**HEALTH-CARE POLICIES AND PROCEDURES**

**Camp Staff Responsibilities**

**All camp staff** have health-care responsibilities. Procedures for health, safety, sanitation, and security are part of written manuals, pre‑camp and in‑service training, and activity guidelines. First-aid qualifications are recognized by salary increments and refreshers are part of pre‑camp and in‑service training with emphasis on potential injuries in particular activities or locations. All staff are expected to provide a positive example.

The **camp director** is responsible for the total health-care program through implementation of procedures and supervision of staff. All camp staff, including service staff, are expected to understand and support camp discipline and child abuse reporting policies and procedures. Procedures are distributed and discussed during pre-camp training.

The camp's **health center supervisor (medic/EMT)** is responsible for providing first-aid and nursing services and for monitoring health and sanitation procedures throughout camp. The health center supervisor (medic/EMT) instructs staff in first-aid procedures including those related to protection from pathogens in bodily fluids, provides for special-medical needs, educates campers and staff in accident/illness prevention, makes sure medications are safeguarded and administered, and keeps accurate records. The health center supervisor (medic/EMT) is on-site when campers are in session and is responsible for orienting his/her backup(s) when he/she is absent with a secondary health care provider.

**Counselors** are responsible for maintaining high standards of health and safety in all activities, for seeing that camper health needs are recognized and met, and for supervision of personal hygiene. Cabin counselors in each cabin are responsible for seeing that health procedures are implemented, and that required medications are taken on schedule. Counselors are alert to symptoms of illness, follow-up on instructions from the health center supervisor (medic/EMT), provide for special needs/accommodations, and report to the health center supervisor (medic/EMT) on all treatment/first aid they provide. They also must assure that campers are physically and emotionally ready for the activity, that the activity is supervised by qualified personnel, that activity areas and equipment are in safe condition before use, and are safeguarded from casual unsupervised use.

**MEDICAL CONSULTATION/MEDICAL SERVICE ARRANGEMENTS**

An independence medical professional is available for advice and consultation. They review and revise medical treatment procedures and other materials annually, consults with the health center supervisor (medic/EMT) and camp director as requested, and advises in situations involving hospitalization or fatality, and when there might be parental concerns that the Director is unable to address.

Arrangements are made annually for medical services:

• Emergency transportation – provide for by the Camp (911)

• Clinic or Medical Center—resident camp service/advice

**CAMP PRACTICES**

* Emergency procedures are practiced for a variety of emergency situations specific to the site: fire, earthquake, evacuation of buildings, severe weather, flood, electric storm, lost campers, etc. Emergency/fire drills are held within the first 24 hours of each session. Emergency drills involve the total camp population.
* The appearance and safety of activity and living areas is the responsibility of all camp staff. This aspect of responsibility includes safe storage of equipment and supplies, policing the areas, posting rules, and safeguarding areas not in use. The camp director and leadership staff are responsible for conducting inspection of the total camp.
* Supervision and teaching personal hygiene are the responsibility of counselors. This step includes, but is not limited to, frequent hand washing, regular tooth brushing, and making sure that campers shower regularly.
* Organizational safety policies and ACA standards are basic to all activities. Deviation from those standards is done only after consultation with the camp director. Details of the health plan are contained in the following actions/documents/activities:

• Basic Information about Health and Emergency Procedures

• Handling of Serious Accidents, Major Emergencies, and Fatalities

• Medical Treatment Procedures, including procedures for screening and protection from bloodborne pathogens.

• Emergency Numbers

• Emergency Procedures - Camp Staff and Administrative Staff

• Pre‑Camp Training Plan/Job Descriptions

• Health-Examination/Health-History Forms

• Site Hazards

• Discipline Policy and Interpretation/Reporting Child Abuse

• Camp Security

• Resident Camp only

• Camp Health, Safety, and Sanitation

• Camp Health Procedures

• Checklist for Camp Inspection

• Health Center Supervisor

The camp’s health-care plan describes general information about the program's health-care values, the concept of stewardship related to wellness, and about the authority vested in staff members for making health-care decisions. The plan is supported by the standing orders which defines procedures that operationalize the health-care plan. The plan is based on guidelines from the American Camp Association's (ACA) Standards and State Department of Health regulations.

**HEALTH-CARE RESPONSIBILITIES**

The health center supervisor (medic/EMT)

Whether an EMT, registered nurse (RN), medic, or an advanced trainee in first aid and CPR, management of the camp’s health and safety program is a tremendous responsibility. The *Health-Care Policies and Procedures* provides operational guidelines for the role. A variety of health-care delivery systems are used within the camp program, but it is general practice that at least one member of the team lives on‑site in housing provided by the camp. This housing is part of the health center and helps assure availability of health-care staff in case of emergency.

The health center supervisor (medic/EMT) autonomously treats people in response to injury, illness, and/or life events. The nurse/medic responsibilities do not replace the medical expertise of a licensed physician or an equipped medical facility.

**General Camp Staff**

There are two levels of health care in which camp staff participate. The first helps maintain the health of campers. The second is a support role during illness and injury. It is reasonable for parents to assume that their child will return from a camp experience in good health. Consequently, it is the responsibility of the entire staff to help monitor that health status and refer the child to the health center supervisor (medic/EMT), as warranted.

In the Cabin

Within the cabin, it is the responsibility of counselors to monitor self‑care (i.e., teeth brushing, management practices appropriate to the activity). While enjoying unscheduled time, it is the responsibility of staff to be aware of camper activity around them and appropriately intervene. Each of these needs attention in a way which compliments the campers' developmental stage.

Response to Injury and Illness

The second level of general staff participation in health care is specific to injury/illness. It is the position of the camp that people too ill to participate in the program should be under the care of the health center supervisor (medic/EMT). As a result, staff refer sick people to the camp health center supervisor (medic/EMT) for assessment and assist with providing an appropriate activity level for those in a recovery mode.

The camp position with regard to injury is based on the State Good Samaritan law and use of universal precautions. Staff assist injured people according to the level of their training, initiate the camp emergency response system per protocol, and relinquish care of an injured person to the designated camp emergency-response personnel. This stipulation acknowledges that different staff members have different training and experience with emergency situations. In addition, the staff, with guidance from the director and health center supervisor (medic/EMT), organizes and drills camp emergency responses so that everyone knows their responsibility. Not all injuries require full emergency-response measures. The camp nurse is designated to educate staff so they understand the scope of care they can safely provide for routine injuries. Staff members are expected to adhere to training guidelines.

**GENERAL ROUTINES FOR CAMP HEALTH CARE AND SANITATION**

Policies Concerning Written Health Records

A health history form is also completed for each camper and staff. It also contains a physician’s exam in addition to a health form. The camper form has a parent/guardian permission statement that authorizes both emergency and routine care. If a camper arrives without a health form, they are not allowed to come to camp.

It is Camp policy that a copy of an individual’s health forms is current and on file in the health center. In the vent of off-site trips, the health forms must accompany that person whenever they leave the camp site.

Confidentiality

Health information is confidential and privileged information. Health forms are sent to the Director who, in turn, gives them to the camp nurse/medic. The camp director, camp coordinator, health center supervisor (medic/EMT) reviews the forms and shares information with counseling staff. Staff must treat disclosed information as confidential.

The nurse/medic is responsible for maintaining complete and up-to‑date health records following the procedures outlined in the *Health-Care Policies and Procedures and Standing Orders*. Individual health forms contain information about each individual's health history. Camp Health Center record log books are the place where nursing notes are recorded and documented. This log will contain the name of the camper/staff, date/time, living unit, health problem or concern description, health care provided and the name/initials of the person providing treatment/care. This includes the administration of regular/daily medication record and serves as documentation for routinely dispensed medications. The log provides summary information for surveillance. Health records are confidential and available only to health-care staff and the Director.

Storing Health Records

At the end of the summer camp season, all records, except the logbook and all electronic records are destroy 6 months after camp. This policy has been reviewed by both our legal staff and ACA and is found to be in compliance with all requirements.

Procedure or Health Screening

Screening is conducted by the camp health-care team and staff trained in screening procedures. Heath screening is conducted at the time of drop off of the camper or within 24 hours of participant arrival. The practice is a risk-management strategy to (a) protect the camp community from preventable illness and (b) obtain up-to‑date and complete health information for each person. The procedure, a standing order from the supervising physician of the camp, is described in the Health-Care Manual. In general, the process updates the health form, gathers information about medications, assesses current health status (including a head lice screening), and specifically asks about exposure to communicable disease. It is expected that campers and staff arrive for their camp experience in good health. The camp reserves the right not to admit an ill person. The screening of each participant must be recorded on the Individual Health Screening Record form and a copy of this screening becomes part of the participant’s file.

Significant findings from the screening are acted upon as warranted by the situation under direction from the health center supervisor (medic/EMT) and/or camp director/camp coordinator.

**First Aid**

The person designated to administer first aid is the health center supervisor (medic/EMT). However, it is expected that individual staff members will coach first-aid care to the level of their training when the nurse is unavailable or until the nurse arrives. It is also expected that the staff person with the most training will assume primary care-giver status in each situation. All Camp staff are CPR/First Aid certified.

First-aid supplies are available in the health center. The health center supervisor (medic/EMT) makes first-aid kits appropriate to the needs of the camp program and trains staff about their use. The health center supervisor (medic/EMT) periodically checks the kits, restocks them, and monitors record keeping. First-aid kits are placed at the activity areas which pose risk of injury.

**Emergency Medical Care**

Medical care is the province of a physician. For example, John Doe, MD, a pediatrician at the Local Clinic, acts as supervising physician for the local hospital and therefore for the camp program. He is available to the Director and nurses by phone. He also recommends adjunct physicians who provide care to campers outside the local area.

**Emergency Responses**

Emergency transportation can be provided by the camp vehicle or the area's local EMS/Fire Department or ambulance services. The health center supervisor (medic/EMT) and Director cooperatively decide which mode of travel will be used. In general, the local EMS/Fire Department or ambulance service is used when the victim is not stable and/or has need for special equipment and or specialized care.

Based on camp protocols, staff are trained to assist in emergencies. This training is initiated during orientation/staff training and supported by sessions led by the camp health-care team and other leadership staff. Emergency situations to which staff are expected to respond include: clearing and establishing a patient airway, initiating CPR, controlling severe bleeding with pressure and elevation, cooling a burn, keeping a suspected fracture quiet, knowing what to do in the lost-camper drill, activating the camp emergency-response plan, and knowing the camp's severe-weather response.

As part of risk-management procedures, staff and participants rehearse emergency procedures drill during the first 24 hours that camp is in session. Continued drilling is at the discretion of the director.

Contacting Parents

Phone contact with parents/guardians is established in an emergency. Each person's health form contains contact information, as well as designates alternate contacts if the parents/guardians cannot be reached. This process is initiated by the Director and/or the health center supervisor (medic/EMT) but can be delegated to an appropriate staff member. Since the program has no way of determining what each person considers an emergency, the general camp practice is to contact parents when there is concern about a person's health and/or when a situation is not progressing as expected.

Because many people remotely access their voice mail or text, it is expected that camp personnel leave voice messages on answering machines that appropriately communicate the need for a given parent to call the camp. All contact, successful and unsuccessful, is documented on the individual's health form.

Routine Health Care

Routine health care is provided by the health center supervisor (medic/EMT) and is governed by practices outlined in the *Health-Care Plan/Standing Orders*. This manual is reviewed annually by the camp’s Director. Each member of the health-care team is given a copy during training/orientation. Orientation of the health-care team includes a review of medical protocols, communicable disease control techniques, organization and administration of the camp health center, instructions about use of health-care inventory (medications and supplies), and guidelines for sanitation checks, record keeping policies, and education about culture‑bound, health-care beliefs.

The Camp Health Center

The camp has a health center with a dispensary, office, admit area, bathroom access, and nurse's room. There is one admit bed available for every 50 people (staff and campers) on‑site. These beds are placed in such a way that genders can be separated, and isolation can be assured.

The health center maintains "hours," times during the day when the camp nurse/medic sees people. These hours are cooperatively determined by the director and health center supervisor (medic/EMT) and are sensitive to the camp schedule. The health center tends to be most busy after evening program and just before/after meals.

Medication

It is policy that all medication (stock meds and personal meds of both staff and campers) is kept in a locked area under the health center supervisor (medic/EMT) supervision. This mandate complies with ACA standards and State Department of Health guidelines.

Routine personal medications are administered under the supervision of the health center supervisor (medic/EMT) and in accord with orders from a physician or, as in the case of vitamins, upon the request of parents. Medications are most given at a meal simply because people are easy to find. The nurse makes special arrangements with a person if that individual’s meds need to be taken at a different time.

Use of "as needed" medication is supervised by the health center supervisor (medic/EMT). It is important to realize that the rationale for giving a particular medication must be documented. Consequently, not all members of the health-care team have equal ability with regard to medications/medicine. It is the responsibility of the camp health center supervisor (medic/EMT) to assess the camp health-care team and determine who can administer what medications and to supervise that process.

In cases where a question exists about medication, the camp nurse/medic must contact the appropriate person (i.e., the prescribing MD, parent) by phone to clarify the issue. This conversation is documented in the client's health record and supported by an order with the consulting individual's signature.

It is possible that a parent may try to send a camper with a variety of medications packaged together. The nurse may not be able to identify the medication. Nurses/medics may not administer medication unless they follow standard medication practices. Parents are not allowed to send medication unless it is in its original container, and is clearly labeled with original administration instructions provided by the doctor/pharmacist. All medications should be checked for compliance with this requirement during the check in process. Any medications that are not in the original packaging must be refused and parent instructed on proper medication policies and procedures.

Counselor Role in Routine Health Care

The supervision of routine health care is specifically charged to the health center supervisor (medic/EMT) and health-care team. Counseling staff, however, are integral to health care also. They are specifically charged with managing cabin and activity groups to support activities of daily life (e.g., adequate rest, water, nutrition, personal hygiene, etc.). Counselors often note symptoms of illness or signs of injury before they are noted by the nurse. Consequently, it is their responsibility to act appropriate to their observations.

In addition to records kept by the nurse, the camp makes use of incident reports to document unusual situations. The camp director determines when to initiate the incident report and is charged with maintaining documentation, as well as appraising camp administration. Policy in this area is located in the *Director’s Manual*.

**WHEN FIRST AIDERS PROVIDE HEALTH CARE**

A first aider is an individual who has taken training and is certified to give immediate emergency aid until more qualified medical care can be obtained. The first aider's certification and a record of training given at camp should be on file with the camp administrator.

Administration of medications does not fit this description and is therefore not within the authority of the first aider unless specific instructions have been given by the parent or a physician. This includes medications such as aspirin and Tylenol®.

Three essentials for administering medications, regardless of the qualifications of the health-care provider are:

* Written directions from the parent for any medications that will be given or applied for any existing condition, OR written order of a physician (including procedures in treatment procedures).
* Written record of treatment which includes the reason for the treatment, the dates and times of treatment, and the person giving treatment. When medications are given, the written record should show the medication, dosage, authority for giving it, and the name of the person administering the medication.
* Written information provided to the parent for anything that was done other than what was discussed in advance.

Medications must be in the care and protection of the health center supervisor (medic/EMT) in a locked area or locked storage area/container to assure proper use and to protect against unauthorized use. Medications must be dispensed from the original pharmacy container with instructions for use, and must refer to the individual being treated (see below for exception).

The health history or health exam asks about being under a physician's care and about medications. This is an alert to discuss a health condition with a parent and to request the appropriate written instructions. It is not a direction to treat.

If a first aider doesn't have written instructions when a child develops a stomachache, sore throat, headache, or other minor complaint:

1. Provide a place for the child to rest. Offer the child throat lozenges, hard candy, water, or a glass of water.
2. Call the parent if the condition persists. Record the name/relationship of person called, date, time and content of the call.
3. Take the child to a medically qualified person. Send the child home if no other resolution is possible.

**WHEN MEDICATIONS ARE ADMINISTERED BY FIRST AIDERS**

It is essential that in addition to the guidelines, the first aider should:

1. Understand the importance of giving the medication as directed.
2. Know what to do if there is an error, such as failure to give before a meal or as otherwise directed.
3. Know possible reactions or side effects and how to respond if one occurs.

The health center supervisor (medic/EMT) is responsible for training first aiders for this responsibility. If the health-care administrator is a first aider, this training should come from the parent or physician.

When medications are administered away from the camp and it is not reasonable to send the entire supply on the trip, the appropriate dosage may be put into a sealed package or vial (that has not been previously used), with the individual's name, name of medication, and complete instructions for when and how to give it. The package should be in the controlled care of an adult staff member. A written record is required.

Name and date of review and revision by camp staff: Ronald Clear dated June 21, 2023