energy level of each child.
• Be alert to the specific physical limitations and medical conditions of every child in your cabin. Assure that you or an assigned Co-Counselor accompanies all campers to the Med Shack for daily medications or other required treatments.
• Report any of the following to the Camp Director or the Program Manager:
  o use of alcohol, tobacco, non-prescription drugs.
  o abusive behaviors or language.
  o lack of adherence to safety rules or good safe practices.
  o the presence of strangers (after guiding them to the POC).
  o inappropriate physical contact by campers or counselors.
• Respect the confidential nature of all campers’ names, addresses, diagnoses, and telephone numbers before, during and after camp. You may not release personal information regarding campers, staff, or counselors attending CRG. The Program Manager, upon verifying appropriate written consent has been given by the parents, may allow pictures or interviews for media purposes.

Reports To: LMSW
VOLUNTEER GUIDELINES & POLICIES

Camp Rainbow Gold relies on the volunteer and financial support of countless generous donors. We are on view to the community, and remember, campers recognize and take notice of the words and actions of their counselors.

- Be helpful and courteous to visitors at all times.
- If you feel a visitor interferes with camp operation or policies, notify the Program Manager or Camp Director.
- You are a role model for the campers – be aware of your actions and words.

ESSENTIAL FOR ALL CAMP RAINBOW GOLD VOLUNTEERS

- You must be able to understand and follow instructions given by Camp Director.
- You must be able to communicate instructions to campers and other volunteers.
- You must be able to notice campers’ behaviors, assess their appropriateness and enforce correct regulations.
- You must be able to identify and respond to emergency situations.
- You must be physically, intellectually, and emotionally responsible for yourself and others.

VOLUNTEER GUIDELINES

Have fun! We want to provide these children a week they will never forget, and the reality is some of our campers might not come back next year so, with safety in mind, enjoy!

All electronics including cell phones, video games and tablets are prohibited and must be turned off and put away for the duration of camp. This includes any off-site activities.

Personal appearance should be neat and appropriate. A shirt must be worn at all times and spaghetti strap tank tops should not be worn. Please leave torn shirts and jeans and T-shirts with inappropriate messages at home. Underwear should never be seen peeking out from under clothing. Inappropriate tattoos must always be covered; appropriateness of the tattoo may be determined by the Camp Director or Program Manager.

The kitchen is off limits to campers and volunteers unless the Kitchen Manager or Head Cook says otherwise.

Relatives or friends may not be invited to visit camp.

Please report any maintenance problems immediately to the Program Manager who will further discuss concerns with the Hidden Paradise staff. Don’t assume issues have already been reported.

Please be on time. We stress the importance of this to our campers. A smoothly run program depends on the cooperation of everyone.

Take responsibility for your campers’ personal cleanliness and appearance, especially daily showers, and clean-up before meals. Most campers need to be reminded to brush their teeth, shampoo their hair, and change their clothes. Keep your sleeping quarters...
Instruct your campers to properly care for their belongings to keep floors, bunks, etc. neat and to empty the trash daily.

We do appreciate both you and your significant other working for our program but ask appropriate behavior to be followed. Please remember, children recognize the behavior of their counselor.

Appropriate camper to volunteer ratio must be met at all times. Please refer to the ratio section of this volunteer manual for a complete list of requirements.

At mealtimes, counselors are required to sit with their campers.

Campers must never be left alone. No volunteer will be alone with a camper at any time (i.e., shower time, nighttime, free time, etc.). Any violation of this policy may constitute immediate dismissal.

Volunteers will not accept monetary remuneration or gratuities from campers or their parents.

Volunteers are never allowed to use, possess, be under the influence or provide campers or other volunteers any illegal drug, alcoholic beverage, smoking or tobacco products while on camp property, in camp vehicles, on camp trips or while camp is in session. Any violation of this policy may constitute immediate dismissal.

Under-age volunteers may not accompany other volunteers or CRG staff of legal age to any bars. Volunteers will be held responsible for unacceptable and unlawful behavior. Any violation of this policy may constitute immediate dismissal.

If any drinking at a Camp Rainbow Gold program or event reflects negatively on the organization, it may be grounds for dismissal.

Volunteers are not allowed to bring weapons of any kind to camp unless approved as part of a planned activity. Storage of all weapons and ammunition will be locked unless being used in the planned activity, as described in safety and safe storage policies.

Volunteers are not allowed to leave the campsite during camp, without express permission from the Camp Director or Program Manager.

No buying or selling will be practiced between campers or between campers and volunteers.

Volunteers should not deprive a camper of food or sleep for ANY reason. A camper shall not be placed alone without supervision, observation and interaction or be subjected to ridicule, threat, corporal punishment, or excessive physical exercise.

Volunteers should not administer any physical punishment for any reason or in any manner whatsoever.

Volunteers should not allow any camper to make telephone calls. Any camper needing to use a telephone should be directed to speak with the Program Manager.
Volunteers should not use any “excessive restraint” on any camper at any time. This shall be differentiated from a “hugging restraint” which may be used at times to save a camper from hurting himself or others until they can gain self-control.

Volunteers are covered by Camp Rainbow Gold’s insurance for camp related injuries or accidents. However, personal medical insurance carriers provide primary coverage.

CRG staff and volunteers are to make every effort to carpool to the campsite; parking is limited. Cars brought to camp are parked in a designated parking area. All individuals are responsible for their own car insurance. Personal cars may not be used for camp business or to transport campers unless they’ve met all criteria as outlined in the Transportation Policies.

Campers’ personal information from their records is confidential. It is not to be shared with anyone including members of the press, friends, acquaintances, visitors, or campers. This holds true whether camp is in session or not.

Use of volunteers’ personal equipment, such as sports equipment or musical instruments is encouraged, if volunteers realize that Camp Rainbow Gold assumes no liability in the event of loss or damage.

Volunteers and visitors are not allowed to bring animals or pets to camp unless pre-approved for a camp activity by the Program Manager or Camp Director.

Medications for all volunteers must be kept in a secure centralized location. The Med Shack Director will notify staff of area for medications to be stored, (the area will be locked if there is no medical staff on site where medications are stored).

A volunteer may be sent home in the event of poor personal health, illness, or accident. This does not reflect on selection in following years.

Profanity is not allowed.

There is a time and place for romance; camp is neither the time nor place. Inappropriate intimate behaviors between volunteers or campers will not be tolerated and will be grounds for immediate dismissal.

Camp Rainbow Gold and Hidden Paradise, hereby agrees to indemnify and hold harmless any volunteer from and against all claims, losses, liabilities and expenses, including reasonable attorney’s fees, suffered or incurred by the volunteer (collectively referred to as “claims”) if the volunteer is named in a legal action or threatened with legal action arising out of or related to the volunteer’s actions while attending Camp Rainbow Gold. Notwithstanding the foregoing, Camp Rainbow Gold, and Hidden Paradise, shall not indemnify or hold harmless any volunteer for willful acts or omissions by the volunteer which give rise to such claims.
VOLUNTEER CONTRACT
(This Volunteer Contract is signed in the application process)

The signing of the Agreement by the Program Manager and the above-named volunteer
binds them to the following terms:

The volunteer agrees to abide by the policies and practices as stated in the volunteer
manual.

The volunteer must be physically, intellectually and emotionally able to perform duties of
the position description for their role as provided in the volunteer manual.

The “employment” is entirely voluntary without wages or salaries, with responsibilities as
assigned. Benefits, including workmen’s compensation, health and unemployment
insurance are not provided. It is the policy of Camp Rainbow Gold that volunteers will
not accept gratuities or tips.

Transportation to camp, at camp and from camp will be provided by the individual
volunteer at their own expense. The exception will be the volunteer that is assigned to
supervise campers on the bus transportation provided by Camp Rainbow Gold.

Participation is required of volunteers for the entire camping session, including
orientation and training sessions, check-in and check-out. Those excepted include part-
time or special program staff and educational speakers as arranged by the Activity
Director.

All electronics including cell phones, video games and MP3 players are prohibited and
must be turned off and put away for the duration of camp. This includes during off site
activities.

Sick leave may be granted by the medical staff, will be detailed in the medical log and
reported to the Camp Director.

Emergency leave may be granted by the Camp Director and Program Manager and
must be noted in writing in the volunteer’s file.

All hospital and medical care not provided by the medical staff at camp will be the
responsibility of the individual volunteer or their health care provider. Healthcare
provided by the Med Shack is and will be limited. They are there to care for you if a
medical emergency occurs but not to treat chronic health issues. The Med Shack will
assure your needs are met and then may refer you to the local emergency room if
additional care is needed. If the Med Shack Director makes any medical
recommendations that you choose to ignore or not to follow, you may be asked to leave
camp and will be not invited back. All medications prescription or over-the-counter, must
be turned in to the Med Shack upon arrival and in their original packaging. This includes
vitamins.

To protect Camp Rainbow Gold, volunteers and program members, at no time may a
volunteer be alone with a single child where they cannot be observed by others. As staff
supervise children, they should space themselves in such a way that other staff can see them.

Volunteers shall never leave a child unsupervised.

Volunteers shall not abuse children in any way, including:
- Physical abuse – striking, spanking, shaking, slapping, etc.
- Verbal abuse – humiliating, degrading, threatening, etc.
- Sexual abuse – touching or speaking inappropriately
- Mental abuse – shaming, withholding kindness, being cruel, etc.
- Neglect – withholding food, water or basic care
- No type of abuse will be tolerated and may be cause for immediate dismissal.

Volunteers will respond to children with respect and consideration and treat all children equally, regardless of sex, race, religion, culture, economic level of the family or disability.

Smoking, chewing tobacco, the use of drugs or alcohol and the use of firearms or fireworks during all Camp Rainbow Gold programs is prohibited. Violation of this rule will result in dismissal.

Volunteers may not allow campers to wander near any body of water without an aquatic supervisor present.

All volunteers should refrain from initiating dating or sexual relationships while at camp. Violation of this rule will result in dismissal.

Profanity, inappropriate jokes and any kind of harassment in the presence of children, parents, staff and other volunteers is prohibited.

Volunteers will not use the Camp Rainbow Gold logo (ie: Facebook and Twitter) without written permission from the Program Manager or Marketing Manager.

Privileged information and photographs of campers should not be used on any websites or social media sites without permission of the Program Manager, Marketing Manager or Executive Director.

I will participate in the mandatory trainings, be aware of and support all Camp Rainbow Gold policies and procedures, and will complete any “home study” training materials as assigned.

I understand that any violation of the above stated responsibilities and conduct may result in being terminated from current volunteer position and possibly future programs. Any conditions warranting dismissal or resignation will be detailed in writing and will be effective immediately.
VISITOR POLICY

To ensure the safety of campers and to facilitate the smooth running of Camp Rainbow Gold, the following guidelines have been established regarding visitors at camp.

- All visitors must be approved in advance by the Camp Director or Camp Manager.
- All visitors to Hidden paradise must check in at the Welcome Center immediately upon arrival.
- All visitors will wear name tags.
- Visitors may not take pictures or video while on site unless pre-approved by the Program Manager.
- Visitors with infectious illnesses will not be allowed into Camp Rainbow Gold.
  The safety and health of our campers is our top priority (secondary infections are the primary cause of death for children with cancer).
- Visitors must respect the privacy of campers and volunteers. With the explicit approval of a Camp Director, some visitors may have limited access to cabins.
- Visitors must have an approved escort while at Camp Rainbow Gold.
- Camp Rainbow Gold has a ban on the use of all tobacco products. Visitors are expected to comply with this policy.
- Questions about media visits to Camp Rainbow Gold should be directed to the Program Manager.
- Ask strangers if they need help and escort them to the POC.
- All volunteers are asked to keep their eyes open for suspicious cars, people, etc.
- Alert the Program Manager or Camp Director immediately to intruders.

In the case of an intruder or an unwanted guest, the camp manager or any member of the crisis management team will get on the radio and instruct volunteers and campers to either seek shelter, stay put, or evacuate the vicinity. Each cabin group is expected to carry a radio at all times.
VISITOR CHECK-IN FORM

Camp Rainbow Gold has accepted the responsibility of providing a safe environment for children attending camp. While on site, visitors also accept that responsibility.

- Visitors cannot tour the camp without an escort. All visitors must remain with a Camp Rainbow Gold volunteer or staff member during the duration of their visit.

- Camp Rainbow Gold volunteers are responsible for discipline of campers. Visitors should present any concerns to the Camp Director.

- Visitors are not to touch campers without their permission and then only on the hand, shoulder, or upper back.

- Visitors are encouraged to talk with campers and volunteers but should not pull a camper away from the cabin group or activity, unless previous arrangements have been made.

- Visitors are asked to stay out of cabins.

- Visitors are not to share personal information with campers (phone numbers, address, etc.).

- The use of tobacco products and controlled substances (alcohol, illegal drugs, etc.) is prohibited at camp.

- Visitors are not to transport campers in their personal vehicles.

- In the event of an emergency, visitors are asked to follow the directions of the Camp Rainbow Gold volunteers.

- Visitors are to wear a name tag at all times while at Camp Rainbow Gold.

- Visitors are not to take pictures of campers or volunteer staff.

- Visitors are REQUIRED to have fun and join in at Camp Rainbow Gold!

I agree to abide by the above while visiting Camp Rainbow Gold.

Reason for visit: __________________________________________

Visitor signature: ___________________________ Date ______________

Name – please print: ______________________________

Volunteer at check-in signature: ________________________ Date ______________

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CAMPERS

GENERAL CAMPER INFORMATION

ADMISSION CRITERIA

- Campers will be between the ages of 6 and 17.
- Priority is given to children diagnosed with cancer and cancer-related blood diseases. Second priority is given to those children with other serious diagnoses requiring chemotherapy.
- Children must be ambulatory. The medical staff may make exceptions with the approval of the child’s physician and the ability of Camp Rainbow Gold to provide the required counselor assistance to provide a safe experience for every camper.
- The Program Manager and at least one of the medical staff screen applications.
- Campers that have not adhered to the camper contract and acceptable code of conduct may not be allowed to return to camp in succeeding years, at the discretion of the Program Manager, or until some evidence indicates that the camper can conduct themselves in an appropriate manner.

PARENTAL CONSENTS

- A parent or legal guardian must complete the camp application and sign the indicated waivers for activities, publicity, and emergency medical treatment for campers.
- If a camper does not arrive to be transported to camp, the Program Manager or their designee calls the camper’s parent or legal guardian to verify the absence.
- Campers are not released to persons other than those named by the parent or legal guardian on the camper application unless:
  a. The parent or legal guardian has made prior arrangements with the Program Manager or,
  b. A parent or legal guardian makes a telephone arrangement at camp and some member of the camp team can verify the authenticity of the caller.
- Parents or legal guardians are responsible for prompt pick up of their children after camp or for making other arrangements (see “a” and “b” above).

ACCIDENTS AND ILLNESS

All accidents and illnesses must be called to the attention of the medical staff. The Medical Director (physician in residence) or their designee will determine the medical care needed and decide whether camp attendance should continue (See “Medical Policy” and “Medical Practice”).

If it is the judgment of the Medical Director that the accident or illness warrants the notification of the camper’s parent or legal guardian or that camp attendance should not continue, the Medical Director or their designee is responsible to communicate this to the camper’s parent or legal guardian.

The crisis management protocol and the medical practices contained herein will be used as a training guide for all campers and volunteers.

An incident report form will be utilized to report all accidents and injuries. The Operations Team will annually review and analyze all incidents, make recommendations to reduce
risk at future camps, modify procedures and implement changes as recommended. Outside advisors with topical expertise will be utilized to advise the Operations Team in reducing risk and maintain the safety of Camp Rainbow Gold.

Volunteers witnessing incidents or accidents that threaten the safety and well-being or are a danger to campers or other volunteers are required to complete and submit a written report to the Program Manager or Camp Director, who will determine the level of seriousness of incidents that must be reported.

**CAMPER GUIDELINES/RULES**
The following rules, guidelines and discipline policy will be explained in the camper contract which will be included with the camper parent pack to promote pre-camp education for campers and their families.

Breaking any of the following rules may result in immediate dismissal from camp. Rules and consequences for breaking them will be explained to the campers at the beginning of camp. The staff member witnessing the infraction will report in writing to the Camp Director or Program Manager. If the act was not witnessed by a volunteer or other adult, a team including the Program Manager, Camp Director, LMSW, the camper’s counselor and any other involved staff will determine the severity of the infraction and the action to be taken. If a camper is dismissed, the camper and parents are told what action prompted the dismissal. The parent or guardian must transport any child dismissed from camp within 24 hours. If this is not done, the Program Manager makes arrangements, and all expenses incurred are the responsibility of the child’s parent or guardian.

**Camper Rules**
- May not smoke, drink alcoholic beverages, chew tobacco or use non-prescribed or illegal drugs.
- May not allow or participate in any inappropriate sexual behavior.
- May not keep guns, ammunition, firecrackers, knives, sling shots or any other type of potentially dangerous equipment.
- May not write, carve on, disfigure, or vandalize cabins, furniture, trees, or any other camp property. This includes other camper’s and staff’s belongings.
- May not take, steal, or borrow other people’s possessions without permission.

**Camper Guidelines**
These guidelines and the consequences for breaking them will be explained to the campers at the beginning of each camp.
- May not have candles, lanterns, or other types of fire in cabins.
- May never go barefoot except in bed and in the swimming pool.
- May never throw rocks, stones, or sticks unless at a predetermined target designated and supervised by a counselor.
- May not take glassware, utensils, etc. out of the dining area. No equipment from the kitchen may be removed without direct consent of the kitchen staff.
- May not curse, name-call, excessively tease or engage in behavior that diminishes the dignity and worth of another person.
- Must be in assigned activities. Campers may not go to other activities or locations without counselors’ permission.
- Should not participate in any other actions deemed inappropriate for camp.
RELEASE
Written records will be kept on camp premises for all campers, and will include names, addresses, and phone numbers of their parents or legal guardians, as well as all parental consent forms. The Program Manager will arrange for transportation to camp and will notify parents of transportation arrangements. All campers will be released only to them, or the responsible adult as indicated on the camper application consent form.

ATTENDANCE
Many campers’ medical conditions preclude their camp arrangements from being finalized until the last minute. The Program Manager will make every effort to be flexible to make it easier for children to attend at the last moment, with doctor’s approval. On arrival day, a final camper attendance roster will be compiled and checked against the camper enrollment list. The Program Manager or designated volunteer will contact guardians of all campers who no-show, to verify that their absence from camp is correct.

Revisions in cabin assignments will be noted and discussed with all counselors and medical staff. Updates will be made in all written records before the end of the first full day of camp.

Counselors will be given an activity schedule and will be responsible for camper’s attendance at designated activities, taking into consideration each camper’s physical ability to participate and camper input in activity choices.

PERSONAL RECORDS
All personal records pertaining to campers and staff are kept at camp for the purpose of operating a proper and safe camp program in accordance with the guidelines set forth by the American Camping Association. All personal and medical records will be kept in the possession of the medical staff and the Program Manager and will be considered confidential. Information will be released on a need-to-know basis, under the discretion of the medical staff, the Program Manager, and the Camp Director.

The medical consent form signed by each camper’s parent or guardian allows photos taken at camp to be used in publicity. Camper medical information will never be discussed with the media. Campers will be informed that they are under no obligation to discuss medical or other personal information with the media but may do so if they desire under the supervision of the Program Manager, Camp Director, or staff designee.

DUTIES
Campers are responsible for the following duties:
- Keeping clothes and other belongings in order.
- Keeping the camp clean; picking up litter if it’s seen.
- Taking good care of camp equipment, putting equipment away after use and helping counselor clean up after activities.
- Being on time for meals.
- Being conscientious about personal cleanliness.
- Participating with the cabin team in activities and skits as physical ability allows.
- Rotating through dining hall set-up and clean up per the activity schedule.
CAMPER BEHAVIOR

THE POSITIVE APPROACH TO WORKING WITH CAMPERS
When working with campers, there are two different methods Counselors can use to influence their campers:

- **The Positive Approach** uses rewards and encouragement to reinforce behaviors the counselor wants to see continue.
- **The Negative Approach** uses punishment and criticism to eliminate undesirable behaviors.
- Counselors have “reward power”. Use reinforcement liberally. Reward good things and they will increase. Mention behavior you like when you compliment it.
- Psychological rewards are effective reinforcers. Verbal comments and physical reinforcers (a smile, a pat on the back) are quick and easy to use.
- Have realistic expectations geared to individual abilities. Be consistent when reinforcing a behavior. Decrease reinforcement as a new skill is mastered.
- Immediate reinforcement is most effective, but later is better than not at all.
- Keep praise sincere. Do not reinforce campers if they haven’t earned it.
- Reinforce and encourage effort as much as results.
- Reinforce cooperation, sportsmanship, etc. as well as skills.
- Positive reinforcement of your campers will build their self-esteem!
- Always add a “positive” to the negative of disciplining the child so the child will realize that it is the behavior that is not acceptable, not the child himself.

Under no circumstances will a child be punished by striking or by any other means of physical punishment. Striking a camper or any other physical or mental abuse of a camper will result in the immediate release of the staff member or counselor. A child will not be denied food or sleep for any reason.

DISCIPLINE AND PUNISHMENT— WHAT’S THE DIFFERENCE?
Though the Positive Approach discourages punishment, maintaining discipline is a must in camping. What’s the difference between the two?

**Discipline techniques include**:
- Setting limits on behavior
- Making rules simple, few and consistent
- Being a role model for appropriate behavior
- Ignoring annoying behaviors that do not cause real problems

**Discipline helps campers to**:
- Know what is expected
- Control and change their own behavior
- Become responsible for their own actions
- Learn a lesson that will positively affect their future behavior
- Increase a feeling of self-worth and self confidence
Punishment techniques include:

- Yelling
- Lecturing
- Sarcasm
- Threats
- Use of physical force

Use of punishment:

- Emphasizes campers’ failures
- Leads to resentment and frustration
- Destroys self-esteem and self confidence
- Does not teach campers to become responsible for their own behavior

WHEN TO USE DISCIPLINE

- Camper disobeys a rule
- Camper causes disruption
- When relationship issues become problematic

APPROPRIATE DISCIPLINARY STEPS

- Speak to camper(s) privately about the situation.
- Try to determine if the camper understands what they did wrong.
  - Does the camper appear sincere?
- Seek advice from the LMSW and use your judgment to determine a reasonable course of action.
- Review and follow the “three strike policy”.

THREE STRIKES POLICY

- First strike:
  - Given by any counselor or staff member when camper’s actions/words are deemed inappropriate.
  - The camper may be placed in a “time out” situation, removing the camper from the present activity.
  - The reason for the “strike” and why the action is inappropriate will be explained to the camper.
  - The counselor will bring the situation to the attention of the Camp Director if the action is an infraction of a camp rule.

- Second strike:
  - Given by any counselor or staff member when inappropriate behavior continues.
  - “Time out” will be enforced
  - Report to Camp Director

- Third strike:
  - The camper and involved counselors or staff members will be brought to the Camp Director who will consult with the Program Manager and LMSW.
  - The Program Manager will explain the situation to the parents who will be asked to come to camp to pick up their child immediately.
  - The camper will be released only to the person or persons designated by the parents or guardian.
THREE C’S: CONSISTENCY, COOPERATION AND COMMUNICATION

- **Consistency:** Be consistent with all your campers—all the time.
  - Stick to the camp rules and expectations.
  - It is easier to stick to the rules all the time rather than being lenient and having to take corrective action later.

- **Cooperation:** Model cooperation with other counselors.
  - Help each other enforce the rules and work together to determine the course of action.

- **Communication:** Keep the lines of communication open.
  - Talk to one another about difficult situations, difficult campers and take advantage of the advice of the LMSW and Camp Director.

CONSIDERATIONS

- Accept campers’ occasional need to rebel.
- Recognize that campers cannot always manage the entire job of self-control; the counselor should not hesitate to intervene, when necessary, for the good of the child and the group.
- Know that the child has an obligation to the values of their peer group.
- Occasionally prod but recognize the desire campers have for a moment of laziness.
- Recognize that backsliding occasionally seems to be the right of all human beings.

OTHER HELPFUL HINTS

- Be an instigator of appropriate behavior.
- Remember that we are all role models for the children.
- Modeling participation will help motivate children to participate.
- If volunteers follow the rules, so will the children.
- If volunteers are enthusiastic, the kids will be as well!
- Be a positive role model!
CHILD ABUSE

The Child Abuse Prevention and Treatment Act (CAPTA), 42 U.S.C. § 5101, is the federal model for state child abuse statutes in the United States, mandating minimum definitions for child abuse and sexual abuse. For states to qualify for funding under CAPTA, child abuse statutes must contain these minimum definitions. As care takers of children, Camp Rainbow Gold will strictly adhere to the Idaho Child Protection Law.

DEFINITIONS

• **“Child”** means a person under 18 years of age.

• **“Child abuse”** means harm or threatened harm to a child’s health or welfare by a person responsible for the child’s health or welfare, which occurs through non-accidental physical or mental injury, sexual abuse, or maltreatment.

• **“Child neglect”** means harm to a child’s health or welfare by a person responsible for the child’s health and welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

• **“Agency”** means the state Family Independence Agency.

GENERAL INFORMATION ABOUT ABUSE AND NEGLECT

Camp is one of the safest places outside the home where we can tell our story. It’s a community which fosters growth, development, and values. Affectionate touch is an important factor in helping a child grow into a loving and peaceful adult. Hugging is an important part of the Camp Rainbow Gold experience. However, it’s essential both staff and volunteers are sensitive to everyone’s need for personal space, not everyone wants to be hugged. Personal touch is appropriate when the child initiates the contact but even then, please be sure to remain appropriate with the children and your peers.

Abuse and neglect to children can, in general, create embarrassment, confusion, guilt, anxiety, a sense of rejection and unworthiness, distrust, self-abusive behaviors, physical, emotional, and sexual problems, loss of dignity, poor peer interactions, isolation and more.

NEGLECT

The continued failure, refusal, or inability to provide a child with the things necessary to meet their needs and failing to provide a child with protection or care. To sum it up, neglect is what a parent or caregiver does not do.

TYPES OF NEGLECT

• **Physical** - Includes abandonment, lack of supervision, failure to provide food/shelter/clothing, medical services or not making the home environment safe.

• **Emotional** - Includes allowing illegal behaviors to continue, including drug/alcohol abuse, withholding affection, emotional support, attention and not complying with treatment recommendations by school officials, etc., harm to a child’s intellectual or psychological well-being and functioning.
SIGNS/SYMPTOMS OF NEGLECT

- Behaviors that are extreme, disruptive, aggressive, or destructive that belong to children who go to anyone, even strangers, for attention and affection.
- Children that look dirty and “unkempt”, who constantly wear old, worn out, torn clothes, who are not dressed for the weather, who look undernourished, or whose personal hygiene habits are poor.
- Parents who do not provide adequate supervision, who do not know where their children are or do not appear to be concerned as to what their children are doing.
- Children that have illnesses or medical problems that are not being treated which include dental exams, immunizations, and eye/hearing exams.

ABUSE

Incidents in which parents or other individuals cause injury, emotional damage, or threatened harm to a child. Abuse is what individuals do to a child.

TYPES OF ABUSE

- **Physical** - Includes any physical injury caused by non-accidental means. This includes burns, bruising, lacerations, bites, fractured bones, internal injuries, or great bodily harm which means injury that causes severe or permanent disfigurement or creates a high probability of death for the child.
- **Sexual** - Includes sexual contact, intentional touching of private parts, sexual intercourse, exploitation of children sexually (pornography) and prostitution.

Sexual abuse runs from nonphysical, including obscene phone calls, indecent exposure and “Peeping Toms”, to physical which includes fondling, oral or genital stimulation or sexual intercourse, to violent sexual abuse that includes rapes and beatings.

The majorities of all children who have been sexually abused know and trusted the abuser who is usually a family member, relative, neighbor, or childcare provider. The victims can be boys or girls of almost any age.

SIGNS/SYMPTOMS OF ABUSE

- Physical symptoms:
  - Unusual marks on the child’s body
  - Incongruent explanations of how injuries occurred
  - Difficulty in movements, walking or sitting
  - Complains of pain or itching in the vaginal area, bruising, or bleeding
  - Venereal disease
  - Pregnancy
  - Frequent and unexplained sore throats
- Behavioral symptoms:
  - Extreme fear/anger towards a specific individual
  - Loss of trust towards adults in general
  - Increase in acting out or antisocial behaviors
  - Loss of self-esteem that affects schoolwork and relationships
  - Withdrawal, isolation, engagement in age-inappropriate behavior/fantasy
  - Cries easily for no reason
  - Develops severe problems in adolescence such as anorexia or attempted suicide

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STAFF PROCEDURES
• Upon arrival of the campers, as part of the preliminary health screen, the medical staff shall note any cuts or markings on the child’s body.
• The Counselors shall watch for any signs of child abuse or neglect.
• If child abuse is “suspected”, report to the Program Manager.
• If a camper confides in you of having been abused or neglected, only relate this to the Program Manager. Do NOT tell any camper or other counselor, staff member, or volunteer!
• Campers’ records and applications shall be kept confidential. No one shall have access to the camp and campers’ files except the Program Manager or medical team. Counselors shall be made aware of their camper’s health care needs as it relates to their supporting their camper’s medical needs at camp.

REPORTING PROCEDURES
• The Program Manager or LMSW shall make an oral report within 8 hours.
• Within 72 hours, a written report shall be made to the appropriate reporting agency in the state of Idaho. The written report shall contain the name of the child and a description of the abuse or neglect. If possible, the report shall contain the names and addresses of the child’s parents/guardians, or the persons with whom the child resides, the child’s age, and other information that might establish the cause of abuse or neglect and the way it occurred.
• If a camper seems to be injured, medical treatment will be given by the nearest hospital or doctor-on-call.
CAMPER ORIENTATION

Please ensure you review the following items with all campers:

- The buddy system is in place for everywhere a camper goes. If someone needs to get up at night, a buddy is required.
- Always stay with the group. A camper should report to their counselor if they are leaving the group for any reason. Instruct campers to stay where they are if they get lost and they’ll be found.
- Flashlights are required when walking at night.
- Explain night noises: frogs, insects, ghosting, etc.
- Tell campers where you sleep so they can find you during the night. It’s also helpful to have an “on-call” counselor at night so the campers know who they wake up with problems or escorts to the bathroom.
- Walking, not running, in camp is the only option.
- Keep sunscreen on (even on cloudy days) and wear a hat. Explain our Slip, Slap, Slop and Wrap motto.
- Swimming suit tops are not appropriate dress.
- Closed-toed shoes are always required due to the nature of the campground.
- Raised hands mean silence for an announcement. Make sure everyone, including other staff, observes this signal.
- Drink plenty of water (8 cups of water per day at minimum)! Headaches and stomach aches are often due to dehydration. You cannot drink enough water.
- Keep camp beautiful. Put trash in cans and pick up litter.
- Talk over emergency procedures such as fires or storms. Talk about the signal (horns) and the importance of reporting to the Counselor right away.
- Keep cabins neat. Belongings should be kept in suitcases. Don’t leave personal items in shower or sink areas. Floors should be kept clean to ensure safety.
- Make sure campers understand your role. You are there for them and will listen to their needs, fears, jokes, and stories. Make them feel secure that they are going to have a positive experience at camp.
- Tell them about times in the day when they get to plan/choose activities. Their ideas are important in deciding what the group should do.
- Outgoing mail or notes for other campers can be delivered to the mailbox in the art shack for delivery.
CAMPER: VOLUNTEER RATIOS

The camper to volunteer ratios can be confusing. If, at any time, you need clarification please ask the Program Manager, Camp Director, or Assistant Camp Director.

- Medical staff can be included in the ratio.
- Junior Volunteers can count in ratio but must have a supervising volunteer present.
- In the event of an emergency, notify the Camp Director or Program Manager and use your best judgment on meeting the ratios.
- Off-site: At no time will a group leaving the main campsite have less than two adult volunteers.
- There will be a doctor on call and at least two nurses on duty at any given time, including any time a group of campers are out of radio range.

<table>
<thead>
<tr>
<th>Ratio</th>
<th>Time</th>
<th>Activities</th>
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<tbody>
<tr>
<td>5:1</td>
<td>Daytime</td>
<td>All camp activities, group activities and class activities:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Art shack</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General cabin activities</td>
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<tr>
<td></td>
<td></td>
<td>Dance, yoga and/or hip-hop classes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Campfire</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dances and carnival</td>
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<tr>
<td></td>
<td></td>
<td>Drama</td>
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<td></td>
<td></td>
<td>Raids</td>
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<tr>
<td></td>
<td></td>
<td>Meals</td>
</tr>
<tr>
<td>4:1</td>
<td>Daytime</td>
<td>All high-risk activities:</td>
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<tr>
<td></td>
<td></td>
<td>Archery</td>
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<tr>
<td></td>
<td></td>
<td>Mountain biking</td>
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<td></td>
<td></td>
<td>Fencing</td>
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<td></td>
<td></td>
<td>Pool activities</td>
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<tr>
<td></td>
<td></td>
<td>White water rafting</td>
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<tr>
<td></td>
<td></td>
<td>Tennis</td>
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<tr>
<td></td>
<td></td>
<td>Water skiing</td>
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<td></td>
<td></td>
<td>Ice skating</td>
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<td></td>
<td></td>
<td>Horseback riding</td>
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<tr>
<td></td>
<td></td>
<td>Fishing</td>
</tr>
<tr>
<td>6:1</td>
<td>Evening</td>
<td>In cabin only:</td>
</tr>
<tr>
<td></td>
<td>(For campers 6 - 8)</td>
<td>Toes up</td>
</tr>
<tr>
<td>8:1</td>
<td>Evening</td>
<td>In cabin only:</td>
</tr>
<tr>
<td></td>
<td>(For campers 9 and up)</td>
<td>Toes up</td>
</tr>
<tr>
<td>15:1</td>
<td>Transporting</td>
<td>Staff accompanying bus transportation:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must include one nurse</td>
</tr>
</tbody>
</table>
CAMPER CONTRACT

The following rules, guidelines and discipline policy constitute what will be referred to as the Camp Rainbow Gold Camper Contract. The purpose of this agreement is to promote pre-camp education for children and their families to assure all who attend Camp Rainbow Gold summer programming are educated and aware of all polices that will be regulated and enforced throughout the camp experience.

Breaking any of the following rules may result in a camper's immediate dismissal from camp. These rules and consequences for violating them will be explained to children following their arrival to camp and will be reiterated and enforced daily.

If an infraction should occur, the staff member witnessing the disobedience will report such in writing to either the Camp Director or the Program Manager. If the act was not observed by a volunteer or other adult, a team including the Camp Rainbow Gold Program Manager, Camp Director, LMSW, the child’s direct cabin counselor and any other involved personnel will determine the severity of the infraction as well as the action to be taken.

If a camper is dismissed, the child and their parents/guardians are informed of what exact action prompted the discharge. The parent/guardian must transport the dismissed child from camp premises within 24 hours of corrective action. If the child is not removed within the stated timeframe, the Program Manager makes transportation arrangements and all expenses incurred are the responsibility of the child's parent/guardian.

Please carefully review the following rules. Be advised each of these rules must be strictly adhered to at all times throughout the duration of camp and that if broken; the child will be dismissed immediately.

Campers may NOT:
- Smoke cigarettes, drink alcoholic beverages, chew tobacco or use non-prescribed or illegal drugs.
- Allow or participate in any inappropriate sexual behavior.
- Bring or acquire guns, ammunition, firecrackers, knives, sling shots or any other type of potentially dangerous equipment or weapons.
- Write, carve upon, or otherwise disfigure or vandalize cabins, furniture, trees, or any other camp property (this includes the possessions of other campers and staff members).
- Take, steal, or borrow other people’s possessions without permission.
- Wander near any body of water without an aquatic supervisor present.

Next, please carefully review the following guidelines. By Camp Rainbow Gold definition, guidelines are rules that if broken, will be dealt with according to the organization’s discipline policy. These guidelines and the consequences for violating them will be explained to campers following their arrival to camp and will be reiterated and enforced daily.
Campers may **NOT**:
- Have candles, lanterns, or other types of fire in cabins.
- Go barefoot except in bed, shower, and swimming pool.
- Throw rocks, stones, or sticks unless at a predetermined target designated and supervised by a counselor.
- Take glassware, utensils, etc. out of the dining area. No equipment from the kitchen may be removed without direct consent of the kitchen staff.
- Curse, name-call, excessively tease or engage in behavior that diminishes the dignity and worth of another person.
- Leave from an assigned activity or location without a counselor’s permission.
- Participate in any other actions deemed inappropriate for camp.
- Take part in any improper form of cabin raiding. Suitable types of raiding will be explained during the child’s orientation at the commencement of camp.
- Camper must wear appropriate clothing as defined in dress code guidelines.

I have reviewed and discussed the following Camp Rainbow Gold rules and guidelines with my child. They understand, to the best of their cognitive ability, the seriousness of these standards as well as the importance in adhering to them. They are aware that if at any time throughout the week of camp he/she is in violation of any of the above-stated rules and guidelines, the option for immediate dismissal exists. They also understand that if dismissal happens, they may not be invited to come back to camp. By signing this Camper Contract, my child agrees to abide by all Camp Rainbow Gold rules and guidelines at all times.

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Signature of parent/guardian</th>
<th>Date</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Signature of Camp Rainbow Gold</th>
<th>Date</th>
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<td></td>
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</tbody>
</table>
ACTIVITIES

GENERAL ACTIVITY INFORMATION

- Keep your groups at a minimum camper/counselor ratio of 5:1. This means if you intend to take a group of campers anywhere, make sure you have adequate supervision. More supervision may be needed for higher risk activities.

- Remember that activities are for the campers. Counselors are there to assist and teach the activities.

- Each person chosen as a camp volunteer should be available to lead or assist an activity as requested by the Camp Director or Activity Director. The person’s skill level for that activity will be determined by communication and demonstration where necessary.

- Each activity leader will be qualified in that area. All safety regulations will be established in cooperation with the Activity Director or Camp Director. As appropriate, all hazards will be identified and managed by the activity leader. The medical staff will review all health considerations relating to the activity.

- An activity outline will be required from each activity leader. This outline will ensure that the activity leader has thought through the process and is prepared to lead the activity. The information provided will include, but not be limited to:
  - Description of activity
  - Staff to camper ratio
  - Age range
  - Safety precautions
  - Materials and equipment needed
  - Instructor’s qualifications
  - Goals
  - Daily plan

- Each activity leader is responsible for all equipment needed for his or her activity. The safe care and storage of equipment is included in this responsibility.

- Each activity leader will be responsible for evaluating the level of each camper in the activity that they are leading, as appropriate and necessary for the activity.

- Each counselor will be partners with the leaders of the activity in camper behavior management and to promote safety.

- All participants of specialized activities are given a thorough orientation regarding safety rules, equipment use, protective equipment required, emergency procedures and other pertinent information about that specific activity.
DAILY SCHEDULE

Below is a sample schedule of a typical day at camp. A full activities schedule will be provided to all staff and volunteers upon arrival at the campsite.

**SAMPLE OF DAILY SCHEDULE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 AM</td>
<td>Wake-up call</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Breakfast</td>
</tr>
<tr>
<td></td>
<td>Activity sign-up</td>
</tr>
<tr>
<td>9:30 AM</td>
<td>General cabin activity period</td>
</tr>
<tr>
<td>Noon</td>
<td>Meal bell</td>
</tr>
<tr>
<td></td>
<td>Lunch</td>
</tr>
<tr>
<td>1 PM</td>
<td>Toes up</td>
</tr>
<tr>
<td></td>
<td>Counselor meeting</td>
</tr>
<tr>
<td>2 PM</td>
<td>General cabin activity period</td>
</tr>
<tr>
<td>5:30 PM</td>
<td>Meal bell</td>
</tr>
<tr>
<td></td>
<td>Dinner</td>
</tr>
<tr>
<td>8 PM</td>
<td>All camp activity</td>
</tr>
<tr>
<td>10 PM</td>
<td>Lights out</td>
</tr>
</tbody>
</table>
SPECIALIZED ACTIVITY INFORMATION

OFF-SITE FIELD TRIPS

- An experienced and trained leader will lead each off-site camp field trip. This person will have experience in the area and will know the necessary camp safety policies and policies for off camp site field trips. Each activity will have at least one additional volunteer. A camper/counselor ratio of 4:1 will be maintained. Additional volunteers will be assigned if the activity requires a higher ratio.

- If the field trip is within radio contact of the main camp, the activity will have a trip leader and at least one person assigned that is certified in CPR and first aid. If the field trip is out of radio contact, a staff medical person will accompany the party and have a stocked first aid kit.

- All participants will be explained the procedures for the event, including safety practices, emergency procedures, and environmental impact procedures.

- Activity leaders conducting off-site trips complete the checklist for off-site activities form showing ratio guidelines, location of the activity, inclement weather plans, safety regulations, emergency procedures and verify understanding of responsibilities. This form is given to the Camp Director, Program Manager or nurse in charge and is posted in the Director’s corner of the volunteer lounge.

- A roster of participants will be kept at camp for each activity. The leader will call roll prior to leaving and again before returning. The Program Manager, Camp Director or head medical nurse will know the times for departure and return, the destination, and the route to be taken.

- Each volunteer will carry emergency phone numbers, including all camp numbers. In case a natural disaster impedes the trip, the Camp Director will be notified. If a medical staff person accompanies the trip, then he or she will oversee all medical emergencies. If a medical person is not on the trip, then hospital phone numbers and directions will be given to the trip leader.

- The trip leader will keep a copy of all health information and release information. All volunteers on the trip will be made aware of this fact.

- Campers will be supervised at all times.

- If a camper wanders off or gets lost, all campers and volunteers will gather in a predetermined area. At least one counselor will remain with the group while the other volunteers start to implement the lost camper procedure. If the child is not found within 20 minutes, staff will implement emergency procedures and notify and the Camp Director and Program Manager as soon as possible.

- Campers will be instructed that if they become separated from the group, remain in a safe place. The camper should not wander around. If a phone is available, the
The camper should try to contact the Camp Director. The camper should attempt to notify a park ranger, police officer, or other authority if possible.

- Food and water appropriate for the length of time away from camp will be taken for all participants.

- Campers will be instructed that if a stranger approaches, they should not speak to or go with that person. A counselor will be notified immediately about the situation.

- One of the ideas that we pass on to our campers is to respect the environment. All trash that we create will be carried out of the area. We will determine appropriate restrictions on the number of people participating in an event depending on the area or site of the activity. Only biodegradable and non-detergent soap will be used.

- All campers will listen to their counselors while on trips and obey all laws. All camp policies including the discipline policy apply on trips.

**HORSEBACK RIDING**

Camp Rainbow Gold uses a therapeutic horseback riding service provider for horseback riding activities. This service provider will be responsible for enforcing all horseback riding safety regulations and providing a safety orientation for all participants and an adequate number of instructors who meet the NARHA certification guidelines.

In addition, Camp Rainbow Gold will assure the following guidelines are adhered to:

- Counselors will accompany campers to assist with horseback rides as requested by the certified therapeutic horseback riding instructor.
- All age groups at camp will be eligible for horseback rides. Each camper’s riding ability will be determined by one of the instructors and an appropriate horse will be chosen for each rider. All participants will wear an appropriately sized riding helmet.
- At least one registered nurse will be present at each riding session and will handle any medical emergency. Appropriate assessment of any camper will be made before moving the child and regional EMT services summoned for transport to local emergency room for treatment if deemed necessary.
- Safety procedures established by NARHA will be observed by the service provider at all times.
- All participants will be required to wear long pants, a helmet, and closed-toe shoes or boots.
- Written permission of the parent or guardian is required for a camper to participate in horseback riding.
- Children with a low platelet count will need permission from their doctor to ride.
- The service provider will be responsible for all horses, their care and well-being and all equipment.
WATER ACTIVITIES
Camp Rainbow Gold uses a certified and trained on-site staff person for water activities. The staff person will be responsible for enforcing safety regulations and providing a safety orientation for all participants as well as an adequate number of staff and lifeguards.

In addition, Camp Rainbow Gold will assure the following guidelines are adhered to:

- Activity staff must be assigned to each activity area with a counselor: camper ratio of 4:1 maintained while on shore and 2:1 ratio if in the water. Counselors shall use reasonable efforts to ensure that campers do not wade through fast flowing portions of the stream or swim farther than their abilities reasonably permit from the shore of any lake or pond. Counselors shall check with a nurse prior to allowing a camper to swim and ensure that the camper’s health will not be unduly endangered. Ports and IV’s will limit a camper’s ability to swim. Counselors will be informed regarding the swimming ability of their campers.
- A certified lifeguard must be on duty at all times. The lifeguard provides readily available rescue equipment which is in good repair. CRG will provide volunteers with supervisory experience and will be oriented to assist with “watcher” responsibilities as assigned. Lookouts will be required to demonstrate elementary forms of non-swimming rescue.
- The buddy system is used at all times.
- Pick up all trash and deposit it in trashcans.
- All campers and volunteers must wear sunscreen.
- When persons in wheelchairs are near bodies of water, their seat belts shall be removed. Volunteers shall secure the seal belts once they are removed from the water area. A rock is placed behind each wheel to prevent the wheelchair from sliding.
- All participants will follow the camp policies for behavior and discipline. Volunteers are responsible for ensuring the safety of all participants, enforcing camp safety rules and policies and supervising campers at all times. Volunteers and campers will be given an orientation regarding all rules.
- There is a member of the medical staff present for all medical emergencies. The medical staff has a stocked first aid kit with them at water activities.
- Participants are informed of the boundaries for each event prior to the start. No one will leave the area without permission of their counselor and establishing an assigned responsible volunteer to escort the camper. Environmental and other hazards will be identified and managed.
- All volunteers will be oriented regarding the policies of campers in public areas, emergency procedure for missing camper as well as other emergency procedures specific to the aquatic area.

CANOEING, BOATING AND OTHER SMALL WATERCRAFT

- Camp only uses service providers of watercraft activities (canoeing, boating, rafting) who have persons on duty who have (a) an instructor rating in the appropriate craft (canoe, boat, raft) from a nationally recognized certifying body, (b) a lifeguard on duty that is certified by the state of Idaho or a nationally recognized certifying body, or (c) other acceptable certification or license. The provider must also have a person (which may be the person on duty or an CRG volunteer) that is certified in first aid and CPR with a first aid kit accessible. Furthermore, Camp shall use reasonable efforts to confirm that the provider of the
watercraft activity has a person that has documented skills and training in water rescue and emergency procedures specific to the location and activity. For example, a whitewater guide will have documented skills and training in whitewater rescue and be certified in first aid and CPR. But a canoe guide in an open lake will have documented skills and training of that of a public pool lifeguard with certification in first aid and CPR. If CRG conducts the boating activity, all standards in the Program-Aquatic section are adopted.

- All persons participating in a watercraft activity shall wear a life jacket that is properly fitted, coast guard approved, sufficiently buoyant to support the person’s weight and in good working condition. The activity leader will verify with the provider of watercraft activities that all equipment used is in good repair and that rescue equipment is readily accessible.
- All campers and volunteers participating in canoeing, boating, or rafting shall be provided the following training prior to departure in the raft or canoe:
  - Boarding, debarking, trimming and movement within the canoe or raft.
  - The use of life jackets; and
  - Self-rescue in the case of capsize or swamping.
- At least one counselor who can swim is in each canoe, boat, or raft. Staff to camper ratio of 4:1 is maintained at all times. Counselors shall use reasonable efforts to ensure that campers do not wade through fast flowing portions of the stream or swim farther than their abilities reasonably permit from the shore of any lake or pond. Counselors shall check with a nurse prior to allowing a camper to swim to ensure that the camper’s health will not be unduly endangered. Ports and IV’s will limit a camper’s ability to swim.
- Watercraft is restricted to non-motorized watercraft under 26 feet.
- Eligibility for attendance is based on the physical condition of the camper as assessed by the medical staff, given that no restrictions have been indicated by the camper’s physician, and signed consent by a parent.
- There is a member of the medical staff present for all medical emergencies. The medical staff has a stocked first aid kit with them at all times.

PUBLIC POOL

- Campers are only allowed to swim when the provider of the pool has a lifeguard on duty that is certified by the state of Idaho or a nationally recognized certifying body and a person (which may be the lifeguard or an CRG volunteer) that is certified in first aid and CPR. A first aid kit will be readily accessible.
- The public pool staff also assesses water and weather conditions to determine hazards and appropriate swimming conditions.
- All participants are instructed in camp policies before going to the pool. Staff stays with the group at all times with a counselor to camper ratio of 5:1 maintained.
- Campers must have a volunteer member with them on the way to and from and while in the restroom and shower facilities.
- CRG volunteers determine if inclement weather warrants a change in plans.
- CRG trained volunteers evaluate the site and determine what activities are appropriate for the group.
- All participants are informed as to the boundaries of the areas to be used before getting into the pool.
- Counselors are informed of the camper’s swimming ability or restrictions as listed on the camper application. Counselors shall check with a nurse prior to allowing a
camper to swim to ensure that the camper’s health will not be unduly endangered. Ports and IV’s will limit a camper’s ability to swim.

- When persons in wheelchairs are near bodies of water, their seat belts shall be removed. Staff shall secure the seal belts once they are removed from the water area. A rock is placed behind each wheel to prevent the wheelchair from sliding. (PA-8)
- The buddy system is used at all times.

MOUNTAIN BIKING

- Helmets must be worn at all times.
- A camper is not able to participate unless the activity supervisor determines that a bicycle and helmet are available in the appropriate size and fit to the camper.
- A camper to counselor ratio of 4:1 shall not be exceeded.
- Activity leaders and counselors shall lead and sweep the group of riders to ensure that safe riding conditions exist. All activity leaders must ensure that campers be strictly monitored until competency is demonstrated.
- Activity leaders and counselors shall promote safe bike riding by orienting campers in safe bicycle handling techniques and not allow tightly packed bicycle riding at high speeds.
- Activity leaders must have a radio for emergencies. In the event of an emergency, a camp nurse or physician shall be radioed for further instruction.
- Activity leaders shall lead the riders over areas that are generally free from cars and other moving vehicles. Activity leaders shall warn riders when they are approaching excessive sand, rocks, or other hazardous terrain.
- Mountain bikes may only be used when a qualified activity leader is present and the above safety rules are in practice. Only after the specialized activity leader has oriented other activity leaders will they be qualified to lead a group.
- In case of accident, remain calm, the activity leader takes command and give clear instructions. The activity leader follows the emergency procedures set forth in this manual.
- The Activity Director or specialized activity leader shall inspect all mountain bikes owned or borrowed to ensure the bicycles are in good working order, including proper lubrication and adjustment. The activity leader shall inspect all bicycles and safety gear prior to the ride to ensure the equipment is performing properly.
- Eligibility shall be dependent upon the physical condition as assessed by the medical staff and permission given by a parent on the camper application.

ARCHERY

- Counselor to camper ratios are evaluated to provide the appropriate number of counselors available for the age group (a minimum camper to counselor of 4:1). All participants in archery activities must be old enough to understand safety procedures and handle equipment correctly.
- A ratio of one qualified instructor for each 10 participants shall be maintained. Instructors must have thorough knowledge of safety practices; equipment use and technique. A minimum of two staff must be with campers in the archery area.
- Volunteers are instructed during pre-camp in the areas of safety procedures and teaching techniques by the activity leader, whom will have qualifying certification or documented experience indicating knowledge and skill in teaching and supervising an archery program. The activity leader will observe counselors to
verify knowledge and skill in teaching and supervising; knowledge of safety practices, equipment uses and maintenance, and technique.

• Activity leader is responsible to check equipment before use. Broken arrows or bows should be identified and removed from use. The Activity leader will inventory equipment before camp for needed repairs.

• After arriving at archery range, explanation of safety rules posted at the archery range, and demonstration of equipment must be completed. The leader will choose equipment suitable to the size of the shooter.

• The Activity leader is responsible to supervise campers using the archery equipment, carefully monitoring the performance of each camper until competency is demonstrated.

ADDITIONAL ACTIVITY GUIDELINES

• CRG follows the “Slip, Slop, Slap, Wrap” approach:
  - Slip on a shirt,
  - Slop on sunscreen,
  - Slap on a hat and
  - Wrap on sunglasses!

• All cabins and outdoor activities have filled water jugs nearby. Counselors should encourage campers to drink plenty of water.

• Beware of outdoor hazards such as poison ivy, snakes and uneven terrain making walking hazardous.

• No one is allowed at any of the ponds within Hidden Paradise without a counselor and are NEVER allowed near the retention pond north of the log cabins. The buddy system is used at all times around water when fishing or going on nature hikes.

• For mountain biking, canoeing, rafting and archery, activity leaders shall follow the specific guidelines for the activity prepared and provided by Camp Rainbow Gold.
SPECIALIZED ACTIVITY LEADER OUTLINE & SKILL VERIFICATION

Prior to the arrival of the campers all specialized activity leaders will:

1. Complete this form
2. Review it with the Activity Director and the Camp Director
3. Demonstrate skill level and obtain signatures
4. Share this information during onsite volunteer training
5. Provide a copy to the Program Manager

Activity: ____________________________________________
Activity leader: ____________________________________
Leader qualifications: (certification/years of experience/activity leadership at CRG):
________________________________________________________________________
________________________________________________________________________

Staff to camper ratio: ____________
Eligibility/age range participating: ______________________
  On-site  Off-site
Activity location: ______________________________________

Safety rules (posted if required, notes specific to activity): ____________________________
________________________________________________________________________________
________________________________________________________________________________

Activity goals: ________________________________________
________________________________________________________________________________
________________________________________________________________________________

Counselor/staff orientation discussed and time on training agenda verified:
  • Activity – safety, procedures, equipment maintenance and storage
  • Emergency procedures
  • Role of volunteers/leader

Orientation notes specific to activity: ____________________________
________________________________________________________________________________

Scheduled times/additional available times (if any): ____________________________
________________________________________________________________________________

__________________________________________
Activity Director Signature Date

__________________________________________
Program Manager Signature Date

Skill verified (check) ____________ Skill verified (check) ____________
TRANSPORTATION

GENERAL
There is no cost to the camper for transportation to Camp Rainbow Gold, except if the parents or guardians opt not to take advantage of the free transportation provided.

- Bus service from the Camp Rainbow Gold office in Boise is provided to and from camp.
- Transportation from Northern Idaho, Eastern Idaho, and Magic Valley area of the state is arranged and coordinated with the camper's parent or guardian through the Program Manager.
- Vehicle transportation from other areas of the state is in passenger vehicles and seat belts must be used. All laws are adhered to concerning legal passenger loads. Drivers are responsible for following all Idaho traffic laws. Drivers will be educated regarding all CRG transportation policies for safe camper transport.
- If campers are transported by a commercial airline, private pilot, or Angel Flight, or by the family's arrangement, the camper comes under the policies of Camp Rainbow Gold when they are transferred to the supervision of a Camp Rainbow Gold volunteer at the designated airport.
- Prior to camp each year, Camp Rainbow Gold shall notify the ambulance, fire and police services serving Hidden Paradise notifying such authorities of the camp dates and include directions to Hidden Paradise from Fairfield, Idaho.
- Either the Camp Director's car or the Program Manager's car shall always be available at Hidden Paradise to transport a camper or staff member in an emergency. Such car(s) must have enough fuel to reach St. Luke's of the Wood River Valley. In the event the Camp Director and the Program Manager are not present at Hidden Paradise at any time, keys to one or the other's car shall be left with the person in charge of camp during their absence.
- CRG prohibits the transportation of persons in non-passenger vehicles. No camper, counselor or volunteer will ride in the back of a pickup truck, trailer, wagon or similar conveyance except for wagon rides or trucks driven at speeds not exceeding 10 mph off public roads.
- Only trained volunteers may provide transportation to campers. Training includes but is not limited to the following: backing up, loading, and unloading passengers at pick-up and drop-off points, dealing with vehicular breakdowns or passenger illness, evacuation procedures, managing camper behavior, location of campers during refueling and vehicle safety checks prior to transporting campers.

Prior to transporting campers, the following will be checked and recorded in the vehicle logbook:

- Lights
- Tires
- Horn
- Windshield and wiper condition
- Brakes
- Mirrors
- Fluid levels
- Emergency warning systems
On designated camp vehicles, these items must be checked monthly, regardless of vehicle use.

Vehicles should carry only the number of passengers specified by the vehicle manufacturer. Each passenger must wear a seatbelt and remain seated while the vehicle is in motion. An adult volunteer must be present in each vehicle with the following camper to staff ratios:

- **15:1** – Transporting: Bus transportation will include at least one nurse.
- **Off-site** - At no time will a camper group leaving the main campsite have less than two staff members. If traveling by bus, this is in addition to the driver.
- Extra staff and/or aides must be present for campers with disabilities, based on ratios established for persons requiring additional assistance or supervision (see established camp ratios).
- Copies of the relevant health information and permission to treat forms shall accompany each driver delivering campers to camp and returning the campers home after camp.
- Vehicles should be kept a safe distance apart if traveling together.
- Persons in wheelchairs must be seat belted into wheelchairs that are in locked positions and secured to vehicles. In the alternative, a person in a wheelchair must be removed from the wheelchair and seat belted into a seat on the vehicle.
- Passengers should be instructed in the following safety procedures prior to transporting:
  - Passengers always remain seated with hands and arms inside vehicle.
  - Seatbelts should be fastened – one person per seatbelt.
  - Noise levels should be such as to not distract the driver. There should be no throwing of objects or other disruptive behavior.
  - Passengers should enter and leave the vehicle under the direction of a staff member and/or driver. If the vehicle makes an emergency stop, passengers should follow directions of staff member and/or driver and use buddy system if leaving the vehicle.
- Every vehicle used to transport campers and volunteers should be equipped with a first aid kit and emergency accessories such as fire extinguisher, reflectors, maps, motion sickness bag, change for a pay phone, flashlight, blanket, chalk, and container of fresh drinking water.
- For trips over 30 miles from camp and Wood River St. Luke’s Regional Medical Center (where this information is on file), the staff member accompanying the group must carry health forms (which includes insurance information and permission to treat) for all passengers and a cell phone for emergency communication. A rental agreement or vehicle registration, vehicle mileage sheet, insurance information, and vehicle safety maintenance checklist should be in the vehicle at all times.
- In the event a vehicle is used which is not leased or rented by Camp and the owner of the vehicle is not driving, Camp must obtain written authorization from the vehicle owner to use the vehicle.
- When selecting the bus company to transport campers to camp, the volunteer arranging the transportation shall ask the following questions and receive satisfactory answers to the same before hiring the bus company:
  - Does the bus company implement a system of regular maintenance and safety checks on the buses?
Will the bus driver have a good driving record and experience operating buses transporting children?

- If you are driving a vehicle that you normally do not drive, the Camp Director will evaluate and determine when additional behind-the-wheel training is required before transporting persons or equipment. (Includes training in vans, camp trucks, buses and vehicles pulling trailers.)
- In the event a passenger becomes ill, follow the following procedure:
  - Administer first aid as needed. Keep the camper comfortable.
  - If you need to stop, try to do so in an authorized or designated area.
  - Contact camp about the camper or return to camp as soon as possible and have the camper check in with the Medical Director or team.
- Parents and/or guardians of campers will be notified about changes in pick-up or drop-off times which will be communicated through the Camp Rainbow Gold office in Boise, who will be in contact with the Program Manager at Hidden Paradise. A CRG staff member will be on duty at the CRG office on the day the campers are due to arrive home from camp to receive inquiry phone calls and relay messages to parents. Messages regarding camper transportation to other parts of the state will be relayed from the program manager or their designee directly to the parents at the contact phone numbers provided on the camper application.

**CONTROL OF VEHICLE TRAFFIC ON CAMP PREMISES**

- Volunteer cars are to be parked in designated parking areas and are not to be driven during camp without the permission of the Camp Director or Program Manager.
- Unless otherwise posted, there is a 15mph speed limit on all roads used at Hidden Paradise.
- When visitors are expected to arrive at camp, the parking area near the lodge should be clear of cars so they can check immediately in at the Welcome Center. Signs shall be erected instructing visitors to park their cars in that area.
- Campers and volunteers shall be prohibited from playing and loitering near the delivery parking area near the dining hall on delivery days.
- Golf carts shall be driven only by designated golf cart drivers. Designated golf cart drivers shall demonstrate the ability to safely operate the golf carts at all times. Golf cart drivers shall be instructed to operate golf carts at speeds appropriate for the surroundings, being certain to use slower speeds when vision is limited, or pedestrians are likely to be present. At no time shall a golf cart be driven at speeds greater than 15 miles per hour.

**CAMPER UNLOADING AND LOADING**

All buses and vans transporting campers and volunteers shall load and unload in the parking in front of the welcome center. Campers and staff shall remain off the main road of camp until the bus or van used for transportation has come to a complete stop. Before departing, all campers and staff shall be cleared from the main road again until the bus has backed out and left the road.
GUIDELINES FOR CAMPER CHECK-IN AND TRANSPORTATION

Arrival/Departure Procedure – Boise, Idaho

- All campers departing from Boise shall be instructed to arrive at the Camp Rainbow Gold office located in Boise, Idaho at the designated time.
- There will be a check-in supervisor responsible for the proper application of the check-in process in accordance with these procedures.
- All campers shall be accompanied by a parent, guardian, or person of legal age whose care the camper has been entrusted. That person must accompany the camper through the entire check-in process.
- The check-in process shall include:
  - The camper’s name shall be marked off a master list of all campers to depart from the Boise area.
  - A picture of each camper shall be taken at check-in and the camper’s name shall be attached to, labeled on, or otherwise associated with the picture.
  - Each camper shall check in with a camp nurse.
  - The camp nurse shall receive and take into custody all medications that the camper has brought for the week of camp.
  - The camp nurse shall review the prescription and determine that a sufficient dosage has been supplied for the week of camp. In the event an insufficient dosage is provided, the nurse shall either make arrangements for a sufficient dosage to be provided or stop the check-in procedure for that camper until a sufficient dosage is obtained.
  - The camp nurse, in consultation with the camper’s parent, guardian or adult supervisor, shall determine the proper time, method and dosage for the camper’s medications.
  - The camp nurse shall prepare the camper’s medication chart (see Appendix) and make any notations necessary for proper dispensing of the camper’s medications.
  - The camp nurse will review the camper’s physician form and health history and make any necessary changes to update the information.
  - The camper’s luggage shall be tagged to ensure proper distribution upon arrival at camp.
  - It will be verified that each camper has all necessary completed paperwork on file and if not, the parent will be asked to fill the forms out.

- After check-in, the child shall be in the care and custody of Camp Rainbow Gold. The check-in supervisor shall ensure that all campers stay on the Camp Rainbow Gold property until they load the bus.
- The check-in supervisor shall ensure that a volunteer is stationed in the parking lot to facilitate the safe flow of vehicular and pedestrian traffic. The check-in supervisor shall station one person outside the Camp Rainbow Gold building and another inside the Camp Rainbow Gold building to ensure children do not leave the Camp Rainbow Gold property after check-in.
- Campers shall not be permitted to load their luggage into the luggage departments of the bus. Campers shall be permitted to take a minimal number of carry-on items onto the bus.
- Once the bus and all passenger vehicles transporting children to camp are loaded, a final role call shall be performed from the master checklist. All campers that checked into camp shall be called by name to ensure the camper is on the bus.
• Each bus and passenger vehicle transporting children to camp shall be provided with water for drinking on the ride to camp.
• Each bus and passenger vehicle transporting children to camp shall have enough chaperones so that in the event of an emergency, there will be adequate supervision for the children. A nurse shall be the staff member in charge of safety and group management responsibilities on the bus.

Arrival/Departure Procedure – Mountain Home, Idaho
• All campers departing from the Pilot in Mountain Home shall be instructed to arrive at the designated time.
• There will be a check-in supervisor responsible for the proper application of the check-in process in accordance with these procedures.
• No campers shall be permitted to exit the bus at the Pilot unless chaperoned by a camp volunteer at all times. A volunteer shall not supervise more than three campers and no chaperone shall accompany a child alone.
• A parent, guardian, or person of legal age whose care the camper has been entrusted shall accompany all campers. That person must accompany the camper until the time the camper is picked up from the Pilot.
• The check-in supervisor shall select a safe area in the parking lot of the Pilot where campers can wait for the bus. The check-in supervisor shall supervise the children until they are loaded onto the bus.
• The check-in process shall include:
  o The camper’s name shall be marked off a master list of all campers to depart from the Pilot.
  o A picture of each camper shall be taken once the child is loaded on the bus and the camper’s name shall be attached to, labeled on, or otherwise associated with the picture.
  o It will be verified that each camper has all necessary completed paperwork on file and if not, the parent will be asked to fill the forms out.
  o The camper and the camper’s luggage shall be loaded onto the bus.
• Campers shall not be permitted to load their luggage into the luggage departments of the bus. Campers shall be permitted to take a minimal number of carry-on items onto the bus.
• Once on the bus, the child shall be in the care and custody of Camp Rainbow Gold.
• Once on the bus, each camper shall check in with a camp nurse.
• The camp nurse shall receive and take into custody all medications that the camper has brought for the week of camp.
• The camp nurse shall review the prescription and determine that a sufficient dosage has been supplied for the week of camp. In the event an insufficient dosage is provided, the nurse shall make arrangements for a sufficient dosage to be provided.
• Either on the bus or shortly after arrival at camp, the camp nurse shall prepare the camper’s medication chart (see Appendix) and make any notations necessary for proper dispensing of the camper’s medications.
• The camp nurse will review the camper’s physician form and health history and make any necessary changes to update the information.
Arrival/Departure Procedure – Fairfield Airport
• If airline travel (commercial, private or through Angel Flight) is arranged by Camp Rainbow Gold or the camper’s family, a designated representative of Camp Rainbow Gold will meet the camper at the pre-arranged airport meeting place. At that time, the camper will be transferred to the care and custody of the volunteer who will be responsible to follow all safety, transportation and emergency policies and will drive the camper to the Hidden Paradise camp.
• Upon arrival at the main camp, the staff member will escort the camper to the Med Shack for the check-in process (as outlined above), after which he or she will be transferred to the responsibility of their counselor.
• The staff member will communicate any air traffic or camper arrival delays to the Program Manager, Camp Director, Administrative Assistant, or nurse in charge at the main camp and will discuss an alternate plan of either waiting at the airport or returning to the airport later, taking into consideration the facts known about the situation causing the delay.
• Telephone communication by one of the above members of the administrative staff will be made with the camper’s parent or guardian to verify the camper’s arrived or to confirm that weather or other conditions has prohibited air travel and/or arrival.
• At the end of camp, a Camp Rainbow Gold volunteer will deliver the camper to the designated airport of departure and transfer the supervision of the camper to the airline, private pilot, or Angel Flight pilot as pre-arranged with the camper’s parent or guardian.

Arrival/Departure Procedure – Parents/Guardians Personal Transportation
• All campers arriving directly to camp must report to the Med Shack for check-in.
• The check-in process shall include:
  o The camper’s name shall be marked off a master list of all campers to arrive directly at camp.
  o A picture of each camper shall be taken, and the camper’s name shall be attached to, labeled on, or otherwise associated with the picture.
  o Each camper shall check in with a camp nurse:
    o The camp nurse shall receive and take into custody all medications that the camper has brought for the week of camp.
    o The camp nurse shall review the prescription and determine that a sufficient dosage has been supplied for the week of camp. In the event an insufficient dosage is provided, the nurse shall make arrangements for a sufficient dosage to be provided.
    o The camp nurse shall prepare the camper’s medication chart (see Appendix) and make any notations necessary for proper dispensing of the camper’s medications.
    o The camp nurse will review the camper’s physician form and health history and make any necessary changes to update the information.
    o The camp nurse will have parents fill out any additional paperwork that has been identified as still needed to meet camp guidelines.
• After check-in, the child shall be in the care and custody of Camp. The check-in supervisor shall ensure that all campers stay on the Camp Rainbow Gold property until they load the bus.
VEHICLE ACCIDENT PROCEDURES

- Each vehicle transporting campers at any time during camp shall include at least one adult staff volunteer trained and able to complete the following tasks
  - Attend to any ill or injured passengers. If medical care is needed, see that they are taken to nearest medical facility.
  - Place reflectors or emergency flashers as appropriate. If vehicle must be moved, mark the location (from back of tire) with chalk.
  - Instruct passengers to exit vehicle, when appropriate, using the buddy system. Group uninjured passengers together in an area safe from oncoming traffic to await instructions and/or new pick-up. Campers must be supervised by an adult at all times.
  - Contact Program Manager, Camp Director, or designated emergency contacts.
  - Obtain names, addresses, and telephone numbers of any witnesses and location where any police reports will be filed.

DEALING WITH VEHICLE BREAKDOWN

In the event of a break down, follow these procedures:

- Move off the road as far as possible. It's better to drive on a flat tire than park in an unsafe place.
- Place the transmission in low, reverse or park. Turn off ignition and remove key.
- Set the emergency brake.
- Set four-way turn (emergency) blinkers.
- If vehicle must stop in non-designated parking area, carry reflective triangles between yourself and oncoming traffic when placing reflectors in the following places:
  - On the traffic side of the vehicle, within ten feet of the front or rear corners.
  - About 100 ft. behind and ahead of the vehicle, upon the shoulder of the lane you are stopped in.
  - Back beyond any hill, curve, or other obstruction that prevents other drivers from seeing the vehicle within 500 feet.
  - If stopped on or by a one-way or divided highway, place warning devices 20 feet, 100 feet, and 200 feet toward the approaching traffic.
- If safe to do so, unload passengers and move them well off the roadway away from the vehicle. Make sure campers are supervised at all times by an adult. If evacuation from a bus is necessary, follow established procedures and directions of the staff member.
- Contact camp with information about nature of the breakdown and your exact location. Additional help may be requested if needed. One volunteer must stay with the vehicle and campers.
VOLUNTEER DRIVER INFORMATION SHEET

Name: ______________________________________ DOB: __________________

Address: _____________________________________ City: __________________

State: ________ Zip code: __________ SS#: __________________________

DL#: ______________________ State issued: __________________________

Primary telephone: ___________________________ Other: __________________

Vehicle (year/make/model): ________________________________

Name of owner (if different than above): ______________________

License plate #: _______________ Registration expires: _____________

When using a privately-owned vehicle, the insurance coverage is within the limits of the insurance policy covering that specific vehicle.

Insurance company: ____________________________________________

Policy #: _____________________ Policy expires: _________________

Liability limits policy: __________________________________________

*Please note: The minimal, acceptance liability limit for privately owned vehicles is $100,000/$300,000.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver’s license and have the required insurance coverage in effect on any vehicle used to transport children. I further understand campers must be transported with seatbelts securely fastened. For my information, I have been given a copy of Camp Rainbow Gold transportation emergency procedures.

Volunteer signature ___________________________ Date ____________________
OFF-SITE ACTIVITY CHECKLIST

Please note an off-site activity constitutes any activity that is outside of radio contact with the campsite. The Activity Director must supply this completed form to the Program Manager and it will be posted in the Camp Director’s cabin for the duration of the off-site activity.

Date: _____________ Name of person completing form: __________________________

Departure time: _____________ Estimated return time: __________________________

Activity: ____________________ Name of leader: ______________________________

Leader’s cell phone number: __________________________ (indicate N/A if at the pool)

Attached is a roster of all volunteers and children attending above stated activity

Important telephone numbers:
Hidden Paradise, 208.398-0486
Emergency Dispatch, 911
Camas County Sheriff’s Office, 208-764-2261
St. Luke’s WRV, 208.727.8800
SAFETY

SAFETY AND SAFE STORAGE

FLAMMABLE, EXPLOSIVE OR POISONOUS MATERIALS
Flammable and explosive materials to include gasoline and kerosene are to be labeled accordingly and kept under lock and key with the Hidden Paradise property manager in their storage area, away from the program area. No Camp Rainbow Gold volunteer will ever be handling such materials.

Poisonous materials, bleach and cleaning products that are to be used throughout the camp will be kept either locked or, if to be used for dish washing purposes, stored in the kitchen area away from food products and clearly marked. Children are not allowed in either area without supervision.

All persons whose job requires handling of above-mentioned materials must be properly trained prior to camp as to the proper use and storage of the materials.

POWER TOOLS
Camp Rainbow Gold volunteers shall not use any power tools unless the volunteer clearly demonstrates the knowledge and experience to use the power tool. The volunteer first inspects the power tool to ensure it is in good repair and proper working order and the volunteer uses proper safety precautions, including, without limitation, wearing safety glasses, gloves, or steel-toed boots.

ADDITIONAL SAFE STORAGE AND USE OF PERSONAL EQUIPMENT
Weapons including, but not limited to, guns, ammunition, and knives are not allowed at camp unless used for a supervised activity. They will be stored under lock until which time they are used for the specified activity, then returned for safe storage. If any weapons are brought to camp, they will be turned in to the Camp Director and locked up. Weapons confiscated from minors will only be turned over to the parents or guardians and not the campers.

Hunting equipment including bow and arrows or any equipment, which could pose a safety hazard, must be turned in to the Camp Director upon arrival. Such equipment may be checked out and used only for programming activities with permission from the Camp Director or designated staff members. The equipment will only be used under the supervision of the trained activity leaders. All equipment, except illegal items, will be returned on the day of departure.

Personal property, which is non-dangerous, may be kept in the cabin with the approval of the cabin counselors. This would include belongings such as tennis racquets, musical instruments, etc. The owner is responsible for the safety and upkeep of these items.

Tape recorders, radios and CD players should not be brought to camp since campers are generally not allowed to use them in their cabins. However, if they are brought, campers or counselors may keep them if camp policies are followed. If they
become a problem they are to be turned over to the Camp Director for the duration of the session. Counselors may require the use of these items for their classes and activities. The camp is not responsible if there is loss or damage to such items.

Animals, other than for the use in programs, are not allowed at camp unless discussed with and approved by the Camp Director or Program Manager.

Staff vehicles are to be kept on designated roads and parked in designated spaces as described by the Hidden Paradise Property Manager or Camp Director for the duration of the camp session. No one under the age of 18 is allowed to drive a vehicle or golf cart on camp premises.

Camp radios, pagers and cell phones should not be used by campers. All items should be stored in the camper’s suitcases or turned over to the Camp Director for safekeeping. They will be returned on the last day of camp. Cell phones should only be used by staff during off-hours or for program use.

**GENERAL SITE SAFETY**
Camp Rainbow Gold only uses properly maintained facilities. Prior to camp arrival, the Camp Director, Program Manager, or other responsible camp volunteer visually inspects each cabin, dining hall, bathrooms and other facilities open to campers and volunteer staff for hazards. In the event a dangerous or hazardous item or state is found in any of the inspected facilities, the maintenance personnel of Hidden Paradise are notified and asked to take immediate action to remediate the hazard prior to camper use.
HEALTH GUIDELINES

Counselors must immediately report to a member of the medical staff if a camper shows signs of any of the following conditions:

- fever or other signs of infection, especially if the camper is one whose white cell count is low or if the camper does not look well
- headache, or pain or discomfort anywhere in the body
- difficulty in walking or bending
- pain during urination or bowel movement
- reddened or swollen areas on the body
- vomiting
- blurred eyesight or double vision
- bleeding: nosebleeds, multiple bruises, signs of blood in urine, stool, or vomit
- mouth sores
- constipation or diarrhea
- depression or sudden change in child’s behavior
- any injury or accident

PROACTIVE MEASURES FOR KEEPING CAMPERS HEALTHY

- Sharing of clothes or towels should be discouraged.
- Sharing of drink bottles, bites of food, etc. is not allowed.
- Counselors should encourage campers to drink plenty of water.
  - Water is available at all times.
  - All hikers, mountain bikers, and those leaving the immediate camp facility for an organized activity must have a sufficient supply of water with them.
- Campers and volunteers are to wear sunscreen when outdoors.
- Bedtimes are as follows:
  - Six to 9-year-old campers are to be in bed by 10:00 PM.
  - Older campers are to be in bed by 10:30 PM.
  - Daily “toes up” for campers is at least one hour of quiet time at mid-day.
  - Camp “quiet” by 11:00 PM.

SAFETY GUIDELINES

- The “buddy system” is used at all times.
- Appropriate footwear must be worn at all times.
- Running in camp is prohibited in nonactivity areas.
- Candles, lighters, matches, or anything that produces a flame, outside of organized and supervised events are prohibited.
- No electric irons or hotplates are allowed in cabins.
- No camper may leave the facilities unsupervised.
- Any safety concern or policy violation must be immediately reported to the Camp Director and Program Manager.
- The crisis management protocol is followed in the event of a safety incident or serious illness.
CAMP SECURITY
Prior to the arrival of camp, the Camp Director and Program Manager will review site and access security concerns and will include a camp security plan in pre-camp training. This will include instructions to volunteers and campers to be aware of intruders and escort all strangers to the Camp Director or Program Manager. The Camp Director will coordinate a late-night security check of all cabins and the camp perimeter at the end of each day.

HEALTH AND SAFETY ORIENTATION
Campers and volunteers will be given complete and comprehensive orientation about all Camp Rainbow Gold policies. Campers will attend an orientation session the first day of camp. Volunteers will attend training which includes required pre-camp group training session and assignment of policy manual self-study. Any volunteer unable to attend the mandatory group training will be required to request absence, approval of which may be granted taking into consideration years of previous service and training and their willingness to complete a self-study assignment. All volunteers must review all policies, regulations and guidelines contained in the Camp Rainbow Gold volunteer manual.
CRISIS MANAGEMENT PROTOCOL

CRISIS MANAGEMENT TEAM
The Crisis Management Team is composed of the Camp Director, Assistant Director, Program Manager, Program Director, and member of the medical staff and any other person designated by any one of the foregoing team members.

• The medical staff is responsible for the physical well-being of the campers and staff, with the physician in residence in charge. In an emergency medical situation, they are in charge, and all other camp staff follows their instructions.
• The Camp Director is responsible for communications at the camp level and uses his/her judgment in keeping campers and staff informed. Radios will be utilized to facilitate communication among staff members and volunteers.
• The Program Manager is responsible for contacting the Program Director, who will contact CRG CEO/Executive Director. If the CRG CEO/Executive Director cannot be reached, contact the Board President.
• The Program Director is responsible to communicate with parents and guardians.
• At the scene of the emergency:
  o Play it doubly safe. If you are not positive you can handle the situation, get help at once from the nearest authorities. Cooperate fully with the authorities.
  o Don’t volunteer information to spectators and strangers.
  o Be observant and record the essential facts.
  o When dealing with representatives of the media, maintain an attitude of cooperation and helpfulness, referring all questions to the Program Manager, who will not withhold facts and will not offer opinions. If asked about insurance coverage, you are only authorized to say only, “It will be referred to our insurance company.”
• Should the emergency incident involve the Camp Director, the other members of the Crisis Management Team are authorized to assume their designated responsibilities as follows:
  o The Assistant Director carries out the responsibilities of the Camp Director on an interim basis.
  o Program Manager notifies Program Director and requests a representative be dispatched to handle media and other administrative details.
• Any accident or illness that requires medical treatment is to be reported in the health log. Any other accident report must be recorded in the crisis activity log.

EMERGENCY PHONE NUMBERS
A list of emergency phone numbers will be posted by the telephone in the dining hall of the camp as well as available for reference in the Med Shack. This list includes the number of the local area hospital emergency room. Dialing 911 can access all other emergency services.

ON-SITE EMERGENCY PROCEDURE
In the event of an emergency within the facility (such as fire, mudslide or other natural disaster which could threaten the safety of the camp residents), evacuation might be necessary. The Program Manager notifies facility staff and the appropriate emergency service.
Repeated blasting of fog horns is used to alert all persons. At this signal, counselors check the whereabouts of all campers under their supervision and immediately take campers to the circle up area near the lodge at Hidden Paradise. The Camp Director and Program Manager check off all names against the master roster. The other members of the Crisis Management Team are responsible for making a sweep of all buildings to assure that no one is left behind.

The Camp Director gives further instructions to staff and campers for evacuation, if necessary, including vehicle assignments.

**MEDICAL EMERGENCY**
The Camp Director should be notified in the event of any injury, fall, unconsciousness, serious illness, etc. If the camper is injured while away from the camp property, volunteers should assess the problem, in general terms determine what treatment the child may require and make the child comfortable and warm. Keep the person lying down and offer continual reassurance. Help should be obtained as soon as possible. If there are two volunteers, one should remain with the injured child and other campers while the other returns for help. The Camp Director and medical staff should be notified immediately. If there is only one volunteer, he or she should select two of the more mature and reliable children of the group to return to camp for help. The volunteer should remain with the injured camper. In all cases, keep a cool head. The best policy is to rely on your common sense and judgment.

In the event of a medical emergency, the physician in residence is responsible for notifying the parents or guardians of the camper(s) involved, or next-of-kin. They also keep the Camp Director and Program Manager informed as necessary, and they carry out their designated duties as described above.

During all off-site trips, a nurse and/or doctor will accompany the group.

**AQUATIC EMERGENCY PROCEDURES**
An aquatic emergency is in effect whenever deemed necessary by volunteers. One practice drill will be held per session. The Waterfront Director or designated swimming area head initiates the aquatic emergency plan. The aquatic emergency plan is discussed and practiced during staff training. At the beginning of each camp session, the Waterfront Director discusses the aquatic emergency plan with the campers. The Waterfront Director is accountable for the evacuation of the waterfront and notification of such to the Camp Director.

**EMERGENCY PLAN FOR LOST OR RUNAWAY CAMPER**
The staff member who realizes that a camper is missing after a search of the immediate area should:
- Notify the other volunteer(s) of the activity.
- Notify the Program Manager or Camp Director.
- Question campers regarding when and where the child was last seen.

Other volunteers of the activity should then investigate all possible site areas. If the camper is not found, the CRG administrative staff should be notified. Administrative staff will notify county authorities if the camp staff is unable to locate the child.
• **Off-Site**
  - Determine the cause for the missing camper. Is he or she lost or did something cause him or her to run away?
  - String out (within sight of each other) in a line and circle the camping area in a clockwise manner, checking the general area in which the camper might be hiding or lying injured.
  - If near a body of water, check the water in the same manner as regular camp policy indicates.
  - Where the group has been on a trail or road, send one leader to check the road and to contact the camp at the first available telephone.

• **On-Site**
  - An alert will be radioed to all individuals on a radio. In the meantime, the situation will be evaluated. If deemed appropriate by the program manager or camp director, everyone will be radioed to the common area outside the dining hall for a camper count.
  - Available volunteers will be assigned to various camp areas to search for the missing camper.
  - Volunteers with vehicles will be assigned to drive out of camp on various roads to look for the camper.
  - If the immediate area search does not produce results, the country sheriff’s office. In addition, neighboring groups in the area will be contacted and given a description of the camper.
  - Non-cabin volunteers will report to the common area for special assignments in connection with the search.
  - The Crisis Management Team determines when the parents or guardians are to be notified.
  - Notify all parties when the camper has been found.

**FIRE EMERGENCY PROCEDURES**

In all procedures, speed is of the essence but try to remain calm and use good judgment. Your reaction to the situation will greatly affect the way the campers respond.

• Clear the area of children; be sure to count everyone (faces, not heads) making sure that you have all the campers you began with. Take the campers to the designated area removed from the fire and instruct them to remain where they are. Campers may NOT help put out the fire. One volunteer should stay with the campers while another volunteer or responsible camper should notify the Camp Director.
• Radio an alert.
• The administrative staff will call the fire department. The fire department will need to know the caller’s name, the name and location of the camp, the location of the fire on the property and the camp phone number.
• Available staff should use extinguishers on the fire.
• All campers should report to the common area outside of the dining lodge by cabin group. ALL CAMPERS MUST BE ACCOUNTED FOR. If necessary, campers will be moved to a safe location away from the fire.
• No one should move from the designated area until the Camp Director has given an “all clear”. Depending on the time, all will then return to the activity in which they were engaged before the fire, have cabin time before the next meal, etc.
• Again, remain calm, reassuring and in control of the situation at hand.
WEATHER EMERGENCY PROCEDURES
If potentially threatening weather exists, the Camp Director will discreetly make all aware of the possibility of threatening weather (electrical storm):

- If at camp, move everyone into a sheltered area immediately, such as the dining hall or individual cabins.
- When away from the campsite, get campers into vehicles or other protective structures to wait out the storm.
- If no shelter is available, keep campers away from open areas or tall trees, avoid moving about, and sit or kneel until it is safe to return to the campsite. Avoid any place on a high point or one that stands alone in an open area. If swimming or boating, get out of the water and away from boats. Seek shelter in a cave, ditch, or depression or under head-high clumps of trees. Avoid the highest object in the area.
- Stay away from electrical equipment. Avoid metal objects that lead to the ground. Don’t walk near fences, power lines or pipelines.
- Keep away from plumbing and bath facilities; no showers will be taken.

EMERGENCY TRANSPORTATION

- In case of the need for emergency transportation of campers, the vehicle designated for this purpose will be utilized as priority. Secondarily, a camp van or personal vehicle of someone on the medical staff is used.
- In all cases the standard transportation policy is in effect.
- If personnel are being taken to town for health care needs, the Medical Director, Program Manager and Camp Director will be notified. Parents must be contacted, and the health form and other pertinent records taken along.
- If the emergency indicates that only trained personnel with appropriate equipment should move the person, an ambulance will be summoned.
- If possible, leave a number where they can call you back.
- Above all, think things through clearly and then act.
- All persons transporting children must have driving and insurance information on record with the Program Manager.

DEATH AT CAMP
A death at camp, whether through accident or illness, is handled in the same manner as a medical emergency, with the physician making the notification of family and the Camp Director and Program Manager performing their duties as outlined. The Program Manager will initiate the emergency communication plan.
MEDICAL POLICY

GENERAL STATEMENT
The ultimate responsibility for the general welfare of all campers is vested in Camp Rainbow Gold and its staff whose job responsibilities are primarily concerned with supervising children. Any of these persons, by virtue of the nature of their position, are expected to exercise leadership and good judgment in providing for the safety and good physical care of all children who are entrusted to their care. It is furthermore the responsibility of the Operations Team and medical team to establish policies around health care and safety and shall be reviewed annually by the Program Manager or Medical Coordinator and the Medical Director. These policies shall serve as minimal guidelines to all staff members and shall be strictly adhered to by all personnel unless the Program Manager and/or medical coordinator grants specific deviation from policy.

PHILOSOPHY OF OPERATION
The camp health program operates under the direct supervision of the Medical Director. All campers, camp personnel and others involved in the program are expected to abide by all policies, rules and regulations implemented by this person. Camp treatment procedures for dealing with reasonably anticipated illness and injuries are reviewed annually by the Medical Coordinator.

The camp medical program shall operate under the direction of the Medical Director and Medical Coordinator in accordance with guidelines provided by the Family Independence Agency and the Children's Oncology Groups best practice guidelines.

Our health program is designed primarily to take care of the campers' normal daily needs (such as medication management, first aid needs & health maintenance) and to refer to the parents or guardians for any special or emergency needs that a camper might incur. If a camper should develop a specific health problem that necessitates his/her removal from normal camp activity and requires special health care, we believe that whenever practical, the camper should be returned to the care of the parent or guardian with the understanding that the camper may return to the camp if the problem should be resolved.

GENERAL METHOD OF OPERATION
• **Oncology Camps**: A physician shall be available for the camp at all times—24 hours a day. The on-site medical staff including an RN will be available 24 hours a day for routine medical care, administration of medicines, and emergencies.
• **Sibling Camp**: Medical Staff will always include an RN to be available at all times.
• Medications will be distributed after each meal and at bedtime and as indicated.
• A medical professional will remain in the medical facility whenever a camper is present in the facility.
• Campers are screened by the medical staff upon their arrival at camp, to determine any presence of infectious disease or other health problems requiring special precautions, to review health histories, to collect any medications and to verify and update health information.
• The medical staff provides an information sheet on each camper to each cabin’s lead Counselor to enable the counseling staff to properly oversee medication times and other patient conditions.
• The medical staff develops a system for logging medications, treatments, and procedures performed on individual campers. A copy of this log, and any subsequent reports, is returned to each camper’s parent or guardian, if there are any unusual occurrences.
• When information about a camper’s physical, emotional, mental, or family situation is shared with necessary staff for the purpose of providing the optimum medical and psychosocial support to the camper, it remains confidential.
• Orientation to other camp staff on special care of children with cancer is provided to all camp staff.
• The medical shack will be housed in suitable facility that provides protection from the elements, space for treatment of injury and illness, lockable medication storage system, available toilet and available water for drinking and cleaning, and adequate storage for medical supplies needed for treatment.

HEALTH INFORMATION AND REGISTRATION FORM
The camp maintains a standard health information and registration form. It is mandatory that a properly completed form be submitted, prior to camp, for each camper enrolled in the program. All emergency medical treatment consent forms are copied in triplicate; one copy is retained by the Program Manager, the second copy by the medical staff, and the third copy is delivered to St. Luke’s Wood River Medical Center where routine laboratory, or any emergency treatment might be performed.

MEDICATIONS
• The process of collecting medications from campers, caring for them and dispensing them to campers shall remain the responsibility of the Camp’s Medical Director and staff nurses.
• All medications need to be stored in a secure location. It shall be the responsibility of all staff members to properly inform campers of this policy and enforce it. Medications are kept under lock and key at all times.
• Medications will be dispensed to campers in accordance with directions supplied by the camper’s parent or guardian and prescribed by the camper’s physician.
• No prescription medication will be administered to a camper unless the prescription is in the camper’s name. Prescription medication under parent’s name will not be administered to the camper. All medications need to be brought to camp in the original container.
• Children often bring a variety of minor medications to camp including cough drops, non-prescribed cold remedies, ointments, vitamins, etc. These items shall also be collected by the nurses from the campers and deposited in the medical facility. They shall be dispensed to the camper reporting to the medical facility and use such medication as needed under the supervision of the medical staff.
• Medications must be distributed by licensed medical personnel.
• Medications for all volunteers must be kept in a secure centralized location. The medical staff will notify volunteers of area for medications to be stored, (the area will be locked if no medical staff on site where medications are stored).

MINOR ILLNESS
• Minor illness is defined as those simple minor ailments that are commonly incurred by children. Examples include upset stomach, nausea, colds, sore throat, headache, earache, homesickness, fatigue, etc.
• Children suffering from minor ailments should be reported directly to the staff member who is immediately responsible for their supervision. This staff person shall then refer the problem to the medical personnel.

• At the medical personnel’s discretion, the child may be removed temporarily from the normal activity and placed in the Med Shack under the nurse’s care. A child with a temperature of 100º F or more will be isolated as much as possible from contact with other children for a reasonable time such as 8 hours. If there is apparent illness after that time, isolation will continue and the option of returning the child home will be considered.

• If a temperature of 100º F or greater occurs in a child with likely neutropenia or who has received myelosuppressive chemotherapy in the past 30 days, CBC-platelet will be obtained, and the child will be seen by medical staff immediately. Handling the problem will be referred to guidelines of Serious Illness Policy.

• If, after a reasonable time, the symptoms of the ailment are not alleviated, the Medical Director or his/her designee shall notify the child’s parent(s) or guardian.

ACCIDENTS AND SUDDEN SERIOUS ILLNESS

• The physicians and/or nurses may care for minor injuries.

• Minor injuries are defined as those that cause little physical damage and require little care. Examples include small cuts, bumps, bruises, particle in the eye, etc.

• In case a camper becomes the victim of a more serious accident or sudden serious illness, the following procedure will be followed:
  o The Medical Director, physician or nurse shall be immediately notified.
  o An immediate attempt will be made to determine the nature and extent of the child’s illness or injury and appropriate emergency protocol instituted.
  o The Medical Director or his/her designee shall immediately attempt to notify the child’s parent(s) or guardian. The child’s parent(s) or guardian shall make a final decision on a course of action with medical staff.
  o In case of a serious accident or illness where it becomes necessary to secure immediate hospital treatment, the child will be appropriately transported to the hospital.
  o The Medical Director or designee will contact the child’s attending physician or appropriate alternate to mutually arrive at a plan to best handle the illness or injury. Such contact will occur as soon as the circumstances of the illness can be clarified. If contact cannot be made in reasonable time, the Medical Director or designee will make necessary care arrangements after discussion with parent(s) or guardian.

• Emergency first aid may be given to a camper who is the victim of an accident or sudden illness by any staff member or other adult who is qualified to render such service until which time the physician or the nurse encounters the camper.

ARRANGEMENTS FOR ON-CALL HEALTH CONSULTATION AND EMERGENCY CARE SERVICES

Arrangements shall be made prior to camp with St. Luke’s Wood River Valley Medical Center for routine services (laboratory) or Emergency Medical Services (emergency care, pediatric and adult inpatient care, diagnostic radiology, and laboratory services). A copy of every camper’s health information form will be delivered to St. Luke’s Wood River Valley Medical Center prior to camp.
MEDICAL PROCEDURES FOR TRIPS AWAY FROM A CAMPSITE
Procedures for medical emergencies will be in written form and reviewed by the nurse with each staff member responsible for carrying them out. A copy of each camper’s medical history form and parent authorization form will accompany any camper on trips away from the main campsite. The nurse and the Medical Director will establish procedures for dispensing medications while the camper is away from the main campsite. A medical staff member will accompany any group with activities away from the campsite which is out of radio contact of the main camp.

STANDING ORDERS
For Oncology Camps, the term “care provider” refers to the medical oncologist or nurse practitioner from the MSTI clinic. For Sibling Camp, the term “care provider” refers to the registered nurse assigned to the Med Shack. The Nurse/Nurse Practitioner/Physician’s Assistant will consult with and/or refer patients to a physician based on physical condition, level of decision making involved in planning care, and scope of practice.

- **ASTHMA:**
  - Give the camper her/his own medication as prescribed. Care provider to evaluate any patient with greater than minimal symptoms, and any patient who does not respond to the administered therapy.

- **BITES; ANIMAL**
  - **General:**
    - Wash thoroughly with antiseptic soap and have care provider examine the bite. Dress wound with antibiotic ointment. Confirm tetanus immunization status and administer TD if most recent booster was not within 5 years. Watch for signs of infection. If on current chemotherapy and no tetanus booster within 5 years, consider tetanus immune globulin.
  - **Rabies:**
    - High-risk bites for rabies include skunks, bats, foxes, and raccoons. Identify and capture the animal, if possible, without endangering other personnel. If animal has been killed, do not discard the carcass. The incubation period for rabies is 4 to 6 weeks but varies widely. Report any animal bite to the Southcentral Public Health Department (734-5900), which can help determine the appropriateness of immunoprophylactic therapy.
  - **Nonpoisonous snakes:**
    - See above general guidelines.
  - **Poisonous snakes:**
    - In the event of poisonous snakebite, stabilize the patient by immobilizing the extremity, ice the bite, and transport directly to the emergency department.

- **BITES; INSECTS**
  - **Minimal-moderate swelling:**
    - Wash thoroughly. Remove stinger using a “brush” technique, not forceps. Apply meat tenderizer (“Adolph’s”) or baking soda paste. Apply ice pack. Calamine or Cortaid may reduce itching.
  - **Significant swelling:**
    - As above. Care provider to evaluate child. Benadryl 1-2 mg/kg PO may repeat every 4-6 hours as needed (maximum should be the typical
adult dose: 25-50 mg). Severe swelling may benefit from epinephrine injection (Epi-pen or Epi-pen Jr. SQ).

- **Anaphylaxis:**
  - Anaphylactic reactions generally begin within 20 minutes after the sting. Symptoms include anxiety, difficulty breathing and/or speaking, generalized edema and urticaria (hives). Give epinephrine immediately (Epi-pen or Epi-pen Jr.* in the lateral thigh IM) and call care provider to see patient.
  - Benadryl 1-2 mg/kg should be given IV if feasible, or PO if patient able to swallow safely. Call 911 for EMS assistance. Supplemental oxygen when available. Basic life support until EMS arrives.
  - *The EpiPen® auto-injector (0.3 mg) is for individuals weighing 66 lbs. or more. The EpiPen® Jr auto-injector (0.15 mg) is for individuals weighing between 33 and 66 lbs. Both strengths deliver a single dose.

- **Ticks:**
  - Ticks should be removed as soon as possible after detection to reduce the risk of infection, including Lyme disease. Use appropriate technique to remove the entire tick including the head and pincers; incomplete removal increases the chance of secondary infection. Wash wound with antiseptic soap and apply an antibiotic ointment. The characteristic “Lyme rash,” erythema marginatum, may appear in about 3-7 days.

- **Spiders:**
  - Local reactions commonly occur following spider bites. Clean the wound with antiseptic soap and apply antibiotic ointment. Apply ice. Benadryl may reduce swelling (1-2 mg/kg/dose PO every 4-6 hours as needed).
  - Identify the spider type if possible. Regional toxic spiders include the black widow and brown recluse. Notify care provider and arrange for emergency department treatment. Worrisome symptoms include muscle cramps, headache, hypertension, and skin necrosis.

- **BURNS/SUNBURN:**
  - **Burns:**
    - Consider burns as serious injuries and the areas burned as open wounds. If possible, remove clothing that might come in contact with the wound.
    - Flush the area with sterile water.
    - Do not break blisters. Cover with sterile dressing. Consider antibacterial ointment or Silvadene if blisters are open. Encourage intake of liquids to maintain hydration. If burn is severe, notify the care provider or transport to the emergency department.
  - **Sunburn:**
    - Cool, moist packs, aloe and/or lanolin lotions if non-allergic, fluids, avoid the sun, wear loose, white clothing.
    - Topical anesthetic over-the-counter spray may be applied judiciously.
    - If severe, care provider to assess child.

- **COMMON COLD:**
  - Tylenol every 4 hours (weight-appropriate dose). Consider nasal decongestant, antihistamine. Encourage liquids, rest. Care provider to
determine if camper will be an excessive risk to the camp and should be sent home.

**CONSTIPATION:**
- This is a common problem among campers. For otherwise healthy children, encourage PO liquids and consider use of a mild laxative such as milk of magnesia, Dulcolax, or Senekot. If child may have constipation related to her/his cancer therapy, s/he may have medications from home; discuss with care provider. Enemas and rectal medications are not to be used in any child without care provider approval, or unless it is part of the child’s routine home bowel program.

**DIARRHEA:**
- Mild diarrhea may be managed with Kapectate or Imodium AD. Encourage oral fluid intake to prevent dehydration. Remember that significant constipation may be accompanied by diarrhea. Care provider should assess any child with moderate-severe diarrhea, pain, blood in the stool, or fever. Notify care provider of any “clusters” of diarrhea amongst campers. Stress hygiene. Some cancer therapies may result in loose stools.

**HEADACHE:**
- Mild headaches may be treated with Tylenol at a weight-appropriate dose. Any moderate-severe headache should be evaluated by the care provider. Remember that headache can accompany other disorders including dehydration, sleep deprivation, over-exertion, anxiety/home sickness, and intracranial hemorrhage.

**EARACHE:**
- Care provider to assess for possible otitis media or externa.

**FEVER:**
- A common cause of mild temperature elevation at camp is physical exertion in warm weather. In an otherwise healthy child, treat with rest, oral hydration, cool bath, and observation to ensure that the fever resolves readily. Avoid Tylenol unless care provider has seen the child. All other children with fever > 38C or 100.8F should be assessed by care provider.

**HEAD INJURY:**
- Every child with a head injury must be assessed by the care provider. Obtain a complete history of the injury from the child and observers, including loss of consciousness. Monitor vital signs and neurologic status. Determine if patient may be at risk for internal bleeding (e.g., CNS tumors, recent myelosuppressive chemotherapy, or thrombocytopenia). If the mechanism of injury suggests possible serious trauma, do not move the patient; call 911 for EMS management.

**HEAT ILLNESS:**
- **Heat edema**
  - This is a presentation of swelling in the lower extremities without other symptoms. It is commonly found in individuals who have not acclimated to the heat. Treatment is adequate utilizing elevation of the extremities, support stocking, rest, and liquids. This usually will resolve itself within 24 to 48 hours.
- **Heat syncope**
  - This is defined as a sudden loss of consciousness incurred while the patient is standing in hot weather. These patients can
be treated by lying the patient in a horizontal position until
dizziness has resolved, then moving the patient to the infirmary
where water and/or Gatorade can be given. The patient should
rest for one to two hours. If symptom free, s/he can be allowed
to return to full activity. If there are any associated injuries
incurred from the fall, or if syncope recurs, the care provider
should evaluate the child.

- **Heat exhaustion**
  - This is a slightly more advanced case of heat illness,
    characterized by minor symptoms of nausea, dizziness,
    headache, and temperature elevation of less than 100 degrees
    orally. Exam will usually find the patient with cool, moist, pale
    skin. Treatment should consist of moving the patient to the
    infirmary, water and Gatorade supplementation and examination
    by the care provider if symptoms persist. Patient should be
    allowed to rest in the infirmary for 24 hours and return to full
    activity after that time if symptom free. Encourage liquids to
    consist of water and Gatorade for next 48 to 72 hours.

- **Muscle cramps**
  - This is a very common presentation of heat illness consisting
    basically of "charley horses" and muscle cramps. Treatment
    consists simply of rest, water, and Gatorade with returning to full
    activity in 24 hours if symptoms subside. Patient will need to be
    seen by care provider if symptoms persist.

- **Heat stroke**
  - True heat stroke is a medical emergency. The usual clinical
    presentation will be that of a presenting individual with major
    mental aberration including confusion, hallucinations, and
    possible seizure activity. Exam will note an increased
    respiratory rate and increased heart rate, hot, dry skin as well as
    high fever. If frank heat stroke presents at the camp, treatment
    should be directed towards immediately reducing the
    temperature utilizing cool water bathing, moving the patient to a
    cool place, transporting via EMS to the emergency department.
    Check other campers who may also be at risk.

- **NAUSEA/EMESIS:**
  - Mild episodes of nausea/vomiting in otherwise healthy campers may be
    treated with rest, oral clear liquids as tolerated, and observation. Those with
    moderate to severe episodes or with associated symptoms should be
    evaluated by the care provider. Remember that some children may have GI
    symptoms secondary to anticancer treatments. The counselor should be on
    alert for other campers with similar symptomatology suggesting possibility of
    communicable disease or food toxins.

- **POISON IVY, ETC:**
  - Wash affected area thoroughly in the shower with warm soapy water and
    rinse thoroughly. All clothing should be washed. Apply calamine or Caladryl
    lotion. Oral Benadryl may be used; if so, avoid concurrent use of Caladryl. If
    rash persists or becomes more severe, notify care provider.

- **POISONING:**
  - Ingested poisoning - Call Poison Control Center at: **1-800-222-1222**
• **SPRAINS:**
  o Ice, elevate, rest, and utilize Tylenol at weight-appropriate doses. Ibuprofen may be more effective, unless contraindicated for that patient’s underlying condition or status. Ace wrap, crutches may be used as indicated. If severe pain or swelling occur or continue or if fracture is suspected, notify care provider.

• **FRACTURES:**
  o Splint and transport to Med Shack for evaluation and stabilization of extremities. Then transport directly to the Emergency Department.

• **SORE THROAT:**
  o Mild sore throat without fever, tonsillar exudate, or oropharyngeal erythema may be treated symptomatically. Tylenol, throat lozenges, and decongestants may all be helpful. If symptoms are moderate/severe or may need culturing, notify care provider.

• **TUMMYACHE:**
  o Common causes of mild abdominal complaints in otherwise healthy children include dyspepsia, constipation, viral gastroenteritis, over-exertion, and homesickness. Any child with more severe pain, associated symptoms (fever, nausea/vomiting, abdominal tenderness, or distention) and/or persisting pain must be seen by the care provider.

• **ABRASIONS:**
  o **Minor cuts**
    ▪ Clean with antiseptic soap. Apply clean dressing with antibiotic ointment. Observe.
  o **Moderate cuts**
    ▪ Apply direct pressure until bleeding is controlled. Then clean and dress with pressure dressing. Consult with care provider. Family and/or referring physician will be contacted and care will be arranged according to mutual decision.
  o **Large lacerations** - (that are of threat to life or limb).
    ▪ Transport directly to Emergency Department via ambulance.

• **BUMPS/BRUISES:**
  o Determine if child is at risk for bleeding (low platelet count or coagulopathy) and notify care provider, if so. All head trauma requires assessment by care provider. General management of extremity injury: Apply ice or cool compress. Check to assure there are no bony fractures. Tylenol as needed for pain. Elevate the limb. Recheck in 24 hours. If pain is severe or persists, present to the care provider for evaluation.

• **EYE FOREIGN BODY:**
  o **Non-Corneal:**
    ▪ Remove foreign body, if possible, with sterile cotton swab or normal saline irrigation. If pain persists, have care provider evaluate. Assess for possible viral or bacterial conjunctivitis.
  o **Corneal:**
    ▪ Care provider to evaluate. Consider gentle irrigation. Ophthalmic antibiotic and 24-48-hour eye patch recommended. May require Emergency Department referral.

• **INFECTIONS:**
Any patient with suspected infection must be seen by the care provider. Any child with a communicable disease (ex: measles, chicken pox) must be kept in isolation and treated symptomatically until arrangements can be made for child to be taken home. Determine the child’s immune status for the suspected infection. Document any possible exposures of other campers.

- **SPLINTERS:**
  - Clean skin with antiseptic soap. Attempt removal with forceps. If unable to remove, notify care provider.

- **TOOTHACHE:**
  - Rinse mouth thoroughly with warm saline or peroxide. Use Tylenol as needed for pain. Contact family and/or home dentist to arrange dental care.

- **ATLETE’S FOOT:**
  - Wash and thoroughly dry 2-3 times daily. Apply antifungal cream / spray. Use absorbent socks (ex: cotton tube socks).

- **JOCK ITCH:**
  - Wash and dry the area thoroughly. Apply antifungal cream three to four times a day.

- **MEDICATIONS:**
  - Before any medications are given, always ask the patient if they are allergic to any medications and check the ingredients on the label. Always use medications only as prescribed or instructed on the label. Medications from home should be administered as per parent/local physician instruction.

### COMMON MEDICAL INFORMATION

#### BIOLOGY OF CANCER
Cancer is a group of diseases, each with its own name, its own treatment and its own chances for control or cure. It occurs when abnormal cells begin to multiply and grow uncontrollably, crowding out the normal cells. Yet, we do not fully understand why normal cells mature and cancerous cells do not, the latter resulting in the local accumulation and spread of tumor.

Today, the young person with cancer stands a good chance of surviving the disease. From 1951 to 1991, long-term survival of childhood cancer has increased greatly. The overall outlook for children with cancer has improved greatly over the last half-century. In 1975, just over 50 percent of children diagnosed with cancer before age 20 years survived at least 5 years and in 2004-2010, more than 80 percent of children diagnosed with cancer before age 20 years survived at least 5 years. Advances in all types of treatment including surgery, radiation therapy (cobalt or X-ray) and chemotherapy (anticancer drug therapy), including the use of more intensive treatment regimens, have produced this dramatic increase in survival.

#### TYPES OF CHILDHOOD CANCER
The types of cancer seen most in children differ from those in adults. Leukemias (cancers of the blood-producing tissues), lymphomas (cancers of the lymphatic system), and brain tumors account for a large proportion of all cancers in young people. Solid tumors (e.g., bone) affecting other parts of the body such as arms or legs constitute most of the remainder of cancers occurring in young persons. Cancers in children are generally more
successfully treated than cancers in adults. They tend to grow more quickly and are, therefore, more susceptible to chemotherapy and radiation.

**Leukemias**

Leukemia is cancer of the blood-forming organs, including the bone marrow, the spleen, and the lymph nodes. When leukemia strikes, the body starts producing a vast number of immature cells that do not mature or perform their proper functions. They also interfere with the manufacture of the correct proportion of red cells, white cells, and platelets.

The type of leukemia depends on the type of cell involved. The two major types are acute lymphocytic leukemia (ALL) and acute non-lymphocytic leukemia (ANLL), which is often used to classify the other less common types of acute leukemia such as acute myelocytic leukemia (AML), acute monomyelocytic leukemia (AMML), acute monocytic leukemia (AMOL), and acute erythrocytic leukemia (AEL).

**ALL:** In 80% of childhood leukemia, lymphocyte production goes haywire, leading to the form of leukemia called acute lymphocytic or lymphoblastic leukemia (ALL). The lymphoblasts (or blasts) stay immature, reproducing when they should not and crowding the bone marrow so that normal cells do not have enough room to multiply and mature. 80% of all cases are seen in children, with more boys than girls affected. The incidence peaks in late infancy, preschool years, and around puberty. Forty percent of cases occur in children between the ages of 3 and 5.

**ANLL:** Accounts for nearly 20% of leukemia in children. Unlike ALL, there is no age at which ANLL peaks in children. Its incidence increases with age, from childhood through adolescence and young adulthood to middle age, dropping after age 65.

**Lymphomas**

Lymphomas, which usually originate within lymphoid tissue, are the second most common malignancy in the young. There are two broad types of lymphoma, Hodgkin's Disease, and non-Hodgkin's Lymphoma; both are characterized by abnormal masses in the lymph system.

The lymphatic system is a network of nodes and tiny tubes or vessels that drain fluid from spaces in the body's tissues. The lymphatic system destroys foreign matter and produces antibodies to fight infection. Lymph nodes are found in the armpits, groin, neck, mid chest, and abdomen.

**Non-Hodgkin’s Lymphoma:** In children can arise in the tonsils, thymus, bone, small intestine, or spleen or in lymph glands anywhere in the body. The disease can spread to the central nervous system and the bone marrow. This lymphoma is more common in children than Hodgkin’s Disease. Boys are generally more affected than girls. The age of onset is about 5 to the teens with a peak between 7 and 11. The disease is rare before the age of 3.

**Hodgkin’s Disease:** Is the most common form of lymphoma in adults. This disease tends to affect the peripheral lymph nodes like those in the neck, rather than those in the trunk. Half of the patients are under 25 at the time of diagnosis.
This malignancy reportedly peaks in boys before puberty and in girls in late adolescence.

**Brain and Other Central Nervous System Tumors (CNS)**

Tumors of the brain and spinal cord are the most common type of primary solid tumors in children. Leukemia is the only malignancy more common in young patients. There has been less dramatic progress in treating these tumors because they are hard to diagnose and treat. Improvements in neurosurgery techniques and radiation therapy have increased survival so that the diagnosis of a brain tumor is no longer the end of hope. About 20% of all primary brain tumors arise in children under the age of 15, somewhat more in boys than girls. There is a peak between the ages of 5 and 10. Radiation therapy to treat brain/CNS tumors may cause learning disabilities and developmental delays in some children.

**Spinal Cord Tumors:** Are relatively rare in children accounting for less than 5% of all CNS tumors. When they do occur, they are usually metastases (cancers which have spread) from primary tumors located elsewhere.

**Sarcomas**

Bone cancer is one of the more common types of malignancy found in young people. Most tumors in the bone are metastases from cancers arising elsewhere in the body, although some tumors do originate in the bone. The 2 main types of primary childhood bone cancer are osteogenic sarcoma (most common) and Ewing’s sarcoma.

Bone and connective tissue tumors account for only about 1% of all human cancers, but in the 10-20-year age group; they are the 4th most common cancers. Two-thirds of all cases are seen in patients under the age of 20. These tumors seldom appear before the age of 4 and peak in early adolescence. There is some suspicion the growth of bone sarcomas is related to bone growth.

**Soft Tissue Sarcomas:** Are malignant tumors arising from the muscle, connective tissue, blood vessel and fat.

**Rhabdomyosarcoma:** Is a muscle tumor. It is the most common soft tissue sarcoma in children. The occurrence peaks between 2 to 6 years of age and again between 15 & 19. 10% of cases appear before age 1 and 70% appear in the first 10 years of life. It can occur in any muscle tissue in the body. The most common sites are the head and neck (includes eye socket) and the genitourinary tract. Primary tumors are also found in muscles of the limbs, buttocks, and trunk.

**Synovial Sarcoma:** Is a cancer, which most frequently affects young adults and is found only rarely in children. The average age of the children affected is between the ages of 10 and 14. The main symptom is a firm, relatively slow-growing mass that is only occasionally accompanied by pain. Most all synovial sarcomas are in the extremities, especially the ankle, foot, hand or knee. They appear less often in the chest wall, groin, skull, or neck.
**Neuroblastoma**
This disease attacks the nervous system. It is a highly malignant growth that spreads quickly. The nervous system is the network of organs and tissues that control and coordinates all the body’s activities.

Though neuroblastoma is a commonly seen childhood cancer, its incidence in the general population is relatively low. Affected children are very young with 1/3 diagnoses occurring in the first year of life and ½ in children under the age of two. Only very rarely is it seen in children over the age of four. Males are affected slightly more than females. The disease can rise in nerve cells anywhere in the body, but the primary tumor sites are the abdomen or pelvis. Other sites are the chest, neck and within the skull mostly beginning the adrenal gland.

**Wilms Tumor**
This is a rare malignant solid tumor of the kidney usually found in children between 1 and 5 years old. It is considered a congenital disorder regardless of the child’s age at diagnosis since it arises from embryonic tissue (fetal cells that develop early in pregnancy).

This form of childhood cancer peaks at ages 3 to 4 with 90% of cases diagnosed by the age of 8. There is a clear link between a genetic defect in chromosome 11, which produces the colored part of the eye and subsequent development of Wilms Tumor.

**Retinoblastoma:**
Is a highly malignant cancer of the retina of the eye. It accounts for 2% of childhood malignancies. This tumor grows rapidly and if untreated, spreads elsewhere in the body. Some forms of retinoblastoma are known to be inherited, and a clear genetic link has been discovered.

Retinoblastoma is the only childhood cancer with enough survivors over enough generations to study the hereditary patterns. Siblings of retinoblastoma patients have a risk of developing the disease, as one of the parents could be a carrier. The incidence of retinoblastoma is increasing because improved treatment methods have increased the number of survivors who then pass the disease to their children. Most are discovered before the age of 2 with an average age of 18 months. It is rarely found after the age of 5.

**EFFECTS OF THE DISEASE AND TREATMENT**
The goal of treatment is to remove or destroy the abnormal cells by surgery, radiation or chemotherapy, or some combination of these methods. Initial treatment may be intense and then may become more moderate depending upon the young person’s response. It may be necessary to continue some form of treatment for many years.

Remission and relapse (or recurrences) are terms used to describe different phases of the disease. Remission is present when no detectable evidence of cancer is found. Relapse refers to the return of the disease after apparent improvement or a period of remission. Following relapse, the young person again undergoes treatment to attempt to bring about remission. If a complete remission continues for several years (usually 2 to 5), the patient’s doctor may begin to consider the person “cured”.

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Both the disease and treatment can produce physical changes in the patient such as nausea, vomiting and fatigue, which decrease energy levels and the ability to participate in school or other activities. Other possible changes, which are usually temporary, include weight gain or loss, mood swings, facial fullness and distortion, problems with coordination, difficulties with fine and gross motor control, body marks resembling tattoos (to identify sites for radiation therapy), and muscle weakness. Patients with solid tumors may have surgical changes such as scars or amputation.

Hair loss occurs in many patients undergoing chemotherapy and may be the most disturbing aspect of their treatment. The hair may fall out suddenly or over a period of weeks or months. It may grow back while the patient is still receiving therapy but doesn’t usually return to normal until after treatment is completed. The young person will often wear a wig, hat, or scarf to hide the loss. Any of these physical changes can result in fear of or actual teasing and rejection by peers. This can create a reluctance to resume friendships and to return to school. When it does grow back, hair may have a different color or texture (i.e., curly, or straight) than before.

Young people with cancer also must face emotional challenges. They fear relapse and the subsequent repetition of treatments. Emotional energy usually spent mastering basic developmental skills now is used to cope with the illness. For example, teenagers have difficulty attaining the independence so important to their development when the disease forces them to be dependent on parents and care givers. In addition, the young person must learn to deal with others who treat them differently because of their disease and may subsequently seem to withdraw, regress, or become belligerent.

Despite the outcome of the disease, it is important to pay attention to the quality of the young person’s life. Although they have a serious illness, they are still growing and developing and have the same educational and social needs as their peers.

**THE TREATMENTS: SURGERY, RADIATION AND CHEMOTHERAPY**

Care of the child with cancer goes beyond prescribing surgery, radiotherapy, or chemotherapy. It includes measures to prevent or lessen any pain or discomfort which is associated with the disease or its treatment, and anticipation and management of the side effects of the treatment.

Once the child’s disease has been diagnosed and the extent or stage is known, the treatment team gets together to decide who will do what and when. The theory of modern management of cancer is very basic:

- The surgeon removes the tumor, if possible (applies only to solid tumors or lymphomas, not leukemia).
- Radiation therapy to clean up remaining cancer cells in the area where the tumor was found; radiation therapy may be localized or given to the entire body.
- Chemotherapy with antineoplastic medications may be given to kill off even invisible clumps of cells that have migrated elsewhere.

Each of these types of treatment may be given alone or in a combination with one or both others. This depends on the type of tumor, its location, stage, and numerous other factors like the child’s general state of health and age.
Nausea and vomiting are frequent treatment side effects, which have been lessened by the introduction of more effective anti-emetics (anti-nausea drugs). Less invasive local anesthetics, such as topical creams, rather than needles, have reduced the pain of many tests and procedures. Anti-anxiety medications and sedatives ease the anticipatory anxiety and pain frequently experienced with procedures such as bone marrow aspirations and spinal taps. Use of central lines and port-a-caths have reduced the number of needle punctures young patients must endure for blood sampling and intravenous treatment.

The treatment of cancer in children and teens is complex and requires a multidisciplinary approach. Physicians, nurses, therapists (occupational, physical, and respiratory), technicians, dietitians, pharmacists, child life workers, social workers, psychologists, teachers, volunteers, and personal counselors work to maximize a young patient’s physical and emotional well-being.

**Surgery**
Surgery is the oldest and still most widely used treatment for cancer patients with solid tumors. Removing the primary tumor sometimes makes even widespread cancer treatable by chemotherapy. Still, surgery plays it most important role in the early stages of the disease, when a great percentage of patients can be successfully treated. Unfortunately, not all tumors are operable, depending on their size and site.

**Radiation**
About ½ of all children with cancer receive radiation therapy. It is most often used in the early stages of the disease when the cancer is still localized but too advanced for a surgical cure. After the primary tumor has been removed, radiation effectively cleans up tumor cells that may have been left behind. It combines neatly with surgery for it “gets” the residual local cells that the operation misses, while surgery can handle a large tumor that radiation could not cure. Some tumors that do not require surgery may be cured by radiation alone.

Radiation therapy destroys the cells by eliminating their ability to divide or to mature. All tissues and tumors are susceptible to radiation to some extent. It may vary from tumor to tumor within the same type and even within the same mass at different moments.

There are clear benefits in treating a child with radiation. Radiation therapy doesn’t hurt, individual treatments are not time-consuming (although they may be given daily for weeks or months), and they may salvage body functions that surgery would destroy. They usually require little or no hospitalization and, unlike surgery, there is no risk of spreading the tumor during the treatments.

On the other hand, radiation is not without disadvantages. Normal cells will be damaged. In small children and infants, the growth patterns of bones and other tissues can be altered. There is the possibility that a second cancer may appear some years later. If the pelvic area is radiated, sterility may result. These risks must be weighed against the benefits when therapy is planned. New equipment has reduced some of the side effects and enhanced the effectiveness of the radiation. Radiation therapy of tumors has increased the survival rates of patients by leaps and bounds.
Radiation to the brain and spinal cord may be used as a preventive measure for certain patients who have evidence of leukemia in those areas at the time of diagnosis. Total body radiation is also used sometimes to “turnoff” the patient’s own immune system and to eradicate all traces of leukemia or other cancer before bone marrow transplant.

The dosage and timing of the treatments are critical. It takes expertise to calculate the exact doses that will control the tumor without causing overwhelming future problems. If chemotherapy will be part of the regimen, it may be necessary to alter the dose because some drugs enhance the effects, good and bad, of the radiation. The doctor who plans the timing and length, site, aim and dose of the radiation treatments is called a radiation oncologist or radiotherapist. External beam or tele-therapy, projects radiation to the tumor site from a machine in a carefully targeted stream. Therapy is usually given daily, perhaps five times a week, over several weeks until the total dose is delivered.

Some of the early side effects of radiation therapy are:
- Hair loss (only in the radiation target zone)
- Depressed bone marrow and blood counts
- Nausea and vomiting (especially if head or abdomen are in target area)
- Diarrhea, constipation
- Fatigue which may be accompanied by dizziness, irritability, a decrease in appetite, vision problems and temperature (if nervous system has been radiated)
- Ear infection, dizziness
- Sore throat and sore or dry mouth
- Headache
- Skin burns

Late effects may not appear for some time; maybe years after the treatments have ended. These include:
- Alteration of growth patterns, especially in the very youngest patients
- Damage to the pituitary gland if radiated, which can lead to short stature
- Cataracts and inflammation of the eye covering and possibly suppression of tears
- Joint stiffness and impaired function if the joint is in the treatment field
- Injury to bladder, bones, kidneys
- Sterility (radiation to the pelvis)
- Bone fragility
- Tooth cavities
- Kidney damage in a single remaining organ
- Smaller breast growth and problems breastfeeding if chest is radiated
- Heart inflammation
- Delay of appearance of teeth
- Second malignancies
- Learning disabilities or developmental delays if brain is radiated

This list looks overwhelming but remember that no child will experience all or most of these side effects. Additionally, the child may have little or no chance for survival if the therapy is not given, therefore the risks may be considered acceptable.

Chemotherapy
Chemotherapy or chemo, the treatment with drugs, has brought about a revolution in the fight against cancer, particularly in children. Because drugs are distributed throughout the
body, chemotherapy is used for leukemia and lymphoma if they are known to be widespread at diagnosis. Also, chemotherapy is used for solid tumors that are assumed to have spread at the time of diagnosis. By the time that most tumors are discovered, there is a good likelihood that at least a few of those cells are elsewhere in the body, having been carried away from the tumor by the bloodstream or in the lymph system. Using chemo to find and destroy these cells is called adjuvant or adjunctive chemotherapy.

Currently doctors use many drugs that kill cancer cells. Doctors hope that chemotherapy drugs will help their patients by seeking out and destroying tumor cells hiding throughout the body. These treatments are the best hope for children with most forms of widely metastasized cancers.

Most chemotherapy drugs cause a temporary lowering of the blood cell counts. When these counts are low, children and teenagers with cancer have an increased chance of getting an infection. They have more difficulty fighting certain infections and may bleed more easily. They may require transfusions with red blood cells or platelets. A child or teenager who develops a fever or major infection may be admitted to the hospital for intravenous antibiotic therapy.

Episodes of infection can interfere with the scheduling of treatments. Children and teenagers treated with chemotherapy may be given an antibiotic (Septra®, Cipro®, or Levaquin®) to prevent infections. This is called antimicrobial prophylaxis.

Cancer cells can become resistant to individual drugs. Specialists use several drugs at the same time early in the treatment. Drug combinations are used to take advantage of agents that have different methods of action or that work on different schedules.

The drugs are often given over a series of daily visits followed by a few days or weeks of rest. Each series of doses is called a course. The team of specialists, through blood tests and physical examinations, carefully monitors chemo treatments. The major early side effect of most of the individual drugs and combinations is to lower the white blood count, the chief cells that fight infection. The count is checked before giving medications. If it drops so low that there is danger of serious infection, there may be a pause in therapy while the body recuperates. Because many of the drugs are either activated or eliminated from the body by the kidneys or the liver, doctors also watch the functions of these organs carefully.

CENTRAL LINE: BROVIACS AND CHEMOPORTS

Most chemotherapy patients receive a lot of their medication by intravenous injection. This can be a real problem, not only because the drugs are so potent and potentially dangerous but also because young patients have tiny veins. Drawing blood and starting IVs to administer chemo is painful and stressful for the child as well as the rest of the team. Now many patients can avoid these ordeals by having a “central venous access line” or “central line”. A central line is a permanent intravenous tube or catheter, which can stay in place if it is needed. There are two main types of central lines. One type is entirely under the skin (an “internal line”) called a Port-a-cath. The other has tubing outside the skin (an “external” line) called the Broviac or Hickman, or PICC line. Both have
a long thin tube that reaches the large vein that goes to the heart. Internal lines cannot be seen once they are under the skin. The internal line is placed in the upper part of the child’s chest by a surgeon in the operating room while the child is under general anesthesia. To use the internal line, a needle is put through the child’s skin into a reservoir.

To prevent infection during the use of the internal line, the skin over it will be washed with an antiseptic soap. A substance injected into the port to keep blood clots from blocking it is called heparin. External central lines have tubing outside the skin (usually on the child’s chest). To use this type of line, a needle is placed through the end of the tubing. This is not painful, and it too must be flushed regularly to prevent blood clots. Because of the increased risk of infection among most chemotherapy patients, care of the catheter is especially important to avoid this major complication that may necessitate removal of the device.

It is very important that the external central line site be kept clean and dry. Children and teens with an external Broviac must have the permission of the medical staff before they are allowed to go into the swimming pool. If these children are allowed to swim, the external dressing MUST be changed immediately after the end of the swimming period. Campers may have their Broviac dressing pinned to their shirts and care should be taken that their clothes are not pulled on or off.

COMMUNICABLE DISEASES AND CHICKEN POX
Infection is serious for children on treatment, and it is the leading cause of serious complications and death. Cancer patients have a significantly higher risk of contracting communicable diseases like colds and childhood illnesses like chicken pox. Chicken pox is considered a medical emergency since it can become a very serious illness when contracted by a patient on chemotherapy. The complications may easily become life-threatening. If you have not had chicken pox and plan to attend camp, you MUST ensure you are not exposed to chicken pox or shingles for at least 1 month before attending camp. This does NOT apply if you have received a vaccination for chicken pox (also called the VZV vaccine).

Once a child or teen has been exposed to chicken pox, they must be isolated and receive a special inoculation called VZIG, a type of gamma globulin which assists them in fighting the effects of chicken pox should they contract it. The incubation time for chicken pox is 21 days and if VZIG is given, it will extend the period to 28 days. Chicken pox will appear as red spots with blisters. Children are infectious 1–2 days prior to developing the rash until all the lesions are crusted over. Shingles are caused by the same virus that causes chicken pox; however only those who have had chicken pox can get shingles. You cannot get shingles from others, although those who have not had chicken pox can develop it from encountering shingles.

While infections are generally caused by bacteria, viruses, and fungi, it is difficult to isolate the campers in the camping environment. Therefore, the most important way to fight off unwanted bugs is hand washing, not just for the child on therapy, but for everyone!
BLOOD COUNTS

White Blood Cell (WBC)
  o Description:
    o White blood cells are an important part of the body’s defense system, and they respond immediately to foreign invaders, going to the site of involvement. High white blood cells may indicate a poorly functioning immune system. High white counts may also indicate an infection. Low WBC means the patient is at increased risk for infection.
  o Implications:
    o If a low WBC is present, ensure that the child is protected from chicken pox and the germs associated with a “common” cold. A low WBC makes the child prone to infections which can be life threatening to the child with cancer. If high WBC is present, watch the child for signs of infection or inflammation (i.e., high temperature, fatigue, and increased pulse and respiration rate). Report these observations to the medical staff immediately.

Hemoglobin (Hgb)
  o Description:
    o Hemoglobin is a protein substance found in red blood cells. Hemoglobin is composed of iron, which is an oxygen carrier. Abnormally high hemoglobin levels may be seen because of hemoconcentration. This may be caused by dehydration. Low hemoglobin values are related to various clinical problems (i.e., anemia, iron deficiency, severe hemorrhage, chemotherapy treatment and leukemia).
  o Implications:
    o Low Hgb – watch for signs and symptoms of anemia (i.e., dizziness, increased pulse, weakness, and difficulties breathing at rest). Report immediately. High Hgb – watch for dehydration (marked thirst, poor skin color, dry mucous membranes, and shock-like symptoms). Always make sure that the children and fellow campers alike have plenty of fluids.

Platelets (Plt)
  o Description:
    o Platelets are needed for blood clotting. Thrombocytopenia (low platelets) is commonly associated with leukemia. Platelet counts may be decreased if a child is being treated with chemotherapy. Low platelets can cause bleeding.
  o Implications:
    o Low Plt – watch the child for signs and symptoms of bleeding (i.e., from gums, bruising on skin or rectal or urinary bleeding). Encourage the child to avoid contact sports and rough play and to avoid injury, as this may cause bleeding. In the event of an injury (i.e., open wound) apply pressure to site with a clean cloth and contact the medical staff immediately. Any other obvious signs of bleeding must be reported to medical staff.

PSYCHOSOCIAL ASPECTS

Developments in The Field of Pediatric Oncology
Two developments in the field of pediatric oncology over the last twenty years have led to the feasibility and desirability of special camps. It has become medically possible to both establish and maintain stable remission patterns and to permanently cure many patients. Because of these increasing survival rates, the psychosocial and developmental
needs of young cancer patients are being given much greater attention. Camps can meet some of these needs very effectively.

**The Non-Medical Side of Cancer**
The shift in focus from medical cure alone, to both cure and psychosocial rehabilitation, reflects the natural progression of a successful treatment program. A child who is newly diagnosed is suddenly thrown into a strange new adult world where the cure may seem worse than the disease itself. Family life may be dramatically disrupted as all the family relationships are suddenly redefined. The child may fall behind in school and be victim to the social stigma of cancer; schoolmates may make fun of a child’s physical appearance, they may make uninformed remarks, or ask a lot of disturbing questions (“When are you going to die?”). There may be fearful preoccupation with thoughts of death, suffering and relapse. Psychological transformations brought by the disease and treatment process may reduce the effectiveness of future treatments. Being different isolates you from your peers, significant others, and even your former self. Thus, when considering a total cure, we cannot overlook the damage that cancers’ fallout inflicts on a child’s mind and spirit. We need to help them see themselves as normal kids again or kids that can do normal things.

**Normal Treatment**
Given the often-traumatic demands of living with cancer, it appears best to view these children as normal with special needs. Kids with cancer don’t want to be treated differently, yet at the same time, some will want you to have a sense of the hard times they had or are having, without feeling sorry for them. There are also children who should properly be seen as special kids with special needs. Some children who are dying, and for whom a normal childhood development is impossible, may fall into this category. On a practical level, the few children you will encounter who fit into this last category are likely to define their own needs, and these will likely be that you treat them like everyone else.

**Ability To Handle Special Needs**
Children with cancer have been denied access to regular camps because of fear or ignorance of the camp staff, the campers’ disabilities, specific medical needs that could not be met, or the increased risk of infection. Cancer is still the number one disease threat to a child’s life; we have a responsibility to help if we can. For some children, anticipation of may play a real role in the struggle to survive and live well.

Bringing children together who have shared similar life experiences can generate both negative and positive results. For the most part, the experiences are positive; the children are quite sensitive to each other’s feelings, are less likely to make hurtful fun of each other, and quickly come to each other’s aid.

It is imperative that the staff, volunteers, and counselors be sensitive and aware of the different issues that arise. There are important roles that may have profound effect on the children. Staff and volunteers who do not have professional medical or psychosocial training should not initiate discussions about cancer related matters, nor should they offer directive advice. They are friends that can offer a sympathetic ear and deal with the usual worries of campers but are also advised that a camper’s apparently innocuous remarks and concerns may reflect a more serious problem. For this reason, staff and volunteers should be aware of who they can go for assistance and keep the lines of communication open.
Although no formal counseling is offered, it is possible that discussion may be initiated and happens spontaneously. Campers with the same form of cancer may be in the same cabin as well as siblings in similar situations may be placed together.

The Camp Atmosphere
Camp is not to be seen as a place for dying children. Compassion and understanding are appropriate responses to these children whose lives have been disrupted, but not pity. It is simply defeatist and counterproductive to ground camp in a “last chance for fun” philosophy. This does not mean we should lose sight of the fact that some children will not be coming back, but this realization should provide the motivation for that extra effort it takes to risk sharing ourselves, and to really work at making the program a success.

GENERAL MEDICAL INFO FOR ALL CAMP STAFF/VOLUNTEERS
  o **Sun Protection**
    o Many campers are very sensitive to the sun because of the drug and radiation therapies they are getting. Even those who are NOT sensitive should wear sunscreen to reduce their risk of skin cancer. APPLY and re-apply sunscreen liberally to the campers and to yourself. The medical staff has sunscreen if the campers do not.
  o **Bug Bites & Rashes**
    o Report all bug bites and rashes to the medical staff.
  o **Allergic Reactions**
    o Know your campers’ allergies. Campers may have allergies to food (nuts, shellfish), drugs (penicillin, codeine) or insects (bees, wasps). Think: Grub, Drugs & Bugs!
  o **Scrapes & Twists**
    o Report any twists and scrapes to the medical staff.
    o **Important Warning Signs:** Report to the medical staff any of the following symptoms:
      ▪ Fever
      ▪ Bleeding that cannot be stopped
      ▪ Bruising easily (especially if camper is known to have low platelets)
      ▪ Unusual pain, including headache
      ▪ Shortness of breath
      ▪ Reports of blood in urine
      ▪ Excessive thirst or vomiting
      ▪ Reports of diarrhea
      ▪ Sores or ulcers in mouth or on the skin
      ▪ Jaundice (yellow tint to skin or eyes)
      ▪ Rash, swollen hands or feet (signs of allergic reactions)
      ▪ Problems with eyesight
      ▪ Persistent headaches
      ▪ Decreased or poor appetite

The best rule of thumb…when in doubt, report it to the medical team!
APPENDIX

EMERGENCY TELEPHONE NUMBERS

When calling for emergency medical services (EMS), provide the dispatcher with the following information:

- Where the emergency is located as well as its location within the campsite:
  - Hidden Paradise – 470 W. 500 North Fairfield, ID 83327
- Telephone number the call is being placed from
  - Hidden Paradise - 208-398-0486
- Your name
- The name of the patient(s) as well as number injured
- Concise description of what happened
- The patient(s)’s condition
- Whether or not first aid is being administered

After placing your call, always wait for the dispatcher to hang up first! If he/she has any additional questions aside from those above, please answer them thoroughly.

Following Camp Rainbow Gold policy, notify the Medical Director, Camp Director, and Program Manager immediately.

Please refer to the following telephone numbers should you need to use them:

<table>
<thead>
<tr>
<th>Medical</th>
<th>911 for any emergency service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>911</td>
</tr>
<tr>
<td>Emergency Dispatch</td>
<td>208-726-7833</td>
</tr>
<tr>
<td>St. Luke’s Wood River Medical Center</td>
<td>208-727-8800</td>
</tr>
<tr>
<td>Fire</td>
<td></td>
</tr>
<tr>
<td>Local Fire Department</td>
<td>208-764-2500</td>
</tr>
<tr>
<td>Secondary Fire Department Number</td>
<td>208-764-2809</td>
</tr>
<tr>
<td>Forest Fire</td>
<td></td>
</tr>
<tr>
<td>Fairfield Ranger District</td>
<td>208-764-3202</td>
</tr>
<tr>
<td>Law</td>
<td></td>
</tr>
<tr>
<td>Emergency Dispatch</td>
<td>911</td>
</tr>
<tr>
<td>Camas County Sheriff’s Office</td>
<td>208-764-2261</td>
</tr>
<tr>
<td>Child Protective Services</td>
<td>208-734-4000</td>
</tr>
<tr>
<td>South Central District Health</td>
<td></td>
</tr>
<tr>
<td>Camp Rainbow Gold</td>
<td></td>
</tr>
<tr>
<td>Program Manager</td>
<td>On-site/Radio</td>
</tr>
<tr>
<td>Program Director, Tracy Bryan</td>
<td>208-608-2802</td>
</tr>
<tr>
<td>Boise Office</td>
<td>208-350-6435</td>
</tr>
<tr>
<td>Medical Coordinator, Mari Beth Stein</td>
<td>208-914-4610</td>
</tr>
</tbody>
</table>
VOLUNTEER PACKING LIST

Please remember to pack the following items for your stay at camp:

Clothing items
- □ Jeans, long pants, sweats, and shorts
- □ Underwear
- □ Socks
- □ T-shirts and long-sleeved shirts
- □ Sturdy shoes (no open toed shoes permitted on the campsite)
- □ Tennis shoes
- □ Hat
- □ Pajamas
- □ Swimsuit (must be appropriate, defined as tankini or one piece)
- □ Waterproof raincoat, rain suit or poncho
- □ Flip-flops or something similar (for showers, pool, and lake)
- □ Sweatshirt or fleece

Camping gear
- □ Beach towel
- □ Sleeping bag
- □ Blankets / sheets
- □ Pillow
- □ Insect repellant
- □ Sunscreen
- □ Flashlight with extra batteries
- □ Water bottle or canteen

Personal items
- □ Bath towels
- □ Washcloths
- □ Toiletry items
- □ Sunglasses
- □ Lip balm
- □ Non-electric alarm clock with extra batteries
- □ Prescribed medication (marked clearly with name)
- □ Wristwatch

Optional items
- □ Day pack or backpack
- □ Food to store in Volunteer / Welcome Center
- □ Musical instruments and song books
- □ Resource books (on games, nature activities, etc.)
- □ Costumes for dress up activities
- □ Stuffed animals (for help with homesick campers)
- □ Camera, film, and extra batteries
- □ Notebook
- □ Travel mug (for coffee and tea drinkers)
- □ Books (to read to campers at bedtime)
- □ Welcome items for campers (No snack items)
- □ Camping chairs for patio
**DIRECTIONS**

From Sun Valley/Hailey
Travel South to the intersection of highway 75 and 20.  
Turn right (West) and travel 26 miles to Fairfield.  
Turn right (North) on Soldier Road, and travel through Fairfield 2 miles to the 4-way intersection.  
Turn left (West) on Baseline Road (200 N) and travel 4.7 miles to the Hidden Paradise sign (top photo).  
At the sign, turn right (North) on 470 W and travel 2 miles (passing under the white entrance gateway over the road).

From Boise
Travel East on I-84 and take exit 95 at Mtn. Home.  
Turn left (East) towards Fairfield (approximately 45 minutes).  
Turn left on 700 W and travel 2 miles until it comes to a T.  
Turn right onto Baseline Road (200 N) and travel 2.5 miles to the Hidden Paradise sign (top photo).  
At the sign, turn left (North) on 470 W and travel 2 miles (passing under the white entrance gateway over the road).

From Twin Falls
Travel West on I-84 to the Wendell/Gooding exit.  
Turn right (North) on highway 46.  
Travel through Wendell and Gooding to the intersection of highway 20 and 46 in Fairfield (approximately 46 miles).  
Turn left (West) on highway 20 and travel approximately 4 miles to Fairfield.  
Turn right (North) on Soldier Road, and travel through Fairfield 2 miles to the 4-way intersection.  
Turn left (West) on Baseline Road (200 N) and travel 4.7 miles to the Hidden Paradise sign (top photo).  
At the sign, turn right (North) on 470 W and travel 2 miles (passing under the white entrance gateway over the road).

Welcome to Hidden Paradise Camp!  
Please follow the main road around to the right toward the lodge and cabins.