



# OCAsional News

The Newsletter of the Ontario Camping Association

April 2001

250 Merton St.  
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oca@ontcamp.on.ca

## Tips to make your standards visit go easier

by April Young, Standards Committee

*This article provides useful tips for visitors or camps going through the Standards Visit process this summer. Over 75 camps will be visited this year.*

### Before the visit tips:

- The Camp needs to set a visit date and an alternative date ASAP with the visitor.
- Aim to set your date early in July - this way if there's any room for improvement, this summer's campers will also benefit from the changes.
- The camp (not visitor) needs to call/fax/email the OCA office with this information immediately and update office with any information changes (even if the visitor has to change the date).
- Persons attending the workshop on April 11 will receive their Standards Visits package - don't leave without it! The office assumes that workshop participants have received all necessary forms.
- ANY camp or visitor unable to attend the Standards Workshop should call by July 1 if they have not received the visit material (for camps, this includes: answer sheet, evaluation sheet, archives envelope; for visitors, only the evaluation form).

### During the visit tips:

- Visitors: Have your standards book with you and plan to arrive early so you arrive on time!
- Camps: Fill out the answer sheet before the visit unless you are directed otherwise by the visitor.
- Camps: Call the OCA office or your visitor prior to the visit if you have any questions.
- Camps: Try to eliminate any "don't knows" from your questionnaire

Standards tips, page 5

## Anaphylaxis, part II

Jane Salter, Anaphylaxis Network of Canada

*The following pointers were provided by Jane Salter, current president of the Anaphylaxis Network of Canada, as an update to Joanne Kates' piece in the February OCA News, "Managing life-threatening allergies on outtrips." The portions of Joanne's article to which Jane's comments refer appear in italics.*

*Treatment: a) If a person is flushed and agitated, and you suspect an allergic reaction, immediately give them two tablets of Benadryl. That may stop the reaction. Try to calm them.*

If a child who is known to be at risk for severe allergic reactions develops symptoms shortly after eating or an insect sting, you would have to suspect anaphylaxis. The most important point in treating an anaphylactic reaction is to stop it as quickly as possible. Hence, if you suspect anaphylaxis, injectable epinephrine is the drug of choice. While oral antihistamines (eg. Benadryl®) may be helpful in addition to epinephrine, they are slower to take effect and should only be given after the epinephrine has been administered.

See *Anaphylaxis, part II, page 3*

in this issue

|                        |   |
|------------------------|---|
| The view from here     | 2 |
| Words with dignity     | 6 |
| New Commercial Members | 7 |

The official newsletter of the Ontario Camping Association, the *OCA'sional News* is published monthly from October to June of each year. The newsletter helps to keep the OCA membership informed about developments both in and out of the Association pertaining to children's, youth, and special needs camping.

Views expressed by contributors are not necessarily those of the Ontario Camping Association.

Queries regarding submissions and letters to the editor are welcome. Please direct correspondence to:

*OCA'sional News*  
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## The view from here

One of the main characteristics of our society today seems to be a "FEAR OF FAILURE." We often set goals for our young people that are beyond their reach - whether this is on the hockey rink, in our school system ("30% of Grade 10 students fail reading test"), at home ("Why can't you be more like your sister/brother?"), or dealing with others ("You're such a loser", "Why can't you lose some weight?", "What a nerd you are"). The consequences of this can be scarring to a psyche or, even worse, cause kids to become so desperate that they take matters into their own hands and go to school to get even - with a gun.

Camps have an opportunity, unlike many other places that deal with youth, to help change these attitudes. A camp can teach kids "THE NERVE OF FAILURE." It's OK to try and not quite make it this time. Each time we try we can learn. Each time we try we can get closer to success. Each time we "fail" we learn that often the thing that hurts the most is our own ego - that we can learn to get over it and get on with it. What a great "life lesson" opportunity we have - that in the caring community of our camps, we can teach kids to have the NERVE OF FAILURE, to try our best and to know how to deal with a loss, and how to be humble if we are fortunate enough to win. (I am reminded of many of MARK TEWKSBURY'S comments in this matter in his keynote address at the recent OCA annual conference, "Leadership: Art & Science" about losing before winning at the Olympics.)

At our camps this summer, perhaps we can help our campers develop more self-confidence by encouraging them to always do their best even if they think they won't succeed - to follow the motto of the Queen's University Track Team: "IF YOU CAN'T WIN,

RUN SO WELL THAT YOU MAKE THE PERSON AHEAD OF YOU BREAK A RECORD."

### Board Bulletins

1) On Wednesday March 26, a special committee representing the OCA made up of DAVE GRAHAM (Camp Kandalore), JOCELYN PALM, (Glen Bernard Camp), LARRY BELL, (Camp Robin Hood) and DAVID LEVER (Lawyer) met with two representatives of the Ministry of Labour and gave a very *thorough, thoughtful and professional* presentation urging the retention of the Minimum Wage exemption for camps. Several dozen organizations are requesting the same exemption, so it will probably be late summer before we hear any results. We will keep you posted.

2) At our recent CCA meeting at Camp Tawingo, it was agreed that ELLEN NASH (sorry about last time, Ellen) and JILL DUNDAS would be the liaisons for the IPSOS-REID CROSS CANADA CAMPING SURVEY.

3) And finally . . . a big "THANK YOU!" to our CONFERENCE COMMITTEE - you worked long and hard. Was it worth it? You bet! I have spoken to many who were there, and the reports were very positive: good keynote speakers, useful sessions, interesting exhibits, and a good feeling of energy to get us excited about another summer helping kids to live and learn.

by Brian Blackstock  
OCA President

*Anaphylaxis, part II,  
continued from  
page 1*

In an anaphylactic emergency, particularly in an isolated setting where you

don't have medical backup, seconds count. It is easiest to close the floodgates at the very beginning of a reaction; in a healthy child, an unnecessary injection of epinephrine will do no harm. When you study deaths from anaphylaxis, in almost all cases, administration of epinephrine was delayed; sometimes because the medication was not immediately available, sometimes because the presenting symptoms were mild and the caregiver elected to "wait and see." In most of our protocols, we don't even mention antihistamines. We are concerned that if you offer a caregiver the choice between giving a child a pleasant tasting medicine or a needle, they might too easily opt for the former and lose valuable time. Remember: The presenting symptoms of a fatal reaction can be very mild. They do not allow you to predict the severity of the reaction.

*Details on giving EpiPen® injection:  
Inject into the arm or thigh, NOT through  
clothes*

You can in fact inject the EpiPen® through a thin layer of clothing. If you are trying to inject through thick layer - the seam of blue jeans, for example - the needle could become damaged. If you can manage to give the needle directly, that's the best option. Also, we recommend the outer aspect of the thigh (as shown on the package insert) because it's the safest site for injection. In some children the arm is very thin; there is more chance of injecting yourself by accident, or you could hit bone, thus damaging the firing mechanism. The force of the autoinjector is quite impressive; unless the anatomy is well understood, you could also hit a major nerve, especially in a squirming child,

See *Anaphylaxis, part II, page 4*

## OCA Board of Directors

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alockie@sudbury.ymca.ca

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Charlie Wilson, Dorion Bible Camp  
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YMCA-YWCA Camp Queen Elizabeth  
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519-667-3300 F: 519-455-2519  
david\_woollven@ymca.ca

and cause temporary or even permanent dysfunction. It's generally easier to give a controlled injection in the thigh of an agitated child.

*Dose 2: Wait two to five minutes before considering a second dose. After five minutes, if victim's wheezing is worse, lips blue, fingernails not pink, in short if the person is not moving air, give a second EpiPen® or ANA® injection (Dose 2). Do not give Dose 2 in same limb as Dose 1.*

*Dose 3: Same exact five minute waiting period and procedure (with timer) as Dose 2. If the victim's symptoms worsen again after Dose 3 (difficulty breathing, etc.), you may continue to give injections, when necessary to save the person's life. There is no maximum number of doses. Start CPR if necessary. After EpiPen® or ANA® injection, give one to two Benadryl tablets every two hours.*

Allergen avoidance is central to the management of anaphylaxis. On out trips, avoidance of food allergens is reasonable. Bee sting, on the other hand, is unpredictable and with this allergy in mind, it is misleading to think that you can completely protect an anaphylactic camper by carrying enough epinephrine. While it is true that the dosage of epinephrine can be repeated, if a third dose is required, then the child really needs to be in a setting where they have access to other treatment options - intravenous medication and oxygen. Bee sting, therefore, must be given different consideration.

In general, there should be one dose of epinephrine available for each 10-20 minute interval of travel required to reach a health care facility. This should be for each anaphy-

lactic child; the medication should not be pooled amongst the anaphylactic campers. This does not mean that the epinephrine should be given continuously until you reach the hospital. A second dose is given only if symptoms are persisting or worsening; particularly symptoms of airway or circulatory compromise; and you should wait 10-20 minutes before giving a second dose. Two to five minutes is too short. A third dose five minutes later would mean triple the recommended dosage. It is misleading to say there is no maximum number of doses. In fact, in a recent British study of fatal anaphylactic reactions, epinephrine overdose caused at least three of the 20 deaths examined. Also, the correct dosing interval for Benadryl® is 4-6 hours rather than the two hours indicated in the article. The dosage depends on the weight of the child and should be part of the written protocol that accompanies the child to camp.

Further information can be found on our Website: [www.anaphylaxis.org](http://www.anaphylaxis.org) and by phone: 416 785-5666 or 1 866-ANA-PHYL-AXIS. The document from the Canadian Society of Allergy and Clinical Immunology; "Anaphylaxis in Schools and Other Child Care Settings" can be downloaded from <http://www.oma.org/phealth/allergy.htm>.

**Anaphylaxis in the Camp Setting: Do you have the facts?**

The Anaphylaxis Network of Canada will host an educational conference on Sunday, May 6th from 1:00 p.m. to 5:00 p.m. at Mt. Sinai Hospital, Toronto. Sessions will highlight issues related to anaphylaxis at camp. Don't miss out on this important event. See the flyer enclosed with this newsletter for more information.



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Standards Tips,  
continued from  
page 1

by asking the relevant people ahead of time (e.g., insurance company, board of director, etc.).

- Camps: Have information (who is your doctor on call?, where is the the map of your septic tank?) available if asked for it.
- Camp Director... please clear up your schedule for the day so that you can devote yourself to your visitor, thus making efficient use of the valuable time of both parties.
- Camps: Make sure there are planned opportunities for the visitor to spend time and shmooze with campers and staff, perhaps sharing a meal at a camper table!

#### After the visit tips:

- The Camp needs to return a copy of the answer sheet and their evaluation with the archives package immediately; do not wait until the end of the summer. (If the visitor is so kind as to offer to do this say, "THANKS BUT NO THANKS." This responsibility belongs to the camp.)
- Visitor sends back only the visitor evaluation sheet!

#### Finally:

- For bonus point: When a camp sends its completed packages to the office, it should also send in a separate package of blank forms (i.e. med forms, camper registration forms, staff applications...) to the attention of the STANDARDS REVISION TASK FORCE committee to be used in developing the new camp start-up kits! And don't forget to separate these forms from your Archives package.

- Camps should try to change any "no" answers to "yes" answers as soon as possible after the visit - talk with your Standards Visitor about the best way to do this. That way, campers benefit sooner, and should a letter of undertaking arrive in the fall, you've already taken steps to address the issue.

#### So Remember:

**Don't Procrastinate!** Whether you are a Standards Visitor, or are at a camp getting a Standards Visit, act now to prepare for your visit this summer

### Still don't have Name Label Order Forms for your campers?

Call the OCA office - we'll send as many as you need

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### Ontario Camp Leadership Workshop



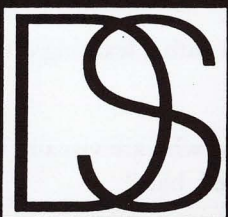
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## Special Needs Resource Committee Update

### Words with dignity

from the Active Living Alliance for Canadians with a Disability

The following terms are suggested to describe persons with a disability.

#### Instead of:

#### Use:

Disabled, handicapped, crippled

Person(s) with a disability

Crippled by, afflicted with, suffering from, victim of, deformed

Person who has . . . or  
Person with . . .

Lame

Person who is mobility impaired

Confined, bound, restricted to or dependent on a wheelchair

Person who uses a wheelchair

Deaf and dumb, deaf mute, hearing impaired

Person who is Deaf, hard of hearing

Retarded, mentally retarded

Person with a developmental disability

Spastic (as a noun)

Person with Cerebral Palsy

Physically challenged

Person with a physical disability

Mental patient, mentally ill, mental, insane

Person with a mental illness,  
Person who has schizophrenia,  
Person who has . . .

Learning disabled, learning difficulty

Person with a learning disability

Visually impaired (as a collective noun)

Persons who are visually impaired, blind

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**ATTENTION OCA DIRECTORS:** Do you have summer staff looking for spring work? Camp Wahanowin is offering a **Spring-Only Work Term** for university camp staff looking for jobs in May and June. Please refer any interested staff to Tan at Camp Wahanowin: 416-482-2600 or [tan@wahanowin.com](mailto:tan@wahanowin.com).

**Ontario Camp Leadership Workshop:** Training and Resources for Senior Staff and Directors. May 31 - June 3 at Camp PineCrest. [www.oclw.ca](http://www.oclw.ca) 1-877-418-OCLW(6259).

The Healthcare Committee announces two new products to help you run the best Health Care Program possible:

**Camp Health Issues** (\$20.00 including GST): An updated version of the Healthcare Committee classic, with new information in each section, and a brand new section on Drinking Water Quality on Outtrips!

**Running an Effective Camp Health Centre** (\$25.00 including GST + \$5.00 S & H): This comprehensive video explains what you need to run an effective Health Care Centre in today's camping environment.

Call the OCA office to order these items today.



## Camp Health Care Workshop

**Saturday, May 26, 2001**

**Seneca College - King Campus**

13990 Dufferin St. N.  
King City, ON L7B 1B3

featuring

**Dr. Milton Gold**

Paediatric Allergist,  
Hospital for Sick Children

The Ontario Camping Association's Healthcare Committee presents this one-day workshop for camp health care staff, camp directors, senior staff and other interested persons.

The workshop offers valuable current health information, suggestions for the management of camp health programs and an opportunity to network with experienced health care staff and to renew acquaintances.

Look for the registration brochure included with this newsletter. For more information, visit the OCA website at [www.ontcamp.on.ca](http://www.ontcamp.on.ca) or call the OCA office at **416-485-0425**.

## Peace Of Mind Camp Insurance

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