

PERSONAL CARE ATTENDANT (PCA) INFORMATION PACKAGE

For Personal Care Attendant's (PCA's) accompanying campers to an Easter Seals Camp

Enclosed please find the following:

- ↳ **PCA Information Sheet** (1 page)
- ↳ **PCA Contract** (2 pages)
please fill out and print 2 copies of the contract – one for the PCA to keep for their records and the other to be sent back to the Recreation Coordinator at the Toronto office prior to the start of camp by mail, fax or e-mail.
- ↳ **PCA Health Report** (2 pages)
please have the PCA complete and bring to camp with him/her on arrival day – do not mail the Health Report back to the Toronto Office.

REMINDER:

A 2020 Vulnerable Sector Screening is required to be received in the Toronto office prior to the start of camp in order for the Personal Care Attendant to attend. *Please be advised it can take up to 4-6 weeks to receive a Vulnerable Sector Screening.*



Helping Kids with
Physical Disabilities
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2020 PERSONAL CARE ATTENDANT (PCA) INFORMATION

**Welcome to the wonderful world of summer camp.
We look forward to meeting you at camp this summer.**

What is a Personal Care Attendant?

A Personal Care Attendant (PCA) performs a valuable service at camp. You will be assisting a child/youth who benefit from 1:1 supervision. Your role is essential for the camper to have a fun and safe camp experience. You will help them to make friends, gain new skills and develop independence while meeting their personal care needs. Some children/youth will require more support than others and some will require support only at specific times. You should be familiar with the care requirements of the camper prior to arriving at camp. You must be born 18 years of age or older to be a PCA at an Easter Seals Camp.

Where will I live at camp?

Depending upon the camp and the needs of the camper you will either sleep in a bed beside the camper or in the staff quarters of the camper cabin.

Will I have time off?

Again this will vary on the needs of the camper. Most camps will ensure that you have time off during the day once the cabin staff are familiar with the camper's needs.

I have never been to camp before. Will someone help me get orientated?

Upon arrival at camp, the Head Counsellor will spend some time with you, orientating you to the camp policies and procedures, the daily routine and introduce you to the cabin team you will be working with. The Cabin Leader/Counsellors in the cabin will be available to help answer your questions and make you feel welcome at camp.

What do I do with all this paper work?

- ↘ ***The Personal Care Attendant Agreement*** – there are two copies, one for your files and one should be returned to Easter Seals at the address at the bottom of the contract prior to your arrival at camp. Please have the parent or guardian also sign the contract.
- ↘ ***Medical Form*** – Please complete and bring to camp with you. The nursing team will review any health concerns with you.
- ↘ ***Vulnerable Sector Screening*** - You are required to have a Vulnerable Sector Screening done prior to your arrival at camp. Vulnerable Sector Screenings done anytime in 2020 are valid. You must go to your local police department and request a Vulnerable Sector Screening from them. Once you have obtained the Vulnerable Sector Screening, it should be forwarded to Easter Seals Ontario prior to your arrival at camp. There is usually a fee for this service and it can take around 4-6 weeks to obtain.

**For more information please contact
416-421-8377 or 1-800-668-6252, ext 325 or camp@easterseals.org**



Helping Kids with Physical Disabilities Succeed

2020 PERSONAL CARE ATTENDANT (PCA) AGREEMENT (PAGE 1)

CAMPER & FAMILY INFORMATION:

Name of Camper: _____

Camp: _____ Session: _____

I hereby certify that I am responsible for the compensation of this Personal Care. I understand that while this person is at camp their primary responsibility is for the above named camper under the direction of the Head Counsellor and the Cabin Leader in the cabin.

Camper's Parent/Guardian Signature: _____ Date: _____

PERSONAL CARE ATTENDANT TO COMPLETE THIS SECTION FULLY (PLEASE PRINT)

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: (_____) _____ Do you require vegetarian meals while at camp? no yes

Are you 18 years of age or older? no yes

By signing this agreement I understand and accept that:

- I am not an employee of Easter Seals Ontario but I am attending camp as a Personal Care Attendant (PCA) for the camper named above.
- Arrangements for my salary have been made with a third party and not with Easter Seals Ontario.
- I will abide by the policies and procedures outlined on the reverse side of this agreement and the ones outlined to me during my training session (to be provided by a member of the Leadership Team upon my arrival at camp).
- I authorize Easter Seals Ontario to use photographs taken or video/tape recordings made of me while I am at camp.

This agreement may be terminated in the case of:

- Vulnerable Sector Screening information is unacceptable.
- Failure to return this signed agreement to the address below.
- Inappropriate job performance as evaluated by the Camp Director.
- Conduct not in accordance with camp policy and procedures.

You **must** read all details on the reverse side of this agreement before signing. This agreement must be returned to Easter Seals Ontario duly signed to be valid. My signature below indicates that I have read, understood and agree to the terms on both sides of this agreement.

Personal Care Attendant's Signature: _____ Date: _____

**Return your signed copy of this agreement and Vulnerable Sector Screening prior to the start of camp to:
Easter Seals Ontario – Recreation Department
One Concorde Gate, Suite 700
Toronto, Ontario, M3C 3N6**

2020 PERSONAL CARE ATTENDANT AGREEMENT (PAGE 2)

PLEASE READ THE FOLLOWING CAMP POLICIES AND PROCEDURES VERY CAREFULLY.

CONFIDENTIALITY

Personal Care Attendants must treat all camper information as strictly confidential. Personal Care Attendants will not divulge any such information except as may be legally required or in the strict performance of his or her duties. Failure to exercise proper ethics and consideration in dealing with campers will result in dismissal by the Camp Director who is responsible for the overall operation of the camp, campers and staff.

WORKPLACE SAFETY & INSURANCE BOARD

Personal Care Attendants are not hired or paid by Easter Seals Ontario and therefore they are not covered under the Workplace Safety & Insurance Board. It will be the families responsibility to assume any liability if the Personal Care Attendant is injured while performing their duties.

ALCOHOL AND DRUGS

The possession and/or consumption of alcohol or controlled substances are not permitted on the campsite. Violations of this policy will result in immediate dismissal by the Camp Director.

HOUSING

Personal Care Attendants usually reside with the camper in the camper cabins - dormitory style.

SMOKING

There is **NO** smoking permitted around campers or in program areas. Personal Care Attendants may be permitted to smoke in areas designated by the Camp Director.

CLOTHING

Proper loose-fitting clothing of appropriate decorum for work with campers must be worn. **Sandals must have a back strap.** Sun protection – hat and lotion is recommended.

LAUNDRY

The camp provides laundry facilities for your use outside camper time.

VISITORS FOR STAFF

The camp cannot provide meals or accommodation for your personal visitors. Personal Care Attendants should pre-arrange with the Camp Director if visitors will be coming to the camp.

PERSONAL CARE AND SELF PROTECTION

As Personal Care Attendants aid in toileting, washing, dressing and bathing of a camper, infectious disease precautions are followed at camp. You will be provided with training around universal precautions, and will be required to conduct your duties according to these precautions.

TRAVEL ARRANGEMENTS

Personal Care Attendants are expected to provide their own transportation to and from camp. **There are no travel allowances paid to Personal Care Attendants by Easter Seals Ontario.**



2020 PCA MEDICAL FORM

PLEASE BRING TO CAMP WITH YOU!

This form is to be brought to camp with you and given the camp nurses. **You cannot work at camp without a completed medical form.** A physical examination or physician's signature is **NOT** required.
(Please bring your health card to camp).

PCA INFORMATION:

Last Name: _____ First Name: _____
Date of Birth (yyyy/mm/dd): ____/____/____ OHIP #: _____ VC: _____
Address: _____
City: _____ Province/State: _____
Postal Code: _____ Country: _____
Home #: (_____) _____ Cell #: (_____) _____
Name of Family Doctor: _____ Phone #: (_____) _____

EMERGENCY CONTACT INFORMATION: *(please include parent/guardian)*

1st CONTACT

Name: _____
Relationship: _____
Home #: (_____) _____
Work #: (_____) _____
Cell #: (_____) _____

2nd CONTACT

Name: _____
Relationship: _____
Home #: (_____) _____
Work #: (_____) _____
Cell #: (_____) _____

HEALTH HISTORY: *(this information is not part of the employment process and is only shared with the nursing staff)*

ALLERGIES:

Do you have any allergies? no yes, Are you anaphylactic? no yes, Do you carry an Epi-pen/Allerject? no yes
Please list your medically confirmed allergies: _____

Describe reaction and management of reaction: _____

ASTHMA:

Do you have Asthma? no yes, If yes, please indicate severity? mild moderate severe
What are the triggers for these attacks? _____

Do you carry your rescue inhalers with you at all times? no yes

HEALTH HISTORY: *Check (✓) if you have had, or double-check (✓✓) if you are currently experiencing any of the following:*

- | | | | | |
|-------------------------|----------------|------------------|--|----------------------------|
| ___ Chicken Pox | ___ Measles | ___ Mumps | ___ Epilepsy/Seizures | ___ Fainting/Dizziness |
| ___ Mononucleosis | ___ Pertussis | ___ Appendicitis | ___ Headaches/Migraines | ___ Frequent Stomach Aches |
| ___ Knee/Ankle Injuries | ___ Fractures | ___ Hepatitis | ___ Heart Condition | ___ Back Problems/Injuries |
| ___ ADD/ADHD | ___ Depression | ___ Diabetes | ___ Other Mental/Emotional Concerns: _____ | |

Please provide more detailed explanations: _____

RECENT hospitalization, operation, injury, serious illness, or infectious disease, give date and detailed information: _____

Are there any restrictions or limitations on what you are able to do at camp? no yes, if yes, please explain: _____

IMMUNIZATION DATES:

Did you complete the immunizations that were required for school attendance? no yes

Date of last Tetanus, Diphtheria, Pertussis & Polio: _____

MEDICATIONS: *List all medications (including over the counter or non-prescription drugs) taken routinely. Please bring enough medication to last the summer.*

OTHER: *Please detail any other medical information of us to the Camp Nurse*

IMPORTANT:

To the best of my knowledge, I (staff member) am/is in good health and all medical, psychological and/or emotional problems, conditions, or concerns have been fully disclosed herein. I hereby give permission to the camp nurses and/or the physician selected by the Camp Nurses/Camp Director to hospitalize, secure treatment for, and/or to order and secure necessary related transportation, tests, injections, anesthetics or surgery for me (staff member). I agree to be responsible for any extra medical expenses incurred by the camp for me (staff member). I give permission for all health information and treatment to be shared with the Camp staff and outside medical personnel as deemed reasonable and necessary within the discretion of the Camp Nurses. This also grants permission for the camp to co the staff member's physician/specialist as named above, for consultation and I acknowledge to such doctor/specialist that I am hereby waiving any privacy protection accorded by law for the purpose of treating any health condition presented at camp.

I confirm that I (staff member) is capable of participating safely in the full camp program including all excursions, canoe trips, and all activities unless I advise you otherwise in writing before the commencement of Camp. I acknowledge that participation in Camp involves risks and hazards incidental thereto all of which are assumed by me. I hereby waive, release and absolve and agree to indemnity and save harmless Camp and Easter Seals Ontario, officers, directors, employees, medical personnel and agents from all liability arising from negligence claims, claims relating to the alleged failure to provide proper treatment and any physical injuries caused to the Staff Member throughout the duration of my employment at Camp except such as results solely from willful neglect.

This Agreement will be interpreted in accordance with the laws of the Province of Ontario in Canada. All disputes or claims arising from, related to or during the term of the Staff Member's employment or stay at Camp (including but limited to negligence claims, claims relating to the alleged failure to provide proper treatment and any physical injuries caused to the Staff Member throughout the duration of the Staff Member's employment) against the Camp (including Easter Seals Ontario, officers, directors, employees, agents and medical staff) whether brought by the Staff Member, his or her parents/legal guardians, heirs, executor, successors or assigns, shall be limited to the courts of Ontario. The staff Member, his or her parents/legal guardians, heirs, executor, successors or assigns agree to waive any jurisdictional or venue defenses otherwise available. Further, should any such action or claim be asserted outside the Ontario courts, the Staff member/his or her parents/legal guardian, heirs, executor, successors or assigns agree to indemnify the Camp (including Easter Seals Ontario, officers, directors, employees, agents and medical staff) from (a) all losses, legal costs and damages arising from a court of another jurisdiction to the extent that should such losses, costs or damages exceed what would have been obtained under the laws or courts of Ontario and (b) all costs incurred by the Camp (including Easter Seals Ontario, officers, directors, employees, agents and medical staff) to challenge the jurisdiction of any such court.

It is further agreed all of the above terms, conditions and provisions are not only binding upon me, all parents/legal guardians, but upon any heirs, executors, successors or assigns.

Signature of Staff Member: _____

Witness: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____