### Camp Health Care Plan

# Health Care Needs of Participants

1. Typical health care needs of campers:
2. Routine health checks
3. Administration of prescribed or over the counter medications
4. First response medical treatment for injuries
5. First response medical treatment for illnesses
6. Routine procedures for homesickness, bed wetting, special needs etc.
7. Typical health care needs of staff:
8. Routine health check
9. Storage of medications
10. First response medical treatment for injuries
11. First response medical treatment for illnesses
12. Special Medical Needs:
13. Conducted in cooperation with sponsoring “interest” agencies.
14. Agency provides all special medical needs services.
15. Responsibility and Authority of Camp Staff in Health Care
16. Health Care Staff:
17. There shall be a designated health center supervisor (medic/EMT) who has (at minimum) American Red Cross CPR and First Aid certification or equivalent.
18. There shall be at least one qualified provider (designated by the health center supervisor (medic/EMT) on duty at all times) who shall:
19. Have a minimum current certification in First Aid/CPR.
20. Be responsible for performing the duties described in the camp’s health center supervisor (medic/EMT) job description.
21. Be available at all times while camp is in session.
22. There shall be a minimum of one licensed physician available on call with whom prior arrangements have been made to provide care in lieu of, or in addition to, the health care manager for resident camp.
23. General Camp Staff:
24. All camp staff will bring all campers and other individuals who are injured or ill to the health center to be observed by the health center supervisor (medic/EMT) or designate.
25. Individuals trained in first aid/CPR and who are currently certified will be present whenever activities are conducted away from camp, or off site.
26. Program staff shall be familiar and trained in any life-threatening emergency, which may be unique to the particular activity or hazard related to the program activity. This may include sanitary procedures when dealing with infectious waste or body fluids. Staff has been trained to ALWAYS use gloves if possible depending on the state of the emergency. Staff has been trained that if they come in contact with any Biohazard material that they must immediately wash their hands, and go directly to the health center.
27. General Routines for Camp Health Care and Sanitation
28. Policies concerning written health record requirements:
29. All campers and staff shall have, on file, health histories which have been completed within the last six months and include, at minimum:
30. Current health conditions requiring medications, treatment, or special considerations while at camp.
31. Record of past medical treatment.
32. Record of immunizations for all campers including date of last tetanus shot.
33. Record of allergies.
34. Staff shall update health histories as needed
35. Volunteer staff health care history forms shall be kept with all camper forms
36. Paid staff health care history forms will be kept individually in each employee’s personnel file.
37. All campers and staff who are under the age of 18 must have, on file, permission to treat for emergency care signed by an authorized guardian.
38. Health record logs of all treatment administered shall be kept in bound books.
39. All medical logs and forms shall be kept on site for a period of time, which transcends the youngest user of each camp session reaching twenty-five years of age.
40. Camp uses and recommends using the forms and log books available from the American Camping Association.
41. Camp will not release blank health history forms any earlier than 6 months prior to the campers’ arrival at Camp.
42. Health Screenings:
43. Upon arrival at check in, prior to parent/guardian leaving after check in process is complete is the preferred time for health screenings. For late arrivals or extenuating circumstances, the health screening must be completed within twenty-four hours of arrival at camp.
44. Written screening records and findings for each individual camper will be given to the health center supervisor (medic/EMT).
45. The health center supervisor (medic/EMT) will be responsible to communicate any significant findings to the cabin counselors, program staff and directors’ staff as soon as possible. This will be communicated within twenty-four hours of the health screening.
46. General health screening procedures for campers and staff:
47. Who can conduct health screenings:
48. The camp health care manager or staff trained in proper screening techniques and procedures will preferably conduct health screenings.
49. If the health center supervisor (medic/EMT) is unavailable or requires assistance, any staff employee designated by the camp director may perform the screenings with proper training. To perform such screening, the designated staff member must be over the age of 21, and be certified in basic first aid procedures.
50. Screenings should include:
51. Inspection for head lice
52. Visual signs of infection, such as:
53. Coughing or wheezing
54. Running nose – clear (allergy) yellow (infection)
55. Matted eyes
56. Flushed/hot skin
57. General lethargic behavior
58. Obvious signs of recent injuries:
59. Visual inspection of outer extremities for cuts bruises, swelling etc.
60. Camper/Staff member should be asked about general health.
61. Current medications should be reviewed and noted.
62. All medications shall be turned in at the time of screening for proper storage.
63. Significant findings shall be compared to current health histories and medical examinations for any discrepancies.
64. First Aid
65. Administration of:
66. First aid shall be administered in accordance with the standing orders on file in the office or within the scope of training received by the persons administering first aid treatment.
67. The camp health center supervisor (medic/EMT) has the primary responsibility for the administration of first aid.
68. All camp staff certified by the American Red Cross in basic first aid/CPR may administer first aid within the limits of training received. The health center supervisor (medic/EMT) will provide follow-up care.
69. All camp staff trained by the health center supervisor (medic/EMT) may administer first aid within the limitations of training received.
70. Staff administering first aid and/or witnessing injury or illness shall be responsible for furnishing information to the health center supervisor (medic/EMT) and / or camp director and assisting in the proper completion of all appropriate logs/forms/incident reports. The camp health center supervisor (medic/EMT) will ultimately be responsible for all record keeping.
71. Emergency Medical Care
72. Administration of:
73. Emergency medical care shall be administered in accordance with the standing orders on file in the office and/or within the scope of training received by the person administering emergency medical care.
74. The health center supervisor (medic/EMT) has the primary responsibilities for the administration of emergency medical care.
75. All camp staff certified by the American Red Cross in basic first aid/CPR may administer first response emergency first aid within the limits of training received, whenever necessary. The health center supervisor (medic/EMT) will provide follow up care.
76. All camp staff trained by the health center supervisor (medic/EMT) may administer emergency medical care within the limitations of training received.
77. Staff administering emergency medical care and/or witnessing injury or illness shall be responsible for furnishing information to the health center supervisor (medic/EMT) and assisting in the proper completion of all appropriate logs/forms/incident reports. The health center supervisor (medic/EMT) will ultimately be responsible for all record keeping.
78. All staff members shall be trained by the health center supervisor (medic/EMT) in emergency medical procedures and any special conditions relating to each user group or a special needs group.
79. The following emergency medical situations require staff to ensure that camp health care personnel respond to the injury location. These individuals are not to be moved under any circumstance:
80. Individual become unconscious.
81. Individual is involved in a fall greater than 10 feet.
82. Individual is involved in a head or back injury.
83. Individual cannot move his or her extremities.
84. Written records are to accompany camper groups during all off site activities that are not considered routine. The health center supervisor (medic/EMT) or camp director will determine when the transportation of forms is necessary.
85. In an emergency medical situation, the camp director or authorized representative will assume responsibility of notifying parents/guardians.
86. All staff members involved in administering first aid/or witnessing the accident/injury will be responsible to assist in completing all necessary logs/forms written reports describing incidents or accident. Furthermore all staff will be responsible for completing written reports if they are a witness to a serious situation that results in, or nearly result in, injury or danger to individuals. This will include fires, natural disasters, danger from intruders or trespassers, crises arising out of camper, staff, or any other emotional outburst or threat posing serious safety threat.
87. Daily Medical Care
88. The health center supervisor (medic/EMT) will be responsible for administering daily medical care.
89. Daily medical care consists of administration of routine medications, redressing of injuries and/or the area of campers/staff with special needs.
90. The health center supervisor (medic/EMT) will be available 24 hours at Camp for routine medical care. Medications will be dispensed according to the physician’s instructions.
91. Record keeping for daily medical care will be the responsibility of the health center supervisor (medic/EMT).
92. The health center supervisor (medic/EMT) will dispense daily medical care in accordance with the most recent standing orders on file in the office.
93. All medications must be turned into the health center supervisor (medic/EMT) during the check in/health-screening. All staff and campers must inform the camp staff and/or health center supervisor (medic/EMT) of medications within their possession. The health center supervisor (medic/EMT) will determine whether the medication shall be locked in the infirmary. NO MEDICATION (WHETHER PRESCRIBED OR OTHERWISE) MAY BE KEPT IN ANY AREA, WHICH HAS UNRESTRICTED ACCESS TO GENERAL CAMP USE.
94. All medications (prescription or over the counter drugs) shall be kept under lock and key in the infirmary or in a locked cabinet or refrigeration unit. All medications will be dispensed under the supervision of the health center supervisor (medic/EMT) or delegate.
95. Camper prescriptions will only be dispensed in the participants original prescription bottle which includes:
96. Name of medication
97. Directions on how medication should be taken by individual/dosage
98. Name of doctor
99. Name of camper
100. Strength of medication
101. In the event the parent/guardian must be notified regarding daily medical care, the health center supervisor (medic/EMT) shall make the required telephone call after consulting with the Camp Director. All calls should be documented with name of person, date, time and content/outcome of the call.
102. The health center supervisor (medic/EMT) or camp director will make all appointments with the physician for campers or staff when needed.
103. Guide the counselors in regard to their responsibilities in noting and reporting illness, injury, or unsafe practices and conditions, and the recording of all such treatments.
104. Prepare first aid kits for emergency use for all counselors for use on hikes. Instruct counselors in correct first aid methods. The health center supervisor (medic/EMT) must follow up all such treatments.
105. Make a physical check of campers upon their arrival at camp and review all health camper forms to assess for food and drug allergies, asthma, and other health concerns of the camper.
106. Routine Health Care
107. The Camp Health Care Manager shall be responsible for the supervision of routine health care and/or training of staff to recognize health care needs.
108. The cabin/group leaders shall be responsible for the monitoring of personal hygiene for individual campers in accordance with training/materials received from the Camp Health Care Manager
109. Cabin leaders who encounter campers with personal hygiene problems beyond that, which is considered routine, shall consult with the Camp Health Care Manager for further instruction.
110. The Camp Health Care Manager shall be responsible for the supervision of orders for daily medications including staff medication.
111. The Camp Health Care Manager shall be responsible for the supervision of all campers/staff using the infirmary. At no time shall a camper be left unattended in the infirmary. At no time shall a staff member by left unattended in the infirmary when the medication cabinet is unlocked.
112. Supervision of overall camp practices
113. The Camp Director will be responsible for the overall implementation of camp policies and procedures governing sanitary conditions.
114. The Camp Health Care Manager will be responsible for reporting any observable violations of sanitary and/or health procedures to the Camp Director.

IV. Record Keeping

1. The Camp Health Care Manager shall be responsible for the following record keeping:
2. All health history and health examination forms.
3. Daily medical log. The entries written in ink shall include:
4. Date, time, and name of patient
5. Description of injury/illness
6. Description of treatment
7. Administration of routine medications
8. Initials of person(s) evaluating and treating
9. Use only ACA “Health Record Log” books
10. Accidents/incident reports
11. All accident/incident reports must be filled out completely with no blanks left on the form.
12. All information should be factual with no opinions or bias.
13. Use only ACA accident/incident report forms.

V. Provision of Supplies and Equipment

1. Health care facility and supplies
2. The infirmary is centrally located between all cabins.
3. Medications/first aid supplies, equipment, medical logs, and standing orders shall be kept in the infirmary.
4. The infirmary shall have a minimum of four beds for isolation/sleeping accommodations for ill or injured staff/campers.
5. The infirmary is equipped with sink, shower, and toilet.
6. Medical supplies/equipment are located in the infirmary for use by the Camp Health Care Manager or authorized staff only.
7. The Camp Health Care Manager shall be responsible for stocking the infirmary as well as the proper disposal of outdated or unwanted medical supplies.
8. Supplies to be used by all staff:
9. Basic first aid kits are available as designated locations throughout camp and may be used by staff that has been trained in minimal first aid care.
10. The Camp Health Care Manager shall be responsible for stocking the basic first aid kits.

VI. Agreements with Medical Personnel, Hospitals, and Emergency Care Providers

1. Camp Physician:
2. The camp physician will be located off site and arrangements made for access on an on-call basis.
3. The camp physician shall be a medical professional licensed to practice medicine in the capacity of “physician” by the state of California.
4. The Camp Physician prior to the beginning of the summer camp session shall review all standing orders, “Health Screening Procedures” and the “Camp Health Care Plan”. Any updates or changes shall be incorporated into existing plans immediately.
5. Arrangements with a secondary physician shall be made in the event the camp physician is unavailable.
6. Hospital/Emergency Facility:
7. Hospitals will not enter in to agreements with the camp and as a result, if a hospital or emergency facility is needed, the exact facility will be determined based on proximity, availability and severeness of need. Hospitals could include St. Mary’s in Apple Valley, Desert Valley Hospital in Victorville, or other hospital as determined by the EMS system.
8. Professional Therapy

1. Professional therapy is not available. Should the need for professional therapy arise, the Camp Health Care Manager shall discuss the situation with the Camp Director and appropriate actions will be taken to contact the guardians of the camper in need.