

HEALTHCARE POLICIES & PROCEDURES



Three Trails
CAMP & RETREAT CENTER



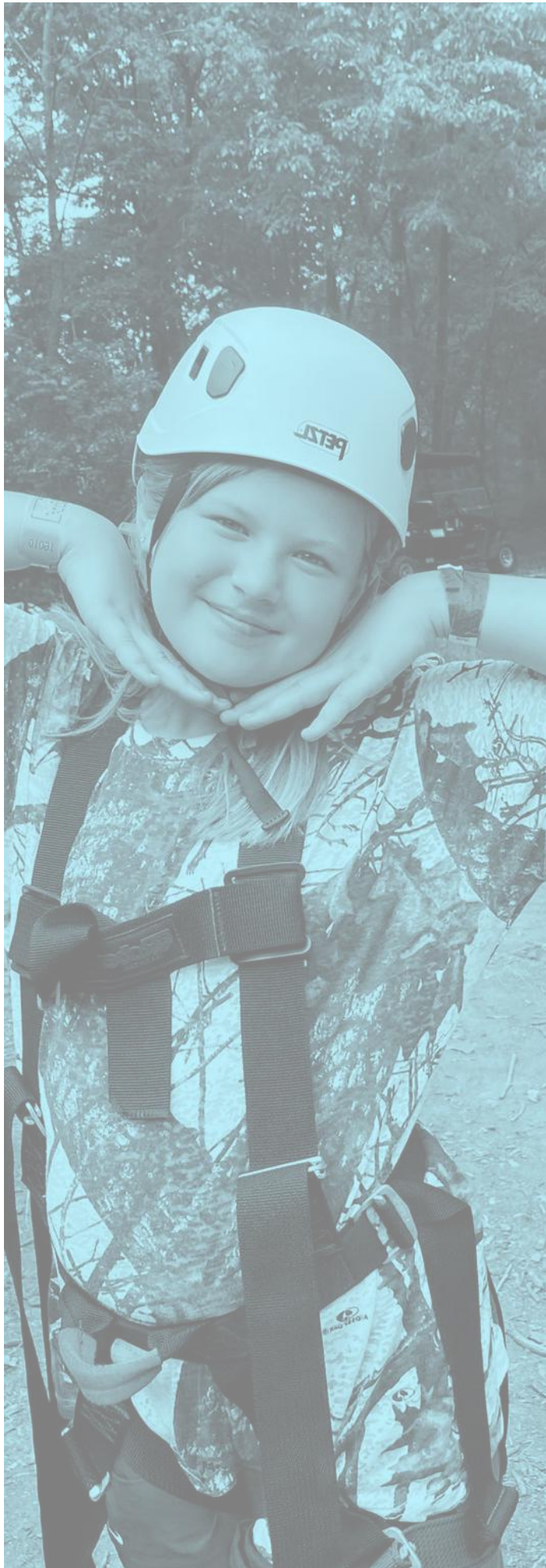


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Healthcare Policies & Procedures Review

Three Trails Camp healthcare policies and procedures are reviewed annually by the Camp Directors with the previous and incoming Healthcare Director.

In addition, the healthcare policies will be reviewed by a licensed healthcare professional every three years. A Policy Review Form will be filled out and available upon request.

HEALTHCARE CONSULTATION / MEDICAL SERVICE

Medical service is available to Three Trails Camp through Childrens Mercy Hospital and other local hospitals, urgent care and emergency rooms. Emergency services and medical transportation is available to Three Trails Camp through 911 services.

Contact is made annually for medical services:

- Fire Department - emergency transportation
- Children's Mercy Hospital - hospitalization



CAMP PRACTICES

Emergency procedures are practiced for a variety of emergency situations specific to the site: fire, evacuation of buildings, electric storm, lost campers, etc. Emergency fire drills are held within the first 24 hours of each session. Emergency drills involve the total camp, including maintenance and kitchen staff in resident camp.

The appearance and safety of activity and living areas is the responsibility of the supervising staff. This aspect of responsibility includes safe storage of equipment and supplies, policing the areas, posting rules, and safeguarding areas not in use. The Healthcare Director is responsible for conducting weekly evaluations of the total camp.

Supervision and teaching personal hygiene is the responsibility of counselors. This step includes, but is not limited to, frequent hand washing, regular tooth brushing, and making sure that campers showers at least weekly.

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 healthcare plan are contained in the following documents:

Staff Handbook

- Healthcare Handbook
 - Basic Information about Healthcare
 - Handling of Serious Accidents, Major Emergencies and Fatalities
 - Medical Treatment Procedures, including procedures for screening and protection from bloodborne pathogens
 - Incident & Safe From Harm reports
 - Emergency Facility Contacts
- Camp Training Plan
- Reporting Child Abuse

- Safety Handbook
 - Site Hazards
 - Emergency Procedures
 - Camp Safety
 - Camp Health, Safety and Sanitation

Program Handbook

- Discipline Procedures

CampBrain Software

- Health-History Forms

The camp's healthcare plan describes general information about the program's healthcare values, the concept of stewardship related to wellness, and about the authority vested in staff members for making healthcare decisions. The plan is based on guidelines from the American Camp Association's (ACA) Standards and State Department of Health regulations.



HEALTHCARE RESPONSIBILITIES

Healthcare Director

Whether a registered nurse (RN), a recent nursing graduate, or a trainee in first aid and CPR, management of the camp's health and safety program is a tremendous responsibility. This document provides operational guidelines for the role. At Three Trails Camp it is general practice that the Healthcare Director remains on-site and housing is provided by the camp. This housing is part of the Medicine Lodge and helps assure availability of healthcare to all campers and staff in case of emergency.

The Healthcare Director autonomously treats people and provides response to injury, illness, and/or life events. The Healthcare Director is only able to provide the service of their highest certification or license. The Healthcare Director's responsibilities do not replace the medical expertise of a licensed physician or an equipped medical facility.

Ten basics of being a camp Healthcare Director:

1. **Experience.** Must be prepared to manage any emergency.
2. **Self-sufficiency.** Camp nurses usually work alone. Working independently can be extremely helpful. Take time to review the camp healthcare policies and procedures.
3. **Professional responsibilities.** Although camp healthcare may seem like a break from the real world, the Healthcare Director will need to provide routine and emergency care to campers, monitor their chronic conditions, collaborate with management to provide a healthy environment, educate staff about health concerns, and safely administer medications for those with acute and chronic health issues.
4. **Emotional support.** Providing a comfortable, open environment for campers to discuss health issues, homesickness, or any other concerns is vital. Camp life is hectic, so kids (and staff) may need a place to talk, rest, or just take a break.
5. **Caring for staff.** Kids may not be your only patients. Camp staff typically spend the entire summer working with kids, being outdoors, and running activities. The Healthcare Director will support camp staff who are away from their usual medical care for many weeks. You will serve staff as well.
6. **Management skills.** The Healthcare Director needs to be able to manage paperwork, anticipate health risks, and order health center supplies. For example, most camp health centers keep a supply of over-the-counter medications that need to be monitored and kept secure to avoid inappropriate ingestions.
7. **Flexibility.** Although certain tasks must be done every day, they are not always done at the same time each day. Fitting in a shower or rest break can be tough. Keeping the schedule flexible is necessary.
8. **Documentation skills.** The Healthcare Director will manage health logs, medication forms, health histories, and physical assessment data. For example, on the first day of camp, the nurse screens each child for pediculosis capitis (head lice) and reviews each child's health history and performs medication reconciliation. Organizing, recording, and administering medications require strong documentation skills.
9. **Knowledge of normal growth and development.** Have patience along with an understanding of

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child development. Consider the developmental stage when working with kids. Some may need only an adhesive bandage and a little TLC.

10. **Being ready for anything.** At camp, anything can happen, including asthma exacerbations, insect bites, allergic reactions, abrasions, lacerations, fractures, and other types of traumas. Common camp health center complaints include sore throats, homesickness, splinters, sprains, and upper respiratory tract infections. Be prepared for anything.

Camp Staff

All camp staff have healthcare responsibilities specified in their job descriptions. 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 healthcare 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 **Healthcare Director** is responsible for providing first-aid services and for monitoring health and sanitation procedures throughout camp. The Healthcare Director 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 Healthcare Director is generally on-site when campers

are in session and is responsible for orienting their backup(s) when they are absent.

Cabin 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. Counselors are responsible for general shower/latrine cleanliness and maintenance. One counselor in each cabin is assigned responsibility for seeing that health procedures are implemented, that first-aid kits are maintained, and that required camper medications are taken on schedule. Counselors are alert to symptoms of illness, follow-up on instructions from the Healthcare Director, provide for special needs/accommodations, and report to the Healthcare Director on all treatment/first aid they provide.



Program staff are responsible for maintaining high standards of health and safety in the activities they supervise. They 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 use.

Food Service staff are responsible for providing healthy foods, using sound health practices, implementing sanitation and safety practices, and rehearsing emergency procedures. Special dietary needs are recognized and accommodated when possible. If a diet

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requires something that the camp cannot provide, the parent or individual may be asked to provide supplementary foods.

Maintenance staff are responsible for using safe practices and for being alert to environmental hazards and notifying program personnel appropriately.

General Camp Staff

There are two levels of healthcare 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 Healthcare Director, 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 healthcare 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 Healthcare Director. As a result, staff refer sick people to the Healthcare Director for assessment and assist with providing an appropriate activity level for those in a recovery mode or facilitate camper going home.

The camp position with regard to injury is based on 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 team. This stipulation acknowledges that different staff members have different training and experience with emergency situations. In addition, the staff, with guidance from the camp director and Healthcare Director, organizes and drills camp emergency responses so that everyone knows their responsibility. Not all injuries require full emergency-response measures. The camp Healthcare Director 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 HEALTHCARE AND SANITATION

Backup For Healthcare Director

All lifeguards are basic first aid and CPR trained and certified to give immediate emergency aid until the Healthcare Director can be obtained. The first-aiders certification and a record of training is provided to camp and will be on file with the camp leadership.

Administration of medications does not typically fit this role and is therefore not within the authority of the first aider unless specific instructions have been given by the Healthcare Director or Senior Staff. This includes medications such as pain reliever.

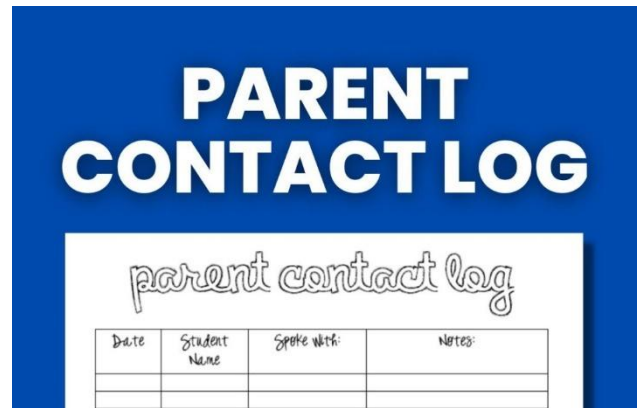


Confidentiality

Health information is confidential and privileged information. Health forms are submitted to Three Trails Camp electronically (in CampBrain). This information is provided to the Healthcare Director. The Healthcare Director will review the forms and share information with counseling and/or kitchen staff on a need-to-know basis. Staff must treat disclosed information in confidence.

The Healthcare Director is responsible for maintaining complete and up-to-date health records following the procedures outlined in this document. Individual health

records (in CampBrain) contain information about each individual's healthcare and is the place where health notes are recorded. The daily medication administration record serves as documentation for routinely dispensed medications. The log provides summary information for surveillance. Health records are confidential and available only to healthcare staff and senior leadership.



Contacting Parents

Phone contact with parents/guardians is established in health and emergency situations. 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 Senior Staff and/or the Healthcare Director 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.** Phone contact is followed by an electronic record which provides specific information about the situation.

Because many people remotely access their voicemail, it is expected that camp personnel leave voice

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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 record (in CampBrain).

Counselor Role In Healthcare

The supervision of routine health care is specifically charged to the Healthcare Director. Counseling staff, however, are integral to healthcare also. They are specifically charged with managing cabin and activity groups to support activities of daily life (e.g., adequate rest, water, nutrition). Counselors often note symptoms of illness or signs of injury before they are noted by the Healthcare Director. Consequently, it is their responsibility to act appropriate to their observations. Specific directives are described in the *Counselor Handbook*.

In addition to records kept by the Healthcare Director, the camp makes use of incident reports to document unusual situations. All staff are able to initiate the incident report. Senior Staff is charged with maintaining documentation, as well as appraising follow up.

Emergency Responses

Emergency transportation is provided in a Salvation Army official vehicle or the local ambulance services. The Healthcare Director and Senior Staff cooperatively decide which mode of travel will be used. In general, the ambulance service is used when the victim is not stable and/or has need for special equipment (e.g., life-support systems).

Based on camp protocols, staff are trained to assist in emergencies. This training is initiated during orientation and supported by sessions led by the Healthcare Director and Senior 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 camper with a suspected fracture still, knowing what to do in the lost-camper drill, activating the camp emergency-response team, and knowing the camp's severe-weather response.

As part of risk-management procedures, camp staff will rehearse the lost-camper drill during the first week that campers are on-site. Continued drilling is at the discretion of the director. The pool staff rehearses their distressed swimmer drill during the first week of arrival and at two-week intervals thereafter. Procedures specific to waterfront emergencies are in the *Aquatic Handbook*.



First-Aid Responder

The person designated to administer first-aid is the Healthcare Director. However, it is expected that individual staff members will provide basic first-aid care to the level of their training when the Healthcare Director is unavailable or until the Healthcare Director arrives. It is also expected that the staff person with the most training will assume primary care-giver status in any given situation.

The Healthcare Director is available throughout camp when needed. When they are not available, they will be relieved by someone with the minimum of first aid and CPR-certification. The pool is the only location at camp where a first aid and CPR-certified person must be present when the activity is open.

First-Aid Supplies and Kits

First-aid supplies are available in the Medicine Lodge. The Healthcare Director makes first-aid kits appropriate

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to the needs of the camp program and trains staff about their use. The Healthcare Director periodically checks the kits, restocks them, and monitors record keeping.

First-aid kits are placed at the activity areas which pose risk of injury. First-aid kits should be stocked and distributed throughout camp by the Healthcare Director.



A first-aid kit should be placed at the following locations:

- Evangel,
- Dining Room #1 cupboard,
- Camp Office,
- Chapel foyer,
- Candy Store,
- Medicine Lodge,
- Gym supply closet,
- Oak Room kitchen,
- Pool pump house,
- Kitchen office,
- Cypress,
- Booth,
- Maintenance Shop above desk on shelf,
- Climbing Tower, and
- all camp vehicles.

First-Aid kits should include but are not limited to:

- CPR mask,
- 4x4's,
- 2x2's,

- roll of medical tape or cohesive bandage,
- roll of gauze,
- alcohol wipes,
- scissors,
- assorted sizes and types of bandages,
- cotton tip applicators, and
- disposable gloves.

Each kit needs a notebook with instructions to document first-aid kit use. Staff is expected to follow documentation guidelines (outlined in the *Healthcare Handbook*).

Specific Supplies for certain locations:

Pool - Give extra gloves

Kitchen office- Must have burn gel

Healthcare Resources

Alliance for Camp Health has a website that can be an additional training source. Go to <https://allianceforcamphealth.org/education-and-resources/resources/> to gain practical resources for camp healthcare.

Sample of first-aid procedure:

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

- Provide a place for the child to rest. Offer the child throat lozenges, hard candy, water, or a glass of soda pop.
- Call the parent if the condition persists. Record the content of the call.
- Contact the Healthcare Director via cell phone to get directions.
- Sending the child home will be the decision of the Healthcare Director and Senior Staff if no other resolution is possible.



Incident Reports

It is the responsibility of the Healthcare Director to assure that an incident report has been filed for all serious health incidents at camp. This could mean following up with individuals who handled a situation to make sure they filed the report and or the Healthcare Director filling out the report themselves with assistance from staff.

Medical Care Support: Emergent and Non-Emergent

Medical care is provided by the local urgent care, emergency room or hospital. Camp Healthcare Director will decide if additional offsite medical care is needed and where the individual will be seen.

ACA requires an RN to be available either on-site or via video call to review the procedures of the day with the designated health officer. Three Trails Camp only requires the health director to be CPR, first-aid and AED certified because we are within 12 min or less of definitive care. However, we want to make every effort to meet the standard set by ACA.

A health officer will be available through Territorial Headquarters. This position is the Officer Health Services Director. This RN will be available to call daily to review any necessary reports. The health officer will also review the healthcare policies and procedures every three years or as changes are made.

THQ will need a copy of current camper health forms, medicine distribution logs, incident reports and any other medical procedures so clear direction can be provided.

Melissa Romanyk is currently serving in this position; she is a registered nurse with 15 years of experience running triage and an incredible heart. Melissa's information is below. The Healthcare Director can contact her directly as needed throughout the summer.

Melissa Romanyk

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Officer Health Services Director

The Salvation Army Central Territory

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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 Healthcare Director's supervision. This mandate complies with ACA standards and State Department of Health guidelines.

Routine personal medications are administered under the supervision of the Healthcare Director and in accord

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with orders from a physician or, as in the case of vitamins, upon the request of parents. Medications are most commonly given at a meal simply because people are easy to find. The Healthcare Director makes special arrangements with individuals if meds need to be taken at a different time.

Use of "as needed" medication is supervised by the Healthcare Director. It is important to realize that the rationale for giving a particular medication must be documented. It is the responsibility of the Healthcare Director to assess the individual and determine who is capable of administering what medications and to supervise that process.

In cases where a question exists about medication, the Healthcare Director must contact the appropriate person (i.e., the prescribing MD, parent) by phone to clarify the issue. This conversation is documented in the individual's health record.

It is possible that a parent may send a camper with a variety of medications packaged together. The Healthcare Director may not be able to identify the medication. The Healthcare Director may not administer medication unless they follow standard medication practices. Consequently, the Healthcare Director may have to tactfully arrange with the parent for a new supply of appropriately labeled medication. To minimize this potentially time-consuming event, the camp's parent communication clearly instructs parents that prescriptions MUST be in the original labeled container and include the prescription details for the specified camper. The Healthcare Director is expected to refuse to give a medication which does not meet safety guidelines.

Three essentials for administering medications, regardless of the qualifications of the healthcare 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 healthcare provider (in a locked 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 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.

Medicine Lodge

The camp has a healthcare center that is called the medicine lodge, it includes an admit area, bathroom, and Healthcare Director housing. There is one admit bed available.

The health center maintains "hours", times during the day when the Healthcare Director sees people. These hours are cooperatively determined by the camp director and Healthcare Director and are sensitive to the camp schedule. For example, it is inappropriate to open the health center when people are supposed to be in activities but very appropriate to open it during

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camp "free time". The health center tends to be most busy after evening program and just before/after meals.

In addition to the Medicine Lodge there will be two additional rooms for camper quarantine and isolation. The preferred space for this is in Booth Lodge (off the lobby). The lobby will be used for supervision. Staff assigned to the isolation housing will work closely with the Healthcare Director to facilitate camper care. This additional space is intended to meet the ACA standard that seeks one bed for every 50 people (staff and campers) on-site. These rooms/beds are placed in such a way that genders can be separated and isolation can be assured.

Policies Concerning Health Records

All staff members complete the staff health form (through CampBrain) as a condition of employment. This is a health history completed within six months of beginning the job. If an individual has not provided a completed form when their employment begins, they will do it during staff training.

A health form is also completed by campers. The camper form has a parent/guardian permission statement that authorizes both emergency and routine care. The camper cannot register without this health form completed.

It is camp policy that an electronic copy of individuals health form accompanies groups that leave the camp and/or local area. These are assigned to the person responsible for the group's healthcare.

Procedure For Health Screening

Screening is conducted by the Healthcare Director within 24 hours of participant arrival (staff and campers). 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. In general, the process updates the health form, gathers information about medications, assesses current health status, and 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.

Significant findings from the screening, including head lice, are acted upon as warranted by the situation. For example, campers with head lice are not allowed to stay at camp. Parents/employees are notified of potential concerns identified in the screening process.



Registration Procedure

Each camper will have registration information and medical information that has been completed in Campbrain. This should have been completed prior to them coming to camp. This will include all pertinent health information, health history, medications taken, and last tetanus shot.

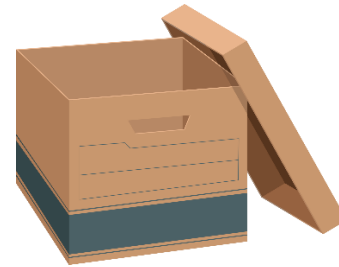
Upon arrival at camp, each camper must be checked in by the office and the youth department. Then each camper must have a head lice check. We have a NO NIT policy. Once they have been given the all clear, they proceed to the Healthcare director and check in ALL medications. It is recommended that you speak directly to the camper to get specifics as to when they take each medication. This information is not always clear on the Medication policy that should be provided by the parent with a Physician's signature.

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Inhalers and Epi-pens can be carried by campers at the Healthcare Directors discretion.

Use gallon size ziplock bags to contain camper medications. Apply 1 label to the campers ziplock bag and 1 label on the Medication Administration Record.

Medications are typically given at meal time in the dining hall at 8am, 12p, and 5pm. Bedtime medications are given in the Medication Lodge before the call to cabins. It is recommended to separate daytime medications and store in lock box in dining room #1 and bedtime medications are stored in a lock box in Medicine Lodge.



Storing Health Records

At the end of the summer camp season, records are collected by the Healthcare Director and archived at the camp's office for the period of statutory limits as defined by the state (currently seven years beyond the age of majority).

Routine Healthcare

Routine healthcare is provided by the camp Healthcare Director and is governed by practices outlined in the *Healthcare Handbook*. This handbook is reviewed annually by the camp's Senior Staff and the Healthcare Director. Each member of the healthcare team is given a copy during staff training. Training of the Healthcare Director includes a review of medical protocols, communicable disease control techniques, organization and administration of the medicine lodge, instructions about use of healthcare inventory (medications and supplies), and guidelines for sanitation checks, record keeping policies, and education of camp healthcare needs.

Special Needs Reports

The Healthcare Director will facilitate the distribution of special needs reports to appropriate camp staff. These special needs could include health conditions, food allergies or behaviors.

When Medication Can Be Administered by Back Up First-Aiders

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

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

The Healthcare Director is responsible for training first-aiders for this responsibility. If the Healthcare Director is certified the same as 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 the adult. A written record is required.

PROCEDURES FOR OUTSIDE GROUPS USING CAMP

Three Trails Camp Contract will specify the following:

1. Groups must provide their own adults currently certified in first aid and CPR, who are responsible for health needs of the group.
2. Groups are responsible for gathering and maintaining information on all members of the group that includes name, address, emergency contact names and numbers, and any allergies/health conditions/restrictions. For minors without a parent on-site, group leaders should also have signed permission to seek emergency treatment. Group leaders are responsible to inform camp of any allergies or restrictions of their group that may affect camp services provided (e.g., food service, program activities).
3. Groups are responsible for their own emergency transportation. Phone numbers and locations of local EMS providers, clinics, and hospitals are provided in confirmation information and also posted near all phones available to groups.
4. Groups are responsible for providing their own first-aid supplies and equipment.
5. Orientation for groups will include updated emergency procedures for the camp, including information on how to contact camp personnel in an emergency.

