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WHEELS AT CAMP

A Master's Project

Presented to

The Faculty of the School of Nursing

San Jose State University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science

By

Judith A. Medlin

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ABSTRACT

WHEELS AT CAMP

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Students with special needs are being included into regular education classrooms in increasing numbers. Teachers in these classrooms are often reluctant to include students with special needs on overnight field trips. This reluctance stems from the teacher's concern for the associated responsibilities.

The purpose of this project is to demonstrate the process developed and used to successfully send a fully included student with disabilities to camp with his non-disabled peers. Dorthea Orem's theory of nursing provided the conceptual framework for this case example.

Overnight field trips (e.g., science camp) that are fun and safe learning experiences for the student with disabilities can be achieved through comprehensive planning and preparation. Trained unlicensed assistive personnel are assigned to assist the student with his/her special needs. This process can be adapted to meet the needs of other fully included students with special needs.

WHEELS AT CAMP

Introduction

A student with multiple disabilities, fully included in a regular education classroom, has indicated to the teacher his wishes to attend science camp with his classmates. Issues, concerns, and/or questions quickly surface. Is the camp safe for this student? Will he be able to participate in the activities? What happens if the student is unable to participate in the activities? How will he be transported to and from the camp? Who will accompany the student? What is the teacher's responsibility for meeting the physical needs of this student? Is the teacher's responsibility for this student the same as for other students? What happens if the student becomes ill? Is it really feasible or possible for this student to attend this camp?

Purpose of Project

The purpose of this project is to demonstrate the process developed and used to successfully send a fully included student with disabilities to camp with his non-disabled peers. Dorthea Orem's theory of nursing provided the conceptual framework for assessing, planning, providing, and teaching necessary and safe care for this student. As stated above, this case example began with many questions. The outcome achieved was a successful camping experience and the process has been adapted to meeting the needs of other fully included students with special needs.

Background Information

For many students in a northern California school district, science camp is an exciting and unique learning experience in addition to being an important component of the sixth grade curriculum. Science camp offers students an opportunity to learn about nature first hand and to live together cooperatively learning and/or sharing skills of daily living. Anticipation begins

early with the scheduling of fund raising activities months before the camp becomes a reality. These fund raising activities give students the opportunity to actively participate in planning, preparing, and contributing toward the financial cost of attending camp.

Science camp is scheduled for a 1 week period sometime during the school year. Students at each school attend camp at different times. Weather conditions may not always be ideal. Many of the camps are located in terrain that is not easily accessible to non-ambulatory students. Cabins may be built on terraced levels. Hiking trails are often steep and wet. There are night hikes and visits to sandy beaches. A few of the camps are staffed by on site non-medical personnel (e.g., counselors or office staff). Other camps are staffed and operated only by school personnel (e.g., teachers and aides) assisted by parent and high school volunteers. Science camp is considered a safe learning experience for students who are able to meet their own self-care and health needs. However, teachers question whether this camp is safe for students who are not able to meet their own self-care and health needs.

The health needs of students in school have changed dramatically during recent years. Technology is enabling students with complex health needs to live longer, more productive lives in the community and to attend school (Bonaiuto, 1995). Students with disabilities are being fully included in regular education classrooms. The goal has been to focus on their abilities, not their disabilities and to make students feel they can participate with their non-disabled peers (Bonaiuto, 1995). A student who is fully included should then have the choice of whether or not to participate in all activities including science camp. Teachers are often reluctant to take students with disabilities to camps that are not specifically designed for their needs. The teachers' main concerns are that the camp is not safe for students and that students may not be able to participate fully in the activities with their classmates. Making sixth grade camp

experiences accessible, safe, and fun for all students' presents a challenge that requires careful preparation and planning.

Literature Review

The Education for All Handicapped Children Act of 1975 (PL 94-142) became fully effective in 1978 to ensure that all children with disabilities have a free, appropriate education in the least restrictive environment. The Education of the Handicapped Act Amendments of 1990 (PL 101-476) also called the Individuals with Disabilities Education Act (IDEA) was federal law that amended and expanded PL 94-142. The law renamed and combined the original act and its amendments, replaced the term handicapped children with individuals with disabilities, and expanded the general definition of those with disabilities.

Students with disabilities are attending regular education classes, raising issues regarding their health care needs and safety. Sanacore (1996) writes that educators are dealing with the challenge of inclusion but that successful inclusion requires more than placing students with special needs in regular classrooms. Efforts must be made to assist all students to develop and grow. Important aspects of inclusion are cooperation and collaboration among students, parents teachers, and school administrators (Sanacore, 1996). However, inclusion can be beneficial for students with special needs as well as for their non-disabled peers. Jobe, Rust, and Brissie (1996) used a randomly selected national sample of classroom teachers to investigate teachers' attitudes toward full inclusion of students with disabilities into regular education classrooms. The findings were that teachers do not possess strongly negative attitudes toward full inclusion and attitudes were rather neutral when averaged. However, recurring comments were that their responses would depend on the type of disabled child placed in their classroom and that inclusion would work for some students but not all (Jobe, et al., 1996). Morse (1995) maintains

that full inclusion is the only way to ensure that students with disabilities are provided a more equitable education. Each child, regardless of his or her disability, should be educated in a regular education classroom in the neighborhood school with same age peers. Appropriate educational activities should be chosen from multilevel curriculum. Each student should work to achieve objectives that are appropriate with his or her disabilities and needs. However, Santos (1995) argues that a common sense approach be taken to full inclusion of students with disabilities. The individual needs of each student should be taken into account. She writes that even the best teachers are not able to meet the needs of all students, and not all regular education teachers feel they are able to handle the needs of students with disabilities.

Few camps across the United States are designed specifically for children/students with disabilities. Many camps require that children/students be self-sufficient (Holmstrand, 1996). Camps for students with disabilities include wheelchair assessable cabins, dining rooms, swimming pools, bathrooms, and activity rooms. Children's Association for Maximum Potential (CAMP) in Texas also includes a 24-hour infirmary with an intensive care unit equipped for any emergency. The staff consists of volunteer doctors, nurses, therapists, as well as teachers and students, from both high schools and colleges. The real focus of CAMP is to provide a true camping experience filled with fun activities (Holmstrand, 1996).

Students with chronic health problems/special needs present a challenge to those responsible for their educational and health services (Williams & McCarthy, 1995). School nurses are responsible for students with a variety of chronic conditions/special needs and often become the case manager for the integration of these students into the school setting. Educators identify school nurses as an important resource in providing them with pertinent information about students with chronic health problems/special needs (Williams & McCarthy, 1995).

Other complex issues exist in the school setting regarding the delegation of nursing activities and the ongoing supervision of the delegated care to unlicensed assistive personnel (UAPs). Many of the issues are unique to schools. The school nurse must understand the issues and take action to develop policies and procedures that ensure safe care for students, to promote student independence with cooperation from the family, and to encourage full use of resources (Schwab & Hass, 1995). The school nurse is ultimately responsible for the quality of nursing care given while the student is attending school. She must determine whether care should be delegated to trained and supervised UAPs based on the states' nurse practice act and related state rules and regulations (Position Paper, 1995). If the school nurse is familiar with the current nursing standards and issues pertaining to delegation, applies this information in the practice area, and develops skills in training and supervision of UAPs, she will ensure that the student's health needs are safely met and minimize her own exposure to liability (Panettiore & Schwab, 1996).

Conceptual Framework

Dorothea Orem labeled her self-care deficit theory of nursing as a general theory (Marriner-Tomey, 1989). This theory provides a guide for assessment, planning, providing, and teaching necessary and safe care for students with disabilities. Orem's general theory is based on three related theories including the theory of self-care, the theory of self-care deficit, and the theory of nursing systems (Marriner-Tomey, 1989). Since students with disabilities have a variety of special needs and are often non-ambulatory, there is self-care demand that cannot be met. When individuals (students) are unable to care for themselves, they experience self-care deficit (1989). It is then necessary for the school nurse to assess, plan, provide, and teach safe care for the students.

Assessment of Needs for a Student With Disabilities to Attend Camp

A case example, C. J., illustrates the process and outcome that was achieved for one student. Using Orem's theory of nursing as a guide, student needs were assessed. The first obstacle encountered was the lack of a field trip form for students with disabilities. To correct this omission, district staff, consisting of a representative from the risk management office, a program specialist, a physically handicapped (PH) teacher, a school nurse, and a site administrator, met to develop a field trip form that could meet the needs of students with disabilities. The form was to serve as a checklist and was designed to anticipate the physical needs of the student. There were 5 areas that were considered to be important in assessing the needs of students with disabilities. The first area to be assessed was the student's physical needs/accommodation including toileting, grooming, meals/special diet, and equipment (e.g., walker, wheelchair). The second area to be assessed was transportation needs/accommodation detailing how the student would be transported to and from camp and the type of wheelchair to be used while at camp. The third area to be assessed included programs, activities, and accommodation needs including accessibility and safety of living quarters, dining quarters, trails, and alternative activities. The fourth area to be assessed was staffing by UAPs including hours to be worked, breaks, rate of pay, liability, etc. To provide maximum safety for students who are confined to wheelchairs or who have specialized physical health care procedures, 2 UAPs would staff each position. The final area to be assessed was access to emergency services (e.g. distance, estimated time of arrival of emergency medical personnel) including availability of a cellular phone.

In assessing the needs of the individual student with disabilities, it was necessary for a program specialist, the site administrator, the classroom teacher, the school nurse, and the UAP

to meet to discuss concerns and questions about the student's health and possible camp problems. The teacher discussed problems that had occurred during past camps and felt the added responsibility of a student with special needs would place unfair demands on supervision of all students. At this time, the classroom teacher was assured that adequate support services would be available for the student. A second meeting was held which included the student and the parent. The student and parent stated their expectations for camp, discussed the student's physical needs and limitations, listed dietary needs, agreed to supply needed extra nutritional items, specified special equipment that would be needed during the week, and decided which activities would be appropriate or not appropriate. The student, realizing that a motorized wheelchair would be unsafe and would limit accessibility to activities, agreed to use a manual wheelchair while at camp.

Planning and Providing Services for Student Needs

The school nurse, consulting with other school staff members as needed, compiled all information gathered and completed the Field Trip Form for Students with Disabilities. The student had requested to participate in as many activities as possible. The objective was then to integrate the needs of the student with the class itinerary. Transportation was to be by bus with the other students. Since the student was able to sit safely on the bus with a responsible classmate or the UAP, the parent elected not to transport the student to and from camp. One UAP was available to assist the student at all times. Special procedures (e.g., catheterization, gastrostomy feeding) were completed while classmates were occupied with in-camp activities. The UAP slept in the cabin to assist the student with toileting and change of position needs during the night. Daily grooming activities for the student began 15 minutes prior to the end of the day's activity and 15 minutes prior to the wake-up call for the other students. This increase

in time offered a measure of privacy to the student and allowed extra time to complete necessary procedures. An area was available if complete privacy was a requirement.

Students were divided into small groups at camp and assigned activities that rotated daily. Each group contributed to or learned skills of daily living under adult supervision. The skills learned and practiced included preparing meals, cleaning the dining area, kitchen, individual cabins, bathrooms, and activity room. It was the responsibility of the group to keep the general area clean and free of debris. The UAP was to assist the student with his share of the responsibilities, allowing him to contribute as much as his physical limitations allowed.

Activities taking place in the general camp area were considered to be safest. Morning, afternoon, and night nature hikes were intermingled with activities conducted in and around the general camp area. Both UAPs assigned were to accompany the student on excursions away from the camp to ensure the student's safety, especially on steep or wet trails. Also, both were to accompany the student on the excursion to the beach and tide pools. With 2 UAPs available to assist the student, it would be possible for the student, in his manual wheelchair, to participate in activities that would be too difficult with only 1 UAP available to assist. Safety first was stressed equally for the student and the UAPs.

Information that was most helpful resulted from a visit to the camp by a school nurse. Even though the camp was located in a mountainous area, a small town was located a short distance away. Emergency medical services were readily available. The classroom teacher also carried the school's cellular phone.

Since the student was confined to a wheelchair and had multiple disabilities, it had already been decided that 2 UAPs would be assigned to accompany the student to camp. It was still necessary to justify the assignment of 2 UAPs to one student. Justifying this assignment would

ensure that they would receive correct pay for the number of hours worked. A schedule detailing assigned hours, non-assigned hours, and total hours worked daily was to be submitted for approval. The school nurse, using the class itinerary, developed a workable schedule listing hours that UAPs needed to be available to assist the student and scheduling breaks when the student needed less assistance. Hours during the night were counted as unassigned unless the student needed direct assistance. The schedule would have to remain flexible since it would be impossible to factor in all probabilities. The UAPs would have to use their judgment in some situations.

After all information was recorded, the form was duplicated and distributed to all persons attending the meetings. Time was allowed for any necessary changes to be made. Copies of the final form were then submitted to the site administrator, the teacher, the UAP, the parent, and the office. The original copy of the Field Trip Form for Students with Disabilities was filed in the student's health record located in the cumulative record.

Teaching of Competent and Safe Care.

One of the UAPs accompanying the student to science camp was his 1:1 aide. The other UAP accompanying the student was an onsite classroom aide who was assigned by the site administrator after the school nurse determined that the aide was qualified to learn and perform necessary procedures. The school nurse taught all prescribed medical procedures under the Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils (California Department of Education, 1990). Supervision was indirect since the school nurse remained in the district and was available by telephone for consultation and problem solving. Records and forms to be maintained were identified and placed in a binder labeled with the

student's name. The site administrator authorized time for the UAPs to meet with the school nurse for training during the week preceding the scheduled camp.

The school nurse had completed an Instructor Training Course in Cardiopulmonary Resuscitation (CPR) and was qualified to teach CPR. The first step in training was to certify one UAP and re-certify the other UAP in CPR. Each UAP progressed at his/her own rate and practiced on the manikins until each felt comfortable in performing the steps in basic life support. The school nurse used a checklist to record each step performed correctly. Different scenarios were presented and the UAPs were certified only after all steps in each scenario were performed correctly. The goal of the training was for the trainee to feel comfortable with his/her ability to recognize and respond to any emergency situation.

The next step in training was to review all information on the Field Trip Form for Students with Disabilities. The UAPs were encouraged to ask questions. The class itinerary was reviewed. Based on information from the parent and 1:1 aide, all equipment remained with the student. Confidentiality was stressed and the student's right to privacy was discussed. The schedule for assigned and non-assigned hours was reviewed in detail. It was again stressed that the schedule was very flexible. However, additional hours worked would have to be submitted for approval along with rationale for the extra needed time. Safety issues (e.g., hiking with a student in a wheelchair, wet trails, night hikes, etc.) for both the student and the UAP were discussed at length. Both felt confident that they would be able to practice safety measures for the student and for themselves.

The student was taking prescribed medication early in the morning and at night. The necessary forms were obtained from the parent and the physician. An adequate amount of medication was brought to the school with the required forms. A medication log was added to

the student's folder. The medication was kept in the locked box with the medications required by other students in the class. One UAP carried a key to the locked box and the other keys remained in the possession of the teacher. All of the information pertaining to the medication was reviewed and each UAP was trained to administer the medication.

The final step in training was the teaching of a specialized physical health care service. This training was accomplished over a 3 day period after school and a 2 day period during school hours. As stated previously, the specialized physical health care procedure was taught using guidelines approved by the California State Board of Education (1990). The school nurse explained that she was qualified to train the provider of a specialized physical health care service and certify the provider's level of competency. Provision of service, care of equipment, and recording of data were the areas under supervision, not the provider of the service.

Initially, the school nurse met only with the untrained UAP. A copy of the approved procedure was presented. Definitions, purpose of procedure, review of anatomical functions involved in the procedure, and benefits and precautions of procedure were discussed. A copy of the parent's request to have the procedure performed at camp and a copy of the Physician's authorization for the procedure was reviewed. Information specific to this student was emphasized. The UAP was encouraged to ask questions.

The next training session included both UAPs. The school nurse demonstrated the procedure on the mannequin while they followed written procedural steps. Care of equipment and supplies was discussed and the documentation record was explained. Procedures to follow in an emergency were reviewed. Verbal feed back was given. The 1:1 aide demonstrated the procedure on the mannequin. The second UAP then demonstrated the procedure on the

mannequin while the school nurse followed the written procedural steps. Performance was repeated until absolute accuracy was reached.

The final step in training was the performance of the procedure by the school nurse on the student with the UAP observing. After the procedure was completed and the student returned to class, time was allowed for questions and answers. At the next scheduled time, the UAP performed the procedure with direct supervision by the school nurse. The next day, the UAP performed the scheduled procedure with immediate supervision by the school nurse who was present in the same facility. During the camp, the school nurse would be available only through electronic means to provide consultation and guidance. Dates were recorded as each step of the training was completed. The UAPs signed statements agreeing that they had been adequately trained in the principles and techniques essential to the performance of the specialized physical health care procedure.

Conclusion

At the beginning of camp week, all students and staff, with their equipment, boarded buses for the trip to science camp. During the week the school nurse waited for telephone calls that were never received. Five days later, the buses returned the students and staff to the school site. All were a bit dirty and tired but had experienced a safe and fun learning experience. The teacher of the class said he would never again be afraid to take a student in a wheelchair to camp. The parents of the student said they had never dreamed that the student could really attend camp with his peers. With dedication, planning, training, and preparation, anything may be possible.

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