



GRAHAM EQUESTRIAN CENTER

A Maryland non-profit corporation and equine educational center

10301 Harford Road | Glen Arm, MD 21057 | www.GrahamEq.org

TITLE: Health Plan Procedures - Camp

HEALTH SUPERVISOR:

Name: Beth Anne Petterson

Title: RN, BSN, CCRN

License # and State- R106166 Maryland

Contact Information: 410-967-7610 / naturewm@aol.com

PROCEDURES:

1. Camper and staff health information are obtained by staff and camper's parent/guardian filling out the Youth Camp Health History Camper or Youth Camp Health History Staff forms.
2. The Program Director reviews health information
3. The Program Director will contact the Health Supervisor to create a daily Plan of Action for a camper who has: asthma, cancer, diabetes or epilepsy. Notes will be carefully logged.
4. The Program Director shares camper health information with staff who need to know discreetly and completely.
5. Confidential health information is protected by the way that it is filed in the program director's office.
6. The program director and counselors are responsible for being aware of any campers with easily discernible signs of injury or illness. A counselor who sees these signs will report it to the Program Director.
7. Emergency and accident procedures are covered in the Emergency Plan
8. The Program Director and Barn Manager are trained in first aid and CPR
9. First Aid boxes are located in the lesson feed room and in the main tack room in the main barn.
10. Campers in need of health care can be treated in the tack room in the main barn or in the office of the Facility Manager
11. Camper injuries and illnesses will be reported 1) within the context of GEC's Incident Report Policy and 2) reported to the Health Supervisor and Maryland Department of health according to guidelines of the attached chart by the Program Director.
12. Infectious Disease Prevention:
 - a. Students are encouraged to wash their hands before and after lunch
 - b. The Program Director will report concerns to parents at pick up time regarding any personal hygiene concerns related to campers
 - c. The Program Director will discuss any personal hygiene concerns related to volunteers or staffers directly with that individual
 - d. Additional procedures related to COVID-19:



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- i. Each camper has their temperature taken each morning with a forehead thermometer before they exit their vehicle, our cutoff for fever is 100.4. Campers with a fever are not permitted to participate in camp that day.
 - ii. All of our activities are outdoors, however:
 1. campers/counselors are not permitted to gather in enclosed rooms, and if they must be together in a room for some reason they must wear masks
 2. A 3 foot distance is maintained between campers at all times even outdoors, except as necessary for instructors/counselors to assist with tacking horses or to correct leg position
 3. Two hand washing/sanitizing stations are available, counselors encourage campers to wash their hands frequently
 4. Riding helmets provided by GEC are sanitized with disinfectant spray after each use
13. Health forms are to be retained for 3 years including:
- a. Incident Report Form
 - b. Medication Administration Authorization Form
 - c. Medication Administration Form
 - d. Medication Final Disposition Form

Camper Medication Administration

1. GEC will obtain written permission from parent/guardian and the prescriber via that Medication Administration Authorization form.
2. The Program Director will personally receive any medications and will ensure that medications are stored in a locked compartment upon receipt of the medication..
 - a. The Program Director will ensure that any medication is stored according to manufacturer's directions
 - b. The Program Director will ensure that prescription medications are kept in their original container bearing a pharmacy label that includes all pertinent information
 - c. The Program Director will not accept non-prescription medicines that are not in their original packaging
 - d. The Program Director will oversee administration of any prescription medication and ensure that it is given to the camper from the original container and that directions provided on the label or medical authorization forms are followed when dispensed to the camper.
3. Emergency Medication:
 - a. May be carried by the camper needing the medication only if authorized by parent/guardian and authorized prescriber
 - b. May be stored in an easily accessible location
 - c. May be administered by the camper so long as they are capable and authorized by parent/guardian and authorized prescriber
 - d. May be administered by an adult staff member or volunteer who successfully completes a training course approved annually by the Maryland Department of Health

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DBA Graham Equestrian Center
Tax Id (EIN) # 52-2326122



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4. The Program Director will ideally complete the Medication Administration Form but if not the Program Director will review the form at the end of the day to ensure that it was completed properly.
5. Within 2 weeks of the end of camp, the Program Director will evaluate the designated medication storage location as well as the Medication Administration Authorization forms from prior camp weeks and dispose of medication according to the guidelines as well as fill out the Medication Final Disposition Form.

Staff Member or Volunteer Medication Administration:

1. GEC will provide lockboxes, refrigerated and unrefrigerated, to store medications as appropriate. Staff members will store their own medicine per the procedure. All medications will be kept in a zipso
2. Adult staff members and volunteers will administer their own medicines.
3. All applicable forms for medication will be self-signed by adult staff members or volunteers.

Health Supervisor:

Printed Name: _____

Title: _____

Licence Number and State: _____

Signature _____ Date _____



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TITLE: Horseback Riding Safety Procedure - Camp

PROCEDURES:

1. Health and Safety Risks of Horseback Riding
 - a. Rider fall
 - b. Horse bite/kick
 - c. Being stepped on
2. Minimum staff requirements
 - a. 2+ years of horse experience
 - b. Passage of horse safety handling class
 - c. Directors must have CHA certification
 - d. Directors must have experience teaching riding lessons
 - e. Counselors must have experience assisting with lessons
3. Staff Responsibilities per staff position
 - a. Director:
 - i. Ensure the safety of all campers
 - ii. Manage counselors
 - iii. Make sure both counselors and campers adhere to all safety protocols
 - iv. Teach riding lessons
 - v. Teach proper safety and handling
 - vi. Develop lesson plans
 - vii. Manage payments, as well as drop-off and pick-up
 - viii. Manages training of staff and counselors in Camp Procedures
 - ix. Manages background checks of staff
 - x. Manages medication drop off, securing medication, and related forms and procedures
 - b. Counselors:
 - i. Work with Director to ensure safety of all campers
 - ii. Make sure campers follow all safety protocols
 - iii. Assist with riding lessons
 - iv. Help administer lesson plans
4. Process for determining participants riding experience, selecting their horse, and deciding where they may ride
 - a. Existing riders:
 - i. Refer to skills assessments
 - ii. Consult current GEC instructor
 - b. New riders:
 - i. Introductory Lesson



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- ii. Mechanical horse
 - iii. Unmounted safety and grooming assessment
 - iv. Mounted assessment in small ring on beginner level horse
5. Process for instructor assessing that protective headgear is worn by all riders and shoes with heels or closed stirrups are used
 - a. Visual assessment prior to riding
 - b. Must have ASTM/SEI certified helmet specifically for equestrian use on prior to riding
6. Process for ensuring that horses are healthy and the stable meets COMAR 15.16.01
 - a. Annual shots/coggins
 - b. Annual dental exam/float
 - c. Additional treatments such as chiropractic, massage, acupuncture when needed
 - d. Saddle fit is assessed for each horse
7. Describe how the program director is either at camp or onsite when/where campers are riding
 - a. Program director arrives no less than 30 minutes prior to the start of camp
 - b. No riders mounted unless director is present at the ring
 - c. Director checks each horse and rider prior to mounting to ensure safety of equipment
8. Describe how an instructor will be present at each riding activity
 - a. No mounted activities unless director is present in the ring
 - b. Director on-site for full duration of camp
 - c. Director to check each horse and rider prior to mounting
9. Describe how the program director will ensure that an adult staff member, adult volunteer, counselor or assistant counselor is on duty and supervising the campers (one for every ten riders), for each riding activity or trail excursion
 - a. Director ensures that there is one counselor for every five campers
 - b. Mounted class size with maximum of 7 riders at one time
 - c. Two adult staff members at all times



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TITLE: Emergency Plan Procedures- Camp

PROCEDURES:

1. Monitoring for severe weather
 - a. All staff receive phone updates for severe weather
 - b. Weather is monitored prior to start of day as well as throughout the day
2. Safe shelter during storms or other emergencies
 - a. Storm - Cinder block hay barn/classroom or Cinder block main barn
 - b. Fire- Lesson field with access to Harford Rd.
 - c. Suspicious Person - classroom which can be locked from the inside
3. Camp evacuation (how and where)
 - a. In case of fire: on foot evacuation to lesson field with roadside access to Harford Rd.
 - b. In case of environmental or some other threat and evacuation on foot is not an option, the Program Director would contact 911 to arrange for transportation
4. Making sure all campers are accounted for
 - a. Small groups managed by counselor supervision
 - b. Meet up location
 - c. Camper head counts
 - d. Campers must ask supervision to leave zones and do so with counselor/director supervision
5. Locating a missing camper
 - a. Meet up location
 - b. Minimum of two counselors to stay with campers if director needs to locate missing camper
6. Procedure for remaining with an injured camper and notifying 911
 - a. Clear scene
 - b. Assess injury and immediate safety
 - c. Report to 911
 - d. Administer CPR/First Aid if necessary
 - e. Report to parent
 - f. Director remains with camper until help arrives
7. Transporting campers or staff members in an emergency
 - a. All campers and staff members to remain in cinder block building (classroom) in case of emergency
 - b. Parents notified and are responsible for pick up from classroom
8. Notification of Parents or Emergency Contacts in an emergency
 - a. All phone numbers of parents kept on file
 - b. All campers are required to have emergency contact
 - c. Director and/or staff member to notify parents or emergency contacts in case of emergency via phone



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9. Emergency communications (inbound)
 - a. Director's number is available and kept on person at all times in case of emergency
 - b. Farm's direct line
10. Camper Pickup in case of evacuation
 - a. Parents/emergency contacts notified
 - b. In case of fire: from north field that has road access
 - c. In case of other emergency: from classroom when immediate threat has passed
11. Emergency Drill (required at the beginning of each session or when campers are added)
 - a. Director outlines emergency areas and drill process
 - b. All campers paired with counselors and supervised as drills occur
 - c. In case of fire: to north field
 - d. In case of weather or other danger: to classroom
12. Emergency Drill Tracking
 - a. At the start of each camp, after introductions and before horse safety
 - b. Noted/tracked in camper documents
 - c. If any new camper arrives after paperwork is submitted
 - d. All campers required to complete drill to each location before the start of camp



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TITLE: Child Abuse Prevention and Reporting Procedure - Camp

PROCEDURES:

1. Camp staff and volunteers are educated on child abuse via training on this procedure (see end of procedure)
2. Steps for reporting child abuse:
 - a. Internal
 - i. Camp staff and volunteers will report known or suspected abuse to the Program Director
 - ii. The Program Director will report known or suspected abuse to the Facility Manager
 - iii. The Program Director will document in writing what occurred to prompt the report
 - b. External
 - i. The program director will call the Baltimore County Department of Social Services at 410-853-3000
3. Staff members and volunteers will be screened via CPS background check process. The Program Director will coordinate and track clearances.
4. Child Abuse Prevention and Reporting will be reinforced via training provided on these procedures.
5. The Program Director, Barn Manager and Facility Manager will work together to identify risk areas and measures to reduce risk of child abuse.
6. Areas of the facility that are high risk include:
 - a. Spot-a-Pot
 - b. Classroom when door is closed
 - c. Tool Storage room when door is closed
 - d. Wooded area
 - e. Lesson tack shed and lesson feed room when door is closed
7. Precautions to limit risk in high risk areas include:
 - a. Open door policy - the doors to the rooms mentioned above (other than the Spot-a-Pot) shall remain open for the duration of camp
 - b. One-on-one interactions between staff/volunteers and campers will be limited
 - c. One-on-one interactions between staff/volunteers will be alternated if they cannot be eliminated meaning that the same person will not always be a certain camper's escort.
8. Camp Staffing and Supervision Structure:
 - a. Ratio of Staff to Campers- There are two paid personnel for the maximum of 18 campers per session. There is also one camp counselor for every five camp participants.
 - b. How are one-on-one interactions limited- All counselors are required to work in teams of two, so there is never a one-on-one interaction with a camper.
 - c. How is the open-door policy implemented- All doors are left open for the duration of camp, barring any emergency procedure that would need to be carried out by a staff member.



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9. The staff members and volunteers will be educated about appropriate touching via training on this procedure document (see end of procedure document)
10. The Program Director will deal with inappropriate behaviour in the following manner:
 - a. By Staff Members/Volunteers:
 - i. Inappropriate behaviour by staff/volunteers that is inadvertent will be handled by the Program Director by correcting the offender and reinforcing training and procedures. A second offence will result in corrective action such as suspending one day of work or a change in duties.
 - ii. Inappropriate behaviour by staff/volunteers that is intentional will not be tolerated and staff/volunteer will be removed from camp permanently.
 - iii. Any inappropriate behaviour by any staff member or volunteer will result in reinforcement of training and procedures to the entire staff.
 - b. By Parents:
 - i. Parents who engage in inappropriate behaviour will be asked to leave the property and arrange for alternative transportation for their children. If necessary law enforcement will be called to remove the parent from the grounds.
 - c. By Campers:
 - i. Campers that display inappropriate behaviour will be corrected by staff or volunteers - the incident will be reported to the Program Director.
 - ii. Depending on the severity of the behaviour, Campers may also be corrected by the Program Director and disciplined by missing out on activities or doing clean-up work. Also depending on the severity of the situation the Program Manager may contact the student's parent or guardian for early pick-up.
 - iii. Any Camper that behaves inappropriately more than one time will have a meeting called with their parent/guardian by the Program Director and try to work out a plan for that Camper. If the parent is not cooperative and supportive of a remediation plan or the remediation plan is not successful, the Camper may be removed from the program.
11. Communications: Any incident that requires external communication will be handled as follows:
 - a. To staff members and volunteers by the Program Director
 - b. To Campers and Parents by the Program Director
 - c. To the Department of Health and Mental Hygiene by the Board of Directors
 - d. To the media by the Board of Directors
12. Staff members/volunteers will support alleged victims by:
 - a. Allowing the child to tell their side of the story without interruption
 - b. Ask the child how they feel about the incident
 - c. Make sure that the child can stay a safe distance away from the other person involved in the incident
 - d. Ask the child if they would like to speak to or see their parents
 - e. Ask the child what they would like to do until they can be reunited with their parent/guardian
13. Staff members/volunteers will interact with an alleged perpetrator by:



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- a. Ask them to tell their side of the story and document it
- b. Keep the alleged perpetrator away from other campers
- c. If the alleged perpetrator is another camper, contact their parent/guardian and arrange for early pickup until the situation can be resolved or reported
- d. If the alleged perpetrator is a staff member or volunteer, notify the Facility Manager immediately and determine whether the police should be called
- e. If the alleged perpetrator is displaying unusual aggression or refusing to be separated from other campers or leave the property policy should be called

Recognizing Signs of Child Abuse:

A child might be potentially experiencing physical abuse if he or she:

- Has frequent injuries or unexplained bruises, welts or cuts or explanation is incongruent to the injury
- Has injuries that appear to have a pattern such as marks from a hand or a belt
- Attempts to hide body parts that previously were exposed without concern (arms, legs, neck, etc.)
- Has unusual, unexplained burn marks, bite marks, broken bones
- Shies away from touch, flinches at sudden movements, or is afraid to go home.

A child might be potentially neglected if he or she:

- Has untreated illnesses or physical injuries that present a significant risk to the child if left untreated.
- Experiences a lack of adequate or appropriate supervision (taking into account the age and capabilities of the child)
- Has been abandoned
- Experiences parental/caretaker substance abuse or use or mental illness that interferes with ability to provide appropriate care and supervision of the child
- Experiences deprivation of food, shelter or clothing

A child might be potentially experiencing sexual abuse if he or she:



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- Has a sexually transmitted disease
- Demonstrates sexualized behavior that is not age appropriate and/or is highly overt or repetitive
- Is withdrawn or isolates self
- Frequently runs away from home
- Is abnormally secretive and socially isolated
- Experiences unexplained painful urination or defecation
- Has unexplained change in behavior (aggressive, withdrawn, self-destructive)

A child might be potentially showing the signs of mental injury if he or she:

- Is excessively withdrawn, fearful, or anxious about doing something wrong
- Demonstrates extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive)
- Does not seem to be attached to the parent or caregiver
- Demonstrates a noticeable decline in cognitive abilities

Appropriate and Inappropriate Touching

Inappropriate touching includes but is not limited to:

- Pinching / Slapping / Hitting
- Touching rubbing or grabbing of buttocks
- Touching of breasts
- Touching of private areas
- Forced lap-sitting
- Forced hugging
- Kissing

Appropriate touching is meant to direct a child in a physical pursuit, or to console or encourage them. It includes the following, however any touch that results in an expression of fear or confusion in a child should be considered inappropriate:

- Touching the back, head or shoulders in a kind manner is acceptable

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- If you need to touch a child's leg or thigh to teach proper position in the saddle, ask them first if it is ok
- If you need to examine a child due to injury or illness, make sure another staff member or volunteer of the same sex of the child is present. Do not force children to remove clothing.
- If you need to have a private conversation with a child, move a respectful distance away from others but make sure other people are in view and leave doors ajar.
- No matter what the situation is, if a child appears confused or afraid by your touch allow them to back away and back away yourself.
- If a child needs to change clothing it is ideal to allow the child to get changed alone, if that is not possible be sure to have another staff member or volunteer in the room with you. Do not allow children of opposite sex to change clothes together.