



**BTA Summer Sports Camps**  
**Health Care Policy and Standing Orders**

Brookline Tennis Academy Summer Camp at Roxbury Latin

101 Saint Theresa Avenue

West Roxbury, MA 02132

PH (617)-283-9812

[www.brooklinetennisacademy.com](http://www.brooklinetennisacademy.com)

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Health Care Consultant Signature

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Date

### **Health Care Services Provided**

During the majority of the camp season, Brookline Tennis Academy (BTA) Summer Camp maintains a Health Office staffed by one registered nurse and one athletic trainer. The nursing staff administers medication per physician's orders, assesses children who become ill while at camp, communicates with camp families and administer first aid. The athletic trainer assesses children with orthopedic injuries, communicates with camp families and administer first aid. During the weeks that neither the nurse nor the athletic trainer are available, the Health Care Supervisor will be the main contact.

### **Health Care Consultant**

*Responsible for the development and approval of camp health care policies and available for consultation.*

Maya Mundkur Greer MSN, FNP

### **Health Care Supervisors**

(Seasonal Hires and Permanent Staff)

*Responsible for the overall management of health care in camp including the reviewing of health records, compliance with health policies, health training of staff, and necessary treatment of illnesses and injuries.*

### **Emergency Telephone Numbers**

Police **911**

Fire Rescue/Ambulance Poison Control Center **911**

### **Hospital**

Children's Hospital 300 Longwood Ave. Boston, MA 02115 (617) 355-6611

### **Procedures for Utilizing First Aid Equipment**

First Aid medical kits located at:

- Athletic Training Room

First Aid Manual located at:

- Health Office
- Camp Office

First Aid is administered by Camp Nurses, Athletic Trainer, and Health Care Supervisors on campus. First Aid Kits are all maintained by the Athletic Trainer.

**First Aid Kit contents:**

Sterile Water  
Non/Sterile gauze squares Compresses  
Adhesive tape  
Sling  
Band-aids  
Non-latex gloves  
Ice Pack

**Automatic External Defibrillators (AEDs) and EpiPens.** Roxbury Latin has AEDs and EpiPens located in the following places:

1. In a cabinet mounted on the wall in the entry alcove down the hall opposite the Technology Office in the Perry Building
2. In a cabinet across from Room E15 in the Ernst Wing
3. In a cabinet outside the Palaistra
4. In a cabinet mounted in the foyer of the Smith Theater
5. In the Jarvis Refectory building on the wall opposite the kitchen.
6. In the foyer of the Gordon Field House.
7. In the men's room on the upper fields (during the Fall and Spring athletic seasons)
8. In the red backpack in the Athletic Training Room on the bottom shelf under the orange med kits or with the athletic trainer at a practice or game
9. In the Indoor Athletic Facility (IAF) – west side, outside of the First Aid Room
10. In the IAF – east side, inside of the Fitness Center

**EpiPens.** EpiPens containing epinephrine are stocked in the Athletic Trainer's office, the Nurse's Office, the Refectory and in the cabinet located in the Ernest Wing. Also, campers with prescribed EpiPens are asked to carry their own EpiPen with them at all times. There are several campers who have a documented risk for anaphylactic reaction and who have been prescribed an EpiPen. A list of these campers is kept by the Director's. **Campers who have a prescribed EpiPen and are suspected of having an anaphylactic reaction (explosive hives, swelling of lips, tongue, face, tightness in throat, difficulty breathing, nausea/stomach pain, confusion, sense of dread) should be given the EpiPen immediately.** Immediately after giving the EpiPen, call 911 to activate the Emergency Medical System, call the camper's parents and have the camper transported to the emergency room.

Make a note of the time you administered the EpiPen and give the empty syringe to Health Care Supervisor as soon as possible. **Epinephrine wears off very quickly. If symptoms return prior to EMS arriving you may administer a second EpiPen (5-10 minutes after first dose). It is essential that the student be transported by ambulance to the emergency room immediately. EPI = 911!**

**Plan for Injury Prevention and Management**

All camp staff are expected to regularly look over their own areas to identify and remove potential hazards. Accident reports are reviewed by the Director for trends or specific areas warranting attention.

## **Sanitation Monitoring**

It is the primary responsibility of the Buildings and Grounds Dept. to ensure and monitor cleanliness throughout the camp facility. All staff are expected to assist in the effort by picking up trash and reporting spills. Building & Grounds personnel is available to assist in the clean-up of biohazard waste such as blood or bodily fluids.

## **Sun Protection Plan**

All children are requested to come to camp with an initial sunscreen application (SPF30 or more). Sunscreen is reapplied periodically throughout the day with counselor assistance and supervision. Parents are asked to send their children with their own sunscreen. Hats and protective clothing are also recommended.

## **Reporting Procedures**

In the event of serious injury, in-patient hospitalization, or death of camper or staff member, the Camp Director will notify the Department of Public Health. A written injury report shall be completed and be submitted to the Dept. of Public Health within seven days of the occurrence of the injury. In the case of all accidents and incidents, a BTA Accident Report will be completed and held by the BTA Director.

## **Informing Parents**

Parents of campers who become ill during the camp day are contacted by the Camp Director. Parents are also called if their child experiences a head bump, injury to the face, an injury or illness which may need further evaluation, or a situation where the child seems very upset.

## **Infection Control Plan**

Parents are asked to report communicable diseases to nursing staff and the Camp Director. Letters will be sent home immediately if outbreaks occur. Periodic head lice screening will occur at camp.

## **Blood Spill Procedures**

All staff are instructed in universal precautions. Blood spill kits are available for clean up of any blood or body fluids. The buildings and grounds personnel is available for assistance with cleanup as needed. Latex gloves are available in all first aid med kits and are distributed in various locations around camp.

1. Non-latex disposable gloves must be worn in addition to any other necessary personal protective equipment needed to protect the individual responsible for cleaning the blood spill from blood-borne pathogens.
2. Use a disposable absorbent towel to clean the area of the spill as thoroughly as possible. Place soiled towels in contaminated materials bag.
3. All surfaces that have been in contact with the blood should be wiped

with a 1:10 dilution of household bleach can (this solution should not be mixed in advance because it loses its potency). After the disinfectant is applied, the surface should either be allowed to air dry, or else to remain wet for 10 minutes before being dried with a disposable towel or tissue.

4. After disposable gloves are removed, they should be placed in contaminated materials bag and sealed and disposed of in a hazardous materials bin. Hands should be thoroughly washed with soap and water after the gloves are removed.

## **Medication Administration Plan**

### **Storage**

All medications prescribed for campers shall be kept in the original container bearing the pharmacy label and stored in the health office in a locked cabinet used exclusively for medications. Medications requiring refrigeration shall be stored in a locked container in the nurse's refrigerator.

### **Prescription Medication**

Prescription medication shall only be administered by the camp RNs or other staff as authorized by the camp's health care consultant. The Camp Director shall acknowledge in writing a list of all medications administered at camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container and there is written permission from the parent/guardian. Accurate written records shall be maintained of medications administered.

### **Non-prescription Drugs**

Non-prescription drugs will be dispensed only if approved by a camper's parent/guardian on the health history form. Non-prescription drugs will be dispensed by the camp health care staff according to standing orders. Accurate written records shall be maintained of medications administered.

### **Unused Medication**

Unused medication will be returned to campers' parents when no longer needed. On the camper's last day, the nurse or health care supervisor will have the head counselor hand the medication directly to parents at pick-up. If unable to do so, the camp nurse or health care supervisor will call parents to arrange a pick-up of the medication at camp.

### **General Health Maintenance**

The Camp Director establishes a comprehensive health database of all campers after initial review of their medical information. All pertinent information is shared with Head Counselors through the use of lists generated by this database each session.

## Care of Mildly Ill Campers

Mildly ill campers will be cared for based on standing orders. Campers unable to return to their group after 30 to 60 minutes will be sent home.

## Exclusion Policy

The camp sets the guidelines for excluding children from camp due to illness, but we depend on parents to be our partners in promoting the health of campers and staff. Some symptoms that would call for a camper to remain at home are clear, such as a fever or obvious case of chicken pox. Some symptoms are more subjective, however. For the health and welfare of all campers concerned, the nurse may make an assessment that your child is too ill to be at camp. In such cases, she will call to ask you to pick up your child from camp. Please help us by responding promptly if we call you.

Furthermore, please keep your child at home if he/she experiences *any* of the following symptoms within 24 hours of the beginning of a new camp day:

- Fever of 100 degrees or higher (children should be fever-free and off Tylenol for 24 hours before returning to camp.)
- Recurrent diarrhea, vomiting, or significant nausea
- Flu-like symptoms
- Sore throat, particularly with swollen glands
- Cold symptoms such as repeated coughing or sneezing which are likely to spread infection
- Significant headache or stomach-ache
- Obvious infections such as chicken pox (all lesions should be crusted over before returning to camp)
- Contagious skin disease such as impetigo
- Any illness where a child is unable to fully participate in camp activities

NOTE: Children placed on antibiotics should be on them for 24 hours before returning to camp.

In all cases, please make sure to call the camp ahead of time to inform us that your child will not be attending camp due to illness on a given day.

## Contingency Plans

### 1. Child who does not arrive at camp in the morning:

- Double check attendance sheet and campers who are present in group
- Camp Director will initiate procedure to check if child has called in sick or if he/she will be arriving late.
- If neither is the case, Camp Director will initiate contact with parents to learn camper's whereabouts

## **2. Child who is missing from pick-up point in the afternoon:**

- Double check attendance sheet to make sure child is in attendance on that day
- Have counselors check with Camp Director to see if child was picked up early or is in health office
- If unable to locate, initiate missing camper procedures

## **3. Unregistered child arriving at camp:**

- Try to locate the child's parents if still on site

If unable to find parent...

- Bring camper to camp office
- Check camper's forms (if in camp's possession) for contact information
- Investigate which other children the camper may have arrived with
- Once contact information is obtained, call the child's parent/guardian

## **Emergency Planning and Crisis Response Procedures**

### **SUMMER CRISIS RESPONSE PLAN**

No two emergencies are the same. While the various steps and suggestions outlined in these procedures represent the camp's guidelines, your own good judgment should be the final authority until you are able to contact assistance. The safety and well-being of the campers and staff ALWAYS come first. What follows is the summary of BTA Summer Camp's Crisis Management Plan.

### **CRISIS MANAGEMENT TEAM (CMT)**

The Crisis Management Team will direct the management of any sudden crisis. It will be limited in size to ensure its efficiency and clear authority in managing any crisis and will enlist the assistance of other available resources as needed to respond optimally to any crisis.

**The Crisis Management Team will be composed of:**



- Sean Spellman            Summer Programs Director (617)-981-1269
- Andy Chappell            Director of Studies (508)-212-9867
- Kerry Brennan            Headmaster (917)-862-7874
- Erin Berg                  Director of Community Relations/ Media Inquiries
- Mike DoCurren            Director of Facilities (857)-325-4680
- Mike Pojman              Assistant Headmaster (508)-934-6655
- Shelly Mars                BTA Summer Camp Director – 617-283-9812

Other individuals may be asked to join the team by the Head of School and Camp Director as needed. In managing any crisis, the Crisis Management Team will work closely with other members of the school community to determine the best course of action and to keep the school community informed of events and responses as the crisis and its management unfold. At all times, the Crisis Management Team will balance individuals' right to privacy with the overall community's need to know the facts.

The operation center for the Crisis Management Team will be the Director of College Counseling Office, located in the main building.

**FOR A CAMP EMERGENCY REQUIRING ASSISTANCE**

*All staff are authorized to call 911 without anyone's permission for a school emergency requiring the assistance, in their judgment, of police, fire, or emergency medical personnel.*

The person calling for emergency assistance will:

- Call 911, stay on the line until release by the call taker
- Identify yourself, provide camp/ school name and confirm address
- Identify the nature of the situation/ incident, and location of situation
- Indicate number of victims, if any
- Provide any other relevant information
- Notify Camp Director
- Notify Camp Nurse
- Notify CMT

**MEDICAL EMERGENCIES**

Emergency supplies and first aid kits are stored in the health office on the first floor in the main building, the athletic training room, located in the Indoor Athletic Facility (IAF).

**ON-SITE**

- Staff should first take immediate action to ensure the safety of everyone involved.
- Seek medical assistance by dialing 911

- Contact the nurse

While awaiting the arrival of the nurse or other medical help:

- Follow the instructions of the nurse or other medical help you have contacted
- Keep the victim still, warm and comfortable
- Clear the area of all other campers and staff (except staff trained in First Aid/CPR)
- Make sure that a staff person will direct the nurse or other help to the scene

In the event of a medical emergency requiring a camper or campers to be removed from campus for further medical attention:

- Camp Director will designate a camp representative to accompany the camper or campers to the hospital.
- Camper health record should be provided to the attending EMTs and hospital personnel
- In the event that a larger number of campers are taken to the hospital for medical care, each camper's name, his injuries, his destination, and the time of his departure from campus will be recorded by the nurse. Any injured campers will be accompanied to the hospital by a designated camp representative.

## **MISSING CAMPER PROCEDURES**

The staff should regularly take a count of campers for whom they are responsible, particularly when moving from one area of camp to another. If you discover a camper is missing, follow these procedures:

- Retrace the group's steps. If unsuccessful, notify the office.
- Check to see if child left camp early.
- Camp Director checks Medical Log of campers that have been sent home for medical reasons.
- Check all groups to see if camper is with the wrong group.
- Group counselors meet to determine when and where the camper was last seen. Report to the Director.
- Camp Director remains at office to coordinate effort.
- Group staff check last known location and nearby areas.
- Specialists check all activity areas, respectively.

A thorough search is made of buildings and grounds, and if the camper is not found, then parents and police are notified. Director telephones parents to see if they have picked up the child early, made other special arrangements without notifying the Camp Office, or if the child left camp on his/her own. If the parents cannot be reached by phone, the Director will call emergency number on the medical form for information.

Parental consent must be sought before calling the Police Department. If parental consent cannot be obtained within ten minutes, the Director will notify the Police Department.

*Accuracy and speed are crucial when searching for a missing camper.*

## **CRISIS PROCEDURES**

The school's Crisis Plan is reviewed regularly. Updates and revisions will be published and distributed as they occur.

### **A. EVACUATION PROCEDURES**

In the event of a hazardous environmental condition (e.g., a fire, gas leak, etc.), campers and staff should immediately proceed with the Evacuation procedure per the guidelines below:

- I. The signal for an evacuation of the facility is **ACTIVATION OF THE FIRE ALARM SYSTEM**.
- II. All campers and staff must leave the building immediately and gather in designated areas, by camp group, in the parking lot adjacent to the main entrance to the school off of St. Theresa Avenue.
- III. Counselors and Junior Counselors will take attendance of campers in their particular groups, and report any absence (other than campers not in camp that day) to the camp director or his designated representative.
- IV. Campers should remain quiet at all times.
- V. No one will reenter the buildings until the Camp Director (or his designated representative) gives permission to do so.

### **B. PROCEDURE FOR A "TAKING REFUGE" RESPONSE ON CAMPUS**

In the event of a serious (but not immediate) outside threat to the safety of the school community (e.g., a military/terrorist attack on Greater Boston, hazardous weather, or direction from local law enforcement), campers, faculty, and staff should immediately proceed with the procedure per the guidelines listed below:

- I. The signal is **REPEATED SHORT RINGS** of the school bells: 2-2-2-2 and also a **NOTICE VIA THE SCHOOL-WIDE PHONE INTERCOM**.
- II. All campers and staff who are in the Jarvis Refectory, Smith Art Center, and Bauer Science Building should proceed to the Smith Theater and gather in designated areas, by group level.
- III. All campers and staff located in the Ernst, Gordon, Perry, or Athletic Wings, including the Indoor Athletic Facility, should proceed to Rousmaniere Hall and gather in designated areas, by group level.
- IV. Counselors (or junior counselors) will take attendance of campers in their particular groups, and report any absence (other than campers not in camp on that day) to the Camp Director or his designated representative.
- V. Campers should remain quiet at all times.
- VI. All campers and staff must remain in the assigned gathering places until the Camp Director or his designated representative gives further direction.

### **C. PROCEDURE FOR A "LOCK DOWN" RESPONSE ON CAMPUS**

In the event of an immediate threat of violence directed at the school, campers, counselors should immediately proceed with the Lock Down procedure following the guidelines below:

- I. The signal for a Lock down is a 15 SECOND CONTINUOUS RINGING OF THE BELLS and also A NOTICE VIA THE SCHOOL-WIDE PHONE INTERCOM.
- II. When the signal sounds, all campers and staff should proceed to the nearest classroom or office.
- III. The classroom or office door should then be locked. An adult should be present in each occupied room.
- IV. Campers and staff should position themselves in the room in a way that prevents their being seen through windows.
- V. So as not to attract attention, there should be no talking or noise-making.
- VI. All lights should be turned off and the shades drawn.

VII. A message via the school-wide intercom system may provide further instructions.

VIII. All campers and staff must remain in place until given other directions by a law enforcement or school official.

***In the event that any of the above procedures is run as practice, an intercom announcement and/or a short ring of the school bell will signal the end of the drill.***

## **INTERNAL COMMUNICATIONS**

In the event of any crisis, clear and effective communication is critical. The camp network of 2-way radios will be used to collect and share important information with staff. In the event that a radio is not accessible, school phones and personal cell phones should be used.

The CMT will oversee all internal communications with the School's constituencies regarding the facts relating to the crisis and the School's response. It will also determine the information that should be shared with the School's constituents and the timing and means of communication.

### ***Staff and Campers***

In the event that crucial information must be shared immediately with camp and school community members who are present on campus, the CMT may direct that campers and staff be assembled in the fieldhouse so that a designated staff member can provide them with any essential information. Campers and staff will be instructed by designated members to avoid speaking with the media under any circumstances and to allow the School's designated spokesperson to do so.

A designated member of the CMT or the support team will brief counselors in the Faculty Room or the Headmaster's office. He will inform those assembled of the nature of the crisis and the School's planned response, and will answer questions. He will also outline any needed follow-up steps that the counselors must take.

### ***Parents***

Parents of all campers directly involved in or affected by the emergency will be contacted by the Head of School or a designated administrator as soon as possible. The school administrator will inform parents fully of the circumstances and the School's response. In informing parents of the emergency, the administrator will consider the guidelines provided by any medical, counseling, legal, or other consultants that the School has retained to assist it in addressing the situation.

When crises arise that do not require immediate parent notification, the Head of School will provide essential information about the crisis and the School's response in a letter to parents, and, if needed, to alumni and trustees. All such communications will be prepared after consultation with any appropriate consultants to the School, including its legal counsel.

## **EXTERNAL COMMUNICATIONS**

### ***The Media***

The CMT will determine the information to be released to the media, and may be guided in its decision making by the School's public relations consultant and/or legal counsel. An official school spokesperson – either the Head of School or his designee – will address the media and will remain available, as needed, for continued media updates.

The CMT, in consultation with the School's public relations consultant and legal counsel, will prepare any necessary press releases. All information released to the press will be consistent with that provided to the internal constituencies of the School.

The CMT will decide whether to allow the media to be on campus, given the circumstances of the particular crisis. Logistical arrangements must be immediately made with the Boston Police Department which will enforce designated perimeters for media access. In order to ensure goodwill and credibility, the School will make every effort to accommodate reasonable requests for information by the media and to provide for their effective functioning.

Any requests for camper or staff interviews by the media must be submitted to the Head of School for his approval in advance of the interview. No unauthorized information may be provided to the media.

### ***Government Officials***

The CMT will designate a spokesperson to communicate, if needed, with appropriate government officials, including town safety and government officials. No other members of the School's faculty or staff should communicate with government officials regarding the crisis.

## **Discipline Policy and Behavior Management Guidelines**

### **Philosophy**

At BTA Summer Camps, we abide by the Roxbury Latin school's fundamental standards. People cannot live and work together unless they agree on certain basic standards. The Roxbury Latin School is a community and Roxbury Latin Summer Programs, including BTA Summer Camp are a part of that community. To remain a member of the camp, a person must agree to and abide by certain fundamental principles:

- Honesty is expected in all dealings.
- Members and guests of this community are to be accorded respect and courtesy at all times.
- Diligent use of one's talents is an expected commitment in all school endeavors.
- Private and public property are to be treated with care and with respect.

While the school's standards are primarily applicable to the conduct of students while they are at school or participating in school-sponsored activities, the summer programs expects campers to live by these standards at all times. Providing supports that benefit all campers such as adequate structure, clear expectations, good modeling, and positive reinforcement, we strive to create the optimum conditions for campers to fully and appropriately participate in camp activities. We recognize, however, that every child is unique and some require additional supports to be successful. Within the bounds of maintaining a safe camp community, we are committed to making every effort to meet the needs of all campers.

### **Specifically, BTA Summer staff are expected to:**

- Act as role models—everywhere, not just during camp sessions or on location. Campers learn from us (for better or for worse) wherever we have contact with them. How we act in every situation will be noticed.
- Strive to keep expectations of children developmentally and physically appropriate while keeping in mind the children's dignity and self respect.
- Establish a group atmosphere that is non-punitive in nature and where comments focus on reinforcing children's appropriate behaviors rather than commenting on negative behaviors.
- Comment on behaviors in constructive ways and suggest appropriate alternative behaviors.
- Encourage children to be responsible for their own behaviors.
- Recognize that each new day brings a fresh start for each camper.

### **Fairness**

BTA Summer Camps will determine and review the facts of the case, establish responsibility, and establish a method of dealing with the person(s) involved. We reserve the right to maintain the integrity and credibility of the Roxbury Latin school's standards and the long- and short-range welfare of the whole camp community, and serve the well-being of the camper(s); their ability to deal with reality, their

### **Staff Responsibility**

While it is important for campers to be responsible for their own behavior, a greater responsibility rests with staff in determining how to maximize camper support. If one strategy doesn't work today, what can be tried differently tomorrow? If a behavior happened in a certain situation today, how can we avoid that situation tomorrow?

### **Discipline Policy**

Depending on the situation, staff should take the following steps in an effort to address unacceptable behavior and correct the situation. BTA Summer Camps reserves the right to skip any the steps if the situation warrants.

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guideline and program rules, and a discussion will take place. This must be done in a positive manner and, if possible, out of the earshot (but always within eyesight) of other campers.
3. In the event of continuing or more severe misbehavior, staff will document the situation using a Camper Log held by the Camp Director. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action

taken. The Camper Log will remain in the possession of the Camp Director after a counselor has written the log.

4. If the behavior persists, a parent will be notified (by phone or in person) of the problem by the camper's Head Counselor. The Camp Director will be responsible for placing the call home.
5. Pick-up and drop-off are generally not appropriate times for this type of communication with parents.
6. If warranted, the camp director will schedule a conference with the parent so they can determine the appropriate action to take.
7. The Camp Director and counselors involved will follow the plan set forth in the conference and continue to monitor the camper's progress. The Head Counselor should keep the Camp Director informed of the camper's progress.
8. If the problem still persists, the Head Counselor will schedule a conference that includes the parent, child (if appropriate), staff and Camp Director. The Camp Director will have all documentation to date and the notes from any previous conferences for review.
9. If a child's behavior at any time threatens the immediate safety of that child, other children or counselors, the parent may be notified and expected to pick up the child immediately.
10. If a problem persists and the child continues to disrupt the program, BTA Summer Camp reserves the right to dismiss the child from the program. Decisions regarding dismissal shall be made in conjunction with the Camp Director.

At NO TIME is it acceptable for staff to use the following forms of discipline:

- Spanking or other corporal punishment
- Utilizing cruel or severe punishment including humiliation, intimidation, verbal or physical abuse or neglect
- Depriving children of meals or snacks
- Disciplining a child for soiling or wetting clothes
- Lying to children or promising what cannot be delivered
- Labeling children and using such labels in a wrongful manner
- Breaking confidentiality by talking about children or their families inappropriately in front of another person
- Assigning group discipline due to one misbehaving child

## **EMERGENCY TREATMENT PROTOCOLS / STANDING ORDERS**

### **Wound Care / Bleeding / Burns**

Burns should be run under cold water for 15-20 minutes. Protect with sterile dressing. Severe burns or those over large areas of the body should be covered with sterile dressings and referred via 911 for emergency medical treatment.

For superficial abrasions, cuts, open blisters and the like, clean with soap and water and apply antibiotic ointment and clean dressing.

For bleeding wounds or deep lacerations – apply pressure until bleeding controlled, apply clean dressing, call parent and arrange for further medical treatment.

For severe bleeding, apply pressure with sterile dressings, provide supportive care and call 911 for hospital transport.

Superficial foreign bodies can be removed with tweezers from soft tissues. Eyes should be rinsed with water for suspected surface foreign body/dust or exposure.

If there is an impaled or deeply embedded foreign body present in any body part, do not attempt to remove the foreign body. Cover area with sterile or clean bandages and refer for emergency medical care. In the case of a deep foreign body in the eye --- both eyes should be covered/bandaged.

### **Allergic Reactions**

For mild to moderate and local skin reactions – apply cool compresses and/or 1% hydrocortisone cream. Benedryl may be given po as per standing orders below as necessary.

For severe reactions and/or any systemic symptoms of anaphylaxis/generalized urticaria/respiratory distress – follow EpiPen use protocol, call 911 for immediate emergency medical care while providing supportive care.

### **Asthma / Respiratory Distress**

Follow individual care plan for those children who have been previously diagnosed.

For children with no prior history may provide one albuterol treatment either as unit dose vial via nebulizer or as two (2) puffs of albuterol inhaler with spacer device. Monitor vital signs for improvement.

Any previously undiagnosed child with respiratory symptoms requiring treatment or any known patient who does not respond to treatment must be referred for further medical evaluation. 911 should be called for any child with severe distress, no response to treatment, or question of obstructed airway/inhaled foreign body.

### **Abdominal Pain/Vomiting/Diarrhea**

If no improvement after 1/4 - 1/2 hour observation, and/or if not tolerating clear fluids, parents should be contacted and child should be sent home from camp for further medical evaluation as necessary.

Children with recurrent vomiting/diarrhea should be sent home and should not return to camp until symptoms free for 24 hours.

For severe, acute abdominal pain, check all vital signs, maintain child NPO, do not treat with oral medications and refer for further medical treatment (either via parents or by ambulance if necessary).

### **Fever/Infectious Disease**

Fever is defined as an oral temperature greater than 100.4 degrees. Tylenol or Motrin may be dispensed as per standing orders below. Children should be sent home from camp and excluded from returning until afebrile for 24 hours.



Any child with an infectious disease that requires treatment with oral or topical antibiotics (e.g. strep, infectious conjunctivitis, impetigo, etc) should be excluded from attending camp until a minimum of 24 hours of antibiotic treatment has passed.

Any child with other contagious infectious disease (e.g. varicella, 5<sup>th</sup> disease) should be excluded from camp activities until contagion risk is over as advised by child's PCP and camp health director.

Parents of other campers in groups exposed to contagious illness (e.g strep, 5<sup>th</sup> disease, varicella) should be notified of the exposure by letter from the camp nurse.

### **Diabetic Crisis/ Hypo or Hyperglycemia**

Follow individual care plan for those children so diagnosed.

Camp nurse may check capillary blood sugar levels if question of altered mental status, syncope, dehydration, etc. Hypoglycemia is defined as blood sugar <70 – give juice, sugar containing beverage orally if mental status intact. Hyperglycemia is defined as blood sugar > 180 – encourage fluids, contact parent and seek further medical care.

A depressed level of consciousness/altered mental status requires emergency medical treatment by calling 911

### **Traumatic Injuries**

Any head injury resulting in altered or loss of consciousness requires emergency medical treatment by calling 911. Children with minor head injuries should be observed for a minimum of 15 – 30 minutes for any change in status or other symptoms (vision changes, amnesia, lethargy, speech changes, vomiting, severe headache). If other symptoms develop, child needs to be referred for medical evaluation.

Children sustaining injuries with any complaints of abdominal pain or vomiting should be evaluated and observed by the camp nurse as per the abdominal pain protocol above. Any question of worsening abdominal pain, recurrent vomiting, altered vital signs, or any incidence of multiple trauma (e.g. head and abdomen) must be sent for emergency medical treatment by calling 911.

For strains and sprains ice should be applied, ace bandage can be used for support, and Tylenol or Motrin can be administered per standing orders below. If child has decreased use of extremity (e.g. pain with ambulation), parent should be contacted and child brought for further medical evaluation.

For any suspected bone fractures, area should be immobilized, if possible by splint in a position of comfort. No attempt should be made to correct any noticeable deformities. Elevate area if possible. Maintain child NPO. Call 911 for emergency medical treatment.

### **Heat Illness**

Assess vital signs. Rest in cool area. Encourage oral fluid intake in small amounts over 1 hour, if able to tolerate. Apply cool compresses as necessary. For any signs of shock, altered mental status, recurrent vomiting refer for emergency medical care by calling 911. If tolerating po fluids, contact parents and send home with advice for medical evaluation.

## Approved Medications – Standing Orders

### 1. Acetaminophen

Indications: minor pain, fever, headache

Contraindications/Precautions: known allergy or sensitivity, need for patient to be NPO

Dosage: 10-15mg/kg/dose by mouth every 4-6 hours as needed. (maximum dose: 500mg)

### 2. Ibuprofen

Indications: menstrual cramps, musculoskeletal pain, higher fevers not responsive to acetaminophen

Contraindications/Precautions: pregnancy, known allergy or sensitivity to

NSAIDS or Aspirin, need for patient to be NPO, can cause GI upset on empty stomach. Dosage:

10mg/kg/dose every 6-8 hours as needed (maximum dose: 400 mg unless otherwise prescribed by physician)

### 3. Diphenhydramine

Indications: antihistamine – urticaria, mild/local allergic reactions, moderate allergic reactions, pruritis

Contraindications/Precautions: known allergy or sensitivity, can cause sleepiness – should not be taken if driving, operating machinery, or otherwise

responsible for monitoring other individuals

Dosage: 1mg/kg/dose every 6 hours as needed (maximum dose: 50mg for adults)

### 4. Albuterol

Indications: bronchospasm, wheezing, asthma

Contraindications: known sensitivity or allergy, cardiac disease/arrhythmia – may speed up heart rate

Dosage: 2 inhalations from MDI with spacer device/dose. Usual every 4-6 hours. May give up to 1/2 - 1 hour apart in emergency situation

### 5. Epi – Pens (Epinephrine) Please see Epi-Pen protocol.

### 6. 1% Hydrocortisone

Indications: local pruritis, local allergic reaction, dermatitis Contraindications/Precautions: known sensitivity or allergy

Dosage: apply topically to affected area 2-3 times/day. Should not be used under occlusive dressing

### 7. Topical Antibiotic Cream

Indications: superficial wound care Contraindications/Precautions: known sensitivity or allergy Dosage: apply topically to affected area 2-3 times/day.

### **Seasonal and Long Term Record Keeping**

The First Aid Log is a bound, pre-numbered book used for recording first aid encounters. It remains in the Camp Director all summer. In off-season, the First Aid Log is kept in the Camp Director's office.

Medication Administration Log is maintained by the nurses in the Health Office.