

Physical Safety

Camp Health Service – We are a Team!

Registered Nurse or RN: Camp has a registered nurse who lives in camp when campers are present. Her primary role is to provide daily health care to our campers including screening and medication management. The RN responds to emergencies and provides care and treatment for our campers as needed. She communicates with the parents about her observations and care that is given to the campers.

Directors and Assistant Directors: Have a variety of responsibilities in emergencies and communication with parents. Directors are certified in First Aid, CPR and AED.

Counselors: Are the eyes and ears in observing campers who need medical care. They are supportive of the RN access, and give care and know which camper has special medical needs and if they are on regular medication. Work with the nurse to monitor proper medical care. It is not our practice for staff to render first aid or treatment at the cabins or activity areas, so supplies will not be distributed except as directed by the directors and nurse, who are on call and available 24 hours a day. ***You should always turn care over to someone more qualified.*** Campers too ill to participate in the camp program are to be under the care and supervision of the nurse. There is always someone certified in First Aid, CPR and AED, at the waterfront, on camping trips and whenever campers are out of camp.

What Do I Need to Know and Do?

Confidentiality and No Diagnosing: Information is given to counselors in strictest confidence and on a need to no basis. Concerns should be brought to the RN. ***Do not diagnose*** – keep your mouth shut! Don't say, "Wow, it looks awful – you'll need lots of stitches." Instead say, "Let's keep this compress on and have the nurse take a look at it." Give the RN factual information on what you have observed.

Arrival Day:

1. RN will visit directly with you regarding any health information that you need to know about your campers - usually around lunch time.
2. All medications prescription and over the counter including inhalers, vitamins, and creams is turned into the RN. Help is needed to accomplish this.
3. Inhalers or creams allowed in the cabin will be initialed and dated by the RN.
4. Campers are screened by the RN regarding medications, health and for lice.
5. **Severe Allergies:** Staff will be notified of campers carrying EpiPens for bee allergies. Canteen sheets are marked with campers having peanut/nut and other allergies. Accommodations are made in the dining room.

Medication Distribution:

1. Medication that is taken regularly is distributed to campers outside the Dining Hall before meals or at 8:15 p.m. at the Health Center.

2. Campers taking medication “only when needed” go to the Health Center.
3. A counselor may be given responsibility for an evening medication when at the Tree Houses and will be given directions as needed.

Non-Emergency Medical Care

1. Help our RN by sending campers after each meal, during Rest Period, Morning Fun & at Free Swim and *right away* at the end of evening program.
2. During and between activities is not the time for this care.
3. If the RN is not in the Health Center, a sign will direct one where to go.

Nights: If camper is ill (feels warm, vomited), do not hesitate to wake the nurse.

Camper staying in Health Center:

1. You may be asked to bring their sleeping bag, pillow and water bottle.
2. Visit them a couple times a day.
3. Write a note or bring them personal items like a book or iPod or bring their Canteen.
4. Fellow cabin mates are generally not allowed to visit.

Incident Reports: Counselors may be requested to complete reports when campers and staff are injured. Complete as directed in detail and turn into the office ASAP.

General First Aid Procedures: All injuries (no matter how small) must be reported to and monitored by the camp nurse. Documentation of all injuries is necessary for proper care and liability reasons.

First Aid Kits: First Aid kits are in all camp vehicles, on all out-of-camp trips, with biking instructors on camp trails, at the office and at the Health Center. Limited supplied first aid kits containing Band-Aids, protective gloves and a breathing mask, and gauze pads are at the waterfront, Tree Houses and some activity areas such as archery, riflery, and shop.

AED: An AED is located in *the main office*. Know where and what the AED looks like.

Emergency Action Plan

1. **Remain Calm:** Act quickly but carefully. Protect victim and other campers from additional injuries.
2. **Assessment:** Who is injured? What part of the body is injured? How did it happen? (Fell down, bumped head, etc.) If unconscious, begin emergency procedures as trained.
3. **Send for Help:** *Send someone to the office – all emergencies go through the office.* Provide basic injury information so the director or nurse will know what type of first aid equipment to bring, including the AED, and whether or not to call paramedics
4. **Begin Emergency Care as trained/certified:** Treat according to priority!
Airway, Breathing & Circulation:

5. **Bleeding:** Control severe bleeding by use of direct pressure on wound –with clean compress if possible. Wear protective gloves.
6. **Shock:** Always treat for shock as it can accompany any serious injury. Symptoms: cold, pale, clammy skin; weak but rapid pulse; nausea. Lay the patient flat; maintain normal body temperature by placing blankets above and below; elevate legs; keep calm. Remove from stressful situation if possible.

In Camp Procedures for Specific Injuries

Bee Stings: Campers who are having an allergic reaction or feeling discomfort are to go to the Health Center. Severe allergic reaction symptoms include difficulty in breathing, headache, and unconsciousness.

Burns: For minor burns, run cold water over burn and have the nurse check it out. For major burns, take to the Health Center or send runners to the office for assistance.

Choking:

1. Ask, “Are you choking?” If victim is coughing forcefully, encourage to continue coughing.
2. If they cannot cough, breathe or speak, send someone for help *then* do abdominal thrusts or the Heimlich maneuver.
3. Continue until object is forced out, victim begins to breath, or cough forcefully or becomes unconscious.
4. Continue as trained for an unconscious victim.

Dehydration: Preventable! Encourage campers to keep a full water bottle with them, have water breaks, and lead by example especially on hot, windy days. Thirst is the best, and earliest, indicator of potential dehydration. Other symptoms of dehydration include: feeling dizzy and light-headed, having a dry or sticky mouth and chapped lips.

Epileptic Convulsion – During the convulsion, do not restrain the victim. Move objects away so victim won’t hurt him/herself. Don’t put anything in the mouth. After the convulsion, maintain an open airway. Place the patient on side and allow him/her to rest while getting the nurse. Be especially aware of campers prone to seizures in and around the water.

Eye Injury: Send for help immediately. Chemical – flush the eye with water being careful not to contaminate the other eye until help arrives. Foreign body in the eye – cover both eyes loosely. Do not rub the eye or try to remove the object.

Fainting: Have camper rest quietly elevating legs. Treat injuries that have occurred as a result of fainting. Transport to the Health Center or send for assistance.

Fractures: Do not move the injured part. If the camper can walk unassisted keeping the injured part stable, take to the Health Center. If not, send runners to the office.

Head, Neck, or Back Injuries: DO NOT MOVE VICTIM. Control bleeding with direct pressure while using sterile or clean covering and gloves. Send runners to the office.

Headaches, Upset stomachs, Nausea, Dizziness, etc. – If not severe, encourage camper to sit in shade, rest and drink some water at their activity or with the group. If more assistance is needed, camper is to go to the Health Center. Campers are not sent back to their cabins during activity time.

Hypothermia: If a camper is suffering from hypothermia – shivering, numbness, marked muscular weakness, disorientation, etc. it is important to warm immediately and get help. Remove wet clothing. Apply dry blankets or other warm clothing.

Mosquito/Insect Bites – Have campers apply an anti itch medication – sold in the camp store. If swelling occurs or campers have numerous bites, have them see the nurse. Be alert to any allergic reactions or inflammation on legs and arms with numerous bites and scratch marks.

Nosebleed – Have camper lean slightly forward and pinch nose and hold for several minutes. Do not tilt head back. Keep camper quiet even after the bleeding has stopped.

Poison Ivy – Have camper wash thoroughly all suspected areas of contact with water and soap. Change clothes, putting dirty clothes in laundry bag. Take to nurse for treatment.

Scrapes, Abrasions, Incisions, Lacerations, & Splinters – If reasonable, send camper to bathroom to wash it out or take a shower before seeing the nurse.

Sprains and Strains – Always treat as though they are possible fractures until advised by a medical professional. Take to nurse or send runners to office for the nurse.

Sun Overexposure – Preventable! Remind Of course this should never happen by encouraging campers to wear sunscreen and to cover-up as necessary. For sunburn discomfort, see the nurse.

Bloodborne Pathogens

Exposure Control Plan – All Employees

All employees of Camp Foley can be exposed to blood or body fluids as part of their job in the camp environment. The risk is not high in the camp setting. You must be aware of and follow the following general guidelines. Remember that all first aid is turned over to a director or nurse or other community medical personnel unless it is a life-death situation that cannot wait for their arrival.

1. Direct campers and other injured or sick staff to use self-help skills.

- ◆ An individual can wash off his/her own minor abrasion and apply a Band-Aid with staff giving support.
 - ◆ An individual can apply their own direct pressure when doing first aid. Use thick barriers to provide direct pressure—towels, sweatshirt, etc.
 - ◆ Stop and think before “rescuing” the individual – can they help themselves?
2. If there is blood or other body fluid spillage, notify a director or the camp nurse who will clean it up according to policy. Cover with thick layers of newspaper if it is bothersome. If an emergency situation, activate the emergency plan.
 3. If in a vehicle, on a camping trip, or at any other time that you need to use the first aid kit to provide emergency first aid for a blood spillage, vomit, or other bodily fluids, you must wear the rubber gloves provided. No first aid kit? Provide the best barrier possible – plastic bag, thick towel or sweatshirt, etc.
 4. If CPR must be performed, always turn over to someone more qualified than oneself or hired to provide that assistance such as the director or nurse. If not available or you need to begin, use a mask. If a breathing mask is used, dispose of it in a leak proof plastic bag. Do not use a mask more than once.
 5. If changing a wet bed or cleaning up vomit, wear the black plastic utility gloves. If you see blood, you must get the nurse or director to completely change the bed or clean up the vomit.
 6. Always get assistance as much as possible from the health care team.
 7. Gloves should be changed after contact with each person; gloves must be thrown away after used to care for one person. Gloves should not be cleaned or reused on a second person. Gloves can usually be pulled off inside out and placed in a plastic garbage bag for disposal, so that blood or bloody secretions won't spread.
 8. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately with soap and water after gloves are taken off. If soap and water is not immediately available, use the antiseptic wipe from the first aid kit and then wash hands as soon as possible.
 9. Anyone administering their own diabetic shots is to be doing this in the Health Center where needles can be disposed of properly.
 10. Any person with an open or draining sore should not give first aid or handle first aid supplies or work as part of food service. This would include people with poison ivy, or boils, or staph infections like impetigo on their hands. A person with a healing cut or scratch, burn, or sunburn can cover the area with bandages and/or gloves before providing first aid to others.

Hepatitis B Vaccine

1. Camp Foley will provide the Hepatitis B Vaccine to anyone included in our standing orders that are immediate responders to emergencies or are directly responsible for the cleaning up of bodily fluids – includes directors and nurses. Camp staff is trained to notify the office of any emergency and a director and/or nurse will respond.
2. Since first aid is a “collateral duty” and based on the low risk of exposure for these first aid providers, other staff will be offered this vaccination upon exposure within 24 hours.
3. One may refuse the shots if willing to sign a written refusal.

4. Parents or guardians of minors will be informed of exposure of minor and will need to give written consent or refusal.

Post Exposure

1. Wash exposed area immediately.
2. Report all exposure incidents to a director within 12 hours.
3. File a written report. Consult a doctor. Follow-up will be provided.
4. If not vaccinated, may choose to do so at this time.
5. Medical counseling will be available. Records are kept confidential.

MSDS

All employees of Camp Foley should take caution when around or using chemicals. Foley tries to avoid the use of strong chemicals and unfamiliar chemicals as much as possible – using ones that most employees come into contact with in their home environments.

1. If unfamiliar with the use of a chemical, please ask or look it up on the Material Safety Data Sheets found in the gold 3 ring notebook in the following locations – MSDS:
 - Kitchen – chemicals used in Food Service
 - Garden Room – chemicals used for the maintenance of buildings and grounds
 - Office – ones used in an office environment
 - Wheelhouse – chemicals found in program areas such as Art, Shop, etc.
 - Camp Laundry – chemicals used for laundry and cleaning
2. All safety protection devices should be used from gloves to masks, etc. Ask if you need this protection.
3. If exposed adversely to a chemical, see the nurse or a director or call the Minnesota Poison Control System 1-800-POISON1 for emergency assistance. You must report to the director as soon as possible.
4. All chemicals must remain in their original containers unless cleared by the director. In this case, they must be labeled in detail if not in immediate use.
- 5.

Ticks

Wood (dog) ticks and deer ticks do exist here at camp and in the surrounding area. As prevention to Lyme disease we ask that counselors assist in reminding and instructing the campers with prevention hints while maintaining a calm and relaxed atmosphere so that fun and activities can continue in the outdoors.

What is Lyme Disease? Lyme disease is caused by a spirochete; a corkscrew-shaped bacterium named *Borrelia burgdorferi*. *B burgdorferi* can travel through the bloodstream and cause problems in the major organs of the body. Untreated Lyme disease can become a chronic disease; it can take months or even years for arthritis and other serious complications to occur.

What is the latest information? Research shows that ticks must be attached to their hosts for at least 24 to 48 hours before transmitting the disease. Only 40% of the deer ticks transmit this disease.

What are the early symptoms? 60% - 80% of cases will develop a rash. Others may develop flu-like symptoms – chills, fever, and fatigue.

How do you dress for prevention: Wear light colored clothing in order to find ticks more easily and tuck pants into socks, shirts into pants, etc. as ticks crawl upward.

When do you check for ticks? Check for ticks daily or upon return from being in wooded or grassy areas and camping trips. This is extremely important!

How to check for ticks? One needs to look everywhere especially in warm, tight spots. One can go into the stalls in the bathrooms, the showers, or your counselor's room. With younger/middle campers you can have them help each other by looking on each others backs and back of legs. *You need to remind the campers daily!*

How do you remove a Wood Tick? Remove tick by grasping the tick and gently pulling the tick out with your fingers. If unable to remove by this method, the individual should go to the nurse. Place all ticks on the masking tape by door of cabin or into the toilet.

What do I do if it is a suspected Deer Tick: An individual is to go to the nurse or director if a suspected deer tick is attached to the skin. If identified as a Deer Tick, the area will be cleaned with rubbing alcohol and removed with a tweezers. Lyme disease will be discussed. If a minor, a note will be sent home to the parent with information about Lyme disease and a reminder to consult their own physician.

Swimmer's Itch

Swimmer's itch is a skin rash, caused by an allergic reaction to infection with certain parasites of birds and mammals. Swimmer's itch generally occurs during summer months and seems to be concentrated in shallower water.

What are the signs and symptoms of swimmer's itch? Within minutes to days after swimming in contaminated water, you may experience tingling, burning, or itching of the skin. Small reddish pimples appear within 12 hours. Pimples may develop into small blisters. Itching may last up to a week or more, but will gradually go away.

What is the prevention & treatment: The best prevention is to minimize the amount of time spent in the water. Apply a thick coat of sunscreen, especially from chest downward. Some species of the parasite only enter the skin as the water dries on it so when you leave the water rinse off in the areas provided and towel dry, rubbing briskly. Once a person starts itching, there is little that can be done. All campers with swimmer's itch should be brought to the nurse.