Purpose of this Manual:

The purposes of this manual are:

1.) This manual provides the reader with a written outline of how we organize and operate the Camp High Hopes summer camp program.

   The manual is given to all staff members prior to camp, and forms the basis for staff orientation which takes place the day before the campers arrive.

2.) This manual along with many other documents is submitted to the New York state Department of Health as part of our yearly application to receive a “Permit To Operate A Children’s Camp”. All camp programs in New York State are required to have a permit form the D.O.H. in order to have camp. During the week of camp a representative from the D.O.H. will visit to inspect both our camp program and the camp grounds we use to verify we’re complying with all state regulations and operating a safe camp.

   As part of our permit application, this manual is available to the parents or guardians of any camper who asks to see it.
Directions to Camp High Hopes

MAILING ADDRESS:
Camp High Hopes
c/o Camp Aldersgate
Box 367
Brantingham, NY 13312

PLEASE CALL IF:
you are lost or late
(315) 348-8833

& TELL them to get us a message

FROM WATERTOWN, NY
Take Route 12 South to Lowville. Stay on Route 12 through Lowville and keep going. At Burdick’s Crossing Rd. turn LEFT (Drive in theater on right). At Greig Road turn LEFT. At Brantingham Rd. (second street) turn RIGHT. Go up Brantingham Rd. 4 miles to Camp Aldersgate.

FROM BUFFALO / ROCHESTER / SYRACUSE
Take I-90 (Thruway) East to Utica (Route 12 exit), then take Route 12 North. Follow the directions from Utica to Camp Aldersgate.

FROM NEW YORK CITY
Take I-87 North to I-90 (Thruway). Go West to Utica (Route 12 exit) and take Route 12 North. Follow the directions from Utica to Camp Aldersgate.

FROM ALBANY, NY
Take I-90 (Thruway) West to Utica (Route 12 exit) and take Route 12 North. Follow the directions from Utica to Camp Aldersgate.

FROM BINGHAMTON, NY
Take Route 81 North to I-90 (Thruway). Go East to Utica (Route 12 exit) and take Route 12 North. Follow the directions from Utica to Camp Aldersgate.

FROM UTICA, NY
Take Route 12 North to past Lyons Falls. At Burdick’s Crossing Road (Drive-in theater on right) turn RIGHT. Go to the end of the road. At Greig Road turn LEFT. Go one-half mile to Brantingham Road (second street). Turn RIGHT onto Brantingham Road. Continue 4 miles to Camp Aldersgate.

Look for blue signs that say CAMP ALDERSGATE.

Your driving time & distance depends on where you come from.
# Emergency Telephone List

<table>
<thead>
<tr>
<th></th>
<th>PHONE #</th>
<th>DISTANCE</th>
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<tbody>
<tr>
<td>HEMOPHILIA CENTER</td>
<td>464-5294</td>
<td>120 miles</td>
</tr>
<tr>
<td>(SUNY Health Science Center at Syracuse)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>376-5252</td>
<td>15 miles</td>
</tr>
<tr>
<td>(Lewis County Emergency Room)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowville Search and Rescue</td>
<td>376-7711</td>
<td>15 miles</td>
</tr>
<tr>
<td>State Police</td>
<td>376-6513</td>
<td>15 miles</td>
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<tr>
<td>Fire Department</td>
<td>376-2511</td>
<td>1 mile</td>
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<tr>
<td>Poison Control</td>
<td>376-5252</td>
<td>15 miles</td>
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<tr>
<td>NYS Health Department</td>
<td>785-2277</td>
<td>Watertown</td>
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<tr>
<td>Sheriff's Department</td>
<td>376-3511</td>
<td>n/a</td>
</tr>
<tr>
<td>Elwin Stillman, MD</td>
<td>376-5469</td>
<td>15 miles</td>
</tr>
<tr>
<td>Gloria Kennedy, MD</td>
<td>445-1386</td>
<td>1516</td>
</tr>
<tr>
<td>Stephen Albanese</td>
<td>472-2015</td>
<td>882-4433</td>
</tr>
<tr>
<td>Forest Ranger</td>
<td>348-8112</td>
<td>n/a</td>
</tr>
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NOTE:
Cabin/Camper Assignments, the Schedule, and the Lost Person Search Assignment List will be handed out at Staff Orientation.
Camp High Hopes - Background

Open since 1986, Camp High Hopes is a one week long summer camp program for boys ages 7 to 17 with bleeding disorders. Camp is free to attend, and is run by an all volunteer staff at a rented camp grounds facility. Most of the staff are members of the bleeding disorders community, and many were once our campers.

Camp was founded in 1985 by a small group of bleeders, parents, and healthcare workers who saw the need for a summer camp program especially for boys with bleeding disorders. They formed Camp High Hopes Inc., a private, independent not-for-profit corporation registered in New York and recognized by the I.R.S. (501-c-3) to organize and operate the camp program.

Camp High Hopes Inc. is run by a small Board of Directors who are volunteers from the bleeding disorders community. The Board works year round to raise money, recruit volunteers, and generate awareness for the camp program.

Our Camp Philosophy

Living with a bleeding disorder is a life long challenge. But it isn’t the focus of how you live. Everyone will face many challenges in life and we believe what matters most is not what those challenges might be, but how you face them.

Our goal is to have a safe, fun time. By doing so we give our campers the opportunity to “be just kids”; to see what they can do and who they can be as a person and not only “as a bleeder“. The experience helps them to develop a better sense of self, which in turn nurtures the strength of character they need to deal with their bleeding disorder - as well as the rest of their lives.

And by giving our campers a chance to be just kids, we teach them a lesson every child can benefit from – if you don’t take care of yourself you’re going to miss out on so much.
"Because every child needs a chance to be just a kid."
To All Of You,

Sometimes when I tell people about camp, they give me a wide-eyed look and say “A camp full of bleeder kids? That’s crazy; aren’t you afraid they’re going to get hurt?”

To which I say, “Sure they could get hurt – the same as kids without bleeding disorders get hurt. It’s all just a part of growing up.”

Now we know it’s not exactly the same for kids with bleeding disorders. Their disorder can make things more complicated, but these kids could get hurt as bad – or worse – if they stay home and never go to camp.

So we have camp. Why? Because camp gives these kids the opportunity to meet other kids like themselves, kids who share the same experiences, challenges, and hopes they do. It’s a chance our campers wouldn’t have without camp – the chance to be just kids, if only for a week.

Those of us who have bleeding disorders can tell you this means so much to the campers. They look forward to camp all year, and they’ll always cherish the experience (even if they don’t admit it).

And our campers have this opportunity because you care enough to be here for them. No matter who you are, or what you do the rest of the year, you make camp possible for our campers. As someone once said “If you change the life of a child you change the future, and make the world a better place for us all.”

Well, if I can do all of that just by giving a week of my time why wouldn’t I come to camp? I can’t think of many things I’d rather be doing, or people I’d rather spend my week with. Mud, blood, bruises, and all.

Privileged to be,

Bob Graham,
Camp Director
Camp High Hopes Table of Organization

Camp High Hopes Inc. Board of Directors

Camp Director

Health Director

Senior Counselors

Infirmary Staff

Counselors

Activity Leaders*

Campers

* = only assigned as needed

The Board of Directors has no role or authority at camp.
Policies, Procedures, & Information
Minimum Requirements For All Staff Members

Staff members must be volunteers, at least 18 years of age (except for Junior Counselors), who meet all N.Y. state Department of Health requirements. Staff members are screened, selected, trained, assigned and supervised by the Camp Director according to D.O.H. standards, the needs of the camp program, and the best interests of the campers.

All staff members have specific roles at camp. They will understand and fulfill these roles to the best of their ability at all times. Camp High Hopes reserves the right to not accept, limit, or dismiss, any individual from serving as a staff member or any other involvement in camp at the discretion of the Camp Director.

JOB DESCRIPTIONS

Camp Director:

1) Is appointed by and serves at the discretion of the Camp High Hopes Inc. Board of Directors. This person must meet all N.Y. Department of Health requirements for a camp director.

2) Will also serve on the Camp High Hopes Inc. Board of Directors in order to help direct the year round work necessary to support the camp program.

3) Will work with the N.Y. Dept. of Health and all other government agencies to insure the camp program complies with all governing laws and regulations.

4) Is responsible for overseeing the planning of the camp program prior to camp. The Camp Director will review all such work with the Health Director prior to camp to insure the health and safety of all involved in camp.

5) At camp responsibilities include:
   A. Oversee counselor training, including Staff Orientation.
   B. Supervise the camp staff in the operation of the camp program.
   C. Monitor the progress of the program and make changes if needed.
   D. Work with the Health Director and the Infirmary Staff to insure the health and safety of everyone involved in camp.
   E. Be available at all times to the camp staff to provide them with support, advice, suggestions, information, direction, and assistance.
   F. Provide the campers with overall direction for the week.
   G. Be available at all time to the campers to provide them with support, advice, suggestions, information, and assistance.
   H. Set an example for all staff members and campers.
   I. Final responsibility, and therefore authority over everything that happens at camp EXCEPT for Infirmary matters.

IN THE EVENT the Camp Director is unavailable or incapacitated during camp, the Health Director will function in their place. The Health Director may designate a camp staff member to assist them in directing various camp functions.
Health Director:

1) Is appointed by and serves at the discretion of the Camp High Hopes Inc. Board of Directors. This person must meet all N.Y. state Department of Health requirements for a Camp Health Director.

2) Will work with the Camp Director to insure Camp High Hopes Inc. secures all of the necessary support for the Infirmary at camp.

3) Will work with the N.Y. Dept. of Health and other government agencies to insure to insure camp complies with all governing laws and regulations.

4) Will recruit, screen, and select the Camp Medical Staff (including nurses, physical therapists, social workers, etc.). They will plan/implement all work needed to prepare the Infirmary for camp, including collecting, reviewing, and filing all necessary medical information from all Camp Staff and Campers.

5) Will work with the Camp Director prior to camp in planning the camp program to insure the health and safety of all involved in camp.

6) At camp responsibilities include:
   A. Oversee the operation of the Infirmary to provide all campers and counselors with necessary medical treatment and assistance.
   B. Supervise the Infirmary Staff and Health Staff.
   C. Be available to the counselors and campers to provide them with support for any health or well-being related concerns they may have.
   D. The Health Director can cancel any activity they feel is an unacceptable health or safety risk. At any time they can direct the Camp Director, any Staff Member, or any Camper regarding health and safety.

Camp Nurse: (reports to the Health Director)

1) Provides medical treatment and assistance to all Campers and Counselors.
2) Helps to monitor the safety and health of the Campers and Counselors.
3) Helps the Counselors meet the safety and health needs of the campers.
4) May cancel any activity they deem unsafe, or direct any Camper or Counselor regarding health and safety.

CAMP COUNSELORS

The health, safety, and well being of the campers and yourself is the primary responsibility of every staff member. Nothing is to take priority over this responsibility, or interfere with your ability to meet it.

Senior Counselors: (report to the Camp Director)

One counselor with each cabin group will be designated as the Senior Counselor. They will set an example for and provide guidance to their campers and fellow cabin counselors, as well as make decisions for them if necessary to insure a safe, fun week for the group. Senior Counselors may deal directly with the Camp Aldersgate staff for any concerns or needs their cabin group may have regarding Camp Aldersgate (while keeping the High Hopes Director appraised of this).
**Cabin Counselors:** (report to the Camp Director)
1) Provide constant supervision for the campers in their cabin group to make sure they are safe and well at all times.
2) Immediately report any injuries or illnesses of their campers or themselves to the Health Director or a Nurse.
3) Make sure their campers are properly clothed, eating regularly, and practicing good personal hygiene.
4) Monitor their campers' behavior; guide them away from harmful or disruptive behavior and towards good and safe behavior.
5) Lead their campers through the camp schedule so that they are where they're supposed to be on time - and prepared.
6) Accommodate their campers' physical and social needs so campers can participate in camp as fully as possible.
7) Encourage their campers in words and action to participate as fully as possible in all parts of camp.

MALE cabin counselors will reside primarily in the cabins with their campers. (Others may bunk in the Supply Cabin or elsewhere.) FEMALE cabin counselors will reside in the Women’s Staff cabin, and spend the entire day from breakfast until lights out with their campers.

**Activity Leaders:** (report to the Camp Director)
A staff member will be designated Activity Leader for certain activities. They will be knowledgeable in the activity, insure all materials needed for the activity are on hand, properly maintained, and stored safely. They will lead the activity, providing instruction, support, and encouragement as necessary. Other staff members will help the activity leader and provide supervision of the campers.

**Non-Staff Members:** (report to the Camp Director)
People experienced in a particular activity may be invited to help us run that activity at camp. The Camp Director will still designate a Staff Member as Activity Leader, and this person will help the guest run the activity. A non-staff member can not be given responsibility for or left alone with any campers at any time.

**Non-Cabin Counselors:** (report to the Camp Director)
Staff Members may be assigned to specific tasks or areas of work (Fishing, Bike Riding, Supply Cabin, etc). These people will be given specific responsibilities and authority by the Camp Director, and they will work with other Staff Members and campers as their assignments may require.

**Trainee / Junior Counselor:** (report to Camp Director)
Promising 16 and 17 year olds may serve as “Counselor Trainees” or “Junior Counselors”. They will assist with activities and campers as assigned by the Camp Director. They may not be with campers in this capacity unless a regular staff member is clearly within hearing and seeing distance of them. Junior/Trainee Counselors may not be assigned as Activity Leaders or First Aid persons. They can not be included in the count for the proper supervision ration. No staff member (except Infirmary Staff) may assign a Junior/Trainee Counselor any task without the permission of the Camp Director.
POLICIES FOR ALL CAMP STAFF MEMBERS

1) You must always be within hearing and/or seeing distance of your campers to know where they are and what they are doing unless you have properly arranged for other staff members to take your place.

2) You must always conduct yourself in a respectable and appropriate manner suitable to supervising and being in the company of children.

3) Immediately report any injuries or illnesses of campers or yourself to the Health Director or a Nurse.

4) Immediately report any suspicious and/or unknown persons, animals, or activity to the Camp Director.

5) Immediately report any safety, health, fire, or other hazard to the Camp Director or the Health Director.

6) Immediately end any altercations between campers and report them to the Camp Director or Health Director.

7) No one is to take any camper off the main grounds for any reason without the express permission of either the Camp Director or the Health Director.

8) Never discuss problems with a camper or counselor in front of others.

9) If you have questions, then ask. If you have concerns, suggestions, or ideas, then take them up with the right person in a timely manner.

10) Always communicate and co-operate with your fellow counselors.

11) Always set an example for the campers and your fellow counselors.

12) Remember your training and use your best judgment. If we didn’t trust you to do a good job then you wouldn’t be here.

Proper Supervision Ratio:
The MINIMUM number of counselors required to provide campers with adequate supervision is at least one counselor per every eight campers. This applies at ALL times. Activity Leaders and Infirmary Staff can’t be counted for this purpose except in an emergency. Trainee/Junior Counselors and persons not members of the camp staff can NEVER be counted as supervision.

BREAKS: Up to one period long can be taken as needed. Arrange with your co-counselors so campers have adequate supervision. Tell co-counselors where you’ll be and when you’ll be back. If you need longer, see the Camp Director.

A “NIGHT OFF” BREAK: (usually from after dinner until breakfast) may be available to staff who are here for the entire week. This will be at the discretion of the Camp Director - ask at least a day ahead of time if interested.

PHONE CALLS: You can make personal or business calls ONLY if you are on break. There is a phone in the Camp Aldersgate office (we have a phone card). CELL PHONES, PDA’s (Blackberries, Palm Pilots, Laptop Computers, etc.) are to be left in your vehicle or cabin and not used unless you are on a break.

GOING OFF CAMP: You are not to leave the camp grounds for any reason without permission from the Camp Director. If approved, tell the Camp Director where you’re going, with whom, in what vehicle, and when you will be back.

MEALS: You will be at all meals, for the whole meal, unless excused by the Camp Director, the Health Director, or an Infirmary Staff member.
REST PERIOD: The period immediately after lunch will be used by all staff members to rest or relax quietly.

BEDTIME: To get the rest you need to take care of the campers, all Staff Members are expected to be in their cabins for the night BY MIDNIGHT.

THE SCHEDULE: Everyone will be where you’re supposed to be, on time, along with any campers you are currently supervising. Make sure you and the campers are prepared for the scheduled activity when you arrive. You may vary from the schedule with the permission of the Camp Director, or if directed to by the Camp Health Director or a Camp Nurse.

ANNOUNCEMENTS: Will be made periodically by the Camp Director or their designee to remind, inform, or update you. They’ll usually be at meal times, and all are to remain in the area with their campers until announcements are finished.

STAFF MEETINGS: Are held nightly to update you on the program, identify/resolve problems, and answer questions. One cabin counselor from each camper cabin will stay with their cabin group while all other staff members attend the meeting. PLEASE BE ON TIME or you’ll wind up waiting too.

WALKIE-TALKIES: The Camp Director, Health Director, Nurses, and certain other staff members will have walkie-talkies with them. Walkie-talkies will also be located in designated places around the main grounds to help you reach other camp staff members. Campers may only use them in an emergency.

THE SUPPLY CABIN is where we keep a variety of activity equipment, games, books, supplies, and other useful items. It’s also where extra staff and guests may bunk. The Supply Cabin is always open to you, BUT campers are never allowed in without a Staff Member. The Supply Cabin is organized to help you find what you need. PLEASE keep it neat, and immediately return things when you’re done for the next person to use because someday that person will be you.

SMOKING: (covers cigarettes, pipes, cigars, chew, chaw & snuff) Only indulge in designated areas. Never indulge in view of our campers, Camp Aldersgate staff, other campers, guests or visitors. Properly dispose of all waste (butts, cups, packs, etc.). Never leave products or paraphernalia where campers will see or have access to them.

Final Authority of The Cabin Counselors
Campers must cooperate with all Staff Members, but their Cabin Counselors have direct responsibility for them. So unless it’s a safety or serious behavior issue, or you’re the Activity Leader, don’t tell a camper what they can or can’t do - send them to their cabin counselors (report problems to their cabin counselors).

Staff Members Who Are Bleeders
You are role models for the campers, so while at camp you will:
1.) Exercise the proper preventative measures (braces, pads, helmets, etc).
2.) Exercise proper treatment measures for bleeds and their complications.
3.) Consult with the Infirmary Staff as needed and heed their advice.
4.) Show the Infirmary Staff the consideration they need as healthcare professionals to take care of our campers.
For New Staff Members

Your first year can be overwhelming. If you’ve worked at other summer camps, there still will be much for you to take in. If you’re completely new to the summer camp experience, then this week will be a real eye opener. And campers turned counselors face extra challenges unique to their situation.

Pace yourself. You aren’t able to learn or do everything in your first year; if you try you’ll exhaust yourself physically as well as mentally. You’ll pick it up as you go along - the way we did. And don’t be afraid to ask questions, or even to speak up - as long as you remember you may be talking to someone with many long years of camp experience.

Don’t assume because you must check with others for so many things it’s because we don’t think you’re capable of handling these things yourself. In some cases you don’t have the necessary training, experience, or time to handle them. In others, the responsibility may be assigned by law to certain people, or we’re required to handle it in a certain way.

Many of us counselors and campers have known each other for years. If you don’t feel included in “our little circle”, remember we don’t know you yet. Be patient. As we all share the many experiences of camp, the bonds of familiarity and comradeship will grow to include you.

Campers Turned Counselors:

In one year they go from being a camper concerned primarily with having fun to an adult worried about other kids (kids who now have to accept this former camper as adult supervision. And some of them have been campers for as many as eleven years, so it can be quite an adjustment to make. As they make this adjustment our new adults may lose sight of the line between being a camper and a counselor is. So we need to be patient with, and supportive of them. We might need to pull them aside for a friendly reminder. And we should bear in mind they’re a new counselor who’s dealing with the end of their childhood.
GUIDELINES FOR ALL CAMPERS

Camp is open to boys, ages 7 to 17, with bleeding disorders from around New York and neighboring states. Campers are accepted on the basis of who properly applies first, and whether or not we can adequately meet their physical, medical, social and emotional needs. Camp High Hopes reserves the right to not accept, or send home from camp any child for these reasons at the discretion of either the Camp Director or the Health Director.

All campers are expected to at all times:
1) Listen to and cooperate with all staff members.
2) Not do anything physically harmful to themselves or others.
3) Not do anything that intentionally damages the property of another.
4) Not take or use another's belongings without their permission.
5) Be considerate of all others.
6) Do their best to get along with their fellow campers.
7) Behave appropriately in public areas of the campgrounds.
8) Participate in camp as fully as they can.
9) Not have any items or substances dangerous or inappropriate for them.

Use your best judgment; if you have questions ask the Camp Director.

REST PERIOD: Lights are out, music is very low, and all are in their own cabin reading, writing, talking, or playing games as long as they don't disturb anyone.

LIGHTS OUT: Is when they go to bed. All the lights are out, the music is off, and everyone is very quietly in their own bed to get the sleep they need.

MEALS: Cabin counselors will get their campers to all meals on time and help them deal with the dining hall arrangements. Campers may not miss meals without the direct permission of the Health Director or a Nurse.

PERSONAL HYGIENE: Campers need to regularly shower, change their clothes, wash their hands before meals, and brush their teeth. Young campers especially may need extra direction to help accomplish this.

CLEAN CABINS: Each camper is responsible for keeping their own bunk and belongings neat and clean. Younger campers may need some help doing this. All campers will work together to keep their cabin clean.

SNACKS: Campers are allowed to bring a limited amount of junk food/drinks. All food/drink must be stored in sealed containers, kept in the cabin, and consumed only in moderation - and NOT right before meals. Sharing is encouraged.

BUDDY SYSTEM: Campers can go certain places (Infirmary, Bath House) if another camper is with them, and a counselor is within hearing/seeing distance.

CERTAIN ITEMS: Dangerous Items (knives, lighters, etc.) and Inappropriate Items (use your judgment) must be immediately confiscated and given to the Camp Director. Expensive items (cameras, etc.) should be kept in safekeeping by the Cabin Counselors. Banned gag items (shaving cream, etc.) are to be confiscated and given to the Camp Director. Allowed gag items (Silly String, etc) can be kept by campers only if they use them when permitted to.
GETTING ALONG:

Our campers come from a wide variety of social, economic, and cultural backgrounds. And they may be at different levels of development - even within the same age group. Be aware of the differences between campers, and how these differences may be affecting their ability to fit in or get along with each other. Remember to always set an example for the campers of mutual tolerance and consideration for others no matter how different they may be.

DIDN’T BRING SOMETHING:

Campers may lack necessary items (sleeping bag, sneakers, toiletries, etc) for camp. And they may not tell you they need such items. Pay attention to learn if your campers lack things; if they do, tell the Camp Director or Health Director right away and we’ll get a replacement. BE DISCRETE. It may be that the camper or their family simply forgot. IF WHAT a camper has seems “not nice” it might be the family thought nice things would get ruined at camp. If you are concerned with what a camper brought see the Camp Director or Health Director.

HOMESICKNESS:

Campers may experience loneliness or other anxiety while they’re at camp to which they think the answer lays at home. These campers may seem sad, upset, or try to be by themselves. They may ask to call or be sent home. We don’t allow campers to call home as this only worsens the situation. Talk to the campers and be supportive. Try to re-engage them in camp, either by helping them with the current activity or by finding alternatives. Encourage them to write home - campers often receive mail while here. Tell the Camp Director or Health Director anytime you’re concerned about a camper experiencing anxieties.

ALTERNATIVE ACTIVITIES:

The schedule balances fun with rest, and activities are chosen to provide a range of opportunities for enjoyment. But factors beyond our control can and often do change (weather, preferences, health). So we’re prepared to alter schedule times and/or offer different activities for individuals or groups of campers. YOU MUST ASK the Camp Director first. We have a number of alternative activities available (both quiet and active), you may have an idea, or often the campers will have their own ideas for something. The key is to keep everyone safe, involved, and making the most of their week at camp.

PRANKS:

Acts of mischief, known as pranks, are normal at camp. Pranking can be a form of self expression for the pranksters. Pranks are an opportunity for bonding among those both pranking and pranked. Pranks are also fun, and this is summer camp. We’re here to have a safe, fun time. So we allow pranks within certain LIMITS which will be SPELLED OUT BY THE CAMP DIRECTOR. Staff Members will not instigate pranking by campers. Pranks not meant to entertain everyone involved, even those being pranked, will not be tolerated from anyone.

When it comes to pranks, always remember these golden rules.
1) Don’t do unto others what you don’t want done unto you.
2) If your prank causes a mess then you might have to clean it up.
3) You will answer the Camp Director honestly when asked about pranks.
4) He who pranks should be prepared to get pranked.
CAMPER DISCIPLINE

YOU CAN NOT hit campers, deprive them of their basic needs, or threaten such things. YOU MAY physically restrain a camper to stop them from harming themselves or others; IMMEDIATELY tell the Camp Director/Health Director if you do.

One of the best ways you can guide your campers behavior is to expect good behavior from them. Your expectations of your campers directly influences the way you treat them. All children have a capacity for good behavior, and will behave if given the chance. So don’t prejudge campers, even if you know them (people change). And be patient (they’re just kids).

Secondly, always set an example for your campers. The campers take their biggest clues for how to act from what they see us do. If you don’t respect others, have a negative attitude, or don’t do what you should, then no amount of telling the campers to behave differently will make a difference.

1.) GET TO KNOW you campers. Learn about them at the start of camp and stay in touch through the week. Real conversations can reveal much about how someone is doing. A good way to do this is to sit with a different camper at each meal and activity. This also helps prove that every camper is important to you.

2.) LISTENING MEANS just that; hear what your campers are saying. Wait until they’re finished speaking to respond, and let them know you understand what they’ve said. This doesn’t mean you have to agree with them, but you do have to accept it as what they think and or feel.

3.) SET THE STAGE; let your campers know how you expect things to be from the very beginning. Clearly explain and establish the limits, roles, or ways you’re going to practice AND make sure they abide by them before you start making exceptions. It’s much easier to loosen your control over the campers if they’ve learned their limits then to try and rein them in when they’re out of control.

4.) YOUR WORD MATTERS; make sure you always do what you say you will, the way you said you would. Whether you’ve making a promise or setting rules, you’ve got to keep your word. The campers will quickly lose faith in what you say and respect for you if you don’t.

IN SHORT, BUILD A RELATIONSHIP with the campers based on mutual consideration and understanding. The campers know you have authority over them; what you need is a constructive way to influence their behavior. We prefer to influence our campers through the positive method of co-operation.

Under co-operation punishment is a consequence of not co-operating; rewards are for going above what’s required. Punishment is used to deter campers from doing something, so choose as punishment a thing to be avoided, i.e. - sitting out when they want to play sports. Make sure the seriousness of the punishment fits that of the misdeed to teach the right lesson. AND ALWAYS find out exactly who did what before you impose punishment.
5.) DON’T use as punishment things they already have to do, like table hopping or cleaning the cabin. This sends a confusing message about such tasks and before you know it all of your campers will be trying to avoid doing them.

6.) YELLING may get you noticed, but will they listen? Save the loud voice for “special” occasions - then they will pay attention.

7.) IF YOU ARGUE with campers you will lose. You can let campers “debate” you for what they want. But when you make a decision, the debate ends and you carry out the decision or your authority to make decisions is weakened.

8.) SAY IT ONCE; if you tell a camper “don’t” and they “do”, remind them of what you said and then excuse it as a mistake or punish them. If it happens again, punish the camper immediately. They must see a direct relationship between actions and consequences. Repeated warnings will only teach the opposite.

ANSWERS & EXPLANATIONS: Before you answer or explain why things are a certain way, consider the campers ability and willingness to understand what you say. KEEP IT simple, and stay on the subject as time and patience is usually limited. Maybe Bob can talk a pine tree into submission, but then he has a “gift”.

CHOOSE YOUR BATTLES. A child’s need to express themselves means they won’t always do things exactly the way you want. Once you get them to listen and do what they should in general, accept that this can be good enough.

SOME CAMPERS MAY have learning or behavioral problems which impinge their ability to behave. We try to identify these campers in advance and make the necessary adjustments to integrate the camper. But we don’t always know in advance so if you’re concerned check with the Health Director/Camp Director.

REMEMBER that campers understand and respond differently at different ages. Younger campers usually need more close supervision, more defined structure, and more repeating of what you say. Older campers usually need a more loose structure, less repetition, and the privilege of receiving greater freedoms by earning your trust. Each camper is different, so pay attention and be flexible.

And finally . . .

Just because the campers are here to have fun doesn’t mean they don’t have to do things like be considerate, pick up their stuff, take a shower, and behave in general. There are nearly 70 of us sharing the same space; for the sake of everyone we need to maintain a basic level of peace and order.

So accept that you can’t always say yes, or let your campers do everything they want to. You might have to punish them. We give the campers an awful lot, and it’s not unreasonable for them to accept a little structure in their lives and that sometimes the answer will be no.

You can still be their friend, but your first and last responsibility is to provide the campers with proper supervision. That’s the only way we can keep them safe and having fun - and coming back to camp.
To Survive & Succeed at Camp

Don't panic.

Treat others as you want to be treated.

You can't tell them nearly as well as you can show them.

Plan for A, expect B, and don't be surprised how often you get C.

Just because you think something is funny doesn't mean anyone else will.

And remember - camp is only a week long.
Safety
Information
& Procedures
BASIC REQUIREMENTS

The primary responsibility of all Camp Staff Members is to provide the campers with constant supervision so they are protected from unreasonable risk to their health and safety. At all times you will know where your campers are, what they are doing, and that they’re in seeing/hearing distance of a staff member.

A Staff Orientation session will be held the day before the campers arrive. All counselors must attend. Orientation will include:

- Assignment of all staff members to their respective roles at camp, and an explanation of their respective responsibilities and the camp program.
- Training for all staff members in the policies/procedures, safety practices, supervision of campers, and rules for all activities as outlined in this manual.
- Information about the infirmary, first aid, and the basics of bleeding disorders
- A tour of the grounds to familiarize the staff with the facility, and familiarize them with their Lost Person Search areas.

CAMPER ORIENTATION:
On the first day of camp, the Camp Director and Health Director will review the rules of Camp with the campers at Camper Orientation; all counselors will also attend. The campers will be instructed on the rules for each activity they participate in before the activity begins by the designated Activity Leader.

FIRE SAFETY PLAN

IF YOU SEE FIRE OR SMOKE coming from somewhere it shouldn’t be, then immediately GET YOUR CAMPERS together, get them out of the danger area, AND THEN SOUND THE FIRE ALARM. Our only concern is the safety of the campers and staff members. DO NOT TRY to put out the fire or move things out of the area - take care of your campers. The Camp Director may organize an effort to mitigate damage from a fire, but only if they decide the situation allows it.

FIRE DRILL: A fire drill will be run by Camp Aldersgate within 24 hours after camp begins. The drill must be completed as required or it will be run again.

IF THE FIRE ALARM IS SOUNDED:
The fire alarm may be a loud bell, horns, sirens or all three. When you hear the alarm, remember F.I.R.E.:
F  Find the campers you’re watching as quickly as possible.
I  Immediately take your group to the assembly area. Do not run.
R  Remain calm. If you panic you will lose control of your campers.
E  Emergencies are dangerous to everyone, so FOLLOW INSTRUCTIONS!

At the assembly point (which will be announced during staff orientation) the Camp High Hopes Camp Director will conduct a role call to make sure all campers and staff members are present and accounted for. IF SOMEONE CANNOT BE ACCOUNTED FOR, THEY WILL BE PRESUMED LOST AND A SEARCH WILL BE STARTED. The Camp High Hopes Camp Director will coordinate with the Aldersgate Staff during the fire alarm as needed.
FIRE SAFETY INSPECTIONS:
The Camp Director will make an inspection the day before campers arrive to check all cabin safety equipment and features, and to check for any hazards.

FIRE PREVENTION:
1. Immediately report any fires, smoke, or fire hazards to the Camp Director.
2. Immediately report any problems with the smoke detectors, fire extinguishers, or fire exits to the Camp Director.
3. Smoke ONLY in the designated areas.
4. NO open flames or fires in any cabins or except where authorized. Campfires must be constantly attended and completely extinguished.
5. Flammable materials will be kept only in designated areas.
6. Don’t use outlets with cracked/missing faceplates. Don’t use any device with a frayed/patched cord. Don’t plug more than one thing into an outlet. Don’t use extension cords/power strips - grounding adapter plugs are o.k.

SMOKE DETECTORS are located in all living quarters & common use buildings.

EMERGENCY FIRE EXITS - On the first day of camp the cabin counselors will show their campers ALL of the cabin exit sites (doors and windows). The area around these exits should always be kept clear, and make sure the doors/windows open easily and are not blocked or locked. Emergency Exits in common use buildings will be marked with signs - NEVER block these exits.

LOCATION & TYPE OF EXTINGUISHERS - In all sleeping quarters there are fire extinguishers that conform to Health Department guidelines. All other fire equipment required to be kept on site by the Health Department is maintained and inspected under the direction of the Camp Aldersgate staff.

LIGHTNING & STORMS
Camp Aldersgate will determine the best buildings on the grounds to use as shelter from lightning, and the Camp High Hopes Camp Director will advise you of these shelters during staff orientation and any emergency.
1. If it begins to rain, you hear thunder, or see lightning, then get yourself and your campers indoors - any building will do until you can get to your cabin.
2. If caught outside in a storm, avoid standing under tall, isolated trees, telephone poles, or on hilltops, all of which act as lightning rods.
3. In wooded areas, seek protection under a thick growth of small trees.
4. Get away from open water and fields. If thunder is heard during waterfront THEY WILL CLEAR THE LAKE!!! Fifteen minutes must pass after the last clap of thunder before waterfront activities can be resumed.
5. Never lie flat on the ground during an electrical storm. The earth is a deadly conductor of lightning/electricity.
6. Avoid metal equipment, open vehicles, wire fences, clotheslines, and rails.
7. In groups spread out, keeping several yards apart. If one or more is hit by lightning, the others can still help that person.

IF YOU FEEL A TINGLING SENSATION OR YOUR HAIR STANDS ON END, IMMEDIATELY DROP TO YOUR KNEES, PUT YOUR HEAD DOWN AND COVER THE BACK OF YOUR NECK WITH YOUR HANDS.
LOST PERSON SEARCH PLAN

A very recent picture of every camper and staff member will be kept with their files in the infirmary (staff vehicle information will be kept with their pictures).

1) IF A CAMPER is not accounted for, quickly and quietly search the immediate area. Check with your co-counselors to see if they know where the camper is.

2) AFTER 10 MINUTES if you can’t find the camper, notify the Camp Director or Health Director immediately. Remain calm to keep your campers calm.

3) THE CAMP DIRECTOR will rapidly assess the situation and may initiate a search effort. A roll call will be taken to verify all others are accounted for. The Director may ask others about the camper’s state of mind, comments they made, or places they like to go. IF A SEARCH IS CALLED FOR, staff members will search specific areas or fill other roles as assigned at Staff Orientation. The Camp Aldersgate staff will be notified to search the Waterfront area; they may also assist us in searching unfamiliar or remote areas of the camp grounds.

4) AFTER ONE HOUR of searching if the camper has not been found, the Camp Director will notify the local authorities and provide them with all of the available information about the missing camper.

5) AFTER TWO HOURS of searching if the camper has not been found, the Health Director will notify the camper’s parents or emergency contact. The search will continue until the camper is found or authorities call off the search.

IF A STAFF MEMBER can’t be located within 20 minutes by checking the immediate area or with other staff members, notify the Camp Director or Health Director. The Camp Director will then either initiate a search of the immediate grounds or contact the local authorities for help.

BLACKOUTS

If the cause of a blackout is a problem occurring on the grounds - storm, fire, etc. - we may need to deal with that problem first.

1.) If you discover the power is off, immediately alert the Camp Director.
2.) If the area is safe keep your campers there until told otherwise. If the area is unsafe, return to their cabins as soon as is safely possible.
3.) If the blackout happens during the daytime we'll stick with the schedule. If the blackout is after dark the Camp Director will announce alternate plans.

NO ELECTRICITY = NO RUNNING WATER:
A. The toilets will be flushed using water you draw from the lake.
B. Waterless cleaners will be used in place of soap and water.
C. Bottled water or other drinks will be provided for all.

MEALS: will be provided as close to the regularly scheduled time as possible.
AFTER DARK:
A. Each cabin will be given a lantern.
B. Limit the campers use of flashlights to save on batteries.
C. Limit the use of other battery powered devices also to save on batteries.

OUR RADIO AND PHONE:
A. The phone will be used for emergency & urgent calls.
B. The radio will be used first to get news about what’s happening.

GENERATOR: Camp Aldersgate is equipped with at least one generator. They use it first to run the dining hall. They may power parts or the rest of the grounds, but that depends on the situation. Camp Aldersgate won’t close the grounds unless conditions reach a point where our health and/or safety is in question.

EMERGENCY EVACUATION

If part or all of the camp grounds is to be evacuated, the Camp Director will assemble all campers and staff for a role call to insure all are present and accounted for. If someone can not be accounted for, they will be presumed lost and a Lost Person Search initiated.

1) In the event only PART of the campgrounds needs to be evacuated, the Camp High Hopes Camp Director will work with the Camp Aldersgate Director and Staff to make alternative arrangements and then will direct you accordingly.

2) In the event of a situation that results in the ENTIRE campground needing to be evacuated, a person designated by Camp Aldersgate will ring the camp bell for five minutes. All campers and staff will assemble immediately at the Assembly area. All counselors will account for their campers and report to the Camp High Hopes Camp Director. Some counselors may then be designated to help the Infirmary Staff move any injured people and/or needed supplies.

3) Camp Aldersgate will be responsible for transporting us to an emergency evacuation site designated by them. We may need to move part of the way on foot if the entrances to the grounds, or sufficient transportation is not accessible. You are only to take what you need and can carry yourself.

4) Once all campers and staff are safe, arrangements will be made to contact families. The Camp High Hopes Camp Director or Health Director will bring with them all campers’ and staff members’ contact information, and one or more cellular phones - if available - and a phone card.
Health & Infirmary Information
UNIVERSAL PRECAUTIONS

STAFF MEMBERS WILL FOLLOW THESE RULES AT ALL TIMES

- Wear gloves when performing an infusion and during infusion cleanup.
- Dispose of needles immediately; NEVER reuse or recap them.
- Dispose of needles/syringes in a rigid-walled, puncture resistant container.
- Wear gloves when giving first aid & handling soiled clothing / other materials.
- Clean all spills of bodily fluids (blood, urine, feces, vomit, mucus, saliva, etc) with disinfectant of one part household bleach to 10 parts water.
- Wash hands after contact with bodily fluids before you do anything else - even when you’re wearing gloves.
- If you are faced with a problem involving bodily fluids or their clean-up, ask the Infirmary Staff for help BEFORE you take action.
- IMMEDIATELY REPORT ANY BODILY FLUID CONTACTS OR EXPOSURE TO THE INFIRMARY STAFF!!

ABOUT HEMOPHILIA & von WILLEBRAND'S

HEMOPHILIA is an inherited disorder where one of the proteins necessary for blood clotting is absent. A child with hemophilia does not bleed faster than normal: just longer. Children with hemophilia are classified as mild, moderate, or severe. Mild patients may only bleed with trauma. Moderate and severe patients will bleed with trauma, but also bleed spontaneously with no known cause. Most bleeding episodes will occur into muscles or joints and you will not see any bleeding. Children with hemophilia may also experience mouth bleeds, blood in their urine, or nose bleeds, which are not very common.

von WILLEBRAND’S Disorder (vWD) is an inherited disorder where one of the proteins necessary for blood clotting is either absent or does not function correctly. As with hemophilia, a child simply bleeds longer, not faster. Children with vWD are classified as mild or severe. There are three medical classifications for vWD: Type 1 (mild), Type 2 (consisting of several subtypes), and Type 3 (severe). Bleeding episodes typically occur in mucous membranes. Nosebleeds, mouth bleeds, muscle bleeds, and GI tract bleeds (in severe instances) are more common in vWD than in hemophilia, while joint bleeds may occur only rarely (or in severe cases).

A CAMPER MAY TELL YOU he is having a bleed but it may not be obvious to you. BELIEVE THE CHILD. Early treatment is critical. DON'T PANIC; you will lose control of the situation and make things worse. CALMLY bring them to the infirmary. Sometimes even a minor injury can have serious consequences, like head, neck, and abdominal trauma. Get the child to the infirmary as quickly as possible (even if he says he is fine) so he can be evaluated and treated.
CAMP INFIRMARY

1) The infirmary is available to any staff member or camper with ANY concern. There are two nurse practitioners and a registered nurse available throughout the day. The Health Director (Diane Groth) is available around the clock. Never tell a camper he has to wait to come to the infirmary. ALWAYS use courtesy at the infirmary. Do not enter without knocking and being invited to enter. Do not be loud outside the windows. When a child needs to come to the infirmary don’t question them about their reasons for coming to the infirmary - it is their business only, unless they choose to share it with you.

2) Sick call will be each morning after breakfast and each evening after dinner. A member of the infirmary staff will be in the infirmary at these times. During other times infirmary staff will leave notes on the sign board as to their locations.

3) In the event that campers and staff are scheduled to go on an out of camp trip, the Camp Director or his designee must bring a list of the campers involved to the infirmary the evening before the trip so necessary medicines can be prepared.

4) All camp personnel are required to report any blood contacts to the infirmary staff. All accidents, no matter how minor, must be reported to the infirmary staff.

5) Campers will receive their medications at the times they must be taken (usually at mealtime). Campers may keep some medications with them - inhalers, creams, etc. - this will be at the discretion of the camp Health Director.

6) All campers and staff members are required to give the Health Director or Nurses all medications they’ve brought to camp - including over the counter medicines. They will then give you your medicines as needed.

7) Many children are on prophylaxis, receiving factor concentrates at scheduled intervals. The Health Director will give you a list of names of your campers that must report to the infirmary for these infusions after the camp week has begun.

* These times are planned to maximize use of the infirmary space. Your camper will miss his activities if you forget to send him to the infirmary at the right time. When a child needs to come to the infirmary, you should never send him alone. You must plan to wait for him unless infirmary staff tells you otherwise.

8) The infirmary is stocked with bug spray, sunscreen, tampons, safety pins, sewing kit, toothpaste, toothbrushes, soap, and other supplies that are available to staff as well as campers. Please note this isn’t an invitation to shop at our infirmary. Bring your own things from home, but everybody forgets something.

9) It is your responsibility to practice universal precautions with campers and counselors and all others. You will carry latex gloves with you at all times - the Health Director and Nurses will be checking to see that you do. If you have a latex allergy, there will be other gloves available for your use.

10) The phone in the infirmary is for emergencies only. If you need to call your family to say hi or call your job to check in, get some time off to go over to the Camp Aldersgate office with our phone card or use your cell phone.
FIRST AID KITS are kept in the following locations:

- Infirmary
- Waterfront
- Arts and crafts
- Dining hall
- Supply cabin

Tell the Nurses if you use anything so it can be replaced. The first aid kit at the waterfront also has towels - these are for large injuries where a child might have to stop bleeding, such as a nose bleed. If a camper forgot his towel, take him back to his cabin for one. There is also a first aid kit that has been put in a backpack so if you want to go for a walk in the woods, you can take it with you.

Each cabin will also have a cabin bag. In it you will find gauze, Kleenex, waterproof barriers, extra rubber gloves, and garbage bags. This is your cabin's "mini first aid kit" for things that come up during the night. Tell the Infirmary staff what you use so they can replace it. These are not for hikes or out of camp trips because they don't contain the necessary supplies.

RABIES IN WILDLIFE

What is Rabies? Rabies is a viral infection affecting the nervous system of mammals, usually transmitted by the bite of an infected animal. Time between exposure and the onset of symptoms ranges from a few weeks to months.

*Rabies is always fatal once symptoms occur.* Symptoms in an animal include aggressiveness, and/or paralysis (frequently in the hind legs or throat). Prompt vaccination following a bite can prevent rabies in humans. Up-to-date vaccinations in animals can protect them against this disease.

How do I avoid exposure? Avoid wildlife, especially in an outbreak. Don’t handle or capture wildlife. Avoid animals acting strangely, especially those unusually tame, aggressive, or paralyzed. Be suspicious of daytime activity in raccoons, skunks, or bats. Report any animals to the Camp Director or Health Director. Keep your area free of exposed garbage and food/drink because it may attract wild animals. Also, when you are not in a cabin make sure the doors are closed.

What if I encounter a rabies-suspect animal? Have everyone in the area quietly go to a place where the animal can’t get them. Alert the Camp Director as soon as possible. Carefully watch where the animal goes to tell the Camp Director.

What do I do if I’m exposed? If bitten or scratched by any animal or bodily fluids from a rabies-suspect animal get on you, wash the area thoroughly with soap and water and get immediate medical help. Disinfect any surface contaminated by a rabies-suspect animal with a ten percent solution of bleach.

*If someone is exposed* the Camp Director may attempt to capture the animal involved for observation and possible testing by authorities.
A rabies-suspect domestic animal inflicting a bite can be observed daily for 10 days afterwards. As long as the animal remains healthy for that period, no risk of rabies transmission exists. If the animal develops signs of rabies or dies during the period, or belongs to a wildlife or exotic species, it must be killed humanely and arrangements made for a rabies examination. Wild animals (esp. bats, raccoons, foxes, and skunks) are presumed rabid until confirmed by laboratory diagnosis, and therefore require urgent handling.

If a rabies suspect animal is killed, use a shovel to move it. Make sure the head and brain are as undamaged as possible. Wear gloves and then dispose of them. A 10% solution of bleach should be used to disinfect the area and tools. The animal's body may be preserved on ice, double-bagged in plastic bags.

If a rabies suspect animal cannot be observed or tested, or is found to be rabid, treatment must begin IMMEDIATELY!! The treatment consists of a dose of rabies-immune globulin administered as soon as possible after the exposure. The first five doses of vaccine is given at the same time, with the remaining injections given one each on days 3, 7, 14, and 28 following the initial injection.

LYME DISEASE AND THE TICK THAT SPREADS IT

What is Lyme Disease? A bacterial infection, spread by the bite of a deer tick, that can cause skin, heart, nervous system, and arthritic problems.

What does the tick look like? The adult tick is no bigger than a sesame seed and is difficult to see. It is black and red before feeding. After it has filled with blood, it is the size of a small pea and is black and blue in color.

How do I avoid being bitten? Stay in the center of paths. Wear light-colored, long-sleeved shirts and long pants with the bottoms tucked into socks or boots. Check yourself, pets, and children often while outside. Check again at home.

What about repellents? Repellents containing DEET can help. Use those with a DEET level of 30% or less sparingly, and only on exposed skin or clothing.

What should I do if I am bitten? If you find a tick, immediately go to the Infirmary to seek help from a Camp Nurse. The Nurse will use tweezers to grasp the tick as close to the skin as possible, then pull steadily and firmly on the tweezers until it comes off. Antiseptic will be applied. The Nurse will save the tick in alcohol in case the Department of Health wants to see it.

What are the symptoms? Symptoms often include the outbreak of a rash, usually with a large circular and/or clear center. Flu-like symptoms are also common. Within weeks or months nervous system involvement including meningitis, encephalitis, or facial palsy may occur. Heart problems may also occur. Months or years later, chronic arthritis may develop.

How is it treated? Treatment consists of the use of antibiotics. The earlier treatment begins, the easier it is for the affected person to prevent the development of long-term problems and complications.
WEST NILE VIRUS

What is West Nile Virus? West Nile virus is a mosquito-borne infection that can cause encephalitis. Encephalitis is a viral infection that affects mammals, including humans. Symptoms which may indicate you have been exposed will usually appear from 5 to 15 days after exposure and may include a rapid onset of high fever, head/body aches, disorientation, tremors, and convulsions. In more severe cases of infection the person may suffer from paralysis and death. The people most at risk for severe infections are: infants, the elderly, and those with a weakened immune system. There is no specific treatment other than treating the symptoms and providing supportive care.

Where is West Nile Virus found? West Nile virus to date has been found in every county of New York State. The most common sign of an outbreak is a sudden, mysterious dying off of birds - especially crows.

What can you do? Eliminate standing or stagnant bodies of water from puddles to open buckets; they provide breeding areas for the mosquitoes that carry West Nile Virus. Wear light-colored, long-sleeved shirts and long pants with the bottoms tucked into socks or boots to prevent mosquito bites. Also, use insect repellent, especially during the evening times, and when in the woods, bogs or swamps, or areas that are very wet or are wet often.

If you suspect a problem: Immediately see the Health Director. If you notice any dead birds (or other animals) or concentrations of mosquitoes, leave them alone and immediately report it to the Health Director.

If there is a problem with standing water: If there is a reoccurring problem with bodies of standing water on the camp grounds, or the screens/windows/doors on any of the cabins or other buildings, the Camp High Hopes Camp Director will arrange for the Camp Aldersgate staff to fix them as soon as possible.

INSECT REPELLANTS:

There is a wide array of commercially available products used to repel or otherwise protect humans from insects. When deciding to use any product first read all of the product information and then follow all directions carefully.

Staff members who bring personal use products to camp should not share them with campers unless they first check with the Infirmary Staff. The Infirmary has a supply of insect repellant for use at camp.
**DRESS TO REPEL!**

**USE INSECT REPELLENTS SAFELY**

**DON'T**

**DO THIS STUFF**

- Don't spray repellent on your face!
- Don't breathe repellents!
- Don't put on cuts, sunburns or rashes!
- Don't put on hands!

**DO THIS STUFF**

- Wear light colored clothing!
- That way you can see ticks on you!
- Follow label directions!
- Spray only outdoors!
- Wear long-sleeved shirts and long pants!
- Wash off repellent when you get home!
- Tuck your pant legs in your socks!
Camp Aldersgate
Information
ABOUT CAMP ALDERSGATE

Camp Aldersgate is owned/operated by the United Methodist Church of New York. They are regulated by the N.Y. Dept. of Health, and are also accredited by the American Camping Association. We stay here as paid quests. Camp Aldersgate staff must identify themselves, and won’t come in our cabins unless it’s for maintenance; we do not go into their staff areas. We may share the grounds/facilities with other camp groups. Members of other groups are not to come into our cabin areas, and we don’t go into theirs. Common use areas will be shared by arrangement of the Camp High Hopes Camp Director.

We can’t supervise or be alone with the campers from any other group. Nor can others or Camp Aldersgate staff supervise or be alone with our campers. In an emergency we may ask them to get help for us, or we can go get help for them.

IF YOU HAVE A CONCERN about a Camp Aldersgate staff member, or a counselor/camper with another group, see the Camp High Hopes Camp Director.

CAMPGROUND RULES

1) Alcohol and/or recreational drugs are not allowed on camp property.
2) There is no smoking on grounds for Aldersgate staff/guests. Camp High Hopes staff may only smoke in designated areas and not around other campers/guests. Properly dispose of all butts and like garbage.
3) Camp equipment may be used with permission through the Camp High Hopes Camp Director. Use should not interfere with the Camp Aldersgate program.
4) Damage to equipment/property is the responsibility of the person involved.
5) Camp High Hopes staff/campers are only allowed in designated buildings.
6) Personal vehicles are to be parked in the designated parking area.
7) Pets can’t be accommodated at camp without special permission.
8) Personal firearms may not be brought to camp.
9) Camp Aldersgate is not responsible for loss or theft of personal property.
   YOU MUST FOLLOW THESE RULES TO USE THESE GROUNDS.

RELIGION AT CAMP ALDERSGATE

Camp High Hopes is non-denominational, meaning our counselors and campers are of many beliefs so out of fairness we respect all equally. Camp Aldersgate respects us in this by keeping their religious activities separate from ours. In turn, we respect them by not interfering with their religion or religious activities.

1) Any camper or counselor who wants to join the Aldersgate staff/guests in prayer, song, mass, etc. is welcome to.
2) Those not participating will quietly leave the area. If it’s not practical see the Camp High Hopes Camp Director for alternative arrangements.
3) Religious symbols and places around the campgrounds are to be left alone except to use them for their designated special purpose.
DINING HALL:
The Dining Hall is staffed and operated by Camp Aldersgate in accordance with all Dept. of Health regulations. They will provide us with all meals & food service.

1) For MEAL TIMES see the Camp High Hopes schedule.
2) Counselors must always be with campers in the Dining Hall.
3) Campers are never allowed in the kitchen. Counselors are only allowed by permission of the Kitchen Staff or Camp High Hopes Camp Director.
4) The Camp Aldersgate Dining Room Host is in charge at all meals, and you are to see them for any meal related needs or problems you have.
5) No horseplay is allowed in the Dining Hall.
6) Those with special dietary needs can be accommodated; this needs to be arranged in advance through the Camp High Hopes Camp Director.
7) Snacks are arranged in advance by the Camp High Hopes Camp Director.

PACK OUT/PICNICS: Special requests for meals not being served in the Dining Hall must be made in advance through the Camp High Hopes Camp Director.

WATERFRONT:
The Waterfront is staffed and operated by Camp Aldersgate in accordance with all Dept. of Health regulations. They will provide us with all Lifeguard services.

1) The Camp Aldersgate Waterfront Staff is in charge at all times at the Waterfront. Anyone using the waterfront must co-operate with them.
2) Rules for the Waterfront are posted and will be followed at all times.
3) Personal flotation devices will be supplied by Camp Aldersgate and must be worn in accordance with the Waterfront rules.
4) No campers are to be at the Waterfront unless a lifeguard is on duty.
5) To use the Waterfront at times other than when scheduled - i.e. morning fishing - make arrangements through the Camp High Hopes Camp Director.
6) The Camp Aldersgate Waterfront Staff will hold a waterfront orientation for Camp High Hopes before they are allowed to use the lake. It will include an explanation of the waterfront rules and a water skills test.
7) The Aqua Jump water platform may only be used after the Camp Aldersgate Waterfront Staff have instructed you in it’s safe and proper use.

Supervision: There must always be at least one Camp High Hopes counselor - not participating in the activities- to supervise every ten Camp High Hopes campers. This counselor will handle the buddy tags for their campers.

Lost Swimmer/Boater: If you can not locate one of your campers at the waterfront you must immediately alert the Waterfront Staff. If they determine the camper is lost then they will begin a Waterfront Lost Person Search (which is planned/run by Camp Aldersgate). You will immediately notify the Camp High Hopes Camp Director or Health Director, and then do exactly as instructed by the Waterfront Staff.
FIRE ALARMS

Camp Aldersgate Staff is responsible for operating the camp-wide fire alarm. Anyone may ring the bell in an emergency; otherwise no one should be near it.

The Camp Aldersgate staff is responsible for placement and maintenance of the Fire Extinguishers and Smoke Detectors. They regularly inspect and test them. Immediately report any problems with fire extinguishers or smoke detectors to the Camp High Hopes Camp Director.

MAINTENANCE & CLEANING

The camp grounds are staffed and operated by Camp Aldersgate in accordance with all Dept. of Health regulations. They clean and stock the Bath Houses daily, but they aren’t responsible for items we leave behind. They collect garbage in all common use buildings, and garbage from the cabins if it’s bagged and brought to the Supply Cabin. We’re responsible for cleaning up our own cabins and any mess we make in common use buildings.

If you need something fixed, tell the Camp High Hopes Camp Director so they can arrange for repairs. If the need is immediate (plugged toilet, broken light fixture, etc.), IMMEDIATELY notify the Camp High Hopes Director.

EMERGENCIES & EVACUATIONS

Camp wide emergencies are the responsibility of the Camp Aldersgate Staff. They’ll sound the camp wide alarm in such an emergency. We will co-operate with them fully; they’ll co-ordinate though the Camp High Hopes Camp Director.

In the event part or all of the camp grounds is to be evacuated, the Camp High Hopes Camp Director will assemble the Camp High Hopes campers and staff for a role call to insure all are present and accounted for. If someone can not be accounted for, they will be presumed lost and a Lost Person Search initiated.

LOST PERSON SEARCHES:
Camp Aldersgate has their own procedures if the lost person is from one of their groups - this will not involve Camp High Hopes staff. Camp Aldersgate staff may also assist us if the lost person is from our group; if this happens it will be co-ordinated through the Camp High Hopes Camp Director.

EVACUATIONS:
If an evacuation of one section or the entire campgrounds is necessary the Camp Aldersgate Staff is responsible for those affected to the designated safe location (which they are responsible for choosing). If we have to evacuate the campgrounds Camp Aldersgate will co-ordinate this through the Camp High Hopes Camp Director, who in turn will direct you.
Guidelines for Various Activities
FOR ALL ACTIVITIES

SUPERVISION RATIOS: To supervise any activity, no less than one counselor to no more than every eight campers is needed at all times. The Activity Leader can not be counted toward this ratio.

FIRST AID: For activities off the main grounds (Field Trips, etc.) the Health Director will assign a certified First Aid person to go and provide the necessary first aid supplies. The first aid person is not included in the supervision ration.

COMMUNICATION: For activities far from the Infirmary, or off the main camp grounds, the Activity Leader will have either a radio and/or a cell phone with them at all times to contact the Health Director/Nurses and the Camp Director.

TRANSPORTATION: For activities off the main grounds when transportation is required, all vehicles used to transport campers to and from the activity will be provided and operated by Camp Aldersgate. Camp High Hopes staff members will accompany the campers on the vehicles to provide proper supervision. The assigned First Aid person will bring the designated camp vehicle if transportation is needed for a sick or injured camper or staff member.

ARTS & CRAFTS

Staff members may be assigned to work in the Arts & Crafts area (one being the Activity Leader); these staff members will be responsible for maintaining the craft supplies/equipment. They will provide all involved with the proper instructions before each activity begins, and will guide all participants through the activities. Cabin counselors will remain with their campers to provide supervision.

A variety of craft activities are available, some planned for scheduled times and others for when such an activity would be helpful for campers. These activities include painting, drawing, basket weaving, boon daggle, shirt/banner decorating, beading, making walking sticks, carving soap stone, and bird house making.

Any potentially hazardous materials/equipment will be kept secured by the Arts & Crafts staff members, and only used with their close instruction and supervision. To use supplies/materials for non-scheduled activities, check first with the Arts & Crafts staff and return any materials and unused supplies as soon as possible.

FISHING

Fishing can only be done in areas approved by the Camp Aldersgate waterfront staff or the Camp High Hopes Camp Director. A staff member must be present at all times. The staff member will instruct the campers in the safe and proper use of the poles, hooks, and other tackle. Campers should be helped with snagged lines, and such. To fish during times other than scheduled waterfront periods you must check with the Camp High Hopes Camp Director a day ahead of time.
BICYCLING

All campers and staff members must wear helmets whenever riding a bike. Riding is allowed in the fields, on dirt paths, and on paved paths BUT NOT in the cabin area. Bikes must be walked when crossing the road running through camp. Campers on bikes must always be within sight of a staff member. For organized bike rides the Camp Director will designate staff members to lead the rides. These counselors will instruct the campers in safe bike riding rules, and make sure that all bikers wear helmets and have properly working bicycles.

A BIKE TRIP may be taken on a course arranged in advance by the Camp Director and approved by the Health Director. All bikers will also wear long pants. Rest room facilities will be available along the route. The Camp High Hopes vehicle will follow the bikers to monitor traffic and transport injured bikers.

RAPPELLING

Rappelling will be done at the Beaver Camp facility near Lowville. The facility will provide all necessary equipment and trained instructors. Our staff members will co-operate fully with the instructors, and provide our campers with proper supervision. The Camp High Hopes Camp Director will work with the rappelling facility staff to develop and implement a specific activity plan for our group.

ARCHERY

Archery will be done using the Camp Aldersgate archery range, and equipment provided by both Camp High Hopes and Camp Aldersgate. The Archery Activity Leader will closely supervise the use and storage of all archery equipment, and verify before each use that the range is properly established. Other counselors will stay at the range at all times to provide the campers with proper supervision. The Archery Activity Leader will insure that proper range, firing line, and arrow retrieval rules are followed at all times by all campers and counselors involved. Campers, counselors, or other not participating in archery will not be allowed within the Archery Range area. Any person not following the Archery Range rules will be excluded from the activity and the Archery Range area if necessary.

GOLF

Campers may go to play golf at the Brantingham Golf Course. Transportation will be provided by Camp Aldersgate. Radios will be used by the counselors to maintain communication between the golfing groups. Campers are not allowed to drive golf carts. Campers may ride in a golf cart if they’re injured, or disabled. Prepared food or drink may be purchased from the golf course by the Activity Leader for consumption at the course by the counselors and campers ONLY if they have the prior approval of the Camp Director and Health Director.
OVER NIGHT CAMP OUTS

Over night campouts may be held on any of the different areas of the Camp Aldersgate grounds (Main Grounds, Tent & Trailer Area, Hundred Acres Woods, Wilderness Area). Campers may sleep in fixed shelters (Lean To, Hogan Tents) temporary shelters (tents), or engineered shelters (shelters they make).

Camp outs may be scheduled, or organized at the campers request. The site and shelters used must be approved by the Camp Director and Health Director. A bathroom or out house must be available near the site, as well as a supply of potable water and waterless cleaners. Staff members going on a camp out will have radios to communicate with each other and the Camp Director.

The Activity Leader will arrange with the Camp Aldersgate Dining Hall staff for the selection, supplying, and transportation of any food (unless prepared food is purchased by the Camp Director off site). The Activity Leader will supervise the storage, preparation, and serving of food at the camp out site.
Recognizing and Reporting Child Abuse
IF YOU SUSPECT A CAMPER HAS BEEN THE VICTIM OF ABUSE, IMMEDIATELY NOTIFY THE HEALTH DIRECTOR AND FOLLOW THEIR DIRECTIONS TO THE LETTER. THE HEALTH DIRECTOR WILL EVALUATE THE SITUATION AND DETERMINE WHAT, IF ANY ACTIONS ARE TO BE TAKEN. THEY MAY NOT BE ALLOWED TO TELL YOU WHAT THEY’VE DETERMINED.

IF THE HEALTH DIRECTOR DETERMINES A CAMPER NEEDS HELP FOR CHILD ABUSE, THEY WILL IMMEDIATELY INFORM THE CAMP DIRECTOR. WORKING TOGETHER THEY WILL IMMEDIATELY NOTIFY THE DEPT. OF HEALTH AND PROCEED AS DIRECTED. THE HEALTH AND WELFARE OF THE AFFECTED CHILD IS OUR PRIMARY CONCERN.

NO ONE WHO KNOWS OR SUSPECTS ABUSE IS EVER TO DISCUSS ANY ASPECT OF IT WITH ANYONE UNLESS DIRECTED TO DO SO BY THE CAMP DIRECTOR, THE HEALTH DIRECTOR, OR THE DEPT. OF HEALTH AS PART OF AN INVESTIGATION OR RECOGNIZED LEGAL ACTION.

RECOGNIZING SIGNS OF ABUSE

There are several types of child abuse:
1. Physical - shaking, hitting, beating, burning
2. Sexual - intercourse, incest, rape, sodomy
3. Emotional - yelling at, insulting, vulgarity
4. Neglect - failure to provide: the necessities of life, warmth, affection, attentions, supervision, normal living experiences

Following are some common signs of child abuse or neglect:
1. PHYSICAL ABUSE:
   • Has frequent injuries or burns
   • Doesn’t want to tell you how an injury occurred
   • Explains an injury differently than other members of his family do
   • Gives doubtful reasons for an injury: “I spilled water all over myself” (burns) or “I fell out of bed” (multiple bruises)
   • Has serious injuries that are left untreated
   • Doesn’t want you to talk to his parents about an injury
   • Is afraid of receiving medical help
   • Acts as if an injury doesn’t bother him
   • Has parents who give unlikely explanation for an injury or who blame it on another person
   • Has bald spots (a sign of hair pulling)
   • Is often sleepy in class
   • Arrives early to school and leaves late (afraid of going home)
   • Cheats, steals, and lies
   • Avoids physical contact with anyone
   • Wears clothes that cover his arms and legs, even in hot weather
   • Refuses to undress for gym class

KEEP IN MIND - children with bleeding disorders can have bruises, swelling and/or pain for which there may not be an immediately obvious cause.
2. SEXUAL ABUSE:
- Is sexual precocious
- Is absent from school frequently
- Is extremely moody
- Is socially maladjusted, especially with the opposite sex
- Shows overly aggressive behavior
- Cries easily
- Receives unexplained gifts or money
- Refuses to participate in physical education or sexual education
- Arrives early to school and leaves late (afraid of going home)
- Runs away from home often
- Complains of genital pain or itching

3. EMOTIONAL ABUSE:
- Has a poor self-image, saying “I can’t” often
- Gets overly upset if he makes a mistake
- Is afraid of new situations or changes
- Says things such as “Can I go home with you?” or “I don’t want to go home”
- Gets depressed around holiday or school vacation times
- Is terrified or nervous if parents are contacted
- Is extremely passive or aggressive
- Laughs when he hurts himself or when he’s sad
- Is overly affectionate
- Has more knowledge about the effects of drugs or alcohol than most children his age

4. NEGLECT:
- Wears clothes that are unusually dirty, the wrong size, or torn
- Has poor hygiene
- Has lice
- Is always tired
- Seems to be underfed and is always hungry
- Has untreated medical problems, such as skin infections or vision problems
- Is often absent or late
- Acts destructively with no sign of remorse
- Has nervous habits such as thumb-sucking or rocking
- Has poor self-esteem
- Doesn’t have any friends
- Extremely withdrawn or overly aggressive
- Has parents who miss appointments and don’t follow through on school requests and/or meetings.

ALWAYS REMEMBER that most of us are not experts in recognizing or dealing with child abuse. Just because one or more of these descriptions applies to a particular child does not mean they have been abused. IF YOU WANT TO HELP A CHILD, MAKE SURE YOU GET QUALIFIED HELP FIRST.
PRIVACY POLICY

Everyone involved with Camp High Hopes will respect and protect the privacy of our campers and staff members at all times. Interpretation and enforcement of these rules is the responsibility of the Camp Director, the Health Director and the Camp High Hopes Inc. Board of Directors.

INFORMATION SECURITY: we are required by law to protect the information we collect about staff members, campers, and families (identification information, certification information, medical information, etc.). Should someone illegally obtain, or attempt to obtain, any protected information from us we must notify those persons affected as soon as possible.

Camp Application Information

Application forms must be completed for every camper and staff member who wishes to attend camp. Medical information is required to provide the person with proper care at camp. Personal information required to screen and keep in contact with the person. All information collected is used only for camp, and can not be used for any other purpose. No information can be shared with anyone except where required: anyone affected would be notified as soon as possible.

Only the Camp Director, Health Director, or a Camp Nurse may have access to any completed personal information application form. Only the Health Director and Camp Nurses have access to any completed medical forms or records.

Camper Lists:

The camper list/cabin assignment sheets and anything with camper names are provided to help the staff properly supervise the campers. All staff members will return all of these materials to the HEALTH DIRECTOR before they leave camp.

Contact Information:

This includes home/mailing addresses, phone numbers, and e-mail addresses.

OF CAMPERS: No staff member may ask any camper for any contact information, accept any contact information from a camper, or give any camper their contact information without the express consent of the camper’s parents/guardians. If a camper offers/asks, tell them to have their parents give/get the information to/from you. If you want to give a camper your information then offer it to their parents/guardians.

OF STAFF MEMBERS: Staff members are free to exchange their contact information with each other. HOWEVER you are never to provide anyone with any information about any other staff member (or camper).
Pictures

All staff members and campers are allowed to take pictures at camp. All pictures taken are for personal memories only and may not be used and/or shared for any other purpose, or even posted to personal/family websites. This includes film photographs, videotapes, digital images, dvd movies, etc.

Everyone will share their pictures with the Camp Director so they can be included in the yearly camp photo album. The album is only shown to those connected to camp or to educate others about camp, and no information is given about anyone in the album without their prior consent. We provide C.D. copies of the photo album to the campers and staff members from that year. This album is only to be used for personal memories, and not shared, distributed or used in part or whole for any other reason without the express written consent of Camp High Hopes.

Camp Website

Camp High Hopes maintains a website at www.camphighhopes.org to promote camp. No one will be pictured, or identified on the website without their written consent. Nor will the website provide any contact information for anyone (except the Camp Director and Health director). Any e-mail exchange/bulletin board will have password protection, parental controls, and be monitored.

Outside Of Camp

No camp staff members is to have contact with any camper or member of a camper's family outside of camp unless expressly known of and approved by the camper's parents/guardians. This includes where the staff member knows the camper and/or their family in a way not connected to Camp High Hopes.

Camp Promotions

In order to raise money and recruit counselors for camp, the Camp High Hopes Inc. Board of Directors conducts promotional efforts of various kinds. Counselors and camper families are sometimes asked to help in these efforts. No person, their image or any other information about them will ever be used in any way in any promotion without their express knowledge and consent.

Violations of These Policies

Violations of these policies will result in punitive action. Such action may include: being dismissed from camp, being banned from involvement in camp, prosecution and/or other legal action. Anyone having questionable contact with a camper, a member of a camper’s family, or another staff member outside of camp may also be punished by the same or similar measures.
the okay bear song

I'm okay just the way I am.
I'm okay just the way I am.
I can giggle and I can play,
And I can work hard too.
I'm getting better every day,
And I need help from you
To see that
I'm okay just the way I am.
I'm okay just the way I am.
Sometimes I'm not much fun,
And I wear a frown,
That's when I need someone,
Just to be around,
To tell me.
I'm okay just the way I am.
I'm okay just the way I am.
And I know it would make you smile
If you could understand,
That each of us is all the while
Doing the best we can.
Yeah,
I'm okay just the way I am.
I'm okay just the way I am.
Yes, we could all be happier
We would grow so far
If we'd say
I'm okay and you're okay,
We're okay just the way we are.