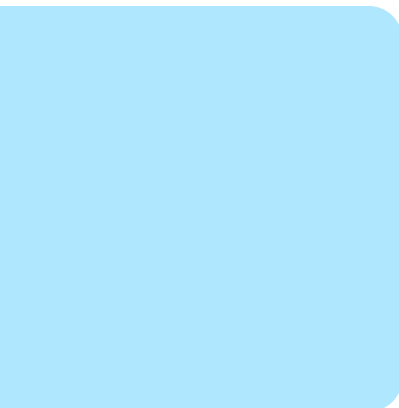




Trusted digital health management for aquariums, museums, and zoos

Youth Program Health & Safety Planning Guide

A health & safety planning guide for youth programs (including camps)



CampDoc is the top EHR with health & safety tools built specifically for youth programs at aquariums, museums, and zoos.

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01 Where Health & Safety Problems Start

Before they feel like “health & safety”

Most youth program issues don't start as emergencies. They start as “good enough.”

A staff member keeps a paper list because it moves faster at check-in. The health lead has a system that works as long as they're on site. Meds go smoothly until someone calls out and a substitute is covering two groups. A program runs in three spaces, and one missed update means staff are working from last week's version.

That's normal program-day behavior. It's also where problems start.

Then information spreads out, people rely on memory, and we lose track of the newest version of something. You don't notice until a busy day exposes it.

“Where it breaks” moments most museums, aquariums, and zoos recognize

- **Exhibit floor:** educator tries to confirm an asthma plan between participants.
- **Bus loading:** “Do we have the EpiPen?” Nobody knows without checking 2–3 places.
- **Family update:** dose changed last night; staff are looking at last week's version.
- **Incident:** write-up happens later, after details are fuzzy.

This is where we start guessing. Nobody wants to guess with kids' health.

This guide is about reducing the guessing with clear decisions about:

- Where information lives
- Who can see it
- What the handoff is supposed to look like when the day is moving

If you can't answer these quickly, you're relying on memory.

- ✓ *Where does an educator find the health plan without leaving the program space?*
- ✓ *What goes with the group on an off-site day so staff aren't calling the office?*
- ✓ *Who can see meds when there's no nurse on site, and what's the backup?*
- ✓ *How do staff see the newest allergy/med changes made by families?*
- ✓ *Who owns the handoff of health info during transitions (class → exhibit → extended care)?*

02 5 Issues Museums, Aquariums, & Zoos Wish They'd Handled Earlier

The repeat offenders — what they look like, where they break, and what to clean up.

This isn't about "best practices." It's about the stuff that reliably causes friction once programs are moving fast.

1) Health forms get reused without cleanup

Most organizations don't "build" a new health form each year — they reuse last year's and hope it holds up.

What it looks like

- Last year's form gets copied, lightly edited, and sent again
- Old questions stay in, new risks don't get added
- The form is technically "complete," but staff still don't trust it

A simple fix

- Review the form like a caregiver filling it out late at night
- Remove anything staff never uses
- Add what staff always end up asking anyway (allergies, asthma, diabetes, EpiPen access)

Where it breaks

- Families guess because wording is unclear on the form
- Key info is missing (allergies, inhalers, restrictions, action plans)
- Staff end up asking families the same questions at check-in

If you hear this a lot, it's a signal

- "We'll just ask at drop-off."
- "We'll keep an eye on them."

2) Medication workflows are “handled,” not defined

Most teams *do* have a medication process. The problem is it only works on calm days.

Where it breaks

- Health lead is out / shared across programs
- A sub educator is covering a group
- A late update comes in from a family
- The participant moves between spaces (class → exhibit → lunch)

Common version

- Meds are fine on-site. Off-site days create chaos.
- Education assumes “office has it.” Office assumes “education has it.”
- Staff don’t know what they’re allowed to access, so they avoid touching it.

What “defined” looks like

- Meds received by a named role, stored in a known location, and logged the same way every time
- Access is clear: who can administer, who can view, and who cannot
- Plan for days the health lead isn’t on-site (and staff know it)
- PRN and time-sensitive meds have a consistent process (not “it depends”)
- Dose changes post-submission have a clear update path, so staff aren’t using old info

3) Paper binders and scattered systems become the default

Binders can work... until they don’t.

Where it breaks

- Binder doesn’t make it on the bus
- Family update doesn’t get updated on the printed copy
- Multi-site programs build their own binder rules

What it turns into

- Shadow spreadsheets
- Group texts
- “Ask the health lead” as the default workflow
- A scramble every time there’s a handoff (bus, program switch)

What to aim for

- One source of truth staff actually use
- Updates that don’t rely on reprinting
- A clear plan for off-site days and handoffs

4) Families get overloaded and stop reading

Families usually want to do the right thing. They also have competing priorities, and they miss things.

Where it breaks

- Too many emails with too many links
- Families don't know what's required vs "nice to have"
- Families get different instructions depending on program type

Typical downstream issue

- "I thought I submitted that."
- "I didn't see that email."
- "I updated it yesterday — why isn't it reflected?"

What helps

- Families can see what's complete and what isn't
- Clear, consistent instructions across programs
- Fewer "special cases" and exceptions

5) Staff protocols get finalized too late

Most organizations train seasonal staff quickly, with uneven experience and turnover.

Where it breaks

- Training is rushed, so health & safety becomes "common sense"
- Each supervisor teaches it differently
- Staff don't know what they're allowed to access or expected to document
- Incident reporting becomes inconsistent because nobody wants to "do it wrong"

A realistic standard

- If your process requires a long explanation, it won't survive the season
- If staff need to remember it, they won't remember it consistently

Quick note

If you're thinking, "Yes, but we can't fix everything," you're right. You're trying to stop the repeat offenders.

03 What “Good” Looks Like in Cultural Institutions

(Not perfect. Functional.)

This section is a benchmark. It’s here so you can sanity-check what you have in place without turning it into a blame exercise.

A single, consistent health record per participant

- Staff aren’t hunting across emails, binders, and spreadsheets
- The newest version is the one people actually see
- Updates don’t get stuck in someone’s inbox



You’re close when

- Staff across programs reference the same place for health info
- The “latest version” problem stops showing up

Health info that’s accessible to the right people (and only the right people)

- Educators can see what they need to safely supervise
- Health leads can see detail and history
- Substitute staff can step in without being blind



Red flag

“Only one person can answer that.”

Clear handoffs between programs and locations

Most issues show up during transitions:

- program → classes → extended care
- bus → off-site venue
- educator A → educator B



Good looks like

- Staff know what to check during a handoff
- Information travels with the participant, not with a specific staff person

Families can tell what's complete

- Required vs optional is obvious
- Families aren't guessing what to upload or fill out
- Staff aren't manually tracking completeness across groups



Red flag

If families ask "Am I done?" more than once, it's a signal

Staff are trained on one approach

- One process, not three workarounds
- Staff understand what to document and when
- Incident reporting has a consistent standard across programs/sites

Good training sounds like



- "Here's where you check."
- "Here's what you do if it's missing."
- "Here's what you document, and where it goes."

Updates don't require reprinting or re-emailing

The season changes fast:

- med dose changes
- new restrictions
- new emergency contacts
- behavior plans updated
- return-to-program restrictions



Red flag

If updates require reprinting and redistribution, they won't keep up.

Two reality checks that help

- *If checking health info is annoying to access, it's a system issue*
- *If your process depends on the most organized person, it's fragile*

04 Where Registration Systems Stop and Health & Safety Begins

Most registration systems do a lot very well:

- enrollment
- payments
- scheduling
- rosters
- basic participant details

That's their job.

Health and safety workflows behave differently than registration workflows. They change more often. They require tighter access control. They get used in higher-pressure moments. And they're the first thing you need to be accurate when something goes wrong.

This is true whether you use Tessitura or another registration/ticketing platform.

Why health & safety doesn't "fit neatly" inside registration

- Health info changes during the season. Registration data usually doesn't.
- Different staff need different visibility. An educator's view isn't a health lead's view.
- You need a trail. Updates, incidents, meds, and notes need to be traceable.
- It has to work on the day that's going sideways — early arrivals, off-site departure, staff shortage, multiple handoffs.

Most organizations end up with health and safety living alongside registration, not inside it. That's not a failure of the registration system. It's a different kind of job.



05 Why Orgs Add a Dedicated Health & Safety Layer

When teams say, “We need to get more organized,” what they usually mean is:

- fewer places to check
- fewer versions of the truth
- less reliance on memory
- clearer accountability

A dedicated health & safety layer helps because it’s designed for the things that don’t behave like registration.

The practical benefits (in museum/aquarium/zoo terms)

Better permission control

- Staff can see what they need without opening up everything.

Updates don’t get lost

- Medication changes, allergy updates, restrictions — these need to land in the right place fast.

Different views for different roles

- Educator view, health lead view, director view. Same record, different access.

Medication and incident documentation aren’t “extra work”

- If it’s hard to do, it won’t get done consistently.

Cleaner records when you need them

- Audits, licensing questions, insurance follow-up, parent questions — this is where messy documentation becomes painful.

Quick note

None of this requires replacing the systems you already use for registration. It’s about adding something built for health & safety work.

06 How Leading Orgs Structure This

There isn't one "right" model. But many organizations that run smoother seasons end up with a similar setup:

- Registration stays in the registration system (enrollment, payments, schedules)
- Health and safety lives in a dedicated system
- The two are connected so staff aren't duplicating work or chasing information

A common approach is using a dedicated electronic health record (EHR) designed for youth programs.

How CampDoc Helps



Less paper, fewer binders

Health forms and consents collected and updated online instead of on clipboards and in file drawers.



Cleaner, clearer health records

Meds, visit notes, alerts, and care plans in one place, so you're not hunting through spreadsheets or old emails.



Faster answers when people ask questions

When a family, educator, or staff member needs info, you can find it quickly instead of piecing it together.



07 Readiness Checklist

(Print this. Use it in a meeting. Mark what's real.)

Forms & data

- Health forms reviewed (not just copied)
- Required vs optional is clear to families
- Process exists for family updates after submission (and staff see the newest version)
- Program-specific needs reflected (allergies, asthma, seizures, epi, diabetes, return-to-program restrictions)

Medication workflows

- Written process for receiving, storing, administering, and logging meds
- Backup process when health lead isn't on-site
- Clear process for time-sensitive and PRN meds

Access & handoffs

- Staff access levels match reality (educators vs health leads vs ops vs leadership)
- Handoff points identified (bus, program switches, substitute coverage)
- Clear ownership on off-site days and partner-site programs
- "Where to check" is consistent across sites

Staff training & documentation

- Staff trained on one process (not three workarounds)
- Incident documentation expectations are clear and consistent
- Process works even when staff are new, young, or covering another group

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Parent communication

- Families can see what's complete
- Instructions are consistent across programs and sites
- Staff are not manually chasing missing info all season

Dry run

- Test a real scenario: animal encounter / touch tank day
- Test a real scenario: crowded school group arrival / lobby transition
- Test a real scenario: staff call-out + substitute coverage
- Confirm the right info travels with the group