



Camp Lau-Ren Manual for Camp Counsellors

To be used in conjunction with the
**STAFF MANUAL FOR
VOLUNTEER AND PAID STAFF**

Revised: June 2018

CAMP LAU-REN is a Christian Camp owned by Lau-Ren Camp Corporation of the United Church of Canada.

THE PURPOSE of the Camp is to provide an experience of Christian community in an outdoor setting wherein persons may have an opportunity for growth in personal relationships, a deepening awareness of God, and the development of personal faith and character.

LAU-REN CAMP CORPORATION owns the property and administers it in accordance with the purpose stated above as a non-profit enterprise, financed from campers' fees which are heavily subsidized by a grant from the Bay of Quinte Conference of the United Church and by gifts from individual congregations and United Church Women's groups in the Presbytery.

THE BOARD OF DIRECTORS is appointed by the Lau-Ren Camp Corporation to maintain the property and facilities, help plan the camping program and recruit volunteer leadership. Appointments endeavour to represent all areas of the Presbytery.

THE CAMP EXECUTIVE DIRECTOR(S) is engaged by the Camp Corporation as executive director of the whole operation and is responsible to the Corporation through the Board of Directors.

MISSION:

Our Mission is to provide a Christian experience for campers by providing programs and services that foster Christian faith, provide opportunities for personal growth, develop skills to build community and relationships, foster an environment of inclusion of everyone, and provide opportunities to acquire new skills and knowledge.

VISION:

In Camp Lau-Ren's natural setting, there will be an opportunity to have fun, to gain a deepening awareness of others, a growing understanding of oneself, and a strengthening of personal faith as we meet God in Jesus Christ.

VALUES:

Respect
Collaboration
Community

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NOTE: This **Manual for Camp Counsellors** contains information items which are applicable only to the position of Camp Counsellor.

For other information pertaining to this position, this Manual should be read in conjunction with the **Staff Manual for Volunteer and Paid Staff**.

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Phone Numbers:	
FIRE, AMBULANCE, POLICE – 911	
CIVIC ADDRESS: 210 Lau-Ren Road	
HOSPITAL: 613-584-3333	

JOB DESCRIPTION - COUNSELLOR

Position: Counsellor

Risk Assessment: 10

Any position which creates the opportunity of unsupervised access to children (or other vulnerable individuals) is given an assessment of the degree of risk in which that person could, on occasion, be placed. On a scale of 1 to 10, where 10 indicates the possibility of being at greatest risk, **a counsellor is given a rating of 10.**

Supervisor: Executive Directors and Camp Director

Qualifications and Experience:

Camp counsellors are to be a minimum of 16 years of age. Camp Counsellors-in-Training (CITs) will be a minimum of 15 years of age and will work with a Counsellor at least 16 years of age. CITs of 15 years of age can be recruited by a Director for a Tadpole or Junior Camp. These CITs can only attend the camps for which they were recruited and cannot attend other camps during the summer. CITs are not to be left solely responsible for campers. Counsellors and CITs are expected to attend all pre-camp training sessions; those sponsored by the Board and those set up by the Camp Director.

Duties of the Counsellor:

- The counsellor is the closest link the camper has with the program and activities during his/her stay at Camp. As such, the Counsellor has a risk assessment of 10, and should exercise prudence in all dealings with campers and fellow staff members.
- On the first day of Camp, one Counsellor is to be at the registration desk to welcome campers and show them to their cabin. The second cabin Counsellor is to supervise the settling in of campers in the cabin. Campers should then be given a site orientation and allowed to participate in the free swim and swim test if scheduled.
- It is a Counsellor's primary duty to look after the campers in his/her cabin, to make sure they get up on time, get to meals on time, and to the assigned activities on time – as outlined in the Camp timetable.
- Counsellors should know AT ALL TIMES the whereabouts and activities of each and every camper in their group, and keep them in their group for the assigned activities.
- A thorough knowledge of the Camp rules is a requirement and the the camper should be made aware of all rules on the first day of camp.
- The well-being of the camper must be a constant concern, the counsellor must be concerned for the camper's personal safety with regards to risks and hazards, some of which are: poison ivy, unsupervised use of the Big Rock and Paddy Horse, the waterfront area, canoeing, campfires, dangerous steps, electrical wiring, overexposure to the sun, etc.
- Counsellors are expected to care for minor first aid requirements of Campers. Any illness or injury of any camper should be brought to the attention of the Health Care Provider immediately. If the HCP is not available, then issues should be brought to the attention of the Camp Director.
- Counsellors work under the direct supervision of the Camp Director and the Executive Directors and are to follow the Camp Director's instructions for all land-based activities.

For waterfront activities, the counsellors are under the direction of the Waterfront Staff. For canoeing activities, the counsellors are under the direction of the Waterfront Staff and the canoeing Trip Leader.

- On the last day of Camp, the counsellors are to facilitate the departure of their campers and help ensure that the appropriate persons pick up each camper.

Time Off

All counsellors are entitled to a break every day, away from campers and responsibilities. After the campers are in bed cannot be considered break time. This break time is to be scheduled by the Camp Director.

EXECUTIVE DIRECTORS

The Camp Executive Directors are responsible for the coordination of activities and jobs at Camp Lau-Ren and are responsible to the Board of Directors. They ensure that all standards pertaining to camp staffing, programming, health and safety are monitored and met. On behalf of the Board of Directors, they ensure that all camps are staffed with appropriate volunteers, i.e., Director and Leaders and are therefore responsible for reviewing and approving all volunteer staff working under the Camp Director. The Executive Directors are responsible for working with the Camp Director to ensure that the camping program meets the Christian objectives of the Corporation.

The Executive Directors are responsible for the recruitment and hiring all Counsellors and Summer Staff and ensuring that all staff receive adequate training, including mandatory training outlined in the United Church Camping Standards and the Ontario Camps Association standards and by all government bodies.

All Counsellors work under the direction of the Camp Director and the Executive Directors. The Summer Staff work under the direction of the Executive Directors. The Executive Directors establish work schedules, ensure adequate training and ensure each job is done to an acceptable standard.

CAMP DIRECTOR: Responsibility, Duties, and Authority

The Camp Director is responsible for organizing and running a six-day week at camp. This involves the recruitment, with proper screening, of adult leaders for the various camp programs (crafts, life study, etc.). The Camp Director has complete responsibility for the day-to-day management of the Camp, will ensure that the policies and programs of the Camp are carried out, and will encourage and advise staff and campers.

The Camp Director is responsible to promote the Christian spirit of camping at Lau-Ren, endeavouring to blend campers and leaders into a Christian community for the week.

The Camp Director is responsible for discipline of campers:

The Camp Director shall share with the staff in dealing with any problems encountered with campers and assumes final responsibility for discipline.

Emphasis should be on the moral and spiritual growth of the campers, but the Camp Director shall have authority to telephone a parent and send any camper home should it

appear to be necessary for the welfare of the rest of the Camp.

The Waterfront Director may expel any camper from water activities for violation of safety regulations.

The Camp Director is to ensure that Camp property is not abused. Any deliberate damage by an individual is to be reported with the name of that individual being submitted. All damages are to be reported to the Caretaker and to the Executive Director.

CAMP LEADER

The Camp Director is responsible for recruiting volunteer Leaders to conduct camp programs, e.g., Bible Study, Life Study, Crafts, Sports. Leaders are to include:

- Health Care Provider who is qualified to give First Aid
- Bible Study / Life Study Leader—it is compulsory for all campers to receive daily Bible Study
- Craft Leader
- Sports / Games / Nature Study or Sports / Song Leader (singing is vital to Camp spirit)

Camp Leaders are responsible for planning and conducting exciting programs to ensure that campers experience a rewarding camping experience.

SUMMER STAFF

It is the Executive Directors' responsibility to ensure that the camp is adequately staffed during the camping season. This includes the hiring of the following staff:

- Counsellors - each camp will be assigned two Counsellors per cabin. Camp Directors can recruit one female and one male Volunteer Counsellor (for Routliffe and Fee Cabins) if the camper numbers warrant.
- Waterfront Director—Responsible for all waterfront activities.
- Waterfront Assistant—Works under the direction of the Waterfront Director.
- Head Cook—responsible for supervising the preparation of all meals and snacks for all camp participants.
- Assistant Cook(s) - work(s) under the direction of the Head Cook.
- Caretaker—responsible for ensuring the camp is cleaned to Ontario Ministry of Health standards and for regular maintenance of camp property.
- Floater(s) —in addition to duties assigned by the Executive Directors, he/she shares duties between the Kitchen and Waterfront.

MISSION PROJECT

A weekly offering will be taken at some time during the week for a mission project chosen by the Board of Directors. This offering is normally deducted from Tuck money deposited at registration. A vesper service devoted to explaining the Mission Project should be held. Details are available from the Executive Director.

IN CASE OF FIRE, OR EMERGENCY DRILL

In case of fire, or an emergency drill, the Caretaker shall assume full authority over Camp procedures. In the Caretaker's absence, the Waterfront Director will be in charge.

In case of fire, or for purposes of an emergency drill, the Camp bell will be put on a continuous ring. For fire **drill**, Kitchen staff, on being notified by the Caretaker, are exempt from participation.

In the event that a camper discovers a real fire, the camper should advise the nearest Counsellor, Leader or Summer Staff member who will then ring, or cause to ring, the bell. The person who rings the bell should stay by the bell until the Caretaker or Waterfront Director arrives to find out where the fire is.

On hearing a continuous ring, all campers, summer staff and volunteer staff are to cease what they are doing and proceed to the flagpole to assemble in groups; the campers and counsellors by cabin. All persons, especially campers, are to be accounted for.

On the way to the flagpole, counsellors and leaders are to supervise the hasty movement of campers. Counsellors, after checking their cabin for campers, will hurry to the flagpole.

In the case of an emergency drill, the Caretaker will take the opportunity to address those assembled on the topic of fire safety, and of the procedures in case of a real emergency. In case of fire, the Caretaker shall see that the fire department is called and, while waiting their arrival, in discussion with the Camp Director, shall decide on whether any attempt will be made to fight the fire. Leaders are to be sent on errands, counsellors are to stay with their campers during a fire.

CAMPER STANDARDS OF CONDUCT

Camp Lau-Ren's continuing success is due in part to the Board of Directors demanding the highest standards of safe and moral behaviour from both staff and campers. For the benefit of those who may not be aware of our standards, the following represents a partial listing which covers the most obvious concerns.

SAFETY

Except for the beach area, foot protection is to be worn at all times. The beach area is out-of-bounds unless supervised. All the remaining waterfront area and wooded areas are out-of-bounds unless the camper is participating in a supervised activity. Smoking is not allowed at camp. Alcohol and non-medical drugs are prohibited at camp.

RESPECT FOR FELLOW CAMPERS AND STAFF

Offensive or profane language, physical or mental abuse of another will not be tolerated.

RESPECT FOR PROPERTY AND NATURE

Camp property and property belonging to individuals must not be disfigured, damaged or destroyed. Nature's plants must not be uprooted, nor bark removed from trees, nor animals disturbed.

RESPECT FOR PRIVACY

Campers will not enter the area between the Craft Centre and the Motel, Smyth, Smyth Washroom, Harrison and the area around Harrison and Smyth. Unless invited, a camper must not enter a camper cabin other than the one assigned to him or her.

RESPECT FOR THE DUTIES OF OTHERS

Campers will not enter the Kitchen, the area behind the Kitchen or the Caretaker's building.

RESPECT FOR PROPER ATTIRE

At Camp Lau-Ren, we want everyone to be comfortable and ready to participate in programs where the quality of the experience is more important than fashion. Camp Lau-Ren's dress code is meant to promote a sun-safe and conservative standard to campers from a variety of backgrounds and denominations. The Camp Director applies what is appropriate and has the authority to ask anyone to change clothes that fall outside of the camp's guidelines. Shoulders and heads are to be covered during the day to avoid sun exposure (i.e., not just sun visors). Campers will wear one-piece bathing suits or respectable tankinis on the beach and at waterfront activities. The following items are not permitted: offensive logos or art work; spaghetti straps; halter tops, tank tops or bare stomachs; visible underwear; low-cut or revealing tops, pants, mini-skirts or shorts. Flip flops, crocs or open toed shoes may not be worn for any outdoor activity except going to and from the waterfront, so be sure to pack sturdy running shoes.

GENERAL

Campers must strictly adhere to additional standards/rules/guidelines imposed by the Camp Director and approved by the Executive Directors. A camper must attend all programmed activities unless excused by the Health Care Provider and/or Camp Director. Prior permission from the Camp Director must be obtained before leaving the site. The Camp Director is to be informed of any expected visitors. No food items of any kind are to be brought to camp. Campers are not allowed to bring cell phones or any other electronic devices to camp. All music played at camp will be age, language and subject appropriate.

NOTE: The Camp Director has the authority to send a camper home for not conforming to the standards set out above. Any camper sent home may not be eligible for consideration as a camper in the future.

UNDERSTANDING

I acknowledge that I have read, understood and agree to abide by the above STANDARDS OF CONDUCT while in attendance at Camp Lau-Ren. I agree to participate fully in the camp program. I agree not to bring any cell phones or electronic devices to camp.

Signature of Camper _____

I confirm that the above Camper has read, understood and agrees to abide by the above STANDARDS OF CONDUCT while in attendance at Camp Lau-Ren.

Signature of Parent/Guardian _____ Date _____

Standards of Conduct **Summer and Volunteer Staff**

Forward:

Camp Lau-Ren's continuing success is due in part to the Board of Directors demanding the highest standards of safe and moral behaviour from both staff and campers. The following represents a partial listing which covers the most obvious concerns.

Safety

Except for the beach area, covered foot protection is to be worn at all times (sandals are not considered as covered protection). Crocs are acceptable but should be worn with the heel strap and should not be worn while climbing the rock or for sports activities. Water shoes are recommended.

The beach area (with the exception of the Camp Director and Executive Director) is out of bounds unless supervised.

Everyone must have prior approval of the weekly Camp Director for non-programmed activities during the week: in the water, on the waterfront, the waterfront area and Fellows Hollow.

Tobacco smoking, e-cigarettes or vaping are highly discouraged at camp and are only allowed in a designated area on Smyth porch out of sight of campers.

Alcohol, marijuana products and non-medicinal drugs are prohibited on camp property.

Respect for Campers and Fellow Staff

The following will not be tolerated:

- Offensive or profane language.
- Physical or mental abuse of another person.

Respect for Property and Nature

- Camp property, and property belonging to others, must not be disfigured, damaged, or destroyed.
- Nature's plants must not be uprooted, nor bark removed from trees, nor animals disturbed.

Respect for Individual Privacy

Counsellors and volunteer staff (with the exception of the Camp Director) will not enter the area between the McLaren Craft Centre and the Forrest Motel. Counsellors and Summer Staff will not use the facilities of Smyth Washroom unless previously arranged by the Camp Director.

Respect for the Duties of Others

With the exception of the Camp Director and Summer Staff, Leaders and Counsellors will not enter the Kitchen, the area behind the Kitchen or the Workshop. Exception to this rule applies for Leaders serving evening snack.

Respect for Proper Attire:

- All Summer Staff, Counsellors and Volunteer Staff will wear one-piece bathing suits or tankinis on the beach and at waterfront activities.

- The following items are not permitted: offensive logos or art work; spaghetti straps; tank tops; halter tops or bare stomachs; visible underwear; low-cut or revealing tops; pants, skirts or shorts.
- Flip flops, crocs or open toed shoes may not be worn for any outdoor activity except going to and from the waterfront.

Respect for Authority

- All staff members must strictly adhere to additional standards/rules/guidelines imposed by the Camp Director, and approved by the Executive Director.
- All Counsellors and Leaders are expected to abide by curfews set by the Camp Director and Executive Directors.
- Counsellors must attend all programmed activities unless the Camp Director has delegated other duties or given prior permission to be excused.
- Prior permission from the Camp Director is required for any staff member to leave the site.
- The Camp Director is to be informed of any expected visitors.
- Cell phones and other electronic devices brought to camp by Volunteer Staff and Counsellors will be kept in a locker in Smyth and will only be used in Smyth Lounge or on Smyth porch during break time. (At all other times, these devices will be turned off and kept in a locker – not left out on tables, floors or furniture.)
- All music played at camp will be age, language and subject appropriate.
- There will be zero tolerance for pranking of any kind.

The Camp Director will discuss with any Volunteer or Paid staff member not conforming to any standard of conduct in private, the reason why not. If the issue cannot be resolved, the Camp Director will consult with the Executive Director.

Any Summer Staff member not conforming to any of the above standards will be brought to the attention of the Executive Director by the Camp Director. The issue will be discussed in private with the following present: Camp Director, Executive Director(s), and Staff Member.

Any decision on an infraction may be mutually agreed to by the meeting parties, but will require the consent of the Executive Director.

Understanding

I acknowledge that I have read, understood, and agree to abide by the above Standards of Conduct while an employee or Volunteer staff member at Camp Lau-Ren.

Staff (please print name):

Signature _____

Dated this _____ day of _____ (month) _____ (year)

If Under 19 years of age:

Adult Witness (please print name): _____
(Not Related)

Signature _____

Dated this _____ day of _____ (month) _____ (year)

FIRST AID & EMERGENCY INTERVENTIONS FOR COUNSELLORS

The most important skills you bring to your position as a Counsellor is your knowledge, skills already learned and ability to listen and to learn.

Allergies

You need to know which campers have an allergy and what behaviours to look for that would indicate they need their medication. An allergy may be mild or severe. It is important you make sure they take their medication when needed. Allergy symptoms can worsen in hot humid weather, with exercise (like sports, long canoe trips), when overtired, homesick, upset or exposed to cold water. Keep your eye on these campers. Picking up on early signs of allergy symptoms will help the camper get their medication and care early enough and possibly prevent a trip to the hospital.

Campers with severe allergic reactions should be familiar and able to give themselves an EpiPen injection. They are required to carry an EpiPen with them at all times (a fanny pack may be used) as the medication needs to be given right away. Make sure you and the camper know where the EpiPen is at all times. Campers are advised to leave a second EpiPen in the Infirmary. If a camper experiences a severe allergic reaction or the EpiPen has been used, the camper must be taken to the hospital immediately. You may need to help them give the drug (EpiPen). Send someone to get the Health Care Provider and tell him/her to bring the camper's second EpiPen. Please note, the lifeguard in the guard chair will have the EpiPen when the camper/Counsellor/Leader/Volunteer is swimming. You will learn how to inject the EpiPen during this Training Weekend.

See the section on Peanut Allergies which includes Anaphylactic reactions and emergency procedures.

Insect Bites and Stings

For most people, an insect bite or sting only causes some painful swelling with redness and itching.

For those allergic to bee and wasp stings, severe allergic reactions is a life-threatening emergency requiring immediate medical care.

Recognize the symptoms of a severe allergic reaction:

- Hives and swelling
- Vomiting
- Breathing difficulty

The person may complain of:

- Nausea
- Breathing difficulty

When these signs occur, call the Health Care Provider immediately. While waiting for the HCP, assist the person to use his EpiPen. If the bite or sting is on an arm or leg, keep the limb below the level of the chest (heart level). Watch their breathing.

ANAPHYLAXIS

Anaphylaxis is a life-threatening allergic reaction caused by food, medication or insect bites and stings. Even a trace amount of a food can cause a severe allergic reaction. An anaphylactic reaction can occur anywhere from seconds up to 12 hours after contact with the allergen. The camper must be taken to the hospital immediately for observation, even if their symptoms seem mild.

Symptoms of anaphylaxis:

- a) A 'fuzzy' feeling tongue and swelling in the throat area and face or eyes that are swollen shut.
- b) Swelling of the upper airway causing trouble breathing, croup like symptoms, suffocation.
- b) Swelling of the lips and tongue with trouble swallowing and breathing.
- c) Runny nose, nasal congestion, sneezing, itchy watery eyes.
- d) Skin eruptions such as hives or redness. Itching anywhere.
- e) Constriction (tightening) of the lower airways with wheezing, asthma and cough.
- f) Dizziness, and feeling like dying. Low blood pressure, pale, shock.
- g) Nausea, cramps, diarrhea and vomiting.

Responsibility of the Camp Health Care Provider

To be familiar with the allergy information contained in the training manual, specifically the administration of an EpiPen, and with the emergency procedure worked out by the Executive Directors in collaboration with any other staff involved with this procedure.

The Health Care Provider is to ensure that the required EpiPen is stored in the Camper's fanny pack. The Health Care Provider will also ensure that the extra EpiPens, which may be required for transport to the hospital, are stored in a location such that they are readily available to the emergency vehicle driver or support person.

The Health Care Provider is the ideal staff member to accompany the person having a severe allergic reaction to the hospital.

Of Note: EpiPens/Allerjet come in 2 dosage sizes:

- EpiPen/Allerjet Junior (for those weighing 33 – 66 lbs) and
- Regular EpiPen/Allerjet (for 66+ lbs)

EMERGENCY PROCEDURE FOR ANAPHYLAXIS

If there is **any** suspicion that someone is experiencing an anaphylactic reaction or may have been in contact with an allergen:

DO NOT WAIT

- The Counsellor is to send a runner to immediately notify the Health Care Provider, or the Camp Director, or the Executive Director.
- Don't Wait. Lay the camper on the floor (ground).
- Get an EpiPen from the camper's fanny pack.
- Once the EpiPen is in hand, the 5 Rights of Medication must be performed. *This is protocol for all first aiders



regarding emergency medications and include:

1. Right person
2. Right medication (does the name on the medication label match the camper's name)
3. Right amount/dose (on the label)
4. Right method (see procedure)
5. Right time (this one is important as sometimes choking can be mistaken for anaphylaxis.

The 5-Rights check takes only seconds and can be done while removing the EpiPen from its protective plastic casing. (*These 5 Rights will become less of a concern when EpiPens become non-prescription or publically accessible.*)

- The camper having the reaction should be moved as little as possible as movement will increase blood flow throughout the body, thus promoting the circulation of the allergen and speeding up the reaction.
- Remove blue safety cap if using an EpiPen, remove outer casing if using Allerject.
- Firmly press against OUTER MID-THIGH of the camper's leg with the orange tip end of the needle ("Blue to the sky, orange to the thigh"). (This may be done through the camper's clothing, if necessary). If using an Allerjet, follow the voice prompts.
- Wait 10 seconds for fluid to enter the body (use a clock or watch to time 10 seconds).
- Remove EpiPen from camper's leg.
- Massage area of injection for 10 seconds.
- Load camper into the designated emergency transport vehicle* – with a support person.
- The camper must be rushed to the hospital. Additional Epipens should accompany the camper in case they are needed during transport – one for every 15 minutes travel time. Repeat injection if breathing becomes laboured.
- Advise parent / guardian.

* Before each weekly Camp begins, the Executive Director and Camp Director determine an emergency transport vehicle and possible drivers to ensure the vehicle is available for emergency use. Extra Epipens for transport are the responsibility of the Health Care Provider. Travel time and route to hospital is to be determined by test runs.

Asthma

Use of Inhalers

Some campers may suffer from asthma and require the use of an inhaler. Campers who bring an inhaler to camp should keep the inhaler with them and not leave it in the Infirmary unless so instructed by the parent. The camper is the best person to know when he/she needs to use his/her inhaler. The inhaler should be kept on the camper's person or in his personal belongings in the cabin. The inhaler should be stored at room temperature. If it gets cold, it should be warmed only using your hands. If it gets broken or punctured, it should immediately be taken to the HCP. If the inhaler needs to be taken with the camper to the beach, it should be left in the box on the Lifeguard Chair. The inhaler cannot be taken into the water.

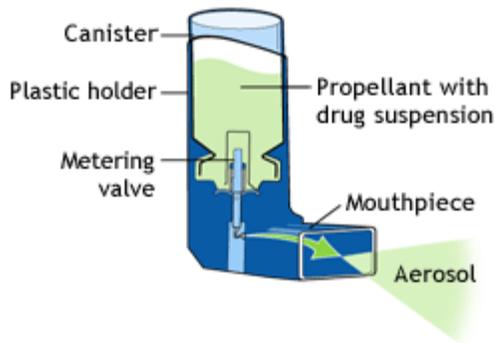


Figure 1

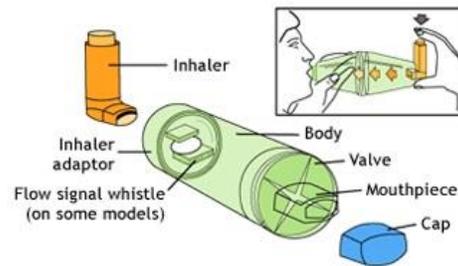


Figure 2

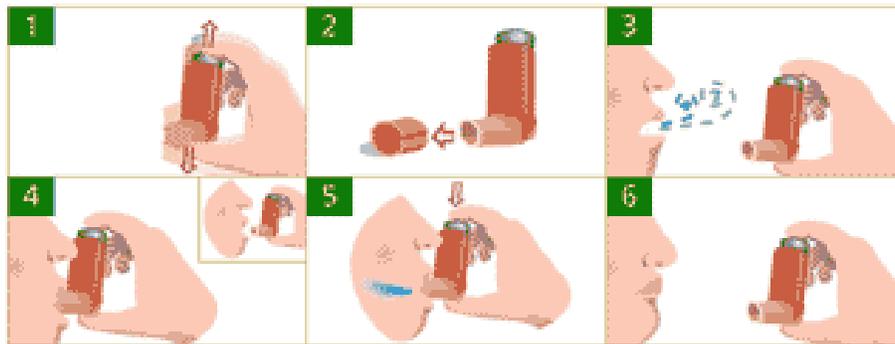


Figure 3

A metered-dose inhaler (MDI) is a pressured inhaler that delivers medication by using a propellant spray. Figure 1.

To use a MDI: (Figure 3)

1. Shake the inhaler well before using (30 seconds or 3-4 shakes)
2. Remove the cap.
3. Breathe out, away from the inhaler.
4. Place the inhaler in your mouth between your teeth and close your mouth around it.
5. While breathing in slowly, press the top of the inhaler once and keep breathing in slowly for one full breath.
6. Remove the inhaler from your mouth and hold your breath for about 10 seconds, then breathe out.
7. Repeat as necessary.

* An aerochamber (spacer) may be prescribed to help deliver the medication to the lungs. (Figure 2)

Powdered inhalers such as Diskus or Tubuhaler do not need to be shaken nor do they need an aerochamber.



Remember to have the camper rinse their mouth after using an inhaler with a steroid such as Flovent (orange colored) to prevent yeast infections.



ADHD - Attention Deficit Hyperactivity Disorder

ADD – Attention Deficit Disorder

OCD – Obsessive Compulsive Disorder; TS - Tourette Syndrome

Campers with these conditions often use medication to help them manage their behavior. Taking these medications exactly as they are prescribed (at the right times and at the same times every day) provides the campers with the best support for their behavior. You should plan a quiet wind-down time at rest time and at bedtime. If their behaviour is unacceptable, then discuss an action plan with the Camp Director or his/her designate. There may be a plan set up ahead of time with the parents and you would be told about the plan before registration.

More information on dealing with campers who have ADHD and ADD will be covered in the “Challenges/Problem Solving” training session.

Reactions to Temperature Changes

Cold

Can be caused by swimming, while out canoeing, exposure or inappropriate dress. Observe your camper. Some will be more susceptible to cold than others. Some observations may be shivering, from mild to severe, blueness in lip and nail colour, and drowsiness.

Things you can do include wrapping in a warm blanket, giving a warm drink (could add sweetness), rubbing arms and legs, adding additional clothing or increasing activity level.

Heat/Sun

All campers can be susceptible to heat. Make sure clothing is light and more relaxed in fit. Light colours tend to reflect the heat better than dark colours. Make sure the camper wears a proper hat that covers their neck, ears and face. Campers must wear sunscreen (minimum SPF 20-35) and sun glasses should be encouraged.

Make sure CAMPERS DRINK LOTS OF WATER, minimum 8 large glasses especially with more activity and on very hot days. Encourage breaks and stop for water and filling water bottles hourly. (water bottles may be purchased at Tuck for a nominal fee). At mealtimes, encourage additional glasses of water. Pop, sweet and unsweetened drinks are not effective for replacing fluid loss like water.

The camper with heat exhaustion usually becomes red, especially in the face and neck.

They often complain of headache, nausea, may vomit, have diarrhea, are clammy, suffer from a loss of appetite, then experience chills and collapse. You are in the best position to observe the effects of heat or cold. There is cream available for sunburn in the Infirmary.

REMEMBER - Prevention is your PRIORITY!

Cuts, Scrapes, Scratches and Bug Bites

The Counsellor is expected to deal with simple cuts, scrapes, scratches and bug bites. Take the camper to the Health Care Provider only if necessary. There is calamine lotion available for itchiness from bug bites at the Infirmary.

Counsellors are required to carry a pair of non-latex gloves for First Aid use. If you have to use the gloves, see the HCP for a replacement pair. Counsellors should always carry some bandaids in his/her pocket for emergencies.

To reduce injuries and cuts to the feet and toes:

- Campers are expected to wear closed toed shoes.
- Wear running shoes when playing on the Rock with supervision.
- Wear running shoes on the Playing Field.
- Encourage walking instead of running unless on the playing field.
- Encourage them to wear water shoes in the water.

Sprains, Strains and Fractures

Notify the Health Care Provider, who will assess the injury and provide any treatment necessary. Do not move someone if there is any possibility of back or neck injury unless the camper is in a danger to themselves or you.

Rashes

May be the result of heat but should be checked to make sure it is not poison ivy or some other contagious illness or allergy.

Poor Eating Habits

It is most important that you sit with campers and observe the amount of food they eat or don't eat. Overeating can cause vomiting, indigestion and bloating. Encourage your campers to eat more fruit and vegetables, eat slowly and chew their food well. Stop food eating competitions before they get started. Encourage them to try all the types of food served. Watch for the fussy and/or non-eater. They will, or can, develop stomach pains, headaches, or hide in the washroom. Encourage them to try each food. Discuss if Tuck will be continued if they don't eat. There is always milk and bread. Fruit is always available. Do not allow any food or snacks in the cabins.

Water Emergency

Please make sure you read the procedure posted on the bulletin board in Smyth. Let your Camp Director and the Waterfront Supervisor know during planning what lifesaving skills you have.

Universal Precautions

Means you wash your hands and make sure the campers wash theirs when handling body fluids. Cough or sneeze into your elbow pit. When using a Tissue/Kleenex throw it away into the non-recyclable garbage and wash your hands. Use the disposable gloves (latex-free) when touching blood. Make sure the area you live in is clean. Dispose of garbage daily. No food in the cabins as this can attract insects or animals that carry infections and can bite.

Obstructive Airway

To open the airway, use the head-tilt chin lift as instructed in First Aid. If you suspect a spinal injury, use the jaw thrust without head-tilt.

Prevention

Prevention of any crisis, illness or injury is one of the most important responsibilities you have.

Examples of prevention:

1. Hand washing is the most effective way to prevent infection from spreading.
2. Use of the disinfectant gel in the Dining Hall before setting the tables.
3. Following the dish washing instructions carefully.
4. Being attentive to what your camper eats and drinks.
5. Encouraging campers to change clothes and to remove their wet bathing suits immediately after swimming. Making sure clothing is appropriate to the weather.
6. Do not share water bottles. If the camper doesn't have one, they can purchase one from Tuck.
7. Adequate rest is needed to remain well and both you and the Camper need to establish a bedtime routine starting on the first night.
8. Report your observations or concerns.
9. Make sure you have the camper or yourself at the Infirmary at the right time for medications.
10. Have all injuries checked when they occur.

You are a role model for the camper, so wear your hat, drink lots of water, wear sun screen, have a positive attitude towards camp programs. Respect the team you are working with. Take your breaks and get a good sleep each night.

The following are life-threatening incidences which we hope you will never encounter at camp. If you do, immediately send someone for the Health Care Provider and call 911. You are expected to start First Aid until the HCP arrives. The HCP will take over and provide first aid until the paramedics arrive.

Choking

A person chokes when the airway is partly or completely blocked and airflow is reduced or cut off. Choking is a life-threatening breathing emergency. A choking person may die if first aid is not given **immediately**.

Common causes of choking are:

- Food or some other object stuck in the throat – trying to swallow large pieces of food, eating or drinking too much while doing something else, gulping drinks with food in your mouth
- The tongue of an unconscious person falling to the back of the throat
- Blood or vomit collects in the throat

A person's airway can be either partially or complete blocked.

Signs of choking with some air exchange:

- Person is still able to speak
- Signs of distress – eyes are showing person is afraid
- Harsh coughing
- Wheezing and gagging between coughing
- Face is red
- Person is grabbing at their throat

Signs of choking with poor or no air exchange:

- Person is not able to speak
- Signs of distress – eyes are showing person is afraid
- Weak or not able to cough with no sound
- No noise when trying to breath or a high pitched sound
- Face discolouration – pale, blue lips and ears
- Person is grabbing at their throat
- Semi consciousness or unconsciousness

If you observe someone choking:

1. Ask the person "Can you speak, Can you breathe, Can you cough?"
2. If the answer is yes, call for help IMMEDIATELY.
3. If the person can cough forcefully, speak or breathe, do not touch them. Encourage them to continue coughing to get the foreign object out. Always face the choking person, keep talking to them with a calm voice while encouraging them to cough. Always call the Health Care Provider whether the object comes out or not to assess the person.
4. If there is poor air exchange, ask the person to cough. If the person cannot cough, speak or breathe and is still conscious, use Abdominal thrusts to remove the blockage.
5. Abdominal Thrusts: Stand behind the choking person and be ready to support them in case they become unconscious by placing one leg between theirs. Use the correct hand position to give abdominal thrusts to try to remove the blockage.
6. Find the top of the hip bone (pelvis), and slide your middle finger across the front of the casualty until it rests in their navel. Place the palm of your other hand over your fist. Hold the fist and press inward/upward (half circular motion) with a

sudden, forceful thrust called an abdominal thrust. Make sure only the fist is used and that there is no force against the ribs with your forearms. Avoid trying to rotate your fist at the wrist while doing this.

7. Give the Heimlich manoeuvre until the object is removed or the person becomes unconscious. If the airway is clear continue to give care. If the person becomes unconscious, do not panic; continue first aid following the next step.
8. When the casualty is unconscious, lower them to the ground and send someone to call 911. Protect the head and neck as you lower them to the ground.
9. Open their mouth and look for any foreign object. If you see something, use your hooked little finger (pinky finger) to remove it by pulling it up against the cheek, but be aware that the object may be sharp. If possible, you should have gloves on before putting your finger in a casualty's mouth.
10. Once the object is removed, determine if the casualty is breathing. If they are not breathing, try to blow into their mouth. Gently tilt back the forehead and lift the jaw. Seal your mouth around the casualty's mouth. Pinch their nostrils. Blow slowly – watching for the chest to rise (this will indicate if your breath is going down the airway). If the chest does not rise, reposition the head and make sure the nostrils and mouth are sealed and try again. If the chest rises, give another breath and check for signs of circulation and movement, pulse at the neck, any noises, coughs, gestures in response to the breaths.
11. Continue until paramedics arrive.

Shock

Shock is a condition of inadequate circulation depriving the body's tissues and vital organs of oxygen. The onset of shock can be gradual or rapid.

Common causes of shock:

- Breathing problems (ineffective or absent breathing)
- Severe bleeding, external or internal, including major fractures
- Severe burns
- Spinal cord injuries
- Heart attack
- Medical emergencies, e.g., diabetes, allergies, poisoning

The signs and symptoms of shock may not be obvious immediately, but any of the following may appear as shock progresses:

You may see:

- Restlessness
- Decreased consciousness

- Pale skin, Bluish/purple colour to lips, tongue, earlobes and fingernails (If the person has dark skin, the inside of the lips, the mouth, the tongue and the nail beds will be blue; the skin around the nose and mouth grayish.)
- Cold, clammy skin
- Profuse sweating
- Vomiting
- Shallow, irregular breathing; could be rapid and gasping for air
- A weak, rapid pulse (in later stages the radial pulse may be absent)

The person may tell you they feel:

- Anxious or a sense of doom
- Being confused and dizzy
- Extreme thirst
- Nausea
- Faintness
- Pain

To prevent shock from becoming worse:

- Give prompt and effective first aid.
- Ensure any movement does not aggravate their injuries.
- Stay with the person and keep reassuring them
- Loosen tight clothing at neck, chest and waist
- Place the person into the best position for the condition
- Cover the person to preserve body heat
- Don't give anything by mouth. Moisten their lips if they complain of thirst
- Provide care and monitor the casualty's condition until the ambulance arrives

Positioning of person in shock:

- If you suspect head or spinal injury, do not move the person in shock. Leave them in the **Position found**
- If they are having difficulty breathing, place them in a **semi-recumbent position**
- To maintain an open airway, place the unresponsive person in the **Recovery position (turn on side, bend one leg, tilt head back)** (Figure 4 & 5)
- To increase blood flow to the vital organs, place the casualty in the: **Supine position (lying on back)**.

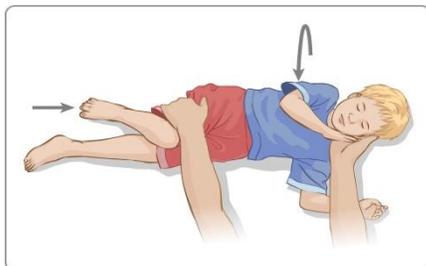


Figure 4

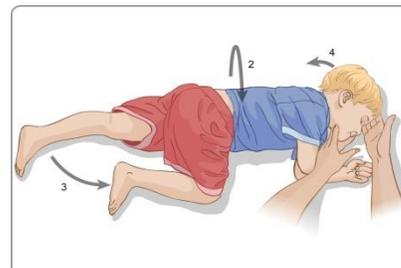


Figure 5

Severe Bleeding

Depending on the location of the injury, there may be external bleeding or internal bleeding.

Severe blood loss will result in the following signs and symptoms:

- Pale, cold and clammy skin
- Rapid pulse, gradually becoming weaker
- Faintness and dizziness
- Thirst and nausea
- Restlessness and apprehension
- Shallow breathing, yawning, sighing and gasping for air (known as air hunger)

These signs also indicate shock.

You should suspect internal bleeding when the following has occurred:

- The casualty has received a severe blow or a penetrating injury to the chest, neck, abdomen or groin
- There are major limb, hip or pelvic fractures

Internal bleeding may be hard to detect. Some signs of internal bleeding may include;

- Bleeding from the ear canal, nose, or into the eye (bloodshot or black eye)
- Coughing up red and frothy secretions
- Seen in vomit either as bright red, or brown like coffee grains
- Red, black or tarry coloured stools
- Red or smoky brown coloured urine

Severe bleeding is an immediate threat to life. You must act quickly! If bleeding remains uncontrolled, shock and death may result.

Send someone to get the Health Care Provider and call 911.

Control severe bleeding by:

- **Direct pressure** to the bleeding site
 - Apply continuous pressure with your hand over a pad of dressings, or with the casualty's bare hand. You may have to bring the edges of the wound together before applying pressure if the wound is large and gaping.
 - Continue pressure by securing dressings with a firm bandage.
 - If the dressings become blood soaked, do not remove them. Apply additional dressings and secure with fresh bandages.
- **Elevation**
 - If injuries permit, raise an injured limb above the level of the heart. This will help reduce blood flow to the wound
 - Elevate an injured limb as much as the injury and the casualty's comfort will permit
- **Rest**
 - If injuries permit, position the casualty on their back (supine) with their legs raised (about 30 cm).

Steady and support the injured body part while awaiting the ambulance.

BLACK LEGGED TICKS AND LYME DISEASE

Blacklegged ticks can carry the bacteria that causes Lyme disease. Ticks habitat in woodlands, tall grasses, brushes and areas with leaf litter. Ticks are most active in the summer months. Tick populations are spreading because of climate change; they can also spread by traveling on birds and deer.

- Wear appropriate clothing
 - Wear light coloured long-sleeved shirts and pants to spot ticks more easily
 - Tuck shirts into pants, and pants into socks, and wear close-toed shoes
- Use insect repellent
 - Containing DEET or Icaridin
 - Check labels for use in children
- Develop awareness of tick habitat
 - Stick to trails and cleared paths
- Tick checks
 - Check full body for ticks (after hikes/activities, during washroom breaks and before bed)
 - Check bags and gear after hikes

Tick Checks and Removal:

How to thoroughly check for ticks:

- Scan the entire body – a tick can sometimes resemble a mole and be as small as the period at the end of this sentence.
- Ticks like warm places and areas that provide some protection or cover, like skin folds or creases, but ticks can also attach on flat open skin.
- Run your fingers through the scalp, feeling for any bumps; separate hair into sections using a wide-tooth comb and inspect the scalp.
- Check in and around the ears and neck, lifting hair to check the nape.
- Inspect between the fingers and toes.
- Underarm area and behind the knees are tick favourites.
- Check in the belly button, pelvic/genital region and around the waist and back.

If a tick is found attached to the skin:

- Use fine-tipped tweezers to grasp the tick as close to the skin as possible.
- Pull the tick straight out, gently but firmly, making sure to remove the entire tick (including the head)
- Do not squeeze the tick and avoid crushing the tick's body
- Place tick in a secure container, such as a screw-top bottle used for medication, and give the tick to the Healthcare Provider.
- Thoroughly clean the bite site with rubbing alcohol and/or soap and water.

Lyme Disease Symptoms

- Early signs and symptoms of Lyme disease usually start 3 to 30 days after being bitten by an infected blacklegged tick
- Early signs and symptoms of Lyme disease may include:
 - Fever
 - Chills
 - Headache
 - Fatigue
 - Muscle and joint aches
 - Swollen lymph nodes
 - Rash, sometimes shaped like a bull's eye (Erythema migrans (EM rash))
- If left untreated, more severe symptoms may include:
 - Severe headaches
 - Additional EM skin rashes
 - Facial paralysis
 - Recurring arthritis
 - Heart disorders
 - Neurological disorders
- Most cases of Lyme disease can be treated successfully with antibiotics
- Consult the Healthcare Provider right away if symptoms of Lyme disease develop after a tick bite.

