



# The College Settlement of Philadelphia

## The Henry J. & Willemina B. Kuhn Day Camp

600 Witmer Road Horsham, PA 19044-1806

Dear Applicant,

Thank you for your interest in returning for our 2012 summer season of The College Settlement and Kuhn Day Camps. Enclosed you will find a staff update and other pertinent information. Please see the following information for orientation and session dates for each camp.

### **COLLEGE SETTLEMENT:**

Orientation:	Wednesday June 13– Wednesday, June 20 (for CSC/KDC* residential staff)
First Session:	Friday, June 22 – Friday, July 6 (teens -July 3)
Second Session:	Friday, July 6 – Friday, July 20 (teens -July 17)
Third Session:	Monday, July 23 – Monday, August 6(teens -August 3)
Fourth Session:	Monday, August 6 – Monday, August 20 (teens -August 17)

### **KUHN DAY CAMP:**

Orientation:	Monday, June 18 – Wednesday, June 20 (for non residential staff)
First Session:	Monday, June 25 – Friday, July 20
Second Session:	Monday, July 23 - Friday, August 17

\*Many KDC positions require staff to reside at CSC. Those staff members must attend the full orientation dates above.

Please read all of the information carefully before completing the enclosed application and Background Check Authorization Release Form. If you have any questions, give us a call. **Please mail** the completed update and background check form to 600 Witmer Road, Horsham, PA 19044-1806.

You can also take a look at our web site regarding specific jobs. [www.collegesettlement.org](http://www.collegesettlement.org)

Sincerely,

**Karyn McGee**  
Camp Director  
(215-542-2853)



## VISION STATEMENT

To prepare young people to make a positive impact on the world.

## MISSION

The Mission of The College Settlement and Kuhn Day Camps is to provide camping programs and services to young people from the greater Philadelphia area, especially those who are economically disadvantaged, in order to foster personal growth through understanding, acceptance, respect for self, others and our natural world by means of enjoyable, experiential and environmental educational activities.

## CORE VALUES

### **The Individual:**

We believe in the uniqueness and worth of every individual. We believe in our campers and staff members' special talents, attributes and their ability to develop the skills necessary to improve themselves and society.

### **Self Esteem:**

We place great importance on providing young people with experiences that promote positive self-esteem. To respect others and the world, young people must first respect themselves.

**Economically Disadvantaged Children:** We provide an excellent, high-quality camping experience to young people who otherwise would be unable to afford such an experience.

### **Diversity:**

We embrace diversity and tolerance. We openly welcome everyone into our camp community and do not discriminate as to race, color, religion, ancestry, age, ability, country of origin, sexual orientation or economic level.

### **Teamwork:**

We believe the camp's environment creates an atmosphere where young people can learn to harmoniously live, play and work together.

### **Leadership:**

We provide an environment in which campers and staff can observe positive role models. Through mentoring, they can learn and/or practice leadership skills.

### **Environment:**

We have chosen to serve young people through the camping experience, which uses the outdoors as its foundation. It is vital that we preserve our camp's natural environment and foster a positive and lasting environmental ethic.

### **Safety:**

We provide a secure living, learning and recreational environment in which our campers and staff can feel and are safe.

### **Stability:**

We see the value of and need for constants in the lives of the young people we serve. The camp, its vision, mission, values, program and facility have been, and will remain, a steady and stable and positive influence in their lives and in the community.

### **Fun:**

We believe in the importance of having fun. In all we do, we offer fun and enjoyable camp experiences.

### **The Horsham Community:**

The Camps are a part of the greater Horsham Community, and continually work to maintain a good relationship with the Community. We place great value on the resources we receive from the community and strive to provide in-kind resources whenever possible.



**THE FOLLOWING POLICIES OF THE COLLEGE SETTLEMENT AND KUHN DAY CAMPS ARE AN IMPORTANT PART OF YOUR DECISION TO APPLY FOR A SUMMER STAFF POSITION. PLEASE READ CAREFULLY BEFORE COMPLETING YOUR APPLICATION**

**Smoking:**

With the current evidence that smoking is dangerous and injurious to a person's health, employees are encouraged to refrain from smoking. However, the Camps recognize that the decision to smoke or not to smoke is a personal one. **All buildings except full-time resident staff homes are smoke free at all times. Due to the intense schedule, smoking by summer staff is not permitted during program hours.** Smoking after "lights out" is permitted in designated areas. Please be considerate of the non-smokers if you must smoke.

**Alcoholic Beverages:**

**We have a zero tolerance of alcohol policy at Camp.** Alcoholic beverages may not be brought onto or consumed on the camp property. Residential Staff, especially staff who live in the cabins with children must be sober when returning to camp by 1:30am.

**Illegal drugs:**

Positively no illegal substances will be permitted on the Camp premises. Prescribed drugs **MUST BE** registered with the Camp Nurse and kept in the Health Center.

**Drug Testing:**

Please read the "Drug Free Camp Substance Abuse Policy" before completing and signing your application.



Are you a U.S. Citizen? \_\_\_\_\_ If not, do you have a current visa showing your legal right to work in the United States? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a criminal charge? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a child abuse or sexual abuse charge? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

If hired, do you agree to abide by the camp's policy regarding tobacco smoking, alcohol and illegal substances? \_\_\_\_\_

(See attached policy sheet.)

If hired, do you agree to abide by the camp's policy regarding tolerance (see below)? \_\_\_ Yes \_\_\_ No

*The Camps offer children from different ethnic, cultural and social backgrounds the opportunity to live, play and learn together. We do not discriminate as to race, creed, color, ancestry, nationality, religion, gender, sexual orientation or age.*

Summer resident and day camping are strenuous and demanding. You need to be in good health. Is there any reason that you would have difficulty performing the functions of the job for which you are applying? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

I, the applicant, am aware and have been informed that the statements I have made on my job application may be checked by the Camp Staff of The College Settlement of Philadelphia and/or The Henry J. and Willemina B. Kuhn Day Camp. I authorize the Camp Staff to check any and all statements I have made on the job application and further to obtain any other information regarding previous employment, references, skills, abilities and certifications which the above named employer may deem relevant. I release any individual, firm, partnership, corporation, public official or public entity from any liability whatsoever for providing such information. **I agree to complete and sign the attached Background Check Authorization Release Form.**

Applicant's Name (Please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

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Optional Information: If you are 21 years of age or older and have had no moving violation within the last three years, you may wish to be on our driving list \*. If so, please fill out the following:

Drivers License Operator # \_\_\_\_\_ State of Issue of license: \_\_\_\_\_

License Expiration Date \_\_\_\_\_ Birth date: \_\_\_\_\_

**Please send a copy of your license.**

**\* To be on our driving list, staff members are required to participate in a pre-camp driver training course at our site.**

# The College Settlement of Philadelphia and the Henry J. & Willemina B. Kuhn Day Camp

600 Witmer Road, Horsham, PA 19044 (215)-542-7974 • fax (215) 542-7457  
www.collegesettlement.org • e-mail camps@campmanagement.org

## **BACKGROUND CHECK AUTHORIZATION RELEASE FORM 2012**

I hereby authorize The College Settlement of Philadelphia and/or Henry J. and Willemina B. Kuhn Day Camp and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report pre-employment/investigative report to determine my eligibility for employment may include, but is not limited to, the following areas: Verification of social security number; current and previous residences; employment history; education including transcripts; character references; credit history and reports; criminal records, if any, from public agencies and conducting interviews with third parties relative to my character, general reputation, and personal characteristics.

I further authorize any individual, company, firm, corporation or public agency (including the Social Security Administration and law enforcement agencies) to divulge all information, verbal or written, pertaining to me, to The College Settlement of Philadelphia and/or the Henry J. and Willemina B. Kuhn Day Camp or its agents. I further authorize the complete release of any records or data pertaining to me, which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release The College Settlement of Philadelphia and/or the Henry J. and Willemina B. Kuhn Day Camp, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time provided I do so in writing.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Drivers License # \_\_\_\_\_ /State: \_\_\_\_\_

Date of Birth *(is required)*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Background check will be made only if applicant is offered employment.*

## Social Networking Policy

The College Settlement of Philadelphia and the Henry J. and Willemina B. Kuhn Day Camp (CSC/KDC) recognizes that social networking is part of today's society and is an important way for people to communicate. At the same time, we want to make sure that the use of social networking sites by CSC/KDC staff does not create any legal or reputational problems for CSC/KDC. As a result, we ask that our staff exercise discretion, are mindful of their actions and be thoughtful and respectful of the anticipated audience of the content.

To help guide you in your use of social networking sites, we have created this **Social Networking Policy**. This Policy will help you open up a respectful, knowledgeable interaction with people on the Internet and also protect the privacy, confidentiality and interests of CSC/KDC, other camp staff, and our partners and campers. Please read it carefully and sign below.

We understand that there is a difference between social networking activity where you are identified as a member of the CSC/KDC community and private conversations that are outside of the camp community. **While this policy is directed to activity where you are identified as a member of the CSC/KDC community, you must also recognize that even private postings may become public, can reflect badly on CSC/KDC and may result in action by CSC/KDC.** Given the nature of the children's camp business, you must be mindful of your responsibilities and the impact your words and actions have on the camp community.

- 1. Defamatory Comments:** You may not post any comments that are considered defamatory. In other words, you may not post any false information that damages the reputation of another person, including claims that they committed a crime, have a disease, engaged in sexual activity, or otherwise causing injury to their reputation in the camp community. This includes false or misleading statements about the goods or services of another company.
- 2. Inappropriate Material:** You may not post any photos or images, or use language, that is obscene, contains nudity or sexual images, or is violent or otherwise offensive in nature. When defining what is offensive, you should use the same guidelines that you would in any other interaction or communication at CSC/KDC.
- 3. Harassment:** You may not post anything on a social networking site that is derogatory, offensive or threatening to another person. This includes anything that could be considered "bullying," in accordance with our anti-bullying policy. The camp director of Camp WHATEVER has sole decision-making authority about what is considered a derogatory social networking post.
- 4. Proprietary Information:** You may not **post** any proprietary or otherwise confidential information about CSC/KDC or any third party, or post any content that contains copyrighted material or using trademarks, without the express written permission of the copyright or trademark owner. You should only post content that they have the right to post to third-party websites.
- 5. Confidentiality:** You may not reveal personal information about an individual or otherwise invade the privacy of another person. In particular, you should not disclose any personal information that has been collected from users of and visitors to the CSC/KDC website. **Your posting should not** contain the name, image, or likeness of any person without his or her express permission, and **your posting should not** contain the name, image, or likeness of any **MINOR** even if permission is given. Additionally, employees may not impersonate others or create an account in order to mislead, confuse or deceive.
- 6. Misrepresentation:** You may not discuss any public or camp-related issues in a way that create the impressions that you are representing the camp in this matter. Such postings could lead to legal action or hostile exchanges with CSC/KDC.

7. **Spamming and Technical Abuse:** When using social media websites, employees should not create multiple accounts in order to disrupt or abuse others' use of the site, create accounts to prevent others from using that account name or for the purpose of selling the account, send mass invitations, duplicate or resell a site's products or services, publish malicious content, or cause intentional damage to others' browsers or computers.
8. **Statements about CSC/KDC:** When posting content, you may not make any disparaging statements about CSC/KDC\_ or that would otherwise reflect negatively on CSC/KDC.

**Acceptance of Social Networking Policy**

I understand this Social Networking Policy, understand that this policy applies during camp season and during the off-season, and I understand that failure to comply with this provision may result in disciplinary action, which may include termination of my employment, not being re-hired in subsequent years, negative entry into my personnel file and employment reference.

[Applicant's Signature]\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ month/day/year

[Applicant's printed name]\_\_\_\_\_

# The College Settlement of Philadelphia and the Henry J. & Willemina B. Kuhn Day Camp Drug Free Camp

Substance Abuse Policy Revised January, 2012

*The Camps maintain a policy of abstinence and sobriety on the Camp Property and an adherence to the Law in the consumption of alcohol.*

To help insure the health, safety and well being of all campers and staff, The Board of Trustees of The College Settlement of Philadelphia and the Henry J. & Willemina B. Kuhn Day Camp is committed to maintaining a drug and alcohol-free workplace. This policy is designed to ensure camper and employee safety, reduce absenteeism and tardiness, improve productivity, and protect the Camps' status and reputation.

The unlawful use, possession, manufacture, distribution, or dispensation of controlled substances including alcohol on Camp grounds and buildings, while conducting Camps business off premises, in Camp vehicles or at a Camp sponsored activity is strictly prohibited. There is a zero tolerance policy and violations of this policy will result in termination, as well as possible criminal consequences.

Employees whose physician has prescribed a drug or controlled substance that might adversely affect their ability to perform their work must provide a written statement from their doctor. As a condition of employment employee will sign an acknowledgement and consent form, which demonstrates that the employee understands the substance abuse, drug free camp policy and agrees to abide by the policy.

**The parent/legal guardian of any minor employee shall also sign the acknowledgement and consent form**

## PROCEDURE

### **Will I have to give consent?**

All employees will need to fill out a Substance Abuse Policy Employee Acknowledge/Consent Form. The parent/legal guardian of any minor employee must execute the acknowledgement/consent form.

### **What will be tested?**

Alcohol and controlled substances levels.

### **What test will be used?**

We will be using a simple 4-minute saliva screening test which identifies alcohol concentrations of 0.02% B.A.C. and is D.O.T. approved. You are legally intoxicated at .08. In addition, a Urine Drug Screen test will be administered.

We will be using a rapid, saliva screening test for the simultaneous, qualitative detection of amphetamine, methamphetamine, cocaine, opiates, marijuana and phencyclidine and their metabolites in human oral fluid.

### **Who will be tested?**

All staff will be tested randomly throughout their employment and testing may also be done based on reasonable suspicion of use and/or abuse.

### **When will testing be conducted?**

- Tests will be conducted randomly.
- Tests will be conducted when the Executive Director is reasonably suspicious of use and/or abuse.
- The Executive Director can also conduct surprise testing at any time.

### **Who will be conducting tests?**

Executive Director will do the tests.

### **What are consequences?**

If employee tests positive, employee will be given a second test. If this test is positive employee can have an outside test conducted at their expense, which must be completed within the hour. If this outside test is negative the camp will reimburse employee for test otherwise employee will be dismissed.

### **What if employee refuses to be tested?**

Employee will be dismissed.

# iScreen OFD™

## Oral Fluid Drug Screen Device

### Package Insert for the AMP/mAMP/COC/OPI/THC/PCP

#### Test for Oral Fluids

A rapid, screening test for the simultaneous, qualitative detection of amphetamine, methamphetamine, cocaine, opiates, marijuana and phencyclidine and their metabolites in human oral fluid.

#### For Forensic Use Only

##### INTENDED USE

The iScreen OFD™ for AMP/mAMP/COC/OPI/THC/PCP is a lateral flow chromatographic immunoassay for the qualitative detection of amphetamine, methamphetamine, cocaine, opiates, marijuana, phencyclidine and their metabolites in oral fluids at the following cut-off concentrations:

Test	Calibrator	Cut-off
Amphetamine (AMP)	d-Amphetamine	50 ng/mL
Methamphetamine (mAMP)	d-Methamphetamine	50 ng/mL
Cocaine (COC)	Benzoyllecgonine	20 ng/mL
Opiates (OPI)	Morphine	40 ng/mL
Marijuana (THC)	11-nor- $\Delta^9$ -THC-9 COOH	12 ng/mL
Phencyclidine (PCP)	Phencyclidine	10 ng/mL

This assay provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) and gas chromatography/tandem mass spectrometry (GC/MS/MS) are the preferred confirmatory methods. Professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are indicated.

##### SUMMARY

The iScreen OFD™ for AMP/mAMP/COC/OPI/THC/PCP and their metabolites is a rapid, oral fluid screening test that can be performed without the use of an instrument. The test utilizes antibodies to selectively detect elevated levels of specific drugs in human oral fluid.

##### Amphetamine (AMP)

Amphetamine is a sympathomimetic amine with therapeutic indications. The drug is often self-administered by nasal inhalation or oral ingestion. Depending on the route of administration, amphetamine can be detected in oral fluid as early as 5-10 minutes and up to 72 hours after use.<sup>1</sup>

The Amphetamine assay contained within the iScreen OFD™ yields a positive result when the amphetamine concentration in oral fluid exceeds 50 ng/mL.

##### Methamphetamine (mAMP)

Methamphetamine is a potent stimulant chemically related to amphetamine but with greater central nervous system (CNS) stimulation properties. The drug is often self-administered by nasal inhalation, smoking or oral ingestion. Depending on the route of administration, methamphetamine can be detected in oral fluid as early as 5-10 minutes and up to 72 hours after use.<sup>1</sup>

The Methamphetamine assay contained within the iScreen OFD™ yields a positive result when the methamphetamine concentration in oral fluid exceeds 50 ng/mL.

##### Cocaine (COC)

Cocaine is a potent CNS stimulant and a local anesthetic derived from the coca plant (*erythroxylum coca*). The drug is often self-administered by nasal inhalation, intravenous injection and free-base smoking. Depending on the route of administration, cocaine and its metabolites, benzoyllecgonine and ecgonine methylester, can be detected in oral fluid as early as 5-10 minutes and up to 24 hours after use.<sup>1</sup>

The Cocaine assay contained within the iScreen OFD™ yields a positive result when the cocaine metabolite concentration in oral fluid exceeds 20 ng/mL.

##### Opiates (OPI)

The drug class opiates refers to any drug that is derived from the opium poppy, including naturally occurring compounds such as morphine and codeine and semi-synthetic drugs such as heroin. Opiates act to control pain by depressing the central nervous system. The drugs demonstrate addictive properties when used for sustained periods of time; symptoms of withdrawal may include sweating, shaking, nausea and irritability. Opiates can be taken orally or by injection routes including intravenous, intramuscular and subcutaneous; illegal users may also take the drug intravenously or by nasal inhalation. Using an immunoassay cutoff level of 40 ng/mL, codeine can be detected in the oral fluid within 1 hour following a

single oral dose and can remain detectable for 7-21 hours after the dose.<sup>2</sup> 6-Monoacetylmorphine (6-MAM) is found more prevalently in oral fluid, and is a metabolic product of heroin. Morphine is a major metabolic product of codeine and heroin, and is detectable for 24-48 hours following an opiate dose.

The Opiates assay contained within the iScreen OFD™ yields a positive result when the morphine concentration in oral fluid exceeds 40 ng/mL.

##### Marijuana (THC)

Tetrahydrocannabinol (THC), the active ingredient in the marijuana plant (*cannabis sativa*), is detectable in oral fluid shortly after use. The detection of the drug is thought to be primarily due to the direct exposure of the drug to the mouth (oral and smoking administrations) and the subsequent sequestering of the drug in the buccal cavity.<sup>3</sup> Historical studies have shown a window of detection for THC in oral fluid of up to 14 hours after drug use.<sup>3</sup>

The THC assay contained within the iScreen OFD™ yields a positive result when the 11-nor- $\Delta^9$ -THC-9 COOH concentration in oral fluid exceeds 12 ng/mL.

##### Phencyclidine (PCP)

Phencyclidine (PCP), the hallucinogen commonly referred to as Angel Dust, can be detected in oral fluid as a result of the exchange of the drug between the circulatory system and the oral cavity. In a paired serum and oral fluid sample collection of 100 patients in a hospital emergency department, PCP was detected in the oral fluid of 79 patients at levels as low as 2 ng/mL and as high as 600 ng/mL.<sup>4</sup>

The Phencyclidine assay contained within the iScreen OFD™ yields a positive result when the PCP concentration in oral fluid exceeds 10 ng/mL.

##### ASSAY PRINCIPLE

The iScreen OFD™ for AMP/mAMP/COC/OPI/THC/PCP is an immunoassay based on the principle of competitive binding. Drugs that may be present in the oral fluid specimen compete against their respective drug conjugates for binding sites on their specific antibody.

During testing, a portion of the oral fluid specimen migrates upward by capillary action. A drug, if present in the oral fluid specimen below its cut-off concentration, will not saturate the binding sites of its specific antibody. The antibody will then react with the drug-protein conjugate and a visible colored line will show up in the test line region of the specific drug strip. The presence of drug above the cut-off concentration in the oral fluid specimen will saturate all the binding sites of the antibody. Therefore, the colored line will not form in the test line region.

A drug-positive oral fluid specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative oral fluid specimen will generate a line in the test line region because of the absence of drug competition.

To serve as a procedural control, a colored line will always appear at the control line region, indicating that proper volume of specimen has been added and membrane wicking has occurred.

##### REAGENTS

The test contains membrane strips coated with drug-protein conjugates on the test line, polyclonal antibody against gold-protein conjugate at the control line, and a dye pad which contains colloidal gold particles coated with antibody specific to Amphetamine, Methamphetamine, Benzoyllecgonine, Morphine, 11-nor- $\Delta^9$ -THC-9 COOH and Phencyclidine.

##### PRECAUTIONS

- The device is for forensic use only.
- Do not use after the expiration date.
- The oral fluid test device should remain in the sealed pouch until use.
- Saliva is not classified as biological hazard unless derived from a dental procedure.
- The used collector and device should be discarded according to federal, state and local regulations.

##### STORAGE AND STABILITY

Store as packaged in the sealed pouch at 2-30°C. The test is stable through the expiration date printed on the sealed pouch. The test devices must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

##### SPECIMEN COLLECTION AND PREPARATION

The oral fluid specimen should be collected using the collector provided with the kit, following the detailed instructions under Directions for Use. No other collection devices should be used with this assay. Oral fluid collected at any time of the day may be used.

##### MATERIALS

###### Materials Provided

- Test devices
- Caps
- Sponge protectors
- Procedure cards
- Security seals
- Package insert

###### Materials Required but not Provided

- Timer



# 4-Minute Saliva Test for Blood Alcohol

IVD

## INTENDED USE

**This product is for In-vitro use.**

ALCO-SCREEN 02™, by Chematics is a saliva alcohol test intended for use as a rapid method to positively identify the presence of alcohol in saliva for blood alcohol concentrations (BAC) greater than 0.02%. The ALCO-SCREEN 02™ requires no special training provided that the instructions are followed carefully.

## BACKGROUND AND HISTORY

Excessive or inappropriate consumption of alcohol is a common and pervasive social problem. It is a contributory factor to many accidents, injuries and medical conditions. Screening of individuals for alcohol consumption is an important method for the identification of those who might be at risk due to alcohol use, and may serve as a deterrent against inappropriate alcohol consumption.

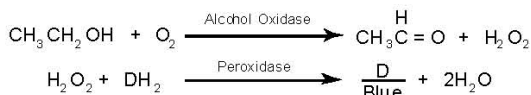
The BAC at which a person becomes impaired is variable, dependent upon the individual. Parameters specific to the individual such as physical size, weight, activity level, eating habits and alcohol tolerance all affect the level of impairment.

The United States Department of Transportation (DOT) has established a BAC of 0.02% (0.02g/dL) as the level at which an individual is considered positive for the presence of alcohol.<sup>1</sup> DOT provides for the use of screening devices using bodily fluids, including saliva, to detect the presence of 0.02% (0.2‰) BAC or greater.<sup>1</sup> ALCO-SCREEN 02™ is a screening device designed to determine the presence of 0.02% (0.2‰) BAC or more in accordance with DOT regulations.

## PRINCIPLE<sup>2</sup>

It is well established that the concentration of alcohol in saliva is comparable to that of blood.<sup>4,5,6</sup> The correlation between blood and saliva alcohol in concurrent samples taken between 60 and 360 minutes after alcohol ingestion have been shown to be  $r = 0.962$  ( $p < 0.001$ ).<sup>5,6</sup> ALCO-SCREEN 02™ exploits this relationship to allow a non-invasive method to screen for the presence of alcohol in saliva/blood.

The ALCO-SCREEN 02™ test consists of a plastic strip with a reactive pad applied at the tip. The tip, on contact with saliva samples with alcohol in excess of 0.02% (0.2‰) will produce a positive result after 4 minutes, which is indicated by the development of a distinct colored line across the pad. The reactive pad employs a solid phase chemistry that utilizes the following enzyme chemistry that is highly specific in this application.



ALCO-SCREEN 02™ will react with methyl, ethyl, and allyl alcohols. ALCO-SCREEN 02™ will not react with alcohols having 5 or more carbons, nor with glycine, glycerol, or serine. This property is a result of the specificity of the alcohol oxidase enzyme extracted from yeast.<sup>2</sup>

## INTERFERENCES

The following substances may interfere with the ALCO-SCREEN 02™.

Peroxides	Uric Acid
Strong Oxidizers	Bilirubin
Ascorbic acid	L-dopa
Tannic Acid	L-methyldopa
Pyrogallol	Methampyrone
Mercaptans and tosylates	Oxalic acid

The above-named substances do not normally appear in sufficient quantity in saliva to interfere with the test. However, care must be taken that they are not introduced into the mouth during the 15 minute period preceding the test.

## REAGENT COMPOSITION: (per test unit)

Tetramethylbenzidine	0.027 mg
Alcohol Oxidase (EC 1.1.3.13)0.	12 IU
Peroxidase (EC 1.11.1.7)	0.4 IU
Non-Reactive Ingredients	0.12 mg

## LIMITATIONS

Failure to wait 15 minutes after placing food, drink, or other materials in the mouth before running the test can provide erroneous results due to possible contamination of the saliva by interfering substances.

ALCO-SCREEN 02™ is designed and calibrated to be interpreted four minutes after saturation of the reactive pad.

ALCO-SCREEN 02™ is sensitive to the presence of alcohol. Alcohol vapors in the air are sometimes detected by the ALCO-SCREEN 02™. Alcohol vapors are often present in many institutions and homes. Alcohol is a component in many household products such as disinfectants, deodorizers, and glass cleaners. To determine if alcohol vapors are present in the air, refer to the TROUBLE SHOOTING section.

For questions regarding the validity of test results, refer to the TROUBLE SHOOTING section.

## PRECAUTIONS

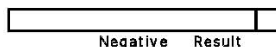
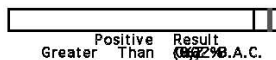
Test materials that have been exposed to saliva should be treated as potentially infective. These materials should be returned to the original foil package and disposed of in a sanitary manner.

Do not open test package until immediately before performing the test procedure.

Never use ALCO-SCREEN 02™ after the expiration date marked on the outside of each test package.

## PROCEDURE

1. Abstain from placing anything in the subject's mouth for fifteen (15) minutes prior to beginning the test. This includes non-alcoholic drinks, tobacco products, coffee, breath mints, food, etc.
2. Open the foil package and remove the test strip. The preservative packet is not needed to perform the test and should be discarded. Observe the reactive pad on the end of the test strip. The pad should be a light cream color. A test strip with a reagent pad which has a colored line or is otherwise discolored must be discarded.
3. Saturate the reactive pad with saliva from a sputum cup or by applying saliva directly to the pad. Immediately start timer. After ten seconds, shake off excess saliva.
4. At four (4) minutes, observe the results on the reactive pad. Reading the results may be made easier by placing the test on a white background. The development of a distinct colored line across the reactive pad indicates the presence of alcohol greater than 0.02% (0.2‰) BAC. Results obtained after more than five (5) minutes may be erroneous.



**Note:** For questions regarding the validity of test results, refer the TROUBLE SHOOTING section.

## RESULTS

ALCO-SCREEN 02™ produces a distinct colored line across the reactive pad in the presence of saliva greater than 0.02% (0.02g/dL) BAC. A reagent pad that shows no distinct line should be interpreted as less than 0.02% (0.2‰) BAC.

**The College Settlement of Philadelphia**  
**and the**  
**Henry J. & Willemina B. Kuhn Day Camp**

**1. Drug Free Camp & Substance Abuse Policy 2012**

**II. Employee Acknowledgement and Consent Form**

I, \_\_\_\_\_ hereby acknowledge The College Settlement of Philadelphia and the Henry J. & Willemina B. Kuhn Day Camp (Camps) Drug Free Camp and Substance Abuse Policy and that it has been reviewed and explained to me, and I have had the opportunity to read a copy of the Policy.

I further acknowledge the following:

1. That I have been notified that the unlawful manufacture, distribution, dispensation, possession of, or use of alcohol, drugs, or other controlled substances is prohibited in the workplace, and that violations of these prohibitions will subject me to immediate termination.
2. I agree, when requested by Camps officials, to submit to random drug tests during my employment. I understand that refusal or failure to submit to a drug test or a positive finding on a test shall be cause for immediate discharge from employment.
3. I release the individual(s) who are responsible for conducting the test from any liability or future claims.

Employee Name \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Employee Signature \_\_\_\_\_

# Staff of College Settlement and Kuhn Day Camps 2012 Health History

600 Witmer Road Horsham, PA 19044 Phone: 215-542-7974

THIS PAGE TO BE COMPLETED BY APPLICATE:

STAFF INFORMATION:

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_  
First Name: \_\_\_\_\_ Gender: Male  Female  
Social Security Number: \_\_ \_ - \_\_ - \_\_ \_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

PLEASE LIST TWO PEOPLE WHO COULD BE CONTACTED IN CASE OF EMERGENCY:

Emergency Contact 1: \_\_\_\_\_ Relationship to Staff Member: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship to Staff Member: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

INSURANCE INFORMATION

Are you covered by health insurance? \_\_\_\_\_yes \_\_\_\_\_no  
If so, indicate name of insurance plan \_\_\_\_\_ Group Number \_\_\_\_\_  
Insurance Plan's address \_\_\_\_\_  
Name of Plan Holder \_\_\_\_\_ Relationship to Staff Member: \_\_\_\_\_  
Insurance ID number or social security number of plan holder \_\_\_\_\_

\*\*\*\*\***IMPORTANT: THIS BOX MUST BE COMPLETED**\*\*\*\*\*

**Permission to Provide Necessary Treatment or Emergency Care:** I hereby give my permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. In an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

♥ **Signature of Staff Member** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_