
CAMP REYNAL

Volunteer Staff Training Manual

May 25 - May 31, 2019



C • A • M • P
REYNAL



National
Kidney
Foundation™



Welcome to the National Kidney Foundation's Camp Reynal!

Camp Reynal is a camp for children who have kidney and urology disorders. This training manual was developed to assist volunteers that are interested in participating in Camp Reynal as a volunteer counselor. All volunteers must understand and follow the guidelines outlined in this manual to be eligible to participate in Camp Reynal.

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Section One: The Camping Experience



Discovery of Life

Smiling so much that my face hurts! (excerpt from journal at Camp John Marc)

These are the scenes. Kids laughing, playing, and swimming; multi-colored pills at every meal and every place setting; kids in canoes and on horseback; dialysis machines in the infirmary and in cabins; kids climbing walls 6 times their height and walking on ropes or wires like a circus high-wire act; surgical scars on the bodies of every child. These are the scenes . . . the contrasting scenes at Camp John Marc. These are the beautiful and loving kids of Camp John Marc.

In June, I spent one week as a volunteer cabin counselor with more than 70 children (ages 8 - 18) at Camp John Marc, host to Camp Reynal for children with kidney and urology disease. At the foot of the hill country, about an hour and a half south of Dallas, Camp John Marc is a non-profit camp for special needs kids. Though Camp John Marc is about the unique needs of diverse groups of challenged kids, these kids bring their common ailments and stories to camp where they, for once in their lives, are neither different nor a minority.

You know, when I first thought of writing this article, I thought about describing the value of a week of my vacation in terms of dollars or even - more creatively - children's smiles . . . but that's the finance side of me emerging. After experiencing the week itself, I realize this experience is not about me and what I give up, but about the children and what they gain.

Through the *discovery of life*, the Reynal family of campers gain self-esteem, self-confidence and a new appreciation for nature and the outdoors. Never before have I seen such bravery and a zest for life and discovery. What they give back is inspiration to me and every other individual whose paths they cross.

Picture this . . . an 8-year-old kidney patient's first ride in a canoe and first mount on a horse. The fear in his face on day one is transformed into ear-to-ear smiles on day two. **How about** . . . a 9-year-old kidney transplant patient with a bone disease called Rickets which causes bowing of the legs. During a competitive game of kickball this 9-year-old dives into first, dives into second . . . I think you get the picture. **Try to visualize this** . . . an evening of entertainment performed by a man with no arms playing the guitar with his feet. **And nature** . . . nature is at a premium for these kids, many of whom have lead sheltered lives as a result of many illnesses and surgeries. A wilderness scavenger hunt leads to the discovery of frogs, rabbits, deer, spiders, flowers, dirt, creeks, and an old fish that lives in the camp lake. Navo is the spirit of a woodchuck who brings gifts and writes letters to the campers. Children have the faith and imagination to keep those traditions and ideals alive.

A day in the life at Camp John Marc is pretty standard, with a few minor twists. Reveille at 7 a.m., breakfast at 8 a.m., followed by the intake of more pills and medicine than I hope to ingest in a lifetime. These aren't Flintstones Vitamins. These are medicines, or "meds" as the kids call them, for high blood pressure, transplant anti-rejection, and lots of other ailments caused by their disease and often by the cures themselves. The remainder of the morning and much of the afternoon is spent in canoes, on horses, in the swimming pool (the kids' favorite), at the ropes course, or at arts and crafts. Meds follow every meal in equal and large quantities. Dialysis is performed three times a week, 4-6 hours at a time for some kids; every night, all night long for others. In the evening, the camp staff and volunteers do our best to keep the kids entertained. The barn, with its endless choices of basketball, football, softball, ping pong, horseshoes and more, is always the choice for kids with a little extra energy . . . oh yea, that's all kids. After a ride back to the cabin on the counselor's shoulders (that's me), lights out at 10:00. Lights out is usually followed by the typical noises of trickery that kids engage in after dark. I'll leave it to the readers' active imaginations and diverse parental experiences to figure that out.

Well, I know I said that Camp John Marc was about kids. Well, I lied a little. A week with these special kids is a week I will never forget. The kids are full of life, full of energy and boldly take on the challenges that lie ahead. These are not the challenges of product roll out or increasing bookings; these are the challenges of life and death. It was not just the kids discovering life, it was me!

- Corey Ladd

Camp Reynal Philosophy

The National Kidney Foundation is the leading organization in the U.S. dedicated to the awareness, prevention and treatment of kidney disease for hundreds of thousands of healthcare professionals, millions of patients and their families, and tens of millions of Americans at risk.

The National Kidney Foundation established Camp Reynal in 1992 to provide children with kidney and urology disease an opportunity to enjoy and experience the physical and emotional benefits of camping within a medically supervised outdoor setting. The goal for Camp Reynal is to facilitate the medical needs of children while offering them the experience of the great outdoors. Summer camp helps build independence and confidence. It allows these children the opportunity to interact with others with the same medical diagnosis, thus addressing issues of isolation and self-esteem. Camp Reynal offers a nurturing setting for peer interactions, adventure, and new challenges. It will thus hopefully encourage self-responsibility and confidence in their own abilities.



Camp Reynal History

The National Kidney Foundation with the support of the Ladies' Auxiliary have over the past 25+ years sponsored children to attend summer camp. Until 1992, only one camp for children with kidney and urological diseases existed in the state of Texas. This camp provided opportunities to children with peritoneal dialysis and transplant patients, but no facilities existed for hemodialysis. In 1991, a sub group of the NKFNT Patient Services Committee was developed. Their goal and task was to conceptualize a camping experience for all children regardless of treatment modality.

Concurrent with the development of this goal was the on-going progress of a specifically designed camp facility for chronically ill and physically challenged children--Camp John Marc. The Camping/ Youth Services Committee determined that due to the medical needs of children with End Stage Renal Disease, the first experience with on site dialysis (peritoneal) and assessment of actual medical needs should be on a short term basis. The first camping experience was the family weekend retreat. This allowed parents and children to become acquainted with the facilities and the medical needs to be safely assessed for planning a weeklong session.

In 1992, the first week-long camp was held. It was called Kidney Fun Camp. The first session had 20 children all with End Stage Renal Disease. Peritoneal dialysis was done on site in the cabins. This experience provided guidelines for future growth in the camp and care of the campers. During this camp, the campers selected the camp name--CAMP REYNAL. They also designed the camp logo based on their two cabins--Lone Star and Pioneer. 1993 marked the camps second year with doubling of campers from the previous years and an expansion in types of diagnosis for campers. It included not only dialysis and transplantation but also children with a variety of diseases. The ultimate goal is to include all diseases that are under the mission of the National Kidney Foundation of Texas. In 1994, Cook Children's Hospital joined Camp Reynal. San Antonio University Hospital and Wilford Hall joined in 1995 and children from Medical City of Dallas and the Lubbock area joined Camp Reynal in 1996.

The Camp Reynal Steering Committee was established in 1996 in order to more effectively organize and plan future camps. Members include the National Kidney Foundation of North Texas, medical staff from Children's Medical Center of Dallas and Cook Children's Medical Center and volunteers. Committee members were selected following camp and began the year round planning process.

In 2005, Camp Reynal, Inc. was created as a subsidiary of the National Kidney Foundation of North Texas. The mission of Camp Reynal, Inc. is consistent with the policies of the National Kidney Foundation- to benefit and assist children in the North Texas area who suffer from kidney and urologic disorders through the operation of a non-profit camp for children with such diseases.

Since then, Camp Reynal has become a program of the National Kidney Foundation.

NATIONAL KIDNEY FOUNDATION
Mission Statement

The National Kidney Foundation, a major voluntary nonprofit health organization, is dedicated to preventing kidney and urinary tract diseases, improving the health and well-being of individuals and families affected by kidney disease and increasing the availability of all organs for transplantation.

CAMP REYNAL
Mission Statement

The mission of Camp Reynal is to create an exciting, challenging, encouraging, supportive, safe and healthy environment for children with renal and urology disease, to foster fun, growth, exploration, discovery, friendship, self esteem and independence. Camp Reynal values and honors the dignity of every child.

CAMP JOHN MARC
Mission Statement

Camp John Marc inspires confidence for life through high-quality camping programs for children, teens, and families. Year round programming and specialized camp facilities are uniquely designed in partnership with Dallas-Fort Worth area pediatric hospitals, community volunteers, and health organizations who are dedicated to serving campers living with chronic medical and physical challenges. The dignity of each camper is nurtured at Camp John Marc as well as in the community through its outreach programs.

Program Overview

A non-competitive atmosphere is what we strive for - hoping that every child feels successful. The program is geared for individual achievement. Team sports are “choose up sides.” In your cabins, you will need to insure each camper’s feeling of acceptance. Do not permit hazing of any kind.

Discipline is most important but is best achieved by truly loving every child. If a child is displaying inappropriate behavior, try to single him/her out for special attention, recognition or responsibility and see if he/she does not respond favorably. Discipline measures should not be extreme or of long duration and should not include physical contact. Feel free to call for help from the Counselor Coordinator, Child Life Specialists or Camp Director when warranted. For your protection inform the head counselor of unusual incidents.

A relaxed atmosphere is attempted but this is basically for the children and comes about through hard work by the counselors. In other words it takes a lot of attention and planning for you to insure a happy time for your campers. If you feel the program is pushing your group too hard, please let us know.

Creative activities is what we strive for daily. You can get your group working better together if you will help them create something such as a cabin play. This should not be a TV parody. We want the children to get away from the “same old thing”; instead, choose something of more long-standing value or completely spontaneous. Make your group feel special in itself without having to do so at the expense others. Strives to unite your group by various means so that each feels an important part.

Expectations of Staff/Volunteers

Camp Reynal is a camp specifically designed to provide children with renal and urologic problems the opportunity to explore nature, remove medical barriers often set by parental sheltering, and enjoy a week at summer camp. As a volunteer for Camp Reynal some of your goals should be to encourage participation and serve as a catalyst for fun at camp for these kids to attend. As part of your responsibility of encouragement, your job will be to serve as a good role model. Expectations are set in order to serve as a positive role model. The expectations begin as soon as your show interest in volunteering through Saturday morning and until you depart Camp Reynal.

As a volunteer for counselor you are expected to:

- Arrive and depart camp at the appropriate times;
- Attend all training sessions or have arrangements to make up information given at training sessions;
- Smile through all 168 hours of camp;
- Participate and enjoy all camper activities (even if this means baiting a fishing line with a squirming worm);
- Keep all camper, counselor and staff information confidential;
- Have loads of fun, take lots of pictures, and side-hug lots of campers;
- Enjoy being with the children as much as possible;
- Is conscientious in accompanying children to and from their activities;
- Works hard to make his/her program instruction effective in teaching the children substantively;
- Has no problem singing, "Little Sally Walker..." at least 100 times and smile through at least 99 verses;
- Is able to put the camper first and sets up constant opportunities for the campers to participate and succeed in activities;
- Raises the campers sights and sets an example of wholesome living for them by practicing good eating, sleeping, hygiene and exercise patterns;
- Creates an atmosphere of real pride among his/her campers - in their cabin, their group and its accomplishments;
- Is able to promote enthusiasm amongst campers;
- Is safety conscious;
- Thinks of his/her peer needs on the staff and helps to make everyone feel an important part of the community;
- Can make silly faces;
- Relates well to all campers and does not just choose favorites;
- Accepts criticism maturely and communicates openly;
- Is a hard worker and often volunteers to do things he/she wouldn't normally have to do;
- Learns, or is at least willing to learn, to make silly noises with all of their body parts;
- Is not afraid to bring their Teddy Bear to camp and maybe share it with some frightened campers.

Section Two: What is Kidney Disease?



Kidney 101

Introduction

As you know, every camper who comes to Camp Reynal has a diagnosis of either renal or urologic disease. These illnesses involve the kidneys and urinary systems of the children. Care for such diseases vary widely according to the severity of the diagnosis and loss of original functioning. Many of the campers have daily self-care that is very involved. While you as a counselor will not be asked to perform any of these tasks, we feel it is important that you have a basic understanding of the kidney and urinary systems. During your time at camp, you will be given a full introduction to the medical regimen of the campers in your cabin, prior to their arrival. Hopefully, this section will prepare you more fully for being with the campers and for better understanding what their day-to-day lives are like.

Overview

Each human normally has two kidneys inside their body. Each kidney is about the size of an individual's fist weighing about 1/3 of a pound and shaped like a bean. As the blood flows through the body it delivers nutrients, picks up waste products from the different body areas, and is filtered by the kidneys. Some people call the kidneys "the washing machine" inside your body.

The kidneys are located below the ribs on each side of the spine. Each kidney connects to the bladder by a special tube called the ureter. The bladder holds urine. It has a single tube called the urethra, which allows urine to flow out of the body.

Functions of the kidneys

The kidney has three basic functions

- Filter the blood: Filtering removes wastes and balances body chemicals. The waste products and excess chemicals are removed from the body in form of urine. Uremia occurs when waste builds up in the body from lack of filtration from the kidneys. Some important chemicals that the kidney balances are potassium, sodium, calcium, and phosphorus. One of the most common ways to detect kidney function is to measure the body's creatinine level.
- Regulate the internal body fluid level: Body fluid is mainly removed in the form of urine. When kidney function is lost, fluid builds up in the body and causes swelling of the face, hands and feet and increases blood pressure. Hypertension (high blood pressure) can be both a cause and a consequence of kidney disease.
- Release special hormones: Hormones regulate blood pressure, control the formation of red blood cells, and activate Vitamin D to promote healthy bone growth.

Causes of kidney failure

- Disease
- Infection
- Physical Accident
- Deformity since birth
- Obstruction

Kidney failure treatment

People can live with only one kidney or two partially working kidneys, but some form of kidney replacement treatment is necessary when 85% - 90% of total kidney function is lost. This loss can be acute (temporary) or chronic (permanent). When permanent loss of 90% of total kidney function occurs the patient is diagnosed with End Stage Renal Disease (ESRD). Whether temporary or permanent, when on 10 - 15% of kidney function remains the body must have replacement treatment in one of the following forms; hemodialysis, peritoneal dialysis, or transplantation. Only one of these treatment is used at a time, however, throughout the course of a child's disease they may experience all three at different times.

Hemodialysis

The first artificial kidney machine (hemodialysis) was developed in 1943. Hemodialysis is the process of cleansing (filtering) the blood. During this cleansing, waste products and extra fluid are removed from the patient's blood. Fluid must be closely monitored and measured prior to treatment to optimize the hemodialysis treatment. During hemodialysis, blood is removed from the patient's bloodstream at their dialysis access, pumped through the artificial kidney (dialyzer) by the dialysis machine, and then returned to the patient's body at their dialysis access.

The Hemodialysis Treatment

Hemodialysis is usually done three times a week. The length of treatment is determined by the kidney doctor and the patient's medical condition, but usually takes three to five hours for each treatment. Hemodialysis treatments can be done in a hospital or a dialysis facility. Before treatment the hemodialysis patient's weight, blood pressure, pulse, and temperature are measured.

Types of hemodialysis accesses

The hemodialysis access is the hemodialysis patient's most important apparatus in receiving an adequate hemodialysis treatment. Careful attention should be paid to the hemodialysis access and checked for activity at least three times a day.

- Hemodialysis Catheter: The hemodialysis catheter is a special catheter that is placed in a large vein of the patient's body. The large veins are located in the neck, chest, or groin area. The catheter has two openings (ports). One opening takes the blood from the dialysis patient to the dialysis machine. The other opening takes the blood from the dialysis machine, after it has been cleansed, and gives it back to the dialysis patient. The hemodialysis catheter can either be temporary or permanent. A sterile dressing is kept over it at all times. This catheter is to be used only by dialysis nurses.
- Dialysis Fistula: A fistula is a permanent access created under the skin. It is surgically created by connecting an artery with a vein either in an arm or leg. By surgically connecting an artery with a vein, there is an increase in the amount of blood that flows through the vein; this causes the vein to enlarge. During dialysis, two dialysis needles are placed through the skin into the fistula. One needle takes blood from the dialysis patient to the dialysis machine; while the other needle takes blood from the dialysis machine after it has been cleansed and gives it back to the dialysis patient. The fistula is used only by dialysis nurses.
- Dialysis Graft: A graft is a permanent access created under the skin. It is surgically created by taking a tube and forming a connection between an artery and a vein. During dialysis, two dialysis needles are placed through the skin into the graft. One needle takes blood from the dialysis patient to the dialysis machine; while the other needle takes blood from the dialysis machine after it has been cleansed and gives it back to the dialysis patient.

Precautions for hemodialysis patients

Hemodialysis patient should never:

- Wear tight clothing on the fistula or graft arm or leg.
- Have blood pressures measured on the fistula or graft arm or leg.
- Never have blood work drawn from the fistula or graft except by the Hemodialysis Nurse.

Peritoneal Dialysis

Peritoneal dialysis uses the body's peritoneal membrane as the filter to clean the body. A small catheter is inserted into the peritoneal cavity in the abdomen, and will remain there for as long as dialysis is needed. Sterile dialysate solution flows into the abdomen and remains there for several hours. During this dwell time, fluids and waste products are removed from the blood and move into the peritoneal cavity. They combine with the fluid that was placed into the peritoneal cavity and then the fluid is drained out of the abdomen. This procedure is done several times during the day (manually) when on CAPD or several times during the night (by cycler) when on CCPD.

Types of Peritoneal Dialysis

- CAPD (Continuous Ambulatory Peritoneal Dialysis): This dialysis is done through a manual process during the day every 4 to 6 hours.
- CCPD (Continuous Cycler Peritoneal Dialysis): This dialysis is done with a cycler machine at night while resting or sleeping over and 8 to 12 hour period.

The importance of sterile and clean technique

While at camp you will more than likely have a peritoneal dialysis camper in your cabin. It is important that close attention is paid to cleanliness for the peritoneal dialysis camper. The peritoneal cavity must be kept free of germs. If germs get into the peritoneum, the peritoneal dialysis patient can get an infection, peritonitis; and even though there are antibiotics to treat these infections, it is better to work towards preventing an infection. In order to do this, it is important to learn how to practice sterile and clean technique.

Sterile means to be completely free of all germs. Sterile technique is a series of procedures that must be followed exactly so that no germs get into the peritoneal dialysis system. Clean technique uses a disinfectant to decrease the number of germs but does not destroy them all.

Precautions for peritoneal dialysis patients at camp:

- All campers in your cabin must wear a mask when the peritoneal dialysis patient is getting on and off of dialysis. This help is preventing the spread of germs.
- The air conditioner and ceiling fans should be turned off when the peritoneal dialysis patient is getting on and off of dialysis.
- The peritoneal dialysis catheter should be secured against the body at all times. If a catheter is loose please take the patient to the med shed immediately to have the catheter secured.
- If a peritoneal dialysis machine alarms in the evening time while a patient is on, contact the med shed for a nurse to come and check the machine.

Kidney Transplant

The second major treatment alternative for ESRD is kidney transplantation. The first kidney transplant was performed in 1954. Approximately 10,000 kidney transplants are performed in the United States per year. Transplantation involves surgically implanting a healthy human kidney into a patient whose own kidneys have ceased to function. Although not a cure for renal failure, transplantation frees the individual from dialysis treatments and the necessary fluid and dietary restrictions that accompany it. Many patients who receive kidney transplants do not need to have nephrectomies (removal of their own kidneys). Just because a patient is being considered for transplant does not mean that his or her own kidneys have totally ceased to function. In fact, these kidneys are frequently left in the body to complement the work of the newly implanted kidney. The newly implanted kidney is located in the lower pelvic region (sometimes right sometimes left).

Types of Transplants

Living Related Donor (LRD): This type of transplant is a person who is closely related to the recipient and has a strong emotional bond with the recipient. Evaluation on suitability for organ donation is done prior to transplantation where the donor is put through a very thorough work up including, but not limited to, cardiac evaluation, tissue and blood crossmatching, urologic evaluation, cardiac evaluation, psycho/social evaluation, and nephrology evaluation.

Cadaveric (CAD): This type of donor is an unrelated donor who has died and the family has agreed to donate the organs for transplantation. Recipients remain on a national waiting list for available organs.

Following a transplant, the patient is followed closely by a medical team. Patients are monitored carefully and medications adjusted as needed. Follow-up involves blood tests several times a week just after transplant. Before long, it will not be necessary for blood tests or doctor visits so frequently. However, there will always be a need to have kidney function and medications checked on a regular basis.

Rejection

The most important complication that may occur after transplant is rejection of the kidney. There are two types of rejection: chronic and acute. The body's immune system guards against attack by all foreign matter, such as bacteria. This defense system recognizes tissue transplanted from someone else as "foreign" and acts to combat this "foreign" invader. Anti-rejection medications (immunosuppressants) help to prevent this, but when it does occur, additional treatment often can reverse rejection episodes.

Kids who have kidney transplants CAN & SHOULD:

Although a child has had a kidney transplant, their lifestyles should remain as close to normal as possible. Kidney transplant recipients should participate in activities such as basketball, baseball, swimming, track and soccer, as well as, general exercises and games. Immediately after transplant, his or her activity level needs to be increased gradually as with anyone who has not been very active.

Precautions for kidney transplant patients:

Transplant recipients should not:

- Be exposed to anyone who is known to be ill with any communicable diseases (i.e. chicken pox, measles, colds, flu, etc.)
- Be given any medication other than the ones that we have instructed them to take (this includes no over the counter medications).
- Be outside in the sun without wearing sunscreen with a minimum SPF 15.
- Get ANY immunizations that contain “live” viruses (i.e. measles or oral polio vaccines). TB skin tests are okay.
- Participate in “contact” sports such as football or wrestling and should not use the “uneven parallel bars” during gymnastics.

Other Helpful Hints:

- If a child complains of a headache, take them to the “band-aid box”/”med shed”/”med hut” and have the nurse take their blood pressure.
- Be aware of the location of a transplanted kidney. If a child complains of pain or discomfort over the kidney site, let the nursing staff know.
- Excessive hair growth, puffy cheeks, acne, and weight gain are side effects of the immunosuppressive medications that transplant recipients take to prevent rejection. Most of these side effects disappear or diminish after the first year.

Other Important Facts

Diet	A prescribed diet is important to follow due to the accumulation of by-products we consume. Diet restrictions are necessary for all kidney disease patients. These restrictions include number of calories, fluid restrictions, protein, sodium, potassium, calcium and phosphorus.
Calories	The right amount of calories will allow your body the required amount of protein for tissue growth and to maximize your energy.
Fluids	Fluid overload is accumulated fluid in the body which may lead to increased blood pressure and swelling. Fluids are present in most everything we eat. Fruits and vegetables are especially high in fluid accounting for more than 50%.
Sodium	Increased sodium will lead to fluid overload when it gathers in the body.
Potassium	Potassium is found in almost all foods. Potassium is needed for muscle and nerve functioning as well as pumping blood to the heart. Excessive amounts of potassium (hyperkalemia) can lead to muscle weakness and irregular heart rhythm.
Protein	A build up of protein is called urea. There are both high and low quality proteins.
Calcium & Phosphorus	This is linked to healthy bones, nerves, and muscles. Too much phosphorus can lead to bones being brittle. Antacids are taken to bind and get rid of excessive phosphorus.

Urology 101

Many campers may have primary urological problems that have led to decreased or impaired renal function, so they are followed by both Urology and Nephrology physicians.

Common Side Effects/Considerations for Urology Patients

- Increased facial flushing, or thirst, especially following sun/heat exposure.
- Light sensitivity. Campers may want to wear sunglasses.

Catheterization

Many urology campers catheterize to empty urine from the bladder at regular intervals (may be referred to as CIC or clean intermittent catheterization). Campers may catheterize from various orifices, i.e. the urethra or appendicovesicostomy. If campers have difficulty passing the catheter - alert a nursing/medical staff. For campers who wear an indwelling catheter, attached to a urine drain bag for overnight draining of the bladder, these bags are reusable each night.

Bladder Irrigation

Some campers may have had bladder augmentation (to make the bladder larger) using a segment of bowel. These campers will be on daily bladder irrigation using normal saline to remove excess mucous.

Voiding Routine

Campers may be on a scheduled voiding routine to empty urine from the bladder every two hours during the day, and may be required to keep a record of the voiding times/volumes on a voiding calendar.

Diet and Renal Disease

Diet guidelines for children with renal disease vary greatly depending on the individual's diagnosis, medical status and treatment modality. Diet restrictions therefore, should be individualized, and unnecessary restrictions should be avoided in order to provide an enjoyable camp experience to each child.

The eating environment should be pleasant and non-threatening, not unlike goals for feeding children without disease. The camper should be encouraged to make his/her own food decisions in a learning atmosphere. Counselors should have a basic knowledge of various dietary components. The counselor is responsible for facilitating appropriate decision making regarding the diet through education and discussion. Children who are noted to need special help or additional encouragement should be referred to the camp dietitian to be seen outside of mealtimes.

Diets in Renal Disease

Chronic Renal Insufficiency (CRI) or Early Kidney Disease: The kidneys are responsible for filtering waste from the blood and getting rid of the waste via urine. An important waste product is urea, which is formed from the breakdown of protein. Urea and extra water not needed by the body flows out with the urine from the healthy kidney. When working properly, the kidneys adjust for the proper balance of water, minerals (calcium and phosphorus), and electrolytes (sodium, potassium, and chloride) in the blood.

Most wastes, minerals, and electrolytes come from the food we eat therefore, when kidney function is impaired, it may be beneficial to follow a special diet. Restricting certain substances in the diet may help prevent an unhealthy balance of these substances in the blood. Symptoms of renal impairment are usually not seen until the disease is quite advanced. The patient may feel tired and may have decreased appetite. The blood levels of electrolytes and phosphorus may or may not be high. The patient's diet needs will depend on the individual's degree of renal function, their medical status, and their status of the lab values. Therefore, the child with CRI may include several restrictions, while another child may have very few.

Typical diet guidelines for the child with CRI may include a No Added Salt diet, a Low Phosphorus diet, a Low Potassium diet, and occasionally a fluid restriction. Some doctors recommend restricting protein (protein foods = meats, milk and dairy, eggs, etc.) in the diet in hopes of slowing the progression of renal disease. This should be done cautiously as children with renal disease still need adequate protein for growth. Once renal disease becomes advanced, the child may not eat well. A child who eats poorly may be instructed to boost calories in their current foods and may also be on a nutrition supplement (high calorie beverage). Some children receive tube feedings when intake is inadequate to provide adequate nutrition.

Hemodialysis: Once the child progresses to dialysis their labs and weight status will be followed very closely. Children on hemodialysis typically continue to follow a No Added Salt diet, a Low Phosphorus diet (along with medications taken with meals to bind the phosphorus), a Low Potassium diet, and a fluid restriction. Because of their disease and dialysis process, a special vitamin is given. Sodium (the part of salt we are concerned with), drives the thirst center. Therefore, if the diet is low in salt the patient may do well drinking fluids according to thirst. A 1-2 pounds per day weight gain between dialysis is typically the goal. This represents around 1 liter per day fluid gain. Blood pressure should also be utilized to estimate fluid status as weight may be influenced by true weight gain as well as fluid. During times of increased activity or when the child is in hot weather, sodium and fluids may be liberalized. Protein needs are increased on hemodialysis. Children on dialysis may be malnourished due to poor eating and other factors. Often they will be on nutrition supplements or tube feedings.

Peritoneal Dialysis: Diet guidelines for peritoneal dialysis patients are similar to those for hemodialysis. However, since dialysis is done everyday, the diet may be less restricted than for hemodialysis patients. These patients may not need to restrict potassium as much but should continue to avoid high phosphorus foods and take their phosphorus binders with meals. These children need additional protein beyond what the hemodialysis patient needs, as the process of peritoneal dialysis causes protein to be lost. Children on peritoneal dialysis should continue to follow a No Added Salt diet and fluid restriction, a Low Phosphorus diet and a Potassium Restricted diet. The child on peritoneal dialysis needs a special vitamin. The appetite may be poor and the child may continue to need a nutrition supplement or tube feeding.

Transplant: A successful kidney transplant provides the child with a working kidney. Diet restrictions following transplant are necessary because of side effects from medications that are prescribed to prevent rejection of the new kidney. The child no longer needs to avoid phosphorus and potassium or restrict fluids following transplant. In fact, children often need extra phosphorus immediately after transplant. After transplant, the child should continue to follow a No Added Salt diet because of increased fluid retention and increased blood pressure on the transplant medications. This medication, Prednisone, also increases the appetite and the goal may later be to prevent excessive weight gain via a lower fat diet. The child may need to avoid concentrated sweets if blood glucose levels are too high as a side effect of the Prednisone.

Section Three: Policies & Safety



Camp John Marc Safety Policy

Alcohol

Alcohol is not permitted on the premises of Camp John Marc (including in vehicles on the premises). This policy reflects an effort to maintain compatibility with the Camp John Marc mission of a child focused environment based on the notion of health of mind, body, and spirit and the relationship with nature.

Breaks/Free Time

Volunteers/staff need to have free time each day for privacy and to be relieved of camper responsibility without compromising the required ratios or standards of practice. All counselors will be assigned a break time (1 hour) during one of the activity periods each day.

Facilities and Property Damage (Inappropriate Pranks and Hazing)

To maintain the quality of the facility for everyone, each sponsoring organization is responsible for the campers and staff during all camp activities. Activities of a destructive nature to property or those that are detrimental to the physical, emotional, or psychological well-being of other campers will not be tolerated. What some may view as fun, others may view as intrusive and destructive. Individual cabins, campers, staff, and/or volunteers are not to be the target of destructive or inappropriate pranks or hazing activities. Campers and volunteers should only be in other campers' cabins if invited or with the knowledge of the cabin's inhabitants. At no time should anyone disturb another individual's property.

Fraternization among Campers and Volunteers - No Outside Contact

Campers and staff/volunteers should not have contact outside of camp unless with the approval of the Camp Director, the Camp Volunteer Coordinator, or involving camp sponsored activities. This includes phone conversations, texts, letters, e-mails, exchanges through social network websites (such as Facebook, Twitter, etc.), baby-sitting, employment opportunities, or meetings.

Health

In order to protect the health of Camp John Marc campers and families, volunteers/staff who have had fever, influenza-like symptoms, or other epidemic-like symptoms within 7 days of Camp are not permitted to come to Camp.

No Isolated Moments

In order to provide a safe environment, staff/volunteers will never be alone (out of sight or not within earshot) with a child or a group of children. This is to protect both the campers and the staff/volunteers.

Safety and Security

The safety and security of the campers, staff, and volunteers are paramount at Camp John Marc. In an attempt to provide the best possible atmosphere for campers and staff, the following guidelines have been established. Each sponsoring organization needs to provide to the campers, parents/guardians, staff, and volunteers an outline of the Camp John Marc safety and security guidelines that include the following:

- Each sponsoring organization will provide nametags for campers and staff/volunteers.
- Parking is permitted only in the designated parking lot.
- No former campers or parents/guardians will visit during the week of camp unless for prearranged responsibilities or activities.
- Camp John Marc has an electronically monitored main gate that will be closed at all times and entry will be by use of a code. The leadership of the sponsoring organization will be provided a code for their week of camp. The code should not be distributed widely as this weakens our purpose of protecting our campers' safety.
- Each sponsoring organization will provide the Camp John Marc staff with a list of potential visitors or contracted service providers (names and intended dates of visits/service) during the week of camp. All visitors will register (sign-in and sign-out) at the Children's Building. Each visitor will be asked to identify the reason for the visit and the sponsoring organization's contact person during the visit. At this time, visitor(s) will be issued a designated badge/name tag. The sponsoring organization's contact person will be asked to come to the Children's Building to escort the visitor(s).
- The sponsoring organization is required to verify that its campers, staff, and volunteers do not have the following prohibited items on Camp John Marc premises:
 - Weapons, firearms (including concealed and open carry licensed individuals), ammunition, knives (not including pocket or knives with less than a three (3) inch blade), mace/pepper spray
 - Firecrackers, sparklers, sillystring, laserpointers, etc.
 - Sexually explicit materials
 - Illegal drugs and inhalants (not prescribed by Physician)
 - Tobacco products, e-cigs/electronic and vapor cigarettes, matches/lighters for anyone under 18 years of age
 - Alcohol
 - Food in cabins unless in airtight containers or individual sealed packages
 - Pets (except service and guide animals, Facility Dogs that are employees of a sponsoring hospital)
 - Drones and other Unmanned Aircraft Systems

Emergency Procedures

Tornado

Tornado Watch: Weather conditions indicate that a tornado could be coming.

Tornado Warning: A tornado has been sighted.

During a *tornado watch*, activities must end, and everyone must move to Silo basement. The ThorGuard siren will signal the end of an activity period. It may, at first, appear the bell is ringing at the wrong time; the bell will be followed by an announcement over the intercom stating that you need to end the activity and head to your cabin. Groups on wilderness treks will be notified by walkie talkies.

During a *tornado warning* everyone must move to shelter immediately. The blow of an air horn will notify you that such action will be taken. You will move immediately to the closest, strong inner structure, away from possible blowing debris. If you are at the pool, move to the pool house; if you are near the cabins, move to the cabins as quickly as possible and get in the bathroom areas. If time allows grab mattresses and cover the group. If you are at the Multi-purpose building, move to the Arts and Crafts bathroom. If you are in any building, move away from any glass, into your strongest inner structure and cover your group with mattresses. The dining hall is not a recommended place to be due to the amount of glass. If you find yourself and your group in an open area, move toward the best possible depression (trench, etc.) and lay down there. Keep in mind that you need to keep your group from panicking; keep track of who is in the group; use good common sense. Always try to anticipate rather than react.

Severe Weather

Severe thunderstorms may occur. In the case of lightening, swimming will be canceled. Do not allow campers to go out in lightning. Move in quickly from campouts or activity area when lightning occurs. If you are outdoors, seek shelter in a building. If severe weather comes and you are not near immediate shelter, seek a low lying area and lie flat. Avoid large open spaces and trees.

Fire

In case of a grass fire, move campers to the Silo. Counselors should take a head count and remain with their cabin. The person on duty will report the fire. All staff without cabin responsibilities will report to swimming pool for instructions. A continuous ringing of the bell always means to escort groups to either the Lodge or the Multi-purpose building.

In case of fire in the Dining Hall, have the cabin groups leave the building in groups at the nearest available exit. Take campers to the Multi-purpose building and take a head count. Please note evacuation plan posted in the Lodge and in this manual.

In case of fire in the cabin, move all children to the Multi-purpose building. One counselor should notify the Director. If the conditions are not conducive to the fire spreading, then only the affected cabin should be moved. If the conditions are conducive to the fire spreading, all should go to the Multi-purpose building. Please note the evacuation plan posted in cabins and in this manual. Within the cabin, keep in mind that you will more than likely use the front door to evacuate (front door is farthest away from bathroom). If this door is blocked, head toward the other door, or go through the windows.

In the case of heavy rains, the Bosque River may flood our road to Meridian, making it impossible to get to the Clifton Hospital. In this situation, CareFlite must be called to land at Camp. The low water bridge into Morgan could flood as well; one should not try to cross it in heavy rains - emergency or non-emergency.

Fire safety rules

1. Build your fire in a safe place - on clear ground, sand, rock, or gravel base.
2. Make a woodpile at the edge of your fire circle.
3. Do not build fire near a tree trunk, exposed roots, or under low branches.
4. Build a small fire, just large enough for your needs.
5. Never light a fire when you are alone. Never leave a fire unattended. Before lighting fire, have 2 buckets of sand/water & a shovel at fire circle.
6. Do not build a fire if the wind is blowing hard.
7. NEVER use kerosene or gasoline on or near a fire.
8. Have a box of baking soda or salt near a cooking fire to use in case the grease catches fire. NEVER use flour or water on a grease fire.
9. Go around a fire. Never reach over it.
10. Protect hands with gloves or pads while handling cooking utensils and care for fire.
11. Wear no dangling articles of clothing while working at a fire.
12. No horse play around a fire.
13. Push partially burned sticks into the fire with another stick.
14. Flaming marshmallows should be blown toward the fire. Don't wave.
15. Watch for and put out flying sparks.
16. Put the fire completely out when you no longer need it. Spread coals with a rake or shovel. Sprinkle water on them by hand, but do not throw pails of water on the fire. This causes smoke and steam. Test a dead fire by putting your hand on the remains. Bury any dead coals.
17. Always leave the fire site and surrounding area cleaner than you found it.
18. MAKE SURE YOU HAVE ADEQUATE SUPERVISION.

CJM Child Abuse Statement and Policy

We are aware that some people apply for jobs in camp settings for the wrong reasons—because they are interested in children sexually. As a staff member, you should know that we make an active and, we believe, effective effort to prevent child sexual abuse. We structure our program so staff are not left alone with kids. No staff member is allowed to go anywhere alone with a child. We try to prevent any opportunity for molestation. We periodically interview children about their experiences in our program. We take any allegations by children very seriously. We refer all allegations to the State of Texas for investigation. We cooperate fully with any investigation.

Child Abuse Policy

1. Staff members are not permitted to be alone with individual children.
2. Adults and children may not sleep together under any circumstances.
3. If a child is injured and requires first aid, they will be examined by the nurse in the presence of another adult.
4. Staff may not invite children to their homes or have other contact with children outside the camp setting without prior administrative approval.
5. Children are only released to their legal guardian or someone designated in writing by the guardian.
6. Children may not be touched in areas of their bodies that would be covered by swimming suits.
7. Staff may not use physical punishment, verbally abusive comments, or denial of the necessities of care to children.
8. Staff must immediately report any signs of injury or possible child abuse.
9. All staff members must take and pass a child abuse test every other year.

CJM Sexual Harassment Policy

Camp John Marc is committed to providing a camping environment that is free from sexual harassment. Unwelcome actions such as the following are inappropriate and, depending on the circumstances, may in and of themselves meet the definition of sexual harassment:

- Sexual pranks, or repeated sexual teasing, jokes, or innuendo, in person or via e-mail;
- Verbal abuse of a sexual nature;
- Touching or grabbing of a sexual nature;
- Repeatedly standing too close to or brushing up against a person;
- Giving gifts or leaving objects that are sexually suggestive;
- Repeatedly making sexually suggestive gestures;
- Making or posting sexually demeaning or offensive pictures, cartoons or other materials.

If Camp John Marc receives an allegation of sexual harassment, or has reason to believe sexual harassment is occurring, it will take the necessary steps to ensure that the matter is promptly investigated and addressed. If the allegation is determined to be credible, the Camp will take immediate and effective measures to end the unwelcome behavior, including but not limited to requiring the offending person or persons to immediately leave Camp John Marc.

CJM Discipline Policy

Physical Camper Discipline: At no time, and for no reason is there to be punishment of campers.

If discipline cannot be achieved through the approach of friendship and reason, the problem is to be brought to the attention of the Executive Camp Director.

Physical punishment is not the same as physical restraint. A camper hitting other campers, biting or using dangerous objects may need to be physically restrained for the protection of the other campers. Punishments, such as isolating problem campers from others, verbally threatening, or acts which involve campers' personal belongings are not permissive for use by the counselor.

Also, realize that this matter regarding physical punishment is for your own protection. It has been misconstrued for physical abuse. Any physical punishment of campers will be met with immediate dismissal.

If you have a camper who is continually physically abusing or tormenting others, inform the Executive Director. The problem will be handled. If necessary (in an extreme situation), it will be suggested that the camper be sent home. Camp is for all and this sort of behavior is unfair to the other campers.

Some positive ways to help a child who may be acting out include:

- Talking with them about why they are behaving this way;
- Problem solving with them to find alternate ways of expressing themselves, or offering alternatives;
- Maintain a relationship with the campers that communicate you want to work with the campers to communicate you want to work with them not in an authoritarian way;
- Try to distract the child by engaging in another activity;
- Remove audience they may be "showing off" for;
- Facilitate communication between two or more campers who are struggling.

Camp Reynal Behavior Plan

This behavior plan has been developed for handling all behavior problems in a fair and structured manner. All inappropriate behavior that requires special attention of camp counselor will be applied to the behavior plan.

Behavior occurs: a behavior that is disruptive to others at camp or appears harmful to other campers and a violation of camp rules.

Who responds: The following intervention should be followed for repeated violation of camp rules:

<u>Occurrence</u>	<u>Intervening Staff</u>
Strike One	Cabin Counselors
Strike Two	Counselor and Child Life Specialist
Strike Three	Counselor, Child Life Specialist, Camp Director

Repeated Offenses: After a child has had three repeated counselings for an inappropriate behavior, a phone call to the child's parent or legal guardian will be made by the Child Life Specialist.

Child's return home: A child is given three opportunities for behavior modification. If after the call home the child repeats the inappropriate behavior, the Child Life Specialist and Camp Director will call the child's parent or legal guardian to have the child picked up.

FIGHT FORM

NAME: _____

Who was in the fight? _____

What was the problem? Say it in your own words. _____

What started the fight? Give one or two things: _____

What do you think made the other person fight with you? _____

If there was one thing you want to tell the other person who had the fight with you, what would it be?

Since fighting is against the rules at Camp Reynal, what could you do differently next time? Name three things.

1) _____

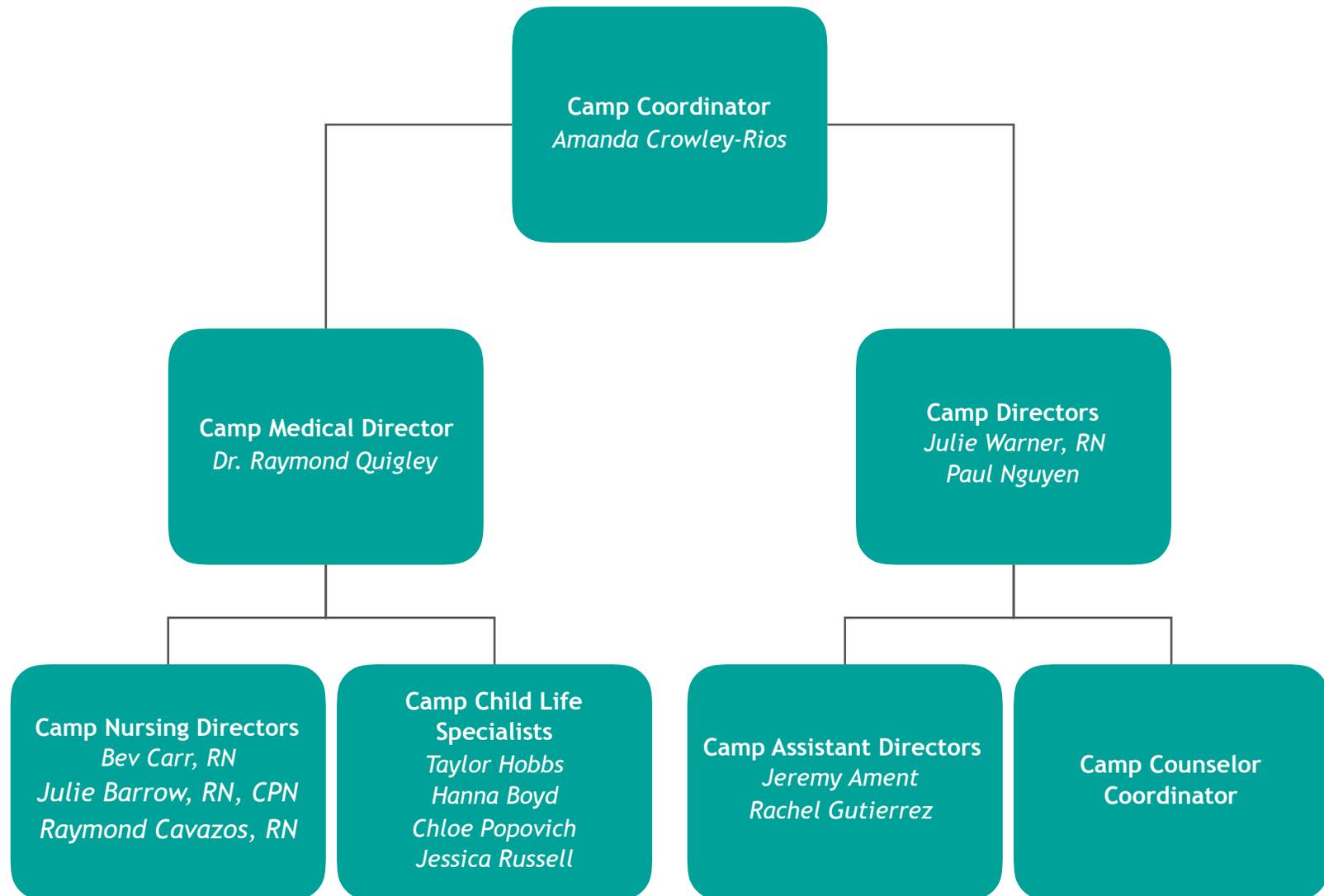
2) _____

3) _____

Section Four: Organizational Structure



Camp Reynal 2019 Organizational Chart



Camp Reynal Committee Contact Info

Camp Coordinator

Amanda Crowley-Rios
National Kidney Foundation
214-351-2393 ext 655
amanda.crowley@kidney.org

Camp Directors

Julie Warner, RN
817-874-8853
julier810@hotmail.com

Paul Nguyen
972-793-3230
nguyennpaultd@gmail.com

Camp Assistant Directors

Jeremy Ament
214-886-6308
jtament@aol.com

Rachel Gutierrez, RN
682-583-0005
grachel01@gmail.com

Camp Medical Director

Dr. Raymond Quigley
Children's Dallas
raymond.Quigley@utsouthwestern.edu

Camp Nursing Directors

Julie Barrow, RN, CPN
Cook Children's Fort Worth
julie.Barrow@cookchildrens.org

Bev Carr, RN
Cook Children's Fort Worth
beverly.Carr@cookchildrens.org

Raymond Cavazos, RN
Christus San Antonio
raymond.cavazos@christushealth.org

Eddie Casas, RN
Children's Dallas
EDUARDO.CASAS@childrens.com

Camp Child Life Specialists

Taylor Hobbs
Children's Dallas
TAYLOR.HOBBS@childrens.com

Hanna Boyd
Cook Children's Fort Worth
hanna.Boyd@cookchildrens.org

Chloe Popovich
Children's Dallas
chloe.Popovich@childrens.com

Jessica Russell
Cook Children's Fort Worth
jessica.Russell@cookchildrens.org

Camp Coordinator

The Camp Coordinator is the staff person from the National Kidney Foundation that serves on the Camp Reynal Planning Committee. The Camp Coordinator is the liaison between the Camp Director and National Kidney Foundation.

Responsibilities:

- Assist with coordination, planning and development process for camp.
- Orientation to the National Kidney Foundation to the Camp Director.
- Primary contact person for Camp Director to the National Kidney Foundation before and during camp.
- Coordination of camp budget and fundraising.
- Assist with organizational, planning, program and development issues associated with Camp Reynal.
- Assist in all areas of Camp Reynal Planning Committee on an as needed basis.

Qualifications:

Current Program Manager for the National Kidney Foundation.

Camp Coordinator/Current NKF Program Manager:

Amanda Crowley-Rios

Camp Director

The Camp Director is the chairperson for the Camp Reynal Planning Committee of the National Kidney Foundation. The Camp Director is knowledgeable about all areas in the development and operation of Camp Reynal.

Responsibilities:

- Coordinate and oversee planning and development process for yearly camp.
- Orientation of all volunteer staff to philosophy and policies of Camp Reynal and the National Kidney Foundation.
- Liaison between Camp Reynal and Camp John Marc staff. Point person to address issues, concerns, and/or any changes regarding daily schedules, evening activities, projects, campout, and facility issues.
- Primary contact person for any visitors to camp during week.
- Liaison with medical staff regarding policy and procedure impacting care of campers.

Qualifications:

The Camp Director should have had one year experience as a camp counselor and served on the Camp Reynal Planning Committee in a capacity other than Camp Director.

Current Camp Directors:

Julie Warner, RN
Paul Nguyen

Camp Medical Director

The Camp Medical Director is a pediatric nephrologist that is knowledgeable in the medical care that is required for the patient population that attends Camp Reynal.

Responsibilities:

- Supervise preparatory medical activities necessary to prepare for camp each year.
- Perform medical activities during camp as determined by staffing/patient population needs.
- Prepare medical “camp call” assignments as determined by staffing needs.
- Participate in camp activities as available.
- Supervise overall medical care at camp.
- Serve on Camp Reynal Planning committee.

Qualifications:

Board certified pediatric nephrologist with experience in dialysis and renal transplant management.

Current Camp Medical Director:

Dr. Raymond Quigley

Camp Nursing Director

The Camp Nursing Director is a pediatric RN that is knowledgeable in the nursing care that is required for the patient population that attends Camp Reynal. The Camp Nursing Director is primary contact for all nursing and counselor staff regarding camper medical needs.

Responsibilities:

- Supervise preparatory nursing activities necessary to prepare to camp each year.
- Coordinate pharmacy supplies (general and dialysis specific) needed for camp and each camper.
- Designate a Hemodialysis Coordinator and Peritoneal Dialysis Coordinator to organize the equipment, supplies and nursing staff needed for Camp Reynal.
- Perform nursing activities during camp as determined by staffing/patient population needs.
- Participate in “camp call” responsibilities as determined by staffing needs.
- Participate in camp activities as available.
- Supervise overall nursing staff and activities at Camp.
- Provides orientation to counselor staff on camper needs per cabin.
- Serves on Camp Reynal Planning Committee.

Qualifications:

Experienced pediatric registered nurse, BLS certification up to date, and at least one year Camp Reynal or similar camp nursing experience.

Current Camp Nursing Directors:

Julie Barrow, RN, CPN

Bev Carr, RN

Raymond Cavazos, RN

Camp Counselor Coordinator

The Camp Counselor Coordinator is the chairperson for the Camp Reynal Planning Committee Volunteer Committee. Camp Counselor Coordinator is responsible for placement, training, recruitment, and supervision of all volunteer camp counselors.

Responsibilities:

- Serve on the volunteer applicant screening committee.
- Responsible for cabin counselor placement
- Organize and conduct pre camp counselor training.
- Be available to cabin counselors throughout camp for assistance.
- Serve as liaison to Child Life Specialist for counselor assistance with camper issues (i.e. homesickness, behavior problems, etc.
- Assist in arranging for counselor break times.

Qualifications:

Serve as a cabin counselor at least one year prior to serving as camp counselor coordinator.

Camp Child Life Specialist

The Camp Child Life Specialists are responsible for providing assistance to all camp staff on camper issues.

Responsibilities:

- Serve on the counselor screening committee.
- Responsible for camper cabin assignments.
- Participate in the pre camp counselor training.
- Participate in the psychosocial and developmental overview of campers.
- Provide assistance to cabin counselors for issues regarding campers (i.e. homesickness, behavior problems, etc.)
- Be available to medical staff for assistance in the infirmary.
- Assist in orientation of counselor on camper psychosocial issues.

Qualifications:

Experienced Child Life/Child Development Specialist presently working with participating Nephrology Service.

Current Camp Child Life Specialists:

Taylor Hobbs
Hanna Boyd
Chloe Popovich
Jessica Russell

Section Six: Therapeutic Relationships with Children



40 POSITIVE THINGS TO SAY TO CHILDREN



- 1 Have fun
- 2 Do your best
- 3 Excellent
- 4 Don't give up
- 5 You can do it
- 6 Great effort
- 7 Keep going
- 8 I believe in you
- 9 That was fantastic
- 10 Thank you
- 11 You worked hard today
- 12 That was brilliant
- 13 Well done
- 14 You can keep learning
- 15 Believe in yourself
- 16 Never give up
- 17 Keep working hard
- 18 I am proud of you
- 19 Good work
- 20 Great job
- 21 Superb
- 22 I could see you worked hard
- 23 You will improve with hard work
- 24 That was impressive
- 25 Thank you for helping
- 26 Don't be afraid to make mistakes
- 27 Learn from mistakes
- 28 Work together
- 29 Help each other
- 30 Don't be afraid to take risks
- 31 I liked your creativity today
- 32 Be creative
- 33 I knew you could do it
- 34 Persevere
- 35 I can see you have learnt from that
- 36 You will figure this out
- 37 You are on the right track
- 38 Embrace challenges
- 39 You are capable
- 40 You can make a difference



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10 WAYS TO BUILD CONFIDENT CHILDREN

Give praise when it's due

Praise your child when they do something correctly.

Success

Create opportunities for your child to experience success

Feedback

Young children rely heavily on adult feedback. Make feedback meaningful and positive

Constructive Criticism

Provide constructive criticism. Don't yell at your child. Help them to be the best they can be

Develop Autonomy

Let your child make their own decisions so they gain confidence in their own judgement

Accomplishments

Allow your child to be proud of their accomplishments

Be a role model

Set an example to your child. Be a role model and react positively to your child

Don't overcontrol

Allow your child to express their creativity. Don't start to control everything they do

Promote problem solving

Help your child to solve their own problems. This will make them feel more confident in their abilities

Avoid labels

Ensure your child has a positive view of themselves



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Developmental Information

School Age (6-12 years)

Development

- Piaget - concrete operations
 - ★ Thought is irreversible
 - ★ Ability to solve concrete problems
 - ★ Logical operations develop
 - ★ Thinking is experienced base
 - ★ Not able to think abstractly or in hypothetical scenarios
- Erikson - industry vs. inferiority - wants to earn recognition by producing something and feeling successful
- More emphasis on intellectual and emotional growth, physical growth less significant
- Peer groups become more important for relationships and acceptance; playmates same sex
- Receives gratification through cooperation with others
- Increased attention span, improved problem-solving and decision making skills
- School activities important

Effects of Chronic Illness

Primary Issue: CONTROL

- Loss of control, autonomy, and competence
- May still interpret medical procedures as punishment for past mistakes or bad deeds
- Differences or isolation from peers may result in feelings of anger, frustration, resentment, sadness, and being left out
- School routines are interrupted
- Ability to have control in making decisions is decreased or taken away completely

Guidelines for Intervention

- Encourage child to talk about interests, skills and abilities
- Give opportunities whenever possible to make choices and be in control
- Allow child to help with self care and treatments. This gives him/her a chance to be involved and an opportunity for gratification upon accomplishing something that is important to him/her
- Still a need for comfort and reassurance from caregivers
- Provide activities which promote expression of feelings and opportunities for mastery

Developmental Information (cont.)

Adolescents

Development

- Piaget - formal operations
 - ★ No longer bound by perceptual experiences
 - ★ Abstract thought - greater ability to problem solve
 - ★ Challenge rules with new solution
- Erikson - identity vs. role confusion - discovering self and how he/she fits in with the rest of the world

Early (11-13 years)

- Concerned about body image
- Acceptance from friends is important
- Separates from family-wants to be independent
- Although still has childlike characteristics, wants to be treated as an adult
- Need for privacy-difficult having nurse of opposite sex
- Big focus on members of the opposite sex
- Can and will express feelings
- Growth of body hair and secondary genitals

Middle (14-17 years)

- Body image concerns
- Privacy extremely important
- Interested in sexual relationships
- Declares independence and rebels from authority figures
- Critical to others
- Peer interaction and acceptance is optimal
- Begins to focus on college and vocational goals

Late (17-18 years)

- Physical growth is completed
- Begins to re-develop relationship with caregivers
- Concerns include marriage, career, and his/her future
- Larger group of friends becomes smaller

Adolescents (cont.)

Effects of Chronic Illness

Primary Issues: BODY IMAGE/INDEPENDENCE

- Self-esteem, independence and body image are negatively impacted when hospitalized
- Loss of control and privacy
- Inability to gain independence from family
- Adjustment to separation from peers and lack of emotional support
- Preoccupation with physical changes
- Behavioral changes may include withdrawal, isolation, anger, and aggression

Guidelines for Intervention

- Allow teen to participate in treatment decisions and have as much control as possible
- Respect privacy and confidentiality
- Provide opportunities for expression of feelings
- Provide opportunities for continued independence

Some Basic Needs of Children

All people have some fundamental desires or needs: **security, achievement, new experiences, affection and recognition.** We as staff members should recognize and meet these basic needs of the campers.

Security

Making campers feel comfortable in camp is our first goal. They should quickly be made familiar with the campgrounds and routines. His/Her counselor should be recognized as his friend—someone who respects and appreciates him/her as an individual, someone to whom he can tell things in confidence. Counselors should try to establish good relationships between the campers in the cabin to further their sense of security. Counselor should also be quick to praise effort and be patient and understanding in exercising control. At times, providing emotional security demands setting limits on children's' behaviors.

Achievement

Children must know they can do some things well. We can help their feeling of accomplishment in many ways—by giving each child a chance to lead, by providing opportunities for success even though the challenge is small. We must take an interest in each of their efforts. Helping the child realize some failures aren't "bad". Affirmation of specific efforts made signal achievement no matter what the outcome.

New Experience

These are important because they provide the opportunity to learn more and to have fun. Try to be creative in thinking up new ways to do routine jobs. Be aware of signs of boredom. Be enthusiastic about whatever you're doing—it's infectious.

Affection

All of us thrive on affection—particularly children. We can help fill this need by showing children concern about their well-being. We can tell them when they have done well and assure them of our steady support. We can indicate to them individually the characteristics we see in them that we regard most highly. Avoid an excess of physical contact—it leads to overdependency. Your judgement is necessary as to how much is productive and comfortable to both of you.

Recognition

Everyone needs recognition in order to feel accepted as part of the whole and to feel some value in a group. Your part in helping to achieve this can be through complimenting a job well done and making other staff members aware of the camper's accomplishments so that they too can give recognition for it. Use your judgement, too much recognition can lead to feelings of superiority and undesirable behavior; to little recognition can lead to feelings of inferiority and other undesirable behaviors

Camp Reynal Statement of Need

The children who attend Camp Reynal participate in such activities as a ropes challenge course, horse back riding, swimming, canoeing, fishing, archery, nature discovery programs, cooking, outdoor camp outs, arts and crafts programs, and scavenger hunts, in addition to such unstructured activities as water balloon wars, dancing, basketball shooting, and camp fire singing (usually off key and with great zeal). The week is characterized by laughter, play, adventure, challenges, personal growth and friendship, all of which are vital experiences to provide to children who suffer from long term, chronic kidney or urinary disease. In addition to fun (or perhaps because of it), children who are fortunate enough to attend Camp Reynal experience the following therapeutic benefits:

1. Increased Self-Esteem and Self-Confidence: Many home environments of Camp Reynal campers are over protective, a natural by-product of caring for a child with long term, chronic illness. At Camp Reynal, each child has the opportunity to choose, if and to the extent that each child desires, to challenge himself or herself. For example, many children choose to participate in the ropes challenge course, pushing themselves through their fear to climb to the top of a telephone pole and to walk across an obstacle course thirty feet above the ground. Other children dare to sit on a horse and take control of the animal by themselves. For other children, just the act of leaving the security of their home for an entire week is a great achievement. By attending camp and participating in the activities, the children experience increased feelings of empowerment and pride, resulting in increased self-esteem and self-confidence, which often inspires them to seek further challenges.
2. Increased Sense of Independence: Many campers at Camp Reynal are unable to spend the night at a friend's home. Peritoneal dialysis patients are hooked up to a machine every night, many transplant patients are required to take massive doses of pills throughout the day and evening, and some urology patients must be awakened in the middle of each night so that they can catheterize themselves. Camp Reynal frees these children from the medical treatments and procedures that keep the children chained to their home or hospital. Imagine the excitement of such a child who is not only able to attend camp, the equivalent of a weeklong slumber party, but also to participate in the single night camp out under the stars. The experience is more than fun. The children experience a greater sense of independence, and they revise some of their old, self-limiting beliefs about their disease.
3. Improved Social Skills: Camp Reynal campers have often experienced school environments marked by peer rejection due to the physical symptoms that arise from either a child's disease or the medical treatments for the disease. For example, imagine the challenge of an adolescent girl with a transplanted kidney who has gained 30 pounds and has experienced a significant increase in facial hair due to anti-rejection medications. Alternatively, some children with chronic, long-term disease have been permitted to behave in socially inappropriate ways because of the unwillingness of some adults to discipline a child who has had to endure the physical and emotional pain associated with his or her disease and treatment. Camp Reynal is an oasis and an equalizer. Understanding and acceptance of diseases and the associated physical symptoms pervade the camp's environment since all of the children have

had similar medical experiences. Friendships, both new and old, are fostered in this atmosphere of acceptance. Similarly, all of the children are subject to the same set of rules at Camp Reynal. Since most of the activities at Camp Reynal are group oriented, peer interaction is a central part of each child's day. Thus, both the environment and the activities help the children to develop and improve their peer social skills.

4. Benefits to Future Medical Treatments: The week at Camp Reynal produces several benefits for many campers' future medical treatments. First, the medical team that works at Camp Reynal often consists of the same doctors and nurses that treat the children during the remainder of the year. Thus, the campers interact with their nurses and doctors in a fun environment outside the hospital. This camp interaction produces more positive, trusting relationships for the children in the hospital, and these improved relationships result in the children developing a partnership mentality with the medical staff in treating their disease.

Second, the children at camp are all in varying stages of kidney and/or urinary disease, and accordingly, their medical treatments cover a broad spectrum. Often, when a child's medical treatments change during the course of the disease (e.g. peritoneal dialysis changing to hemodialysis), the child's stress is reduced if and to the extent that the child has observed friends at camp undergo similar treatments.

Third, very frequently during the course of the year when a camper is undergoing a particularly painful or long medical treatment, the medical staff will help the child through the difficult period by talking about that particular camper's most enjoyable activities at camp. The common, enjoyable camp experience between the child and the medical staff, coupled with the knowledge of what activities the child is most looking forward to at camp the following summer, often prove invaluable to many children during very painful medical procedures and long hospitalizations.

5. Sense of Hope: The laughter, play, friendships, adventures and challenges experienced by the children at Camp Reynal instill a sense of hope. For a person who suffers from long term chronic disease, life can become drudgery, reduced to merely a seemingly endless series of medical procedures, physical pain and loss. A week at Camp Reynal instills a sense of hope, a sense that life can be fun, that life can be an adventure. At the end of the week of camp, when a camper talks of returning to camp the next year in order to seek revenge in a water balloon war or to climb higher on the ropes challenge course, that child affirms his or her commitment to life, a commitment that many healthy adults take for granted. Camp Reynal is a catalyst for hope.

Tips on Working with Kids

There are several areas in working with our campers which, if you work at it, you will succeed in providing them a positive, worthwhile experience. The key areas are:

- The ability to have fun with our campers
- The ability to listen to our campers
- The ability to give our campers responsibility
- The art of using specifics when you compliment, have a request or set limits
- The ability to honestly care about our campers

Having Fun

- Laugh, especially at yourself
- Share jokes, songs, stories
- Include whole group in fun
- Develop cabin chants, cabin dance, or other cabin specific activities
- Participate 100% -- Enthusiasm is contagious
- Be creative
- Enjoy the time with your campers by liking them - this is fun!!

About Listening

- **Be interested**
Many listening problems vanish when we have an open and interested attitude. You can show a child you care by listening.
- **Stop talking**
The more we talk, the less listening we do. Let the campers lead discussions/conversations.
- **Get rid of distractions**
Like objects in your hand or noise.
- **Use body language**
Be alert, make eye contact, lean forward or put yourself on the same level physically with younger kids. Keep in mind doing the same with folks in wheelchairs; squat down to eye level. Watch for non verbal communication from the children as well.
- **Listen to understand**
Let the children know that you heard and understood what they were communicating to you.

- **Validate feelings**

Let kids know it is not wrong but even normal to feel the way they do.

Example: “You know, a lot of kids feel homesick at first.”

- **Ask**

Examples:

“You look upset, Chris. You can tell me about it if you decide to.”

“You look like you’re having trouble with that, how can I help you?”

- **Invite reflection**

Kids often have ideas about what might help them. Encourage them to give you their ideas.

Examples:

“Any ideas about what would happen?”

“What can we do to figure this out?”

- **Give credit for sharing, trusting, and being honest or when children own their part of the mistake.**

Example:

“I know this is hard, but you are doing great!”

“It takes guts to be honest like you are.”

- Guard against jumping to conclusions instead of listening.

Giving Campers Responsibility

Providing opportunities for kids to take responsibility is a “given” in helping kids feel good about themselves. It is only with responsibility for a task that children have the ability to feel achievement and own their successes. Responsibility should be given according to individual kid’s capabilities.

Examples:

“How about you help me cut the veggies for cookout.”

“You are in charge of taking the dirty dishes to the window after this meal.”

“How would you get to the stargazing deck?”

“How could we solve this situation?”

“What activities should we sign up for?”

Being Specific

Two primary benefits to specific praise:

- Campers self-esteem goes up
- Your credibility goes up

Use solid, clear specific reasons

Examples:

Kids pick up something some else drops.

- Call it friendly, helpful

Two campers working on one task.

- You are sharing that - WAY TO GO!
- You traded that item well. (Cooperation)

Campers cleaning table without being asked.

- You are wiping that table off - GREAT (initiative)

When camper responds first time asked.

- That was fast, you were asked once and did it -THAT'S GREAT

When you can be as specific as possible, try and connect it in a positive, very clear way. It makes a difference. Specifics help make statements more valuable and more understandable for children. They make the statements concrete and focused. When you know what to look for you will see more of them.

Limit setting

- Limits you set need to be appropriate for child's age/developmental level/capabilities.
- Kids need lots of practice and repetition before a limit that is set becomes a learned behavior.
- Start with one new limit setting tip at a time.
- Act, do not over explain.
- Things work best when your attitude is calm and definite.
- Be consistent in setting and enforcing limits.

Tips for limit setting:

- Be specific and clear.
- Be simple and brief and to the point.
- State directions positively.
 - Positive Example:
"Please take the dishes to the window as soon as you are finished with them."
 - Negative Example:
"Do not leave dishes at the table."
- Avoid ambivalent words
 - Positive Example:
"Before leaving the cabin, you will need to put your swimsuit on."
 - Negative Example:
"It's about time to put your swimsuit on."

Issues to consider with more challenging limit setting situations:

- Each child is going to come to camp with different experiences of limit setting.
- Camp is a new setting with new opportunities and may be a new sense of strength and control.
- Illness can contribute to inconsistent limit setting by caregivers.

A three step formula for challenging limit setting situations:

- Acknowledge the child's feelings/desired behavior
- Set the limit, stating that the behavior (not the child) is unacceptable
- Offer acceptable alternatives that may allow self-expression of the same or similar feelings.

By using this three step formula, you will avoid the negative ways of attempting to get children to adhere to limits. You will also have shown respect and understanding to the child in a very difficult situation.

How people try to make children conform to limits

Blame	“We will have to start all over - if you would have listened the first time we would be done by now.”
Bribery	“If you hurry and clean up you can go to the barn. If you don't we will have to go back to the cabin.”
Guilt	“You are taking too long - you are going to make the whole cabin late for lunch.”
Sarcasm	“It is about time you put on that swimsuit . . . I thought it was going to take you all day.”
Accuse	“You are trying to make this difficult for me.”

If the situation seems to be out of control or beyond your comfort zone, do not hesitate to seek help from other camp staff.

Caring

YOU CANNOT FAKE IT! The campers feel it a mile away. As well as they will know when you really care about them. You are interested in what they are doing. You listen to them. You take time for them. You praise them. This area is the key to a successful summer.

Homesickness: What Can You Do?

What factors can cause homesickness?

- Overattachment between camper and parent
- Attachment to close friends back home
- Longing for city life and customary amusements
- Attachment to pets
- Lack of privacy in camp quarters
- Being unaccustomed to work
- Lack of friends in camp
- Lack of skills in camp activities
- Timidity - fear of “rough campers”, ridicule, or of the dark
- Physical factors, such as constipation
- Absence of someone to lean on, which is likely to leave an “empty” or weak feeling
- Inadequate materials at camp (i.e. clothing, personal items, etc.)

Ways to manage homesickness:

- Be alert to catch it early. Watch for the camper who has a tendency to go off by him/herself. Watch him especially during the evening hours.
- Help camper get oriented to his/her cabin. Take interest in things they may have brought from home. Help them establish their personal space and comfort with the cabin.
- Find interests and activities that appeal most to the camper and keep him busy.
- Do not ridicule, shame, or belittle a homesick camper. Let him/her know that homesickness is a common experience of persons away from home for the first time. Reassure camper that you will be there to help him/her have a good time at camp.
- If hysterical behavior develops, acknowledge the camper’s feelings and provide structure to help in self calming (i.e. “It seems as though you are upset right now, we are going to continue on with the activity, in 10 minutes I am going to see if you are ready to join us.”)
- Primary counselor attending to the homesick camper should continue to monitor the camper’s coping and utilize child life staff to assist should homesickness continue.

A specific strategy discussed at the American Camping Association Conference for helping campers cope with homesickness consists of two steps:

- Assess the campers current coping methods: “Tell me all the things you think or do to help make things better when you feel homesick.”
- Then assess the campers goal with these methods: “What did you hope might happen when you __ (method) __.”

These questions will hopefully help you.

Use Words With Dignity

The following words have strong negative connotations	The following words are more affirmative and reflect a more positive attitude.
DO NOT USE	WORDS WITH DIGNITY
Handicap	Disability
The handicapped	Person with disability
Crippled with	Person who has multiple sclerosis
Victim	Paraplegic (person with limited or no use of lower limits)
Cripple	Quadriplegic
Spastic	Person who has cerebral palsy
The brain damaged	Person with a head injury
The head injured	Person with brain injury
Patient (except in hospital)	Person with AIDS
Invalid	Person who has tested positive for HIV
Stricken with	Person who had polio
AIDS victim	Person with mental retardation
Quad	Person who is blind
Para	Person who is visually impaired
Blind guys	Person who has a speech impairment
Mentally ill	Person with learning disability
Crazy	Person with mental disorder
Birth defect	Person with an emotional disorder
Inflicted with	
Afflicted/afflicted by	Caused by “ ”
Deformed/deformed by	
Incapacitated	Disable since birth
Unfortunate	Born with “ ”
Poor	

BOUNDARY ISSUES: Personal Inventory Exercise

Please take a few minutes to rate whether you feel the behavior on the part of a camp counselor would be always okay, sometimes okay, or never okay. The exercise is to encourage your active thinking around boundary issues.

	Always Okay	Sometimes Okay	Never Okay
Accepting personal gifts from campers			
Buying gifts for individual campers			
Sharing personal information about yourself with campers			
Sharing personal problems with campers			
Inviting campers to join you in activities outside camp			
Sharing information about one camper with another			
Taking personal interest in the lives of your campers at camp			
Giving your home phone number to campers			
Loaning personal items to campers			
Loaning money to campers or their families			
Taking photographs of campers for your own personal use			

What Would You Do?

1. Julie, an 8 year old camper assigned to your cabin, gets off the bus with tears in her eyes and says she wants to go home.
2. Three 11 year old boys are arguing about who gets to sleep next to you (cabin counselor).
3. You are in your cabin with seven 10 year old boys and you hear two boys teasing another boy about his sleeping bag.
4. Your cabin is scheduled to do the challenge course for the first activity. Mary a 16 year old says she doesn't want to go she hates the ropes course.
5. It is nap time and an 8 year old camper runs out the front door. Another 8 year old runs out the back door and your co-counselor is in the rest room.
6. It is Monday morning and you discover that Jill, a 9 year old, pulls her sleeping bag over her sheets which you notice are wet.
7. You have noticed that Alicia, a 14 year old, has eaten very little at meal times.
8. Steve, an 11 year old boy who is very obese eats enormous amounts of food at meal times. The other campers tease him and he is now isolating himself.
9. Vicky, a 10 year old girl confides in you that her older brother's friend has made her do things that make her uncomfortable.
10. Tim, a 9 year old boy has been extremely clinging to you (hugging, holding your hand, does not want to separate from you) asks you if you will come visit him after camp.

Diversity

Camp Reynal is a camp for children with kidney and urologic disorders which makes them a diverse group based on their different diagnoses. However, not only do these children appear diverse because of their chronic illness, but all of them come from very diverse backgrounds and cultures.

At Camp Reynal we want to make every child feel special and not discriminate, separate or demean a child because of cultural, racial or religious backgrounds. We feel that it is important that every volunteer be aware of the differences they may encounter and acknowledge the fact that each child has the right to express their feelings and emotions.

Section Seven: Guides and Helpful Tips



Things to Know

Health

- Whenever volunteer/staff feel ill or incur injury of any type, they must report to the med shed immediately. Volunteer/staff person will be examined and assessed by an on-call medical staff. Based on medical assessment, if volunteer/staff person requires emergency care, they will be transported to local hospital for further evaluation. An incident report will be completed by volunteer staff in conjunction with medical staff on all injuries on site.
- Any injury or illness of a camper must be reported to the nurse immediately.
- All medications of any type (including vitamins and aspirin) will be given to and dispensed by the nurse for campers.
- Only the medical staff will dispense medications.
- A volunteer/staff member should not attempt self first aid.

Personal Appearance

Each counselor will be expected to maintain a standard of personal dress and appearance that will serve as a model for campers. Specifically, shoes must be worn at all times to prevent injuries. T-shirts that reference drinking, drugs, profanity, etc. may not be worn in camp. Skimpy or revealing clothing should be avoided. To prevent personal injury, pierced earrings (large loop or dangling kind) should not be worn in camp. Due to health code males are not allowed to wear tank tops in the dining hall.

Camp Dress Code

Appropriate for Camp

- Shorts
- T-shirts
- Jeans
- Modest swimwear (one piece swimsuit for females)
- Closed toe shoes (tennis shoes)
- Modest tank tops

Inappropriate for Camp

- Very short shorts (daisy dukes)
- T-shirts with adult subject matter
- Transparent clothing
- Thong bathing suits or small bikini

Transportation/Staff Automobiles

Campers are not to ride in staff/volunteer cars or camp maintenance vehicles. Camp vehicles will have designated drivers authorized to drive these vehicles.

Discipline of Campers

At no time, and not for any reason, is there to be any physical or emotional punishment of campers. Any such conduct by a staff/volunteer will result in such staff/volunteer's immediate termination.

If discipline cannot be achieved from the approach of friendship and reason, the situation must be brought to the Child Life Specialist's and Camp Director's attention.

Phone Usage

The camp phone is for camp business only. You may get cell phone reception while at camp. Please only use your cell phone when you are not with the campers.

Mail

There will be one mail run a day. Outgoing mail should be taken to the camp office by 5p.m.

Sample Camp Reynal Schedule (subject to change)

Sunday

3:00 PM	Camper Arrival
3:45 PM	- ALL FREE CHOICE CABINS: to the Silo Tipi Room for Project, Free-Choice Sign Ups - ALL SCHEDULED CABINS: to the pool for Swim Checks
4:45 PM	- ALL SCHEDULED CABINS: to the Silo Tipi Room for Project, Free-Choice Sign Ups - APACHE, WAGON WHEEL, PIONEER CABINS: to the pool for Swim Checks
5:15 PM	- RANGER, LONE STAR, MOCKINGBIRD, QUAIL CREEK CABINS: to the pool for Swim Checks
5:45 PM	- FT. GATES, FT. FISHER, BOB WHITE, DOVE CREEK CABINS: to the pool for Swim Checks
6:30 PM	Grill out & Lawn Party
7:30 PM	Opening Ceremony at the Morning Star Chapel
8:15 PM	Ice Cream Social (Dining Hall Porch)

Sample Camp Reynal Schedule (subject to change)

Monday - Thursday

8:15 AM	Morning Meds
8:30 AM	Breakfast
9:15-10:15 AM	Activity 1
10:25-11:25 AM	Activity 2
11:30 AM	Meds
12:45-1:45 PM	Lunch, please gather in front of the Dining Hall
1:50-2:00 PM	Rest (Cabin Time)
2:10-3:10 PM	Word of the Day, please gather in front of the Dining Hall
3:20-4:20 PM	Activity 3
4:20-4:40 PM	Activity 4
4:45-5:55 PM	Snack, in front of the Dining Hall
6:15 PM	Meds
6:30 PM	Dinner
7:30 PM	Evening Activity - Night meds will be distributed after the evening activity

Evening Activity

Sunday	Welcome to Camp (Opening Ceremony) & Ice Cream Social
Monday	Theme Night
Tuesday	Cookout
Wednesday	Game Night
Thursday	Party Night

What to Bring to Camp!

Sleeping

- Pillow
- Pillowcase
- 2 sheets and blanket to fit a twin bed.
- Optional - sleeping bag

Clothing (enough for 6 days)

- Comfortable close toe shoes (tennis shoes and/or hiking boots)
- Flip flops (sandals) to wear to and from cabin and swimming pool and in shower
- Shorts
- T-shirts
- Socks
- Underwear
- One pair of jeans or long pants
- Jacket/sweatshirt
- Swimsuits
- Pajamas

What **NOT** to Bring:

- ✗ Flushable Wipes
- ✗ Weapons
- ✗ Firearms or ammunition
- ✗ Knives (no pocket knives)
- ✗ Firecrackers
- ✗ Mace or pepper spray
- ✗ Sexually explicit materials/clothing
- ✗ Laser pointers
- ✗ Drones
- ✗ Illegal drugs
- ✗ Inhalants (unless prescription)
- ✗ Alcohol
- ✗ Tobacco products, matches, lighters
- ✗ Food in cabins
- ✗ Silly string

Toilet & Hygiene

- Towels (3)
- Beach towel
- Washcloths
- Soap & shampoo
- Toothbrush & toothpaste
- Comb/brush
- Chapstick
- Other personal needs

Miscellaneous

- Laundry bag or extra pillow case
- Flashlight and extra batteries
- Camper games/activities for cabin quiet time
- Raincoat/umbrella
- Hat(s)
- Sunscreen
- Insect repellent
- Alarm clock (optional)
- Sunglasses
- Notebook & pen
- Camera and film

Other

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

*It is recommended that all items are labeled with your name

Map of Camp John Marc



Camp John Marc Camp Summer Staff and Volunteer Code of Ethics

1. Staff/volunteers understand and embrace the mission of the Camp and of Camp John Marc and willingly and knowingly accept the concept that the focus and goals of the Camp are directed to the campers.
2. Staff/volunteers will treat with the utmost respect and confidentiality all patient/camper information that is received during pre- camp or camp briefing sessions. This information is protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA).
3. Staff/volunteers will treat campers of all ethnic, religious and cultural backgrounds with respect and consideration.
4. Staff/volunteers will portray a positive role model for campers, including but not limited to, maintaining an attitude of respect, loyalty, patience, honesty, courtesy, tact and maturity.
5. Staff/volunteers will adhere to the modest dress code for camp. Clothing with advertisements for beer, alcohol, or tobacco products must not be worn; likewise, clothing with degrading or offensive language should not be worn. Closed toe shoes must be worn at all times. Men may not wear sleeveless shirts/tank tops in the Dining Hall. Women must either wear a modest one piece swim suit or wear a shirt covering a two piece swim suit.
6. Camp John Marc has a zero tolerance policy for those that present violent behaviors and for those who are in possession of firearms, weapons, alcohol, or illegal drugs while at Camp and on Camp property. Those who exhibit these behaviors or use, possess, or are under the influence of these items will be required to immediately leave Camp John Marc.
7. Staff/volunteers will comply with the outlined activities and expectations of their defined roles at camp and all required activities prior to camp that support their roles.
8. If requested by the Camp Director or Volunteer Coordinator, staff/volunteers will provide that person with access to any websites maintained or controlled by the staff/volunteer person, including any personal websites, blogs, and social networking sites.
9. Staff/volunteers will not accept substantial gifts of significant monetary value or money from campers or their families.
10. Camp John Marc is committed to providing a camping environment that is free from sexual harassment. Unwelcome actions such as the following are inappropriate and, depending on the circumstances, may in and of themselves meet the definition of sexual harassment:
 - Sexual pranks, or repeated sexual teasing, jokes, or innuendo, in person or via e-mail;
 - Verbal abuse of a sexual nature;

-
- Touching or grabbing of a sexual nature;
 - Repeatedly standing too close to or brushing up against a person;
 - Giving gifts or leaving objects that are sexually suggestive;
 - Repeatedly making sexually suggestive gestures;
 - Making or posting sexually demeaning or offensive pictures, cartoons or other materials.

If Camp John Marc receives an allegation of sexual harassment, or has reason to believe sexual harassment is occurring, it will take the necessary steps to ensure that the matter is promptly investigated and addressed. If the allegation is determined to be credible, the Camp will take immediate and effective measures to end the unwelcome behavior, including but not limited to requiring the offending person or persons to immediately leave Camp John Marc.

11. All employees (staff/volunteers) are encouraged to report any activity that the employee reasonably believes to constitute fraudulent activity or is in violation of any governmental regulation to the appropriate level of management. All employees (staff/volunteers) have the assurance that these reports will be considered completely confidential and the identity of the reporting employee will not be disclosed under any circumstances. Camp John Marc will not tolerate any retaliation in any form, including harassment or discrimination, against any employee who has raised concerns about possible fraudulent activity. Any reports of retaliation will be thoroughly investigated and any offending employees will be dealt with accordingly.

Staff/volunteers must comply with this Code of Ethics throughout placement and continued involvement with Camp John Marc and in affiliation with the sponsoring organization. I understand that violation of the previously stated standards will be regarded as engaging in unethical behavior that is grounds for immediate termination of roles and responsibilities.

I have read the Code of Ethics in its' entirety and will adhere to the outlined policies, procedures and standards of Camp John Marc. Correspondingly, I agree to abide by all points, practices, and standards covered at Pre-Camp trainings.

Signature _____ Date _____

Printed Name _____



Camp Reynal Volunteer Agreement



I have received and read the Camp Reynal Volunteer/Staff Manual. I agree to follow the guidelines outlined in this manual.

I am committing to attend Camp Reynal on May 25- May 31, 2019. If I need to cancel for any reason, I will let the National Kidney Foundation know immediately.

Signature

Date

Printed Name

To electronically sign this document please visit:

<https://www.campreynal.org/codeofethics.html>

If you are manually printing this document and physically signing, please send a scan signed agreement to the following emails:

texasinfo@kidney.org
campreynal@gmail.com