

YMCA Camp Ocoee Volunteer Health Staff

Greetings! Welcome to the YMCA Camp Ocoee staff team! I hope you are looking forward to a GREAT summer at camp. Thank you for committing your time to help us ensure camper's safety. You are embarking upon one of the richest adventures of your life- One that will stay with you and provide you with a number of challenges, opportunities for personal growth and service outlets. This will be a summer experience to last a lifetime.

Please review the following Standing Orders which will outline the duties of Health Staff and ensure consistent care for the camper's.

Volunteer Health Staff Reward

Volunteer health staff is encouraged to bring their families with them to camp. The camp program serves campers ages 7-15 (rising high school sophomore) with our Teen Leadership Program serving rising high school juniors.

Nurses receive 2 full scholarships for their children and/or family to attend camp for free. Two additional children can attend camp with a 40% discount on the current registration fee. Please send your registration forms for your children once your session is confirmed.

I am looking forward to working with you this summer. If you have any questions, please do not hesitate to call or e-mail me. If your circumstances change and you are unable to fulfill your commitment, contact me as soon as possible.

Ocoee There,

B.J. Davis
Camp Director
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Standing Orders for Health Screening And
Medical Treatment at Camp Ocoee

The medical staff at Camp Ocoee is authorized to conduct screening, triage and treatment of campers and staff in accordance with the following standing orders:

1. The medical staff must have in hand the health history form signed by the parent(s)/guardian.
2. A health screening shall occur within 24 hours of the camper's arrival at camp.
3. The health history form will remain in the Infirmary.
4. In screening a camper, identify any evidence of illness, disability, or communicable disease. Record all this information in the camper's record.
5. The medical staff has standing orders to treat all minor ailments and injuries including, but not limited to, cuts, bruises, sprains, burns, infections, insect bites, coughs, constipation, and headaches.
6. The medical staff will keep a record of all treatments in the daily log and the camper's health form.
7. All first aid administered will be in accordance with acceptable and current medical procedures.

Emergency Procedures:

After first aid is administered, if it appears to the nurse that further treatment is indicated, the person is to be taken to appropriate medical care facility by parents or transported by EMS if emergent.

CAMP PHYSICIAN SIGNATURE

DATE

CAMP DIRECTOR'S SIGNATURE

DATE

GENERAL MEDICAL STAFF DUTIES-

1. Document on each individual camper's/staff's Camper Health Form all treatments administered, including camper teaching of prevention and/or symptoms to report for follow-up.
2. There must be at least one member of the Infirmary medical staff on duty at all times when there are campers on site. If the medical staff is not in Infirmary, he/she must be on-site and available by camp radio.
3. Before Breakfast:
 - a. Encourage campers who have spent the night in the Infirmary and are recovered, to return to their cabin and go to breakfast with their cabin mates. Call parent to let them know they stayed the night and are feeling better.
 - b. Instruct camper to return to the Infirmary during the day for recheck if necessary. Please pass this need for follow-up to the camper's counselor
 - c. Make sure meals are brought to all those unable to go to the Dining Lodge.
4. At Breakfast:
 - a. Give medications at the end of table clean-up.
 - b. One nurse will need to stay to give Teen Camp Meds once they arrive at 9am.
5. Immediately After Breakfast:
 - a. Check on patients. Give medications.
 - b. Sick Call
 - c. All patients with elevated temperatures are put to bed if greater than 100 degrees.
6. Between Meals:
 - a. Evaluate campers and treat them as needed.
 - b. Keep campers/patients as comfortable as possible:
 - Have cabin counselor bring a few of the camper's personal items to the Infirmary.
 - Restrict visitors but do not deny them completely.

- Force fluids unless contraindicated.
- c. Maintain order and discipline in the Infirmary.

7. On Thursday of the session get health histories for next session from the camp office for review. Keep list of all allergies (food and Sting) for which camp staff should be notified of prior to next session.

NURSE DUTIES

| | |
|------------|--|
| 7:00am | Rise and Shine |
| 7:50am | NURSE TO BREAKFAST |
| 8:00am | BREAKFAST/NURSES PASS AM MEDS. (Get Campout Med Kits back from groups that have been out for the night.) |
| 9:00am | Teen Camp Breakfast (Usually Cherokee, Apache, Longhouse, Park Cabins) |
| 9:00-12:00 | First, Second, and Third Activity Period (Nurses do Cabin Inspection)(Reload Campout Med Kits for the night campouts.) |
| 12:20pm | NURSES TO LUNCH |
| 12:30pm | Lunch-NURSES GIVE MIDDAY MEDICINES |
| 1:30-2:30 | B.O.B.Time (Body on Bunk) |
| 2:30-5:30 | Cabin Centered Time |
| 5:50pm | NURSES TO SUPPER |
| 6:10pm | Supper/NURSES GIVE MEDICINES |
| 7:30pm | Evening Program |
| 9:15pm | Return to Cabins/NIGHTTIME MEDICATIONS GIVEN (younger camp) |
| 11:00pm | Return to Cabins/NIGHTTIME MEDICATIONS GIVEN (Teen Camp Cabins- Cherokee, Apache, Longhouse, Park) |
| Midnight | LEAVE FRONT PORCH LIGHT ON ALL NIGHT |
| | FOLLOW STANDARD PROTOCOLS REGARDING SPECIFIC ILLNESSES AND INJURIES |

SHOW ANY CAMPER SPENDING THE NIGHT WHERE THE BATHROOM IS AND HOW TO REACH THE NIGHT NURSE. ALWAYS LEAVE THE BATHROOM LIGHT ON.

Opening Day of Camp

On opening day of each session the Infirmary Medical staff set up a station on the Infirmary porch. This station should be manned and ready for parents by 12:45p. Check in is from 1pm-2:30pm EDT.

Health records must be turned in Opening Day session, if not already mailed. Infirmary staff is responsible for documenting new/updated camper information on the Camper Health Record.

Medications (including OTC) brought to camp are turned into the Infirmary staff on Opening Day of each session and labeled with camper's name and cabin.

Camper Medication Record: include the camper's name, medication, dosage and administration schedule. All medications must be turned in (Including OTC meds and should never be kept in the cabin) with the following exceptions:

- EPI-PEN for children with severe (anaphylactic) allergies
- Inhalers: (Discuss with parent(s)/guardian/camper regarding severity of) asthma and note the following in the decision making process:

- 1) Campers are not allowed to go to/from Infirmary/cabin unattended. Infirmary (centrally located) is open/accessible 24 hours a day.
- 2) Nurses need to know of any inhaler administration to better care for the camper.
- 3) Permission for camper to carry inhalers is given by parents and documented on the Camper Medication Record.

A health screen is done on campers within the first 24 hours of their arrival.

At 2:30pm counselors will begin to bring cabins to the Infirmary porch for health screening. During this health screening nurses should look for signs of recent illness, perform a lice check, and check the overall well being of each camper. If a camper is found to have a fever, signs of illness, or lice the parents should be notified. See Lice procedures for camp policy on returning to camp.

Session Duties by Day

- Sunday: Arrive at camp in time to move into the Infirmary and have porch and paperwork ready for check-in at 12:45p. We will check your children in early so they can go on to their cabins.
 - Check-in 1pm-2:30pm- Ensure we have a complete and up-to-date health history for each child in camp.
 - Campers and Staff must turn in all medications including over the counter medications to be distributed by the nurses. No need for a CMR on staff meds. They are responsible to take their meds.
 - Get up to date cabin list from program directors and campout list from Teen Leadership Director
 - At 2:30 prepare porch for cabin groups. Quick check of each camper for signs of illness and lice.
- Monday: Regular Camp day as described above
- Tuesday: Regular Day as described above
- Wednesday: Regular Day as described above
- Thursday: Get Health Forms from Office Manager for next session. Review for food allergies the kitchen needs to be aware of. Make a list of camper name, allergy to give to the kitchen at Lunch or Dinner. Get list of Stayover campers from Office.
- Friday: Regular Day as described above
- Saturday: Just after breakfast prepare for check-out. Parents will stop by the porch to retrieve meds. (Prepare Campout Med Kit for Stay-Over counselor with stay-over meds) Once all meds have been retrieved or all campers have checked out bring all left over meds and staff meds to leadership staff in the office. Prepare Infirmary for next nurse. Make list of needed supplies for the next session.

Since camp is a good drive from any major store we try to do one big run each week on Sunday evening. Please get your list of needs to the program directors prior to dinner Sunday evening.

Sending a Camper off camp for additional care:

1. Contact B.J./Michael/Susan
2. They will send over staff to accompany the camper
3. Pull the camper's Health Form and call the parents to let them know we are seeking additional care for their child. Make a copy of the Health Form to keep

(8am-7pm injuries will be sent to Bradley-Polk Walk-in Clinic here in Ocoee (423-299-9435, Mon.-Friday 8am-7pm, Sat./Sun. 8am-3pm) or AFC Urgent Care in Cleveland (423-443-3876, Monday-Friday 8am-8pm, Sat./Sun 8am-5pm) any other time they will be taken to Erlanger East Emergency Room (423-778-8500)

4. Fill out a "Redwoods Group Incident Reporting Form" as completely as possible and put it in B.J.'s box just outside his office.
5. Ocoee staff will transport and report back to the nurses once they return to camp. Ensure when they return to camp that the staff has spoken to the parent if not call the parent with the update.

Injured Staff Member that needs additional care:

1. Contact B.J./Michael/ Susan.
2. Care of the staff member until one of us arrives with the Workers Comp. paperwork.
3. Ocoee staff will transport (if possible) and report back.
4. Incident reports are only for campers and guests do not complete an Incident report for Staff Injuries.

Important Notes for Nurses

- If a camper spends the night in the infirmary the nurse **must** call the campers parent in the morning to let them know even if the child is better by the morning. We have informed our parents that they will notified if a camper spends the night in the Infirmary. The child should not talk with their parents.
- If a child comes to the Infirmary with Homesickness.
 - Call Susan on the radio for assistance
 - She will work with the camper to help them through the process.
 - Do not let the camper call home or talk with their parents. We have a process that we will go through with the camper prior to them talking to mom or dad.
- If a child needs to go home for an illness/injury- Michael, Susan or B.J. need to be informed prior to the decision being made to send them home or calling parents to pick up the child. A Redwoods Incident report needs to be completed with all the information needed so if the parent has questions after the session we will have the needed information to share with the parent.

I. COMPOSITION OF THE HEALTH CARE STAFF

A. Qualifications

1. Graduate of an accredited school of professional nursing, RN or EMT/Paramedic certification.
2. Current certification in CPR, First Aid and AED.
3. Evidence of acceptable nursing practice according to references.
4. Evidence of good health.

B. All professional staff is on site during assigned duty hours and are responsible to respond to all health care needs.

C. Housing

Permanent areas for sleeping, hygiene, and relaxation are provided for all Infirmary personnel.

II. CAMP PHYSICIAN SERVICES

A. Qualifications

All physicians treating campers and staff must be currently licensed by the Tennessee State Licensing/Examination Board.

B. Arrangements for housing of physicians are made between physician and the camper director.

C. Routine standards for treatment of common medical problems are developed collaboratively by a physician familiar with camp and the nursing staff. A physician approves these annually. Any physician may order alternatives to these routines.

III. Camp Ocoee maintains a permanent facility, the Infirmary, for the treatment of incidental and continuing illness and/or injury. It is located central to all camp facilities and remains open 24 hrs a day.

A. Equipment housed in the Health Center consists of:

1. 8 beds for camper/staff use
2. One oxygen tank
3. Treatment lamps (2)
4. Refrigerator for drinks and snacks
5. Refrigerator for medications only
6. Locked storage cabinets
7. Office furniture
8. Telephone
9. Answering machine
10. Ambu bag/mask
11. Back board
12. Ice chest
13. First aid kits for use outside of Infirmary
14. Radios (two-way)
15. Fire extinguisher
16. AED (defibrillator) Located in Dining Lodge
17. Scale

B. Accommodations – permanent

1. 4 rooms, 2 bathrooms, laundry facilities
2. 2 showers and 4 sinks
3. Central heating and air conditioning
4. Outside doors lockable, 2 emergency exits
5. Wheelchair accessible
6. Linoleum floors
7. Opportunities for privacy and isolation

C. Supplies

All Routine First Aid supplies.

1. Basins for soaks
2. Cleaning supplies
3. Simple instruments for treating splinters and cuts
4. Splints
5. Bandaging materials
6. Sterile materials
7. Diagnostic tools: stethoscope, thermometer, blood pressure cuff
8. Anaphylaxis treatment kits (Benadryl only)
9. Topical and local anesthetics

10. Personal protective devices (including gloves and goggles)
11. Crutches

IV. HOSPITAL/EMERGENCY FACILITIES

- A. Erlanger East Hospital- 423-680-8000- 1751
Gunbarrel Rd, Chattanooga, TN 24 Hours a day
- B. AFC Urgent Care- 423-458-1426 – 170 Mouse Creek
Rd NW, Cleveland M-F 8am-8pm S-S 8am-5pm
- C. Bradley-Polk Walkin Clinic- 423-299-9435- 119
Whitewater Drive, Ocoee M-F 8:00am-7pm S-S 8am-
3pm
- D. Dentist- Dr. Carson- 423-479-5966 – 2175
Chambliss Ave, Cleveland

V. WRITTEN HEALTH RECORDS REQUIREMENTS FOR CAMPERS AND STAFF

A. Health History and Examination

Health History forms are used to obtain health history from parents, self, and physician on each staff member and camper annually. Completed forms for the current summer season are kept on file in the Infirmary. **Camper allergies –including food, environmental and medication – are boldly documented on CMR and Camper Health Form.**

1. Completed current health examination form, including immunization status, is requested of each camper and staff member and is kept on file in the Infirmary during the current summer season.
2. Parental/Guardian permission is requested of each family for every camper or staff member under the age of 18; and each adult staff member signs self

permission for treatment. These signed permission slips are part of the registration form and are kept on file in the office during the current summer season.

3. All health care records are kept for 7 years in an administrative storage area.

VI. PROCEDURES FOR HEALTH CARE SCREENING

- A. Nurses screen each camper within 24 hours upon admission to camp.
- B. Any camper found to have a contagious or debilitating physical and/or mental condition/illness/problem is subject to admission refusal or delay.
- C. Significant findings are communicated to appropriate administrative, program, and counselor staff shortly after arrival.

VII. First Aid

- A. Medical Staff administer first aid in the Infirmary and on location in camp as needed. All staff are certified in BLS/First Aid by an accredited organization and provide minor first aid treatment in cabins and program areas.
- B. Qualifications: As above, with thorough training of all non-medical personnel on routine procedures and proper use of first aid supplies. See also Section I.
- C. Location: Each major activity area is equipped with a complete first aid kit appropriate to the location and the activity, and accessible to trained camp staff.
- D. Treatment Procedures and Policies: See Infirmary Standards of Treatment and first aid for specific standing orders and procedures.
- E. Training of Staff: See part A. above. In addition, each year during the week prior to camp's opening extensive training

is give emphasizing prevention and camp specific concerns. All staff will have documentation of understanding and skill testing.

VIII. EMERGENCY MEDICAL CARE

- A. Administered by: Medical staff, camp physicians, private physicians and dentists, minor emergency clinics, and hospital emergency departments as well as qualified emergency medical squads when necessary.
- B. Qualifications: Professional licensure (RN/MD/DO/EMS) is required of all persons providing medical care. First aid may be administered by qualified health care providers or camp staff.
- C. Transportation: Camp vehicle is provided and available at all times. EMS will provide transportation to hospital if needed in emergency situations.
- D. Standards are developed by the professional nursing staff in conjunction. Current standards of practice set by the State Boards of Medicine and Nursing are followed.
- E. Training of all staff:
All staff nurses review the standards of practice at the beginning of the camp season.
- F. Any camper needing medical evaluation and/or treatment away from camp is referred with their Camper Health Form (or a copy of such) as well as a brief description of their present illness/injury and any care already given.
- G. Any staff needing medical evaluation and/or treatment away from camp should be referred to the program directors or camp director for the proper paperwork and information.
- H. **The parent/guardian of campers who have spent the night in the Infirmary are to be notified by phone. Parent/guardian is contacted as soon as possible when a camper sustains an injury or has an illness requiring transportation to the hospital. The hospital physician involved typically will also contact the parent/guardian.**

- I. All encounters are recorded in the daily log book and each individual's health record.
- IX. DAILY MEDICAL CARE
- A. The nursing staff is responsible for daily medical care record keeping. Physician may record any care given by them.
 - B. A list of routine treatments/care for common medical needs is available in the Infirmary. Physicians and nurses reevaluate these procedures frequently.
 - C. Medications are kept in the supervised Infirmary and dispensed by the nursing staff.
- X. ROUTINE HEALTH CARE
- A. The counselors are responsible for ensuring the personal hygiene and necessary first aid care of each camper assigned to their cabin.
 - B. Counselors monitor personal hygiene and if problems occur in this area the camper is referred to the Infirmary staff.
 - C. Camp medical staff supervises orders for daily medications. Routine medications are given at mealtimes in the Dining Hall. Routine medications/treatments may also be given in the Infirmary if necessary. Bedtime medicines are given at the conclusion of evening programs and are most often administered in the Infirmary.
 - D.** The Camper Medication Record is used to document the proper distribution of routinely scheduled medication. Camper allergies –including food, environmental and medication – are boldly documented on CMR and Camper Health Form.
 - E.** Camp Medical staff is to inspect the camper cabins daily for cleanliness and report results to the Program Director at lunch each day. The honor pan will be awarded to the cleanest girls and boys cabins. Any cabin that does not

meet the standard should be condemned and reported to the Camp Director and/or Program Directors

XI. SUPERVISION OF OVERALL CAMP PRACTICES

- A. Camp Director oversees entire camp. Program Directors and Leadership Staff are in charge of specific areas of camp and assist in overseeing those areas.
- B. The Maintenance Department is responsible for repairs to equipment and for maintaining the grounds.
- C. Living accommodations are furnished by the camp and supervised by the Camp Director and Maintenance Department.
- D. Program areas are supervised by specially trained counselors assigned to those areas. The Program Directors and make regular rounds to program areas to assess safety.

XII. PROFESSIONAL THERAPY

- A. Professional therapy is not routinely provided.

XIII. RESPONSIBILITIES OF HEALTH CENTER STAFF

- A. Triage and assist with crowd control (during sick calls and on busy days.)
- B. Clean Infirmary (sweep and mop all floors, empty trash)
- C. Change and wash bed linens after sick campers/counselors depart or as needed.
- D. Keep ear drop bottles at Dining Lodge filled
- E. Maintain an up-to-date inventory of all items in the Infirmary. Submit reorder supply list to Camp Director as needed.

MEDICAL STAFF RESPONSIBILITIES

- 1. Oversee all aspects of Infirmary operations.

2. Maintain quality relationships with local doctors, clinics, and hospitals
3. Make regular rounds on camp to assess safety and to build rapport with staff and campers.

COUNSELOR DUTIES- INFIRMARY RELATED

1. All counselors will be trained in Basic First Aid AND BASIC LIFE SUPPORT.
2. Counselors should facilitate sending camper to the Infirmary who are in need of health care. Camper needing bedtime medications are to come to the Infirmary after evening program. Camper must not be allowed to come to the Infirmary alone at night- must be in a "Buddy Group" of 3. Campers and Counselors should be dressed appropriately.
3. EMERGENCIES WILL BE SEEN AT ANY TIME DAY OR NIGHT
4. Counselors should be alert to the following signs/symptoms and report them to the nurse:
 - a. Be aware of campers with elimination problem such as diarrhea or constipation.
 - b. Be aware of those campers who are not eating well, drinking adequate fluids or not maintaining a balanced diet.
 - c. Encourage proper hygiene such as bathing, changing clothes, and brushing teeth. Do not allow campers to stay in wet bathing suits after activities. Prevent exchange of camper's clothes and linens.
 - d. Have the nurse examine campers who are extremely restless at night, who have nightmares, are feverish, or who have a constant cough.
5. Campers are at risk for sunburn, dehydration, insect bites, poison plant rash, tick bites, etc. Encourage use of insect repellent, and sunscreen. Also conduct periodic checks for ticks. Always encourage liberal drinking of water at meals and activities.

Signs and symptoms to report to nurse:

-Any signs of physical illness such as fever, colds, headaches, abdominal pain, cramps, rash, swelling, sore throat, cough etc.

-Minor injuries (scrapes, small bruises, etc.) may be treated by counselor trained in first aid. First Aid Kits are available at each activity and in every cabin. ALL other injuries, illnesses and anything the counselor is uncomfortable with must be assessed and treated as necessary at the Infirmary.

6. Visitors are not allowed in the Infirmary without special permission from the nurse.
7. Counselor should bring toiletries, pajamas, etc. to their camper spending the night in the Infirmary.
8. Counselors should refrain from diagnosing an illness or injury.

The Infirmary handles illness and injury in a professional manner. Camp Ocoee is twenty minutes or less away from the nearest medical center and the chief aim is to provide first aid and transport as soon as possible when necessary. In the event of a true emergency 911 is called by the Camp Director, Program Director, or Infirmary RN/MD.

The Infirmary staff greatly appreciates the cooperation of all the camp staff!

AT THE END OF YOUR CAMP SESSION

1. Leave Infirmary clean and in order
2. Take an Inventory of drugs and supplies –make a list of things needed for next camp session. Give this list to the Camp Director
3. Leave next session health forms in med room with notes on allergies
4. Make a list of repairs that need to be done.
5. Wash all blankets and store.

6. Leave all sets of Infirmary keys with Camp Director.

AT THE END OF THE CAMP SEASON

7. Leave Infirmary clean and in order
8. Check all drugs and supplies for expiration date. Discard if expiration occurs prior to next summer seasons.
9. Take an Inventory of drugs and supplies – at time make a list of things needed for next camp season. Keep one copy and give Camp Director one for his/her files.
10. Make a list of repairs that need to be done.
11. Wash all blankets and store.
12. Take medicines that have to be refrigerated to the office.
13. Do not leave any food of any type in Infirmary over the winter.
14. Have all first aid kits returned to Infirmary – wash kits well and dry. Save all supplies that are usable. Store first aid kits in girls ward.
15. Leave all sets of Infirmary keys and golf cart key with Camp Director.
16. Store as many supplies as possible in locked cabinets.

GENERAL PRINCIPLES OF EMERGENCIES

Remain calm.

Assess the patient.

Check the Vital Signs.

Do not leave the patient unattended, unless it is necessary to get assistance.

Never hesitate to ask for help.

Notify appropriate personnel.

Document care thoroughly on the back of the Camper Health Form.

All over the counter medications listed as treatments will be administered as per manufacturer's recommendation based on patients weight and/ or age.

Generic forms of medication may be used.

ABRASIONS, SCRATCHES, CUTS

1. Clean with antibacterial soap and water OR antiseptic wipes.
2. Apply Band-aid or sterile dressing, if necessary.
3. If bleeding is severe or cut extensive; apply sterile dressing and apply pressure to control bleeding. Notify parent/guardian of injury and need for transportation to physician/urgent care center for additional assessment and treatment. Call 911 in cases of heavy bleeding and notify parent of camper injury and transport to hospital.
4. Check area 24 hours later for infection.
5. Instruct camper to keep wound clean and dry at all times and to return to the Infirmary as needed for continued observation and care of area.

ATHLETE'S FOOT

1. Stress to camper or counselor highly contagious nature of this fungal infection.
2. Instruct to keep affected area clean and dry; wear socks with sneakers or thong sandals at all times including during shower in cabin.
3. Apply antifungal agent (Tinactin/Lamisil/Lotrisone/terbinafine/clotrimazole) topically to affected area. Document medication administration on CMR.

4. Inspect feet daily; if no improvement or worsens, notify parent/guardian to arrange for PCP appointment and camper pick-up.

ACUTE ASTHMA

Inform camper counselor of importance of seeking medical attention immediately and administering inhaler ASAP if child has medication with him/her.

Reassurance to child.

Evaluate for airway, breathing, and circulation.

Call 911 if not responding to treatment.

Notify parent/guardian of need for additional treatment by personal physician or need for EMS transport if child is not responding to rescue inhaler therapy.

ANAPHYLACTIC SHOCK

Call 911

ABC's : Airway maintenance is crucial. Have Oxygen tank / Ambu bag / mask at campers side in the event of respiratory compromise while waiting for EMS arrival. Have patient lie down
Administer camper's EPI-PEN if provided from home.

BED BUGS

Bed bug bite characteristics: the bites can be similar to a mosquito, spider, or chigger bite, and they are itchy. The bites are usually in a wheal (the bite is red on the edges and swollen in the middle) and cluster form. The places that they are most often found are arms, neck, and shoulders.

If these bites should be found, they will be treated with a topical ointment. The infected cabins' belongings will be quarantined in order to prevent spreading and the campers will be moved to another cabin. A letter will be sent home to the guardians of the campers to inform them about the situation.

BEE STINGS

Clean injury site with antibacterial soap and water OR antiseptic wipe.

Remove stinger with flick or scrape – do not grasp! Disposal Stinger Removal Devices provided in Infirmary.

Apply ice or cold compress.

Administer Benadryl (oral and/or topical) and/or analgesics if camper is experiencing itching or pain. Document medication administration.

Epi-pen if needed (not stocked in the Infirmary); observe in Infirmary and consult physician

Call 911, if needed for evidence of systemic reaction.

PREVENTION OF STINGS:

Wear protective clothing and shoes (avoid bright colored clothes)

Avoid hair spray, cologne, after shave lotion, perfume, etc.

Use unscented soaps and deodorant. Consider an anaphylaxis treatment kit, medic alert jewelry

BLEEDING

Arterial, Venous:

Immediately use pressure with sterile dressing over wound.

Do not use tourniquet!

If bleeding is on extremity; elevate the extremity and apply pressure over injury.

See management of Abrasions/Scratches/Cuts for additional management.

Nose Bleed:

Encourage patient to relax.

Sit patient erect with head forward; if head tilted backwards, then the blood running down the back of the throat may cause cough and/or nausea and vomiting.

Apply direct pressure to nose by pinching together at bridge for a 10 minutes, without relieving pressure. If bleeding continues, repeat process once.

If bleeding continues again, call parent/guardian to arrange for PCP appointment and camper pick-up.

Apply cold compresses to back and neck.

Instruct patient and counselor on limited activity and to refrain from blowing his/her nose for several hours.

BRUISES AND BUMPS

Apply cold compresses or ice.

Consider possibility of fracture or deep injury if tenderness, swelling, severe pain or lack-of-use of extremity by camper persists.

Call parent/guardian to arrange for further evaluation with person physician and camper pick-up if bruises cover large body area or are over vital organs.

BURNS and SUNBURNS

Severe burns are among the most difficult of all medical problems to handle and require the greatest medical skill and understanding. If any suspicion of inhalation burn/flash burn to mouth or upper airway, **Call 911 and consider ABC's** : Airway maintenance is crucial. Have Oxygen tank / Ambu bag / mask at campers side in the event of respiratory compromise while waiting for EMS arrival.

First Degree Burn: erythema of involved tissue, skin blanches with pressure, skin usually tender.

If possible, remove clothing that might come in contact with the wound.

Apply Hydrocortisone cream and/or Aloe Gel to affected area.

Cold compresses may be applied to area- do not apply ice directly to area.

Administer Tylenol/Ibuprofen and/or Benadryl to manage pain and/or itching.

Second degree burns: skin is red and blistered, skin is very tender.

If possible, remove clothing that might come in contact with the wound.

Cover these burns with sterile dressings then layer with cold compresses.

Call parent/guardian to arrange for PCP appointment and camper pick-up; these burns usually require topical treatment with prescription ointments (Silvadene).

Third degree burns: burned skin is dark, tough and leathery; skin is NONTENDER.

Treatment requires surgical intervention.

Call 911 or arrange for transport to hospital. Notify parent/guardian of emergent situation as soon as possible. The immediate care of the camper is the priority.

SUNBURN: treatment is based on degree of burn – see above.

PREVENTION is the best treatment!

Warn campers and counselors to avoid long exposure of skin throughout the camp session.

Encourage each camper/counselor to have a supply of suntan lotion to be used 2x per day or more frequently if needed i.e.: after swimming.

EARACHE: OTITIS EXTERNA/SWIMMER'S EAR

PREVENTION is the best treatment! All campers whose parent/guardian reported camper susceptibility will receive Swimmer's Ear drops twice daily for the prevention of swimmers ear. Solution drops are kept in Infirmary.

Treatment

1. Check child's temperature. If febrile and signs/symptoms of infection are noted, call parent/guardian to arrange for appointment with personal physician and camper pick-up.
2. Administer Tylenol/Ibuprofen if needed for pain or fever.
3. Water activities should be curtailed for a period if advised by camper's physician. Alternative activities can be arranged for campers who cannot be exposed to water due an ear problem. The Infirmary Assistant should contact the Land Director and Waterfront Director to take care of the situation.

EYE INJURY

1. Foreign Body:
Remove gently with moistened sterile cotton applicator or eye wash solution.
2. Injury to eyelid:
Stop bleeding by gently applying pressure. (No pressure if unsure of eyeball injury)

Cleanse wound and apply sterile dressing.

Call parent/guardian to arrange for further medical evaluation and camper pick-up.

3. Blunt injury or contusion:
Call parent/guardian to arrange for further medical evaluation and camper pick-up. Advise parent/guardian to seek Ophthalmologist care ASAP.
1. Penetrating injuries to the eye:

Call 911 for transport to hospital. Notify parent/guardian of emergent situation as soon as camper safety and transport has occurred.

Make no attempt to remove object or wash eye.

Cover both eyes loosely with sterile dressing.

Keep camper/counselor quiet and preferably on his/her back.

2. Conjunctivitis or "Pink Eye" is contagious: camper should be instructed in personal care to prevent spread.
Call parent/guardian to arrange for PCP appointment and camper pick-up. Camper maybe held in the Infirmary for a period of time per doctor's orders upon return to camp if able to return.

HEADACHE (not injury related)

Treatment :

Fluids for hydration

Give an appropriate dose of pain medication: examples are Ibuprofen / Tylenol

Rest in Infirmary

Call parent/guardian to arrange for camper pick-up if not relieved with above noted therapies or signs/symptoms of other etiology are noted.

HEAD INJURIES

1. CALL 911, if the child is not fully conscious or any amount of Loss of Consciousness/LOC was noted by witnesses to the accident. Notify parent/guardian of emergent situation as soon as able.
2. Cardinal symptoms to watch for are: abnormal drowsiness, drainage from the ears, nose or mouth, altered vision, nausea, and vomiting, abnormally slow or fast pulse; depressed respiration.

3. Keep the victim lying down, warm and as quiet as possible.
4. Keep the victim under constant observation for signs of shock or more serious injuries.
5. May treat for pain as needed Tylenol/acetaminophen and/or Ibuprofen

HEAD LICE

All overnight campers will be checked for lice at the beginning of each session.

If a camper is infested with head lice, the camper's guardian will be notified immediately and he/she must be picked up from camp. Along with their belongings to be treated.

The camper may return to camp after treatment. The child's belongings will be sent home to be washed in hot water. Nurses will recheck the camper prior to accepting them back into the program.

Campers that are in the infested child's cabin will be checked for lice. Any campers found with Lice after the initial screening will be treated in the Infirmary by the nurses. The camper's parent should be notified of the situation. See Camp Director for contact instructions.

HEAT RELATED EMERGENCIES

Heat Cramps – sweating will be noted

Pain in muscle due to salt depletion
Painful spasms of abdominal and extremity muscles
Temperature- normal or slightly elevated

Treatment:

Gatorade/electrolyte replacement fluids.
Patient rest in Infirmary while rehydrating.

Heat Exhaustion- sweating will be noted

Muscle cramps, N/V/D, weakness
Hypotension, tachycardia
Ashen or pale or flushed color
Temperature- may be as high as 104 F.

Treatment:

Gatorade/electrolyte replacement fluids.
Patient rest in Infirmary while rehydrating.
General cooling measures with cool compresses.

Heat Stroke- NO sweating will be observed Major emergency

Neurological impairment, usually comatose
Flushed, cyanotic and hyperventilation
Temperature- greater than 106 F.

Treatment:

Call 911 for transport to hospital. Notify parent/guardian of emergent situation as soon as able. Patient care is first priority.

Rapid, immediate cooling (whatever it takes!)
ABC's- may develop seizure activity
Monitor for complications

INFECTIONS

Infected fingers, wounds, boils, etc.

Clean affected area twice daily/ PRN with antibacterial soap and water;
cover with Band-aid or gauze dressing.

Apply topical antibacterial cream with each dressing change.

Document size of lesion/redness to determine infection response to treatment; reassess twice daily.

Call parent/guardian to arrange for PCP appointment and camper pick-up if infection not responding to treatment or extensive and/or severe.

Assess temperature. If elevated, begin bed rest and notify parent/guardian of potential treatment failure and/or infection progression.

KNOCKED OUT TEETH

If a tooth should be knocked out, find the tooth and pick it up by the crown.

Place the tooth in whole milk in order to try to salvage the tooth.

The child's guardian should be notified immediately, and the child should be taken to a dentist as soon as possible.

If there is bleeding, it should be controlled by holding *wet* pressure to the area.

RASHES

Poison Ivy, Poison Oak, Poison Sumac

Teach counselors and campers to recognize and avoid poisonous plants.

Skin irritants are transferred to skin through: direct contact, clothing or pet fur that brushed against plant and smoke from burning plants.

Reaction: Can be within six hours - usually 24- 48 hours

Rash: Groups or streaks of fluid filled vesicles.

Fluid inside vesicles does not spread rash after exposed area thoroughly cleansed!

To minimize or prevent a skin rash/reaction:

Wash all possible exposed skin/clothes/personal effect items with antibacterial soap.

Change clothes : RN may need to do camper's laundry.

Treatment:

Cool compresses with water

Apply topical Aloe Gel and/or Caladryl lotion as needed;

Hydrocortisone Cream can be applied twice a day.

Benadryl can be given every 6 hours as needed for itching.

Claritin can be considered for itching.

SPIDER BITES

Black Widow: Shiny black body with red hourglass or irregular marking on abdomen.

Symptoms: usually appear in 20 minutes to 1 hour after bite.

Bite- vague history of sharp pinprick, then dull, numbing pain. Tiny fang marks.

Swelling and severe pain that may be localized or generalized, nausea and/or vomiting. Hypertension. Shortness of breath, elevated Temp, paresthesia and hematuria.

Treatment:

Clean bite site with antibacterial soap and water. Apply ice.

Call parent/guardian to arrange for PCP appointment and camper pick-up.

Brown Recluse: Small, brown or tan colored body with dark band shaped like violin.

Symptoms: usually appear 2-8 hours after bite. Fever, chills, malaise, weakness, nausea and/or vomiting. Joint pain.

Bite- vague history, if any

2-8 hours: Local reaction: Pain in area
Redness then blister and ischemia

3-4 days: Center dark and firm

1-2 weeks: Ulcer

Treatment:

Clean bite site with antibacterial soap and water.

Symptomatic treatment.

Call parent/guardian to arrange for PCP appointment and camper pick-up if desired by parent/guardian.

SPINE / BACK, NECK INJURIES

Keep patient in his assumed position, make no attempt to reposition. Evaluate for any associated injuries.

Keep patient warm and as quiet as possible.

Call 911 for transport to hospital. Notify parent/guardian of emergent situation as soon as camper safety and transport has occurred.

SPLINTERS

1. Clean skin with antibacterial soap and water or antiseptic wipe.
2. Superficial splinters may be removed with tweezers or disposable removal device.
3. Soak foot/hand in warm water 15 - 20 minutes before attempting removal.
4. Apply antibiotic ointment after removal.
5. Splinters that require surgical removal should be referred to a physician. Call parent/guardian to arrange for PCP appointment and camper pick-up

SORE THROAT AND COLDS

1. Check temperature, and look at throat. If beefy redness, edema of uvula, grayish exudate on tonsils and/or petechial rash on soft palate, consider Group A Strep infection (which is highly contagious) and call parent/guardian to arrange for PCP appointment and camper pick-up. Camper may return to camp when afebrile AND received 24 hours of ANTIBIOTICS.
2. If throat is red with post nasal drip, a cold preparation may be used: Infirmary will stock OTC Cold Medication – administer per manufactures recommendations.
3. Saline gargle or Chloraseptic spray may give symptomatic relief.
4. Ibuprofen or Tylenol may be given for pain relief.
5. Camper with an elevated temperature or signs of strep throat should remain in Infirmary. Call parent/guardian to arrange for PCP appointment and camper pick-up.

SPRAINS, STRAINS AND FRACTURES

RICE Therapy

Ankle:

Rest, Ice packs, Compress and Elevate.

If this relieves pain and there is only slight swelling, apply firm ace bandage.

If pain or swelling is severe; keep foot elevated, with cold compresses, and do not allow patient to walk on it until seen by a physician. Call parent/guardian to arrange for PCP appointment and camper pick-up.

Ibuprofen or Tylenol for pain.

Thumb, finger, or wrist:

Treat in similar manner as ankle – see above.

Ibuprofen or Tylenol for pain.

Fractures:

Splint to immobilize any suspected fracture in an approved manner with the least possible disturbance.

Call 911 for transport to hospital, especially in the case of a compound fracture.

If simple fracture has occurred, parent may choose to transport camper him/herself.

Notify parent/guardian of emergent situation as soon as camper safety and transport has occurred.

Make no attempt to reduce fracture!

Stomachache

1. Assess type of pain: nausea, cramps or gas.
2. Initiate clear liquids and rest in the Infirmary.

3. Other treatments:
Tums/Maalox
Pepto bismol – NOT FOR CHILDREN < 10 years of age
Emitrol
Midol/Ibuprofen/Tylenol for menstrual cramps

Check for other symptoms- fever, sore throat, rash, anorexia(loss of appetite).

Call parent/guardian to arrange for PCP appointment and camper pick-up if persistent Right Lower Quadrant Pain with guarding occurs, vomiting does not resolve or restarts after 4 hours of NPO and/or small frequent amounts of clear fluids, fever, OR sore throat with rash develop.

TICK BITE

Instruct campers/counselors to always send campers to the Infirmary for removal.

Nurse should carefully remove with tweezers – cleanse area with antibacterial soap and water, apply antibiotic ointment and Band-Aid dressing.

Send Ouch Report to parent/guardian for DAY Camper; for OVERNIGHT camper keep copy of Ouch Report and give to parent/guardian at session end – unless symptoms develop and contact made prior to camp ending.

LYME DISEASE

Etiology:

Spirochete, Borrelia, burgdorferi, enters skin or blood from saliva or feces or an infected tick. **"Deer tick" (small) bite.**

After incubation period of 3 – 32 days, organism migrates outward and produces rash: **erythema migrans** – does not blanch when pressed.

Moves to lymph nodes, blood

Antigen/Antibody reactions occurs

Lyme Disease is not contagious!

Call parent/guardian to arrange for PCP appointment and camper pick-up if erythema migrans rash noted.

ROCKY MOUNTAIN SPOTTED FEVER

Etiology:

Rickettsia rickettsia, enters skin or blood from saliva or feces or an infected tick. "***Dog tick***" bite.

Incubation period – one week

Sudden onset – fever, chills, malaise, muscle aches, severe frontal headache

Macular/petechial rash – 2-5 days – on palms, soles, hands, feet, wrist, ankles

Call 911 and arrange for EMS transport to hospital. Notify parent/guardian of emergent situation as soon as camper safety and transport has occurred.

Next 24 – 48 hours: Rash becomes petechiae/purpuric (mimics meningococemia)

Diffuse edema due to capillary leakage, hypotension, splenomegaly, and delirium

Prevention Through Education : Applies to tick bites in general

Avoid tick infested areas – tall grass, sand dunes, brush, edge of woods

Wear long pants – tuck in socks

Wear light colored clothing

Check counselor/campers' body/head for ticks after outdoor activities

SNAKEBITES

IMMEDIATE CARE WARRANTED

Call 911 and arrange for EMS transport to hospital. Notify parent/guardian of emergent situation as soon as camper safety and transport has occurred.

Keep camper/counselor as calm as possible while evaluating severity of bite

Immobilize area

Apply ice pack to area

Camper Medication Record (CMR)

A Camper Medication Record (CMR) should be completed for each camper with medication.

Note:

- Camp cannot accept medication that is not in its original container or that does not have the dose information.
- All medications including OTC meds (vitamins) must be checked into the Infirmary and dispensed by the medical staff.

Check-In

1. Have plenty of copies of CMR's available for check-in
2. Have a boys line and girls line for medication turn in and medical form check.
3. As you accept medications fill out the CMR completely and place the campers meds in a zip lock bag with their name clearly visible.
4. After check-in or during slow times use a highlighter to highlight the times and days the camper should receive these medications. This will make it easier in the dining lodge to ensure all meds have been distributed.

During the Session

1. Prior to each meal or evening meds off set the pages of campers that will be taking meds.
2. After giving the camper the med initial in the correct box that it was given

At the end of the session attach the CMR to the campers health form for filing in the office.