

HEALTH SERVICE POLICY

4-H GREAT LAKES & NATURAL RESOURCES CAMP

STAFFING

The Camp Health Officer will be a licensed physician, registered nurse, licensed practical nurse, licensed emergency medical technician, licensed medical first responder or an adult who has completed training and certification that is equivalent to the requirements set forth as follows (per State Licensing requirements Act 116 of 1973, as amended):

- 1) FA: Responding to Emergencies (State Act lists American Red Cross Manual 656101[1996]/currently ARC#656120)
- 2) Professional CPR (State Act lists ARC#652049[1993]/currently ARC#652110)
- 3) Blood Borne Pathogens (State Act lists ARC#652064[1993]/currently ARC#655107)

EMERGENCY MEDICAL SERVICES

Level of services initiated is dependent upon severity of situation and include:

- 1.) The Camp Physician is available on-call and may be contacted at any time:
MSU Sports Medicine Clinic Physician
Specific physician will be identified in July based on schedule availability during camp.

Hospitals:

Nearest Camp – Alpena Regional Medical Hospital,
800-556-8842 or 989-356-7000

Nearest some field trips – McLaren Northern Michigan – Cheboygan Campus
800-248-6777 or 231-627-5601

- 2.) 911 – Presque Isle County Emergency Services
- 3.) Poison Control Center 1(800) 222-1222
- 4.) Northeast Michigan Community Mental Health Services
Emergency: (989) 356-2161; Toll free 1-800-968-1964
- 5.) Children’s Protective Services (Dept. of Human Services) Emergency Contact #s:
Presque Isle County: (989) 734-2108 (day)
Alpena County: (989) 354-4764 (daytime Alpena Co. & after hours for Alpena & P.I. Cos.)

EMERGENCY TRANSPORTATION AND SERVICES

Camp will have the capability at all times to provide emergency transportation utilizing a camp vehicle. In a life threatening emergency Camp will call Presque Isle County Emergency Services - 911.

STANDING ORDERS

Medical Standing Orders begin on page 6; physician's signature line is on page 27.

SUPPLIES AND EQUIPMENT

Inventory list – see pages 28-30.

MEDICATION STORAGE AND ADMINISTRATION

All medication (minors' and adults') must be turned in to the health officer during check-in at the beginning of camp and all remaining medications will be returned to the appropriate person or a minor's parent/legal guardian during check-out at the end of camp. Each individual's medication(s) must be placed in a clear baggy and clearly labeled for content, dose, frequency, administration route and with the individual's name. The health officer is responsible for keeping all medications under locked storage and for administering medications to the appropriate individual at designated times.

DAILY OBSERVATION

It is the health officer's responsibility to oversee the general health of all camp attendees and to coordinate all health related issues. It is the counselor's responsibility to be aware, on a daily basis, of each camper's physical and emotional condition. Any changes in physical appearance, appetite, active and/or emotional level, health, or hygiene habits are to be reported to the health officer at first notice.

PROCEDURES FOR H1N1 AND OTHER ILLNESS PREVENTION

Everyone at camp will be reminded to practice good hygiene and wash hands before eating. A hand sanitizing station will be placed at the start of the meal line as an additional precaution. Door knobs/handles on bathrooms, dining hall and cabins will also be wiped with disinfectant daily.

PARENT/GUARDIAN NOTIFICATION

Minor's parent/guardian(s) are to be notified as follows:

- 1.) As directed, in writing, by the minor's parent/legal guardian
- 2.) With any serious illness or injury
- 3.) Immediately following admission to the hospital
- 4.) When any surgical procedure is required
- 5.) Immediately in event of death
- 6.) At any time it is deemed necessary to protect the health, safety and welfare of any individual at camp.

HEALTH OFFICER (STIPEND POSITION) – Responsible to Camp Co-Directors

Pre-Camp Duties

- Schedule a 2-hour block 3-10 days prior to camp to review medical treatment authorization forms. (Forms will be transported to camp by one of the Co-Directors or another first-arriving staff member.)
- Check and maintain first aid and health supplies and inventory list before camp including primary, secondary and traveling first aid kits (done by Camp Administrative Assistant).
- Review Medical Standing Orders to edit and/or approve prior to submission to Camp Physician for approval and signature.

At Camp Duties

- Review camper, counselor and adult staff health information with ongoing maintenance of health files throughout the week.
- Maintain confidentiality regarding health information.
- Maintain permanent records of health and first aid activities conducted throughout the week by health officer and/or other staff.
- Be present at camper check-in to review health information with campers and their parent/guardian, to interview and inspect each minor on arrival, to receive/label camper medications with instructions, provide instructions/agreement for dispensing medications with appropriate campers and review any special conditions or circumstances.
- Maintain storage of medications in locked storage unless medically contraindicated.
- Be responsible for providing and monitoring off-site emergency medications.
- Check, maintain and store first aid and health supplies during camp including primary, secondary and traveling first aid kits.
- Notify appropriate staff member, including Co-Directors, ASAP of any and all serious medical conditions of each minor they will be responsible for and provide and monitor emergency supplies for that individual at all times.
- Dispense minor's medications as prescribed; administer other medications and first aid as directed by medical standing orders as needed/required.
- Coordinate communication, attendance and records of any/all levels of activation of emergency medical services.
- Assist Co-Directors in maintaining the overall health of all individuals attending camp including healthy living conditions and safety throughout the week.
- Encourage and maintain ongoing open communication with all camp attendees.
- Communicate with camp physician as needed regarding questions and concerns.
- Be physically available and present at all times during the camp program.
- Take responsibility for use and maintenance of assigned walkie-talkie to ensure swift communication with Co-Directors and other key camp staff.
- Implement universal precautions and maintain confidentiality of all health records.
- Provide staff and counselors with a working knowledge of universal precautions as well as appropriate use of any emergency medications, equipment, and/or treatments. Hold a second orientation if needed for those who arrive late or are absent due to other camp duties.
- Be familiar with and follow standing orders.
- Organize, inventory as much as possible, and pack up the medical supplies at the end of camp.
- Check-out campers and counselors as they depart camp.
- Finalize and organize medical records.
- On last morning of camp, wash linen and other items needing to be cleaned then packed for next year's use.

Post-Camp Duties

- Assist with inventory of medical supplies.
- Provide Dept. of Human Services follow-up reports if needed.
- Submit suggestions for further updates to Medical Standing Orders.

Camp Health Officer Requirements – per 2009 State Licensing Requirement Revisions

- Be on duty at camp during all hours there are campers present.
- Hold certification that is equivalent to community first aid and CPR for the professional rescuer requirements in the American Red Cross manual number 656137, which is adopted by reference in R 400.11103.
- Be one of the following:
 - a licensed physician
 - a licensed physician's assistant
 - a licensed nurse practitioner
 - a registered nurse
 - a licensed practical nurse
 - a licensed emergency medical technician (EMT)
 - a licensed medical first responder
 - an adult who is certified as a wilderness first responder or has met the requirements equivalent to those set forth by the National Outdoor Leadership School manual number 16175, which is adopted by reference in R 400.11103.
 - an adult who has satisfactorily completed training and certification that is equivalent to the requirements in American Red Cross manual 656128 which is adopted by reference in R 4000.11103.
- Have experience working with youth.
- Adult (age 18 or older).

PLAN FOR MEDICAL OR SERIOUS ACCIDENT EMERGENCY

- 1) A qualified health officer will be physically available 24 hours a day throughout the duration of camp.
- 2) In the event of a medical or accident emergency:
 - Immediately take camper or staff member to the health officer's station.
 - Notify health officer of person's condition/status including circumstances surrounding the incident.
 - If serious injury is suspected, or if person is dizzy or lightheaded, the health officer will be summoned to the area.
 - If injury or medical condition is severe enough, emergency medical services will be activated at the appropriate level(s) of need.
- 3) Until health officer is available, maintain life support, administer emergency first aid as needed, and keep the involved person(s) warm, calm, still and comfortable.
- 4) Always protect the involved person(s), others and yourself from further injury or illness.
- 5) Transportation to a medical facility will be provided by a camp vehicle or via 911.

HEALTH SCREENING

Each camper shall be screened within the first 24 hours after the camper's initial arrival at camp. The health screening shall include all of the following:

- 1) The checking in of prescription and nonprescription drugs and medications.
- 2) A review of the health history statement.
- 3) A discussion with the camper and his/her parent/legal guardian regarding the camper's current health status including additions, deletions, changes and/or special circumstances/needs.
- 4) An observation of the camper's physical state, paying particular attention to potential contagious diseases and possible abuse.

HEALTH RECORDS

Medical records, which list all of the following information, shall be maintained confidentially for 3 years from the last day of camp:

- Name of camper
- Date of treatment
- Situation requiring treatment
- Treatment prescribed or medication dispensed
- Identification of the person providing the treatment
- Follow-up/Results
- Record of communications (e.g., parent/guardian, health personnel, etc.) and timeline.

A written report shall be submitted within 48 hours to Michigan State University if the death of a camper occurs or when a camper accident or illness occurs which results in an overnight stay in a hospital or clinic.

HEALTH FACILITIES

The camp shall have a designated area to serve as a health center.

The Camp shall be able to provide for temporary isolation of any camper, staff member, or other person in camp who comes in contact with campers and who is suspected of having a contagious disease. The place of isolation shall be private and quiet and shall not be located in or be directly connected to the food storage, preparation or serving areas.

All prescription and nonprescription drugs and medications shall be held in locked storage unless medically contraindicated.

MEDICAL STANDING ORDERS

4-H GREAT LAKES & NATURAL RESOURCES CAMP

ABDOMINAL PAIN

With or without other signs/symptoms, admit to infirmary, notify physician, and give nothing by mouth without direct consent of the physician. Proceed cautiously; abdominal pain in itself may be a symptom of a more serious, potentially life-threatening condition. If the pain does not subside, worsens and/or other symptoms develop, utilize emergency medical services.

ABRASIONS, CUTS, SCRATCHES

With any abrasion, cut or scratch, monitor for signs/symptoms of infection.

MINOR/SURFACE: Clean well with soap and water. Apply antibiotic ointment and sterile dressing (i.e. Telfa or Band Aid) if necessary. Change dressing daily and as needed to keep injury clean and dry. Initiate emergency medical services if signs/symptoms of infection are present.

SERIOUS/DEEP: If bleeding is severe or cut extensive, apply sterile dressing and pressure as needed to control bleeding. Utilize emergency medical services. Check tetanus and request booster be administered if indicated.

ALLERGIC REACTIONS

ALLERGIC REACTION (minor, non-life-threatening):

Signs/symptoms

- Skin rash, hives, itching, feeling flushed/warmth
- Itchy, watery eyes
- Sneezing, runny, stuffy, or itchy nose
- Temporary loss of smell, headache, or fatigue

ANAPHYLACTIC REACTION (major, life-threatening):

A sudden and severe allergic reaction that may cause breathing difficulties and a drop in blood pressure (anaphylactic shock).

Signs/Symptoms

- Wheezing or difficulty breathing, shortness of breath, chest tightness, feeling of throat tightness, difficulty swallowing
- Dizziness, fainting, unconsciousness
- Swelling in the face (may include eyes, mouth, lips or tongue), or significant swelling at the contact site (e.g., entire leg or arm is swollen)
- Skin rash, hives, itching, feeling flushed/warmth

ANAPHYLACTIC REACTION WITH KNOWN ALLERGY:

Inject Epinephrine as directed in EpiPen. Initiate emergency medical services/911.

ANAPHYLACTIC REACTION WITH UNKNOWN ALLERGY:

Inject Epinephrine according to pre-measured dose via EpiPen prescribed by camp physician. Initiate emergency medical services/911.

NON-ANAPHYLACTIC ALLERGIC REACTION (OR SUSPECTED ALLERGIC REACTION):
Attempt to remove from and/or avoid allergen. Always monitor for signs/symptoms of a more severe reaction.

For contact/skin reaction: wash affected area and apply topical ant-itch cream/ointment

For sinus reaction: give Benadryl as prescribed via Medical Standing Orders.

Initiate emergency medical services for any involved individual with history of anaphylactic reaction regardless of signs/symptoms.

AMPUTATION

Evaluate individual for resuscitative need. Address bleeding by elevating and applying direct pressure to stump wound. Initiate emergency medical services/911. Monitor and treat for possible shock.

“CARE OF AMPUTATED PART”- Cleanse gross contamination by saline irrigation and remove all jewelry. Wrap part in a saline-moistened gauze, place in a water-tight plastic bag. Immerse bag in a container of ice water (half water and half ice - avoiding excessive ice.)

BEE STING

See “Bites- Insect”

BEDWETTING/ENURESIS

Every case should be reported to the camp medical staff and administrative staff who will then work out a plan for management. Plan may include limiting fluids 2 hours before bedtime and facilitating the individual in getting up at night. Assist staff in maintaining camper’s privacy and dignity.

BITES

With all bites evaluate if the skin is broken. If the skin is broken proceed. (If the skin is not broken, turn to “Bruises/Bumps”). Monitor for signs/symptoms of infection. Check tetanus and request booster be administered if indicated (with any human or animal bite). In all cases, if discomfort or itching is not controlled by the methods indicated, initiate emergency medical services.

ANIMAL

Wash thoroughly with soap and water. Treat as a “Puncture Wound.” Try to capture animal if it can be done safely. If needed, call animal control for assistance with capturing and quarantining the animal. Initiate emergency services if wound is severe or if you suspect animal has rabies.

HUMAN

Wash thoroughly with soap and water. Initiate emergency services.

INSECT

Remove stinger if still present by scraping or flicking it out with a flat surface like a credit card (stinger may not be visible). Do not squeeze the site to remove the stinger; it may result in releasing more venom into the skin. Wash wound with soap and water. Intermittent ice will reduce discomfort. Applying a baking soda or meat tenderizing paste may also help relieve discomfort. For ongoing discomfort apply Calamine lotion, etc. Cover with dressing if needed. Monitor for signs of allergic reactions. While not having a dangerous bite, **bed bugs** pose a concern and spurred development of a Bed Bug Policy listed within the Health Service Policy of the *Camp Policy and Procedures Manual*.

LEECH

Have individuals check regularly and thoroughly after possible exposure. If found, apply salt to the leech to break contact. Control bleeding with gentle pressure. Wash the area with soap and water.

SNAKE

Wash wound with soap and water. Be reassuring and try to keep the individual calm and quiet.

Venomous

Signs/symptoms: Fang marks begin to swell, hurt and burn within 5 minutes. Keep the individual quiet allowing them to expend only minimal energy. Wash wound with soap and water and keep the bitten part still and lower than the heart. Apply a light constricting bandage (one finger should slip under) 2" above and below the bite (never on a joint). Initiate emergency medical services.

Non-Venomous

Wash with soap and water. Apply topical antibiotic and sterile dressing if the skin is broken. Change dressing daily and as needed to keep it clean and dry.

SPIDER

See "Bites- Insects"

All spider bites are poisonous to some extent. Evaluate severity. Wash wound with soap and water. Apply a cold pack if needed. Monitor for an allergic reaction. Initiate emergency medical services as needed.

TICKS

Have individual checked regularly and thoroughly after possible exposure to ticks. If found, remove immediately. Use tweezers as close to the skin as possible and pull gently. Wash with soap and water. Apply antibiotic ointment. Monitor for sign/symptoms of Lyme disease (A bacterial infection spread by deer ticks - ticks easily seen are probably not deer ticks).

Signs/symptoms include a "bull's-eye" type rash around the bite that develops between 4 days to 3 weeks after the bite or a black and blue rash may occur depending on individuals skin color; flu-like symptoms such as headache, fatigue, fever, joint/muscle, and aches/pain.

Treatment consists of antibiotics to prevent complications. Initiate emergency services if unable to remove tick, if tick has been attached for more than 24 hours and individuals are in know Lyme disease area, or if any signs/symptoms of Lyme disease appears.

BLEEDING

CUT/LACERATION

Minor: Wash with soap and water. Apply sterile pressure dressing to control bleeding. Evaluate need for stitches. Apply antibacterial ointment and sterile dressing as necessary. Small cuts may be left open to air unless covering is needed to prevent irritation. A steri-strip can be used to pull the edges of the wound together for more effective healing. If dressing applied, change daily and as needed.

Severe/Deep: Apply sterile pressure dressing to control bleeding. If ineffective add additional dressing and maintain pressure. If still ineffective apply pressure to pressure point (find nearest pulse above injury and press that artery against the bone). Use a tourniquet in extreme emergency as a life-saving measure only. Initiate emergency medical services/911. Observe and treat for shock.

Nose: Instruct the person to sit up straight and lean slightly forward while pinching nostrils between thumb and forefinger for a full 10 minutes without interruption. Applying an ice pack to the bridge of the nose may help. If bleeding continues, apply pressure for an additional 10 minutes without interruption. Initiate emergency services if bleeding continues after 30 minutes of direct pressure, if blood continues to flow down the back of the throat while direct pressure is being applied, if a deformity of the nose is present or bleeding recurs often. After the bleeding has stopped have the individual remain quiet for several hours and discourage them from blowing their nose for 10-12 hours to prevent further bleeding.

Stools: Using universal precautions obtain a stool sample and initiate emergency medical services.

Urine: Evaluate severity. Note other signs/symptoms. Initiate emergency medical services.

Wound: Apply sterile pressure dressing for 10 minutes. If bleeding does not subside apply pressure to pressure point for 10 minutes. Apply tourniquet only in extreme emergency and as a life-saving measure. Initiate emergency medical services if bleeding is severe, if bleeding does not subside and/or if wound requires stitches.

BLOOD SUGAR

HYPOGLYCEMIA – Low blood sugar

Signs/Symptoms:

- Confusion, delirium, or unconsciousness
- Lightheadedness, dizziness
- Nausea
- Cool, moist skin
- Sweating

Treatment:

Mild: Provided juice and a snack (high-sugar content). Initiate emergency medical services as needed.

Severe: Glucose – orally as directed. Initiate emergency medical services.

HYPERGLYCEMIA – High blood sugar

Signs/Symptoms:

- Confusion, delirium, or unconsciousness – individual may appear drunk
- Sweet smelling breath
- Thirst and frequent urination

Treatment:

DO NOT give anything by mouth

Initiate emergency medical services

Treat any condition(s) per appropriate protocol

BODY TEMPERATURE

Normal body temperature: 97.6-99.6°F

ELEVATED

(Above 99.6°F or any time individual is symptomatic above 98.6°F)

Put to bed in infirmary. Use moderation in dress and covers. Assess the individual. Note other signs/symptoms and report to physician. If physician is not available and abdominal pain is not present, give acetaminophen or ibuprofen as recommended and encourage clear fluids (DO NOT give aspirin to any individual under age 20). Monitor closely. If fever is greater than 103°F encourage tepid bath. Initiate emergency medical services if temperature is greater than 101°F, is not lowered by acetaminophen or ibuprofen, if other signs/symptoms develop, or if fever lasts longer than 24 hours without additional signs/symptoms.

LOW

(Below 97.6°F or any time individual is symptomatic less than 98.6°F)

Consider hypothermia. Provide warmth externally (blankets, warm/dry clothing) and internally (warm fluids - only if consciousness is not a consideration). Initiate emergency medical services if the temperature remains low or if other signs/symptoms are present or develop.

CHILLS

Evaluate body temperature. Note other signs/symptoms. Monitor for signs of illness. Initiate emergency medical services if unrelated to temporary chilling (i.e., after swimming) or other signs symptoms.

BREATHING PROBLEMS

ABSENT

Begin mouth-to-mouth resuscitation immediately. Initiate emergency medical services/911. Monitor cardiac status (heartbeat) closely.

CONGESTED

Note other signs/symptoms. Humidification may be helpful. Encourage coughing and deep breathing (to expel secretions) and fluids (to thin secretions). Note color and consistency of anything coughed up (expectorant). Initiate emergency medical services if accompanied by a fever or creamy/yellow/green/bloody expectorant. If accompanied by respiratory distress initiate emergency medical services/911.

DIMINISHED

If diminished quality or depth without respiratory distress; note other signs/symptoms including temperature and initiate emergency medical services. If accompanied by respiratory distress initiate emergency medical services/911.

HYPERVENTILATION

Have individual sit/lie down and concentrate on slow breathing. Provide a calm, quiet, private, atmosphere. If ineffective ask the individual to breathe slowly in and out of a small paper bag over the mouth and nose.

LABORED

Treat as an emergency and initiate emergency medical services/911.

WHEEZING

Known Asthmatic: Asthmatic campers bringing their own prescribed inhalation medications shall be allowed to carry these medications. The camper must agree to notify the nursing staff and report for evaluation whenever use has occurred. Initiate emergency medical services if condition is severe, not relieved by medication or recurs frequently.

Non-Asthmatic: Provide a calm, quiet, relaxed atmosphere. Warm, moist air or fresh, outdoor air may be beneficial. Encourage fluids. Evaluate severity and initiate emergency medical services if necessary.

BRUISES, BUMPS

Apply cold compresses at 15 minute intervals over 48 hours post injury. Elevate to diminish swelling. Consider possibility of fracture or deep injury. For ongoing discomfort after 48 hours heat may be applied. Initiate emergency medical services with suspected fracture/deep injury, if severe or if discomfort/swelling not decreasing after 48 hours. If injury is sustained to the head treat as “Head Injuries”.

BURNS

Initiate emergency medical services for all severe burns and/or burns to the face, hands or genitalia even if they are small in area, if signs/symptoms of infection are present, or if discomfort is not controlled by acetaminophen or ibuprofen.

FIRST DEGREE/PARTIAL THICKNESS (involves only the outer layer of skin)

Involved area is red, dry, and painful without blisters or open areas. Place in cold water for 10-15 minutes to relieve pain. Do NOT use ice. The area may be left open to air or antibiotic ointment or cream followed by sterile Vaseline gauze may be applied. Offer fluids and symptomatic control measures. Aloe gel or cold compresses may be applied to help relieve ongoing discomfort. Acetaminophen or ibuprofen as directed if needed for discomfort, mild pain.

SECOND DEGREE/PARTIAL THICKNESS (involves severe layers of skin)

Involved area is red, swollen, painful, and weepy or blisters are present. Do not open/break blisters if at all possible. Place in cold water to relieve pain. Encourage fluids. Apply antibiotic ointment or cream followed by sterile Vaseline gauze if blisters break. Wash the area and change dressing daily and as needed.

THIRD DEGREE/FULL THICKNESS (involves all layers of skin and underlying tissues/organs)

Involved area is dry, pale white, or charred, swollen, painless and may break open. Cover with dry, sterile dressings for immediate transportation to nearest medical facility. Give nothing by mouth. Observe and treat for shock.

CHEMICAL BURNS

Initiate emergency medical services/911. Remove clothing and jewelry that may trap chemicals against the skin or on which chemicals may have spilled.

Wet Chemical - Flush affected areas with large amounts of cool running water until ambulance arrives.

Dry Chemical - Brush dry chemicals off the skin with a gloved hand before flushing with cool running water until ambulance arrives.

SUNBURN

Prevent when possible. Sun screen preparations are encouraged. Exposure should be limited (especially 10:00 AM – 2:00 PM) and sun and skin protection should be used to protect against sunburn. Evaluate and treat as “BURNS”.

EYES

See “Eye - Chemical Burns”

CARDIOPULMONARY ARREST

Cessation of breathing and/or pulse.

Pre-arrest signs/symptoms:

- Difficulty breathing, shortness of breath
- Numbness or tingling
- Pain or heaviness in the chest
- Heartburn, indigestion, and/or nausea
- Sweating
- Changes in skin color (pale, gray or bluish especially around mouth and nailbeds)
- Dizziness, lightheadedness, fainting or unconsciousness

Initiate emergency medical services/911. Have the individual lie down and rest. Monitor closely. Begin CPR immediately if necessary

CHOKING

Verify individual is choking then administer Heimlich and CPR as necessary. Initiate emergency medical services/911 as necessary.

COLOR CHANGES- SKIN

BLUISH/DUSKY

Evaluate body temperature and respiratory status. Treat body chill as in “Body Temperature - Low”. Monitor for complications. Initiate emergency medical services/911 if individual is unconscious, is in respiratory distress, if other signs/symptoms are present, or if body temperature does not return to normal. Administer CPR as necessary.

FLUSHED

Evaluate body temperature. If excess sun or heat exposure likely (treat as in “Heat Exhaustion/Heat Stroke”) or if an infectious process is suspected initiate emergency medical services/911.

PALENESS

Assess individual. Initiate emergency medical services as needed.

COMMUNICABLE DISEASE

Consider all individuals with any potentially contagious signs/symptoms as being contagious until advised to the contrary by the physician. Isolate until released by physician. Initiate emergency medical services.

CONGESTION

CHEST

See “Breathing Problems- Congestion”. Note color and consistency of drainage if any. Initiate emergency medical services as needed.

NASAL

Assess individual. Note body temperature and treat for “Body Temperature - High” if needed. Also note color and consistency of drainage if any. Encourage fluids. Humidified air or warm facial compresses may be beneficial. Initiate emergency medical services as needed.

SINUS

Assess individual. Note body temperature and treat for “Body Temperature – High” if needed. Note color and consistency of any drainage. Alternate warm and cold packs to the sinuses and/or humidified air may be helpful. Encourage fluids. Initiate emergency medical services as needed.

CONSTIPATION

Offer extra fluids (warm fluids may be especially helpful), fruit/fruit juices and encourage walking. Evaluate diet. Initiate emergency medical services if condition persists and/or the individual begins to vomit or experience abdominal pain.

CONVULSIONS/SEIZURES

Stay with the individual providing privacy and a calm environment. Remove nearby objects to protect from injury, do not hold or restrain the person. Protect head from injury by placing a towel or cloth beneath it. Turn head to side clearing airway of saliva or vomit to prevent aspiration. **Do not attempt to force anything between teeth.** Time length of episode if possible. Monitor respiratory status and allow to rest post seizure. Initiate emergency medical services/911.

COUGH, HOARSENESS, STRIDOR

Humidified air may be helpful. Note color/consistency of any drainage. Initiate emergency medical services as needed.

CRAMP

MENSTRUAL CRAMPS

External heat, acetaminophen or ibuprofen as directed and activity as tolerated. Recommend sanitary pads instead of tampons.

MUSCLE PAIN/CRAMPS

Cramps without other symptoms: Gentle stretching (for calf point toes toward nose), massage, extra fluids, increase dietary potassium intake (bananas, orange juice, potatoes).

Cramps with other signs/symptoms: Evaluate severity. Initiate emergency medical services as needed.

Shin splints: Ice, acetaminophen or ibuprofen as directed.

DEHYDRATION/POOR FLUID INTAKE

Signs/Symptoms

- Thirst, dry mucus membranes (mouth, nose, throat) and lips
- Feeling faint with standing

- Lethargy
- Decreased urine output (individual should urinate at least once every 8 hours in a normal amount, not a small amount of dark/concentrated urine).

Treatment:

Encourage Fluids unless nausea/vomiting are present (avoid plain water and red colored fluids). If individual is unable to drink fluids for a 12 hour period or if signs/symptoms of dehydration are present, contact physician.

DEPRESSION (EMOTIONAL)

Talk with individual, provide understanding and support. If depression is severe or if safety is a concern, contact Community Mental Health and initiate emergency medical services as needed. Ongoing evaluation is essential.

DIARRHEA

Admit to infirmary. Assess the individual. Review diet, food sanitation, health of food handlers and initiate emergency medical services. Notify staff to watch for and report other cases. Allow the individuals stomach to rest then offer clear liquids in frequent, small amounts. Slowly introduce mild foods (e.g., rice, dry toast/crackers, bananas, applesauce- avoid spicy foods, fruit, caffeine, and limit dairy products). Initiate emergency medical services if stools are black/bloody; individual is experiencing abdominal pain; symptoms of illness (fever, chills, vomiting) or dehydration (see “Dehydration”) are present; or if diarrhea continues or is severe.

DISLOCATION

All joint dislocations require medical attention. If neurological (i.e., loss of sensation to the effected extremity) or vascular compromise (i.e., loss of pulses to the effected extremity) should occur, ambulance transport is required. If neurological and vascular status is stable, then car transport is sufficient.

DIZZINESS

Provide rest and institute safety precautions as needed. Recommend that individual sit/stand slowly. Avoid lying flat if individual is experiencing dizziness. Instead have the individual prop themselves up slightly to relieve the spinning sensation. Assess individual. If dizziness continues, and is severe or accompanied by head injury initiate emergency medical services.

EAR

ACHE

If the body temperature is elevated, hearing loss or drainage develops or earache is sever/persistent initiate emergency medical services. Any individual with an earache, ear drainage, recent hearing loss or drainage from their ear(s) must be evaluated by a physician before participating in camp.

DRAINAGE

Admit to infirmary and contact physician. Assess individual. Keep the ear clean and dry. Do not put anything into the ear. If drainage is clear or red assess for head injury. Initiate emergency medical services as needed.

FOREIGN BODY IN

Pull the ear up and back, if item is easily visible, attempt to gently extract with tweezers. If it is an insect fill the ear with mineral or baby oil in an attempt to float the insect out. An item may be

dislodged by tilting the head to the side and shaking their head while gently pulling their ear up and back. If unable to easily extract initiate emergency medical services.

HEARING LOSS

Assess for other signs/symptoms. If condition persists or if any other signs/symptoms develop, initiate emergency medical services.

NOISES IN

Treat as “Ear - Hearing Loss”

ELECTRICAL SHOCK

Initiate emergency medical services/911. With all electric shock situations first safely remove the individual from the electrical current. **HAVE THE POWER SHUT OFF!** If unable to shut off the current use a non-conducting object such as wood or rubber to break the individual’s contact with the electric current. Protect yourself and others from sustaining additional shock injuries.

WITHOUT BURN

Evaluate respiratory and cardiac status. Provide CPR and observe/treat for shock as indicated.

WITH BURN

Evaluate respiratory and cardiac status. Provide CPR and observe and treat for shock as indicated. Do not move victim if possible. Do not cool burns, cover with a dry sterile dressing for transport.

EYE

With all eye concerns instruct individual not to rub their eyes nor wear contact lens and promote good hand washing.

DRAINAGE

Note color and consistency. Excessive tearing without other signs/symptoms of infection may indicate the presence of a foreign object. The individual should be considered contagious. Admit to infirmary and initiate emergency medical services as needed.

CHEMICAL BURNS (as a result of caustic splashes, vapors, or fumes)

Flush immediately with water by immersing the individual’s face in a pan of water (open and close eyelids) or under running water (directed away from uninjured eye). Continue flushing for 15-20 minutes or until the eye stops hurting, whichever takes longer. After flushing, cover with a clean bandage or cloth. Initiate emergency medical services.

FOREIGN BODY IN

Small Items: May be flushed out with the individual’s own tears. Sterile saline or tepid water may also be used with flow directed away from the uninjured eye.

Objects at the side of the eye or on the lid: Very gently try to remove with moist sterile cotton. Initiate emergency services if unable to remove or individual continues to experience pain after removal.

Object is stuck on the cornea (white part), the pupil (black part), or is imbedded: Cover both eyes and initiate emergency medical services.

INJURY

Cover both eyes and initiate emergency medical services.

REDNESS

Assess for foreign body. If not attribute to irritation from foreign body, consider the individual as contagious. Initiate emergency medical services.

EXTREMITIES

COLD/BLUE - Evaluate for possible hypothermia or respiratory distress and treat according to appropriate protocol.

FACE

SWELLING

Evaluate. Refer to appropriate protocol. Initiate emergency medical services as needed.

TRAUMA

Application of cold compress. If severe or if suspected fracture or head injury initiate emergency medical services.

FAINTING

Elevate legs 8 to 12 inches if injury is not suspected. Loosen any tight clothing and monitor respiratory and cardiac status. Administer CPR as needed. Do not give them anything by mouth. Keep the individual lying down. Initiate emergency medical services.

FEVER

See "Body Temperature - High"

FOREIGN BODY

BREATHED IN (ASPIRATED)

Allow individual to cough. Initiate Heimlich, CPR or emergency medical services as needed.

EAR

See "Ear – Foreign Body In"

EYE

See "Eye - Foreign Body In"

NOSE

Have individual blow their nose. If blowing ineffective and object is easily seen and reached, gently remove. If unable to easily remove with tweezers initiate emergency medical services.

SKIN

See "Splinters, Slivers".

SWALLOWED

In all swallowing situations evaluate respiratory and cardiac status. Provide CPR as needed.

Poisonous/suspected poisonous - contact Poison Control (1-800-764-7661) and initiate emergency medical services.

Non-poisonous – initiate emergency medical services.

FRACTURE

A bone that is completely or partially broken.

KNOWN/SUSPECTED

Splint any suspected fracture in an approved manner with the least possible disturbance. Initiate emergency medical services. Make no attempt to realign broken bones or straighten bent limb.

NOTE - The ability to wiggle or move the affected area does not rule out the possibility of a fracture.

HEADACHE

MILD WITH NO APPARENT ILLNESS/INJURY

Have individual rest in a quite dark room. Acetaminophen or ibuprofen as directed for pain control. If pain is severe, not relieved by appropriate medication or other signs/symptoms develop initiate emergency medical services.

SEVERE WITH/WITHOUT APPARENT ILLNESS/INJURY

Evaluate **immediately** for severity of headache, nausea/vomiting, stiff neck/back, rash, light sensitivity or rash. Isolate as necessary. Initiate emergency medical services.

HEAD INJURIES

If any head injury is accompanied by dizziness; change in level of consciousness (or unconsciousness even for a short time); nausea; vomiting; severe pressure in the head, neck or back; tingling or loss of sensation in the hands, finger or toes; partial or complete loss of movement to any body part, unusual bumps or depressions on the head or spine; heavy external bleeding from the head, neck or back; impaired breathing vision; bruising on the head especially around the eyes and behind the ears; change in pulse or respiratory rate; or drainage from nose or ears (clear or bloody) initiate emergency medical services.

A person with a severe or known suspected head, neck, or back injury should be immobilized and moved only with medical supervision and extreme caution.

HEAT EXHAUSTION

Signs/symptoms

- Weakness
- Dizziness
- Fatigue
- Nausea
- Cool/clammy, pale, or red/flushed skin

Treatment

Move individual out of sun and/or to a cooler environment. Prevent by increasing fluids during strenuous exercise and/or when environmental temperatures increase and avoid overheating with appropriate dress, rest, etc. Treatment includes rest and oral replacement of fluids and electrolytes. Initiate emergency medical services as needed.

HEAT STROKE

Signs/symptoms

- Confusion, delirium, or unconsciousness
- Red, hot, dry skin (even in the armpits)
- Headache, nausea, dizziness
- Heavy sweating

Treatment

Initiate emergency medical services. This condition is considered life- threatening. Attempt to lower the body temperature by getting the individual out of the sun and to a cool place. Loosen or remove tight clothing and sponge the body with tepid water and/or fan the person. Cold packs may be applied to the individual's wrists, ankles, groin, neck and/or armpits. Nothing by mouth if level of consciousness has changed. To further cool the individual place cold packs on the person's wrists, ankles, groin, neck and/or in armpits.

HYPOTHERMIA

Signs/Symptoms

- Shivering (may stop if body temperature drops below 96° F)
- Cold, pale skin, bluish color especially around lips, mouth, or nail beds
- Skin may appear waxy, cold to touch and/or discolored
- Apathy, impaired judgment, confusion
- Loss of consciousness
- Numbness in affected areas

Treatment

Initiate emergency medical services. Get the individual inside and provide warm, dry clothing and warm fluids to drink. Give nothing by mouth if unconscious or disoriented. Do not warm a person too quickly; such as immersing him or her in warm water, rapid warming can cause dangerous heart rhythms. If something is frostbitten try to remove jewelry or restrictive clothing and handle gently. Soak in tepid water until it appears red and feels warm. Loosely bandage area with dry, sterile dressing.

HIVES

Indicate any allergic reaction. Attempt to identify contact and avoid. Anti-itch medications may be applied. Benadryl orally as prescribed as needed. Initiate emergency medical services if severe and/or any anaphylactic signs/symptoms present.

INSECT BITES

See "Bites - Insect"

ITCHING

SKIN

Evaluate for allergic reaction or other signs/symptoms. Apply a cool wet compress to the affected area. Anti-itch medication may be applied to the area as needed to control itching. An oatmeal bath or an oatmeal compress may also be beneficial (1 cup of oatmeal in a cotton cloth – boil to cook.). Pat skin instead of rubbing. Moisturizing lotion to the skin as needed. Encourage fluids. Evaluate hygiene. Avoid harsh soaps and excessive sun exposure. Initiate emergency medical services if severe or allergic reaction known/suspected.

JOINT

PAIN

Minor: Acetaminophen or ibuprofen as directed. Intermittent ice application. Heat after 48 hours. Let individual rest, evaluate. Initiate emergency medical services as needed.

Severe: Acetaminophen or Ibuprofen as directed. Initiate emergency medical services.

SWELLING

With minor injury: Intermittent ice application. Heat after 48 hours. Rest, then evaluate. Initiate emergency medical services as needed.

With severe injury or without apparent injury: Rest. Evaluate. Initiate emergency medical services.

MOTION SICKNESS

For prevention of motion sickness: Acupressure wristbands may be worn or Bonine 25mg. chewed and/or swallowed (not to exceed 50 mg. in 24 hr.) may be used for Charter Boating experience.

MUSCLE

In all cases initiate emergency medical services if other signs/symptoms are present, if pain is severe or recurs, or as needed.

ACHES

Without Rash: Gentle stretching, massage, heat or ice, Acetaminophen or Ibuprofen as directed if needed.

With Rash or if Severe: Initiate emergency medical services.

NAUSEA, VOMITING

Admit to infirmary and evaluate. Provide rest and quiet. Stop all oral intakes for 2 hours after last vomiting episode. After 2 hours begin with small sips of clear fluids every 15-20 minutes for 1 hour. If individual tolerates, begin to slowly increase fluids. Solids after 24 hours after last vomiting episode. Monitor for signs/symptoms of dehydration (see “Dehydration, Poor Fluid Intake”). Initiate emergency medical services if other signs/symptoms present; if individual vomits more than once an hour for 4 hours, or every other hour for 8 hours; if unable to keep fluids down for more than 8 hours; or occurs with a head injury.

NOSE

BLEEDS

See “Bleeding- Nose”

DRAINAGE

Clear: Monitor for other signs/symptoms of infection or allergies. Evaluate for head injury. Initiate emergency medical services as needed.

Cloudy/Creamy/Yellow/Green: Indicates possible infection. Assess. Initiate emergency medical services.

Stiffness/Congestion: Encourage fluids. Have individual breath humidified air. Monitor body temperature and for any other signs/symptoms. Initiate emergency medical services if severe, accompanied by other signs/symptoms, or if drainage becomes creamy/yellow/green.

PAIN

ABDOMINAL

See “Abdominal Pain”

BACK

See “Muscle - Aches, Pain/Cramps”. Initiate emergency medical services if severe or if neurological signs/symptoms develop (i.e., numbness, tingling, weakness, paralysis, speech or visual changes, gait unsteadiness, etc.)

CHEST

Initiate emergency medical services/911.

FLANK

Evaluate urinary status. Initiate emergency medical services if severe or if other signs/symptoms are present.

HEAD

See “Headache”

MENSTRUAL

See “Cramps”

MUSCLE

See “Muscle” or “Cramps, Muscle Pain/Cramps”

NECK

See “Muscle - Aches, Pain/Cramps”. Initiate emergency medical services if severe, if neurological signs develop, if individual is unable to touch chin to chest or if other signs/symptoms are present.

POISON IVY/OAK/SUMAC

Prevention:

Staff and campers should be taught to recognize the plant and should be notified of areas to avoid. After suspected contact, wash all exposed areas with Fels Naptha soap thoroughly. Launder clothes separately.

Treatment:

Immediately wash the affected area thoroughly with Fels Naptha soap and water. If rash or open sores develop, apply paste of baking soda and water several times a day to reduce discomfort. Apply anti-itch lotion to areas that are not weepy. Monitor for signs/symptoms of infection. Initiate emergency medical services if allergic reaction noted/suspected, condition is severe/worsens, or if individual is unrelieved by recommended treatments.

POISONING

Signs/Symptoms:

- Trouble breathing
- Nausea, vomiting, diarrhea
- Chest or abdominal pain
- Sweating, changes in consciousness, seizures
- Burns around the lips, tongue, or on the skin
- Open or spilled containers, open medicine cabinet
- Unusual odors, flames, smoke

Treatment:

POISON CONTROL CENTER

1(800) 222-1222 - National Poison Control phone number. If vomiting is recommended by Poison Control, induce vomiting by placing spoon or finger at the back of the throat. When vomiting begins keep the individual's head lower than the chest to prevent vomit from entering the lungs or if lying down keep the person on their side. Initiate emergency medical services.

INGESTION

Identify poison if possible. Call Poison Control Center immediately for advice. Monitor for shock, anaphylactic reaction.

INHALATION

Fresh air as quickly as possible. Call Poison Control Center immediately for advice. Monitor for respiratory distress, shock.

EYES

See "Eye - Chemical Burns"

OVERDOSE

Treat as "Poisoning - Ingestion"

PUNCTURE WOUND

Verify that object is intact and tip is not left in wound. Allow to bleed freely unless bleeding is severe. If severe treat as "Bleeding- Wound". Clean thoroughly with soap and water. Soak daily in warm water for 15-20 minutes for a maximum of 3-4 days. Evaluate tetanus status and request booster if indicated. Monitor for signs/symptoms of infection. Initiate emergency medical services if pain/swelling is severe; if object is not intact/tip is not present and/or a portion of the object is not present or foreign matter from the object remains in the wound; or if signs/symptoms of infection are present initiate emergency medical services.

RESPIRATORY ARREST

Ineffective or absent breathing. Initiate mouth-to-mouth resuscitation. Initiate emergency medical services/911.

SEIZURES

See "Convulsions, Seizures"

SHOCK

Initiate emergency medical services/911.

Signs/Symptoms:

- Restless or irritable
- Cool/cold, pale, moist skin – may have a blue tinge to lips and/or fingernails
- Shallow, rapid breathing
- Nausea, vomiting, or excessive thirst
- Dilated pupils
- Weak, rapid heart rate
- Confusion or anxiety
- Fainting, weakness, dizziness, or loss of consciousness
- Low blood pressure

Treatment:

Have the individual lie down with feet elevated (unless head/neck/back/chest injury = keep legs flat). Roll to one side if vomiting occurs. Control any bleeding. Keep the individual warm by placing a blanket under and over them. Do NOT give anything by mouth. Take and record the individual's pulse every 5 minutes. Be calm and reassuring. This is a life-threatening situation.

SHORTNESS OF BREATH

See “Breathing- Diminished/Labored”.

SKIN

COLD/BLUE

See “Hypothermia”. Evaluate for shock. Evaluate/monitor respiratory and cardiac status. Initiate emergency medical services as needed.

HOT/FLUSHED

Evaluate body temperature. See “Body Temperature - High”, “Heat Exhaustion”, “Heat Stroke”, “Allergic Reaction”. Treat for appropriate protocol as needed. Initiate emergency medical services as needed.

PALENESS

Evaluate individual. Monitor unless difficulties noted. Initiate emergency medical services as needed.

RASH

Consider contagious. Admit to infirmary and evaluate. Initiate emergency medical services as needed.

REDNESS

Evaluate. Treat for appropriate protocol as needed. Initiate emergency medical services as needed.

SCABIES/IMPETIGO/RINGWORM/LICE/PEDICULOSIS

Signs (Including scalp): itching, redness, rash. Must be diagnosed by a physician. Evaluate and Monitor for allergic reaction. The camp director and physician will decide the policy regarding exclusion of individuals with these conditions from camp. Camp physician will prescribe treatment of such cases at camp. Consider contagious and isolate as appropriate.

SLEEPWALKING

Being up, around, and/or active while still asleep.

Signs/Symptoms:

Eyes open but blank; lack coordination. Individual may perform semi-purposeful activity (i.e., turning light on/off, dressing or undressing, opening/closing doors). The individual can not be awakened and the episode may last from 5-20 minutes. Episodes usually occur within two hours of falling asleep.

Treatment:

Lead individual gently back to bed after taking them to the bathroom (they may be looking for a place to urinate.) Protect the individual (i.e. have individual sleep on bottom bunk, gate stairs/doorways, pin a bell to individual's clothing, etc.) Avoid excessive tiredness which can lead to more active sleepwalking.

SORE THROAT

Take temperature and assess. Symptomatic treatment may include extra fluids, salt water gargle (one teaspoon salt to 8 oz. warm water), Acetaminophen or Ibuprofen, and voice rest as directed. Initiate emergency medical services if severe or accompanied by other signs/symptoms.

SPLINTERS, SLIVERS

Clean skin with soap and water. If the end of the splinter projects from the skin it may be removed gently with tweezers and then re-wash the affected area with soap and water. Do not dig or open the skin to remove the splinter. Check tetanus and request a booster be administered if indicated.

SPRAINS

An injury to the muscle, ligaments, tendons, or soft tissues around a joint.

Cold application for 15 to 20 minutes intermittently for 24 hours. Rest. Support with an elastic bandage. Elevate frequently to limit swelling unless contraindicated. Heat after 72 hours to reduce swelling. Activity as tolerated to allow sprain to rest/heal and prevent further injury. Initiate emergency medical services if pain or swelling is severe or fracture is known/suspected.

STRAINS

An injury caused by over-stretching a muscle.

Intermittent cold application for 48 hours after injury then heat after 72 hours to reduce swelling. Elevating frequently (unless contraindicated) will also help limit swelling. Provide additional joint support with application of an ace bandage. Activity as tolerated to allow strain to rest/heal and prevent further injury. Initiate emergency medical services if pain or swelling is severe or fracture is known/suspected.

STROKE

Signs/Symptoms:

- Sudden body weakness or numbness, often on one side
- Sudden facial drooping or weakness on one side of the face
- Difficulty speaking
- Difficulty seeing in one or both eyes
- Sudden severe headache

- Dizziness, loss of balance
- Looking or feeling ill, abnormal behavior

Initiate emergency medical services/911. Care for the specific conditions assessed. If the person is drooling or having difficulty swallowing, place person on his or her side to keep airway clear.

SUNBURN

See “Burns - Sunburn”

SUNSTROKE

See “Heatstroke”

SWIMMING ACCIDENTS

Initiate emergency medical services/911. Follow lost - swimmer policy. Initiate life-sustaining measures as needed.

TOOTH

ACHE

Rinse mouth with warm salt water (one teaspoon per 8 oz. warm water). Acetaminophen or Ibuprofen as directed for discomfort. If abscess is suspected, condition is severe, or if other signs/symptoms develop initiate emergency medical services.

TRAUMA

Cold application. Contact dentist/physician as soon as possible. With accidental tooth loss (if tooth has been totally displaced from socket) it should be gently rinsed with normal saline or tap water to remove debris. Handle only crown of tooth. If possible immediately re-implant into the socket and seek medical attention. If this is not possible, transport the individual with the tooth in a solution such as normal saline or milk. Have person bite down on a rolled sterile dressing to stop bleeding.

URINATION PROBLEMS

Encourage fluids. Initiate emergency medical services as needed.

WOUND INFECTIONS

Signs/Symptoms:

- Increased pain, swelling, redness, tenderness
- Increased warmth to touch
- Red streaks extending from the wound
- Increased drainage - especially creamy, yellow, or green drainage
- Elevated body temperature with no other apparent cause

Treatment:

Apply warm saline or soaks. Monitor for a fever. Admit to infirmary and initiate emergency medical services.

MEDICATIONS/TREATMENTS

ACETAMINOPHEN (325 mg.) 1-2 tablets orally every 3-4 hours as needed for discomfort or mild pain. (DO NOT give aspirin to any individual under age 20.)

ANTACID - As needed. Follow recommended dosage on container.

BENADRYL CREAM – topically as needed to hives.

BENADRYL (25-50 mg.) orally every 6-8 hours as needed to control more severe itching.

BONINE - As needed to control motion sickness. Follow recommended dosage on container.

CALAMINE, AVEENO, SARNA, AND/OR ALOE VERA - topically as needed for itching skin.

EPINEPHRINE - one dose (one cc Subcutaneous, 1:1,000) for anaphylactic reaction.

IBUPROFEN (200 mg.) 1-2 tablets orally (with food) every 4-6 hours as needed for discomfort/mild pain.

GLUTOSE – as directed on package insert.

HUMIDIFICATION/HUMIDIFIED AIR MAY BE ADMINISTERED BY:

- 1.) Heat a pan of water to steaming, having individual place a towel over their head and positioning themselves over the steam (CAUTION = PREVENT BURNS).
- 2.) Standing in or near a running hot shower (CAUTION = PREVENT BURNS).
- 3.) Place a warm, moist washcloth loosely over the mouth and nose repeatedly.

MINOR DRESSING CHANGES

Change daily and as needed to keep dressing clean and dry. Wash thoroughly with mild soap and water with each dressing change. An antibiotic ointment may be used unless contraindicated (i.e., allergy, sensitivity). Monitor for signs/symptoms of infection. Initiate emergency medical services as needed.

Before giving any over- the-counter medication or tetanus booster, review allergy status and parent/guardian permission.

Physician gives permission to the camp Health Officer to assess all incoming individuals physically, mentally and emotionally, as well as obtain/review/update pertinent medical records/health information.

With all serious accidents or illnesses (known or suspected) or with any emergency situation, always notify the parent/guardian as soon as possible after notifying appropriate health officials.

Implement “Universal Precautions” with all individuals, treatments and procedures. Always practice good hand-washing. Wear gloves when in contact with any body fluids if possible and further protection when appropriate.

Contact Physician if in doubt or at any time with questions, concerns and/or for any medical conditions not addressed by the Medical Standing Orders.

Camp Physician

Date

REFERENCES

First Aid and Emergency Preparedness, A Quick Reference 2004. American Red Cross. Stock No. 662130

Nursing knowledge and experience – Shawn Ruhf, R.N. 1974- 2005; Paula Ramelis, R.N. and Karen Verlac, R.N. 2006 – Present.

Revision and updating of Document - Shannon Jackson 1985- 2005; Judy Ratkos 2006 – Present.

Health Wise Handbook: Physicians Health Plan, 1995.

Your Child's Health. Barton D. Schmitt, M.D. F.A.A.P., 1991.

Tintinalli, Judith MD, Kelen, Gabor MD, Stapczynski, J. Stephen MD, Emergency Medicine, Fifth Edition, McGraw- Hill, New York, 2000.

Roberts, James MD, Hedges, Jerris MD, Emergency Medicine, Third Edition, W.B. Saunders Co. Philadelphia, 1998.

Auerbach, Paul MD, Donner, Howard MD, Weiss, Eric MD, Field Guide to Wilderness Medicine, Mosby, St. Louis, 1999.

UNIVERSAL PRECAUTIONS

1. Wash hands before and after contact with each individual, after glove removal, and immediately after contact with blood, body fluids or human tissue occurrences.
2. Wear gloves when anticipating contact with blood, body fluid, tissues, mucous membranes (i.e. the lining of the mouth and nose) or contaminated surfaces, or if breaks in the skin are present.
3. Wear an impervious (waterproof) gown or apron if splattering on clothing is likely.
4. Wear a mask if there is to be contact with an infectious disease spread by splatter droplets (i.e., individual has a cold – coughing, sneezing of etc.).
5. Wear a mask and eye protection if aerosolization or splattering of body fluids is likely to occur.
6. Use mouth piece or ventilation device during emergency resuscitation if possible.
7. Dispose of sharp objects carefully. Do not handle broken glass; use a broom and dustpan and dispose of properly.
8. Report immediately all lacerations, mucosal splashes or contamination of open wounds with blood or body fluids.
9. Clean contaminated spills immediately with a one part bleach to ten parts water solution.
10. Linen - place in impervious bag at point of use. Handle all soiled linens with gloves.
11. No sharing of eating or drinking utensils.
12. Teach Universal Precautions to all attendees at camp.
13. Teach individuals the importance of good infection control measures (hygiene, especially good and frequent hand washing; covering one's mouth when sneezing or coughing; immediate and appropriate disposal of used Kleenex; etc.).
14. Keep copies of Universal Precautions available in the infirmary, bathrooms, kitchen and transportation vehicles.

First Aid/ Infirmary Supplies List

Vans- each needs:

Emergency phone #s and hospital maps

Kitchen supplies – available from dining hall:

B.R.A.T. Diet

(B) Bananas

(R) Rice

(A) Applesauce

(T) Toast

Juice- Apple, Cranberry; Gatorade

Universal Precautions

Gloves- non-sterile

Goggles

Mask

Impervious gown

Garbage bags (red if possible)

Bedding & Dry Supplies

- Bedding
- Towel (limb elevator)
- 3 Masks (for dust and allergies)
- Sphygmomanometer
- Squirt Bottles
- Matches
- 2 Masks (Medical)
- Heating Pad
- 3 pairs Safety Glasses
- Forceps
- Stethoscope
- Lighter
- Bells
- Paint Brush
- Baking soda (*expires ____*)
- 400 Dixie cups

Grab&Go Items

- Soft neck collar
- 3 Stiff neck collars
- Oral Airway mask

Dry Supplies

- Socks (6 pairs)
- 3 Night lights
- Candles
- 2 Toothbrushes
- 1 eyeglass repair kits
- Thermometer
- Trainer Epipen & DVD
- 100 plastic spoons
- 50 Sandwich Ziploc baggies
- 50+ Snack Ziploc baggies
- 70 quart Ziploc baggies
- 4 red baskets used for markers in

Dry Supplies

- Freezer bags
- 15 kitchen trash bags

- Health Wise Handbook
- Nursing Drug Handbook
- Maxi Pads
- Tampons
- Paper lunch bags
- Duct tape
- Masking tape
- Ice cube trays
- Non-sterile gloves
- Reusable cold packs
- Baking soda (*expires ____*)
- Bag of assorted shampoo, conditioner, soap

Wet supplies

- 2 Oatmeal Bath
- 2 bottles Hydrogen Peroxide (*expires ____*)
- Insect Repellent
- Rubbing Alcohol (*expires ____*)
- Baby wipes
- Soap – liquid antibacterial
- Aloe gel (*expires ____*)
- 2 jugs Bleach
- Baby oil
- Mineral oil (*expires ____*)
- Anti-itch lotion
- Lysol Disinfectant spray (antibacterial)
- Betadine (*expires ____*)

Medicines

- 2 Benefiber tablets (*expires ____*)
- Ben-gay (*expires ____*)
- 2 bottles Acetaminophen (325 mg) (*expires ____*)
- 2 bottles Ibuprofen (200 mg) (*expires ____*)
- Benadryl allergy- (Q dryl) (*expires ____*)
- Children's Benadryl allergy (*expires ____*)
- Bonine (Motion sickness) (*expires ____*)
- 1 packages Reli- On (Glucose tablets)
- Reli-On Glucose gel (*expires ____*)
- Tums (*expires ____*)
- 2 Epipens (*expire ____*)
- 22 plastic cups (2 fl. oz.)
- Corn starch
- Visine (*expires ____*)
- Eye wash
- 3 sea bands
- Halls drops (*expires ____*)
- Orajel (toothaches) (*expires ____*)
- Anti-diarrheal (*expires ____*)
- Pepto-Bismol tablets (*expires ____*)

Bandage Supplies

- 2 instant cold packs (1 only)
- 50+ Band Aids
- 10 2x3 Nonstick pads
- 9 3x3 Non-adhering dressings
- 20 4x4, 10 3x3, 10 2x2 mesh dressings
- Mole skin

- Arm sling
- 100+ cotton balls
- 400+ Q-Tips (2 pkgs)
- 2 reusable hot/cold packs
- Reusable cold compress
- Thermometer probe covers
- First aid tape
- 120 alcohol swabs
- Cone mask
- Ace wraps
- Finger splint

Sterile Pads

- 9 2x2
- 10 3x3

Gauze

- 25 gauze pads
- 2" rolled
- 4" rolled

Portable First Aid Kits for Health Officer Station & Beach

Health Officer Station Kit

- 50 SPF Sun block
- Bug Spray
- Gloves
- Instant cold pack
- Meat tenderizer
- Moleskin
- Stethoscope
- CPR mask
- Gauze bandage
- Adhesive tape
- Waterproof tape
- 2 pairs medical scissors
- Spiral notebook pad
- Zip lock baggies
- Hydrogen peroxide
- Dixie cups
- Sphygmomanometer
- Oral airway
- Instant hand sanitizer (*expires ____*)
- Triangular bandage
- Ace bandage
- 5 Antiseptic towelettes
- Baggie of salt
- Baggie of baking soda
- Thermometer
- Thermometer covers
- Tweezers
- Safety pins
- Bandage hook
- Eyeglass repair kit

- Needle
- Cotton balls
- Antibiotic ointment
- 1 eye pads
- 5 4x4 sterile gauze pad
- 6 2x2 sterile gauze pad
- 10 3x3 sterile non-stick pad
- 10 butterfly bandages
- 9 huge band aids
- 15 round Band-Aids
- Band-aids
- Q-tips
- Smelling salts
- Triple antibiotic ointment (*expires ____*)
- Paper bags
- Baggie of corn starch
- Toe/finger nail clippers
- Nail file
- Marker
- Pencil
- Hydrocortisone lotion (*expires ____*)

Waterfront Kit

- Dixie Cups
- Markers
- Brown lunch bags
- 2 Ace Bandages
- Gloves
- Adhesive tape
- Small self grip bandage
- Large self grip bandage
- Stethoscope
- Pocket mask
- Stretch gauze bandage
- Meat tenderizer
- Small note pad
- Q-tips
- Instant hand sanitizer (*expires ____*)
- Smelling salts
- 9 2x3 nonstick sterile gauze pad
- 5 2x2 nonstick sterile gauze pad
- 2 4x4 sterile gauze pad
- 4 eye pads
- Safety pins
- Baggie of baking soda (*expires ____*)
- Baggie of salt
- Oral airway
- Triple antibiotic ointment
- 1 cold pack
- 1 bottle hydrogen peroxide
- Moleskin
- Triangular bandage
- Butterfly bandages

- Bandage hook things
- Band-Aids: mult. Sizes and shapes
- 9 moist towelettes
- Baggie of corn starch
- 10 plastic cups
- Bugs spray
- Blunt tipped scissors
- 30 SPF sunblock

Small Grey Box

- Blank medication cards
- 2 flashlights
- Misc. pens/pencils
- 1 whistle
- Keys for sailboat padlock

MISC. Box

- 15 clothes lines
- ~150 clothes pins
- 1 shower curtains
- 2 sets shower curtain rings

Red Tub (7 First Aid Backpacks (1 for each Lake Group plus each charter boat)

Each of the 7 First Aid Backpacks to be fully stocked with following items listed:

All First Aid Backpacks include:

- First Aid Quick Reference
- Sun Block SPF 30

- Pocket mask
- Triangular bandage
- Flashlight (loaded with batteries just before camp)
- Instant cold pack
- Pencil
- Pad
- Index cards
- Safety pins
- Tweezers
- Meat tenderizer (use for stings)
- Salt (to remove leaches)
- Corn Starch
- Elastic bandage
- Roll of gauze
- Gloves
- 2 sandwich baggies (for contaminated glove disposal)
- Flare
- Whistle
- Medical tape
- Instant hand sanitizer (*expires ____*)
- Antibacterial Wet-ones
- Various Band-Aids
- Eye pad
- Gauze pad
- Rescue Blanket
- Face shield for CPR