



Camp Lau-Ren
Manual for
HEALTH CARE PROVIDER
To be used in conjunction with the **Staff Manual**

Revised: May 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 Presbyteries.

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 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

JOB DESCRIPTION

Risk Assessment: 9 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, the Health Care Provider is given a rating of 9.

Qualifications:

Each Camp is required to provide its own Camp Health Care Provider who is responsible for health care during Camp. This adult must be present full time at the camp and is charged with health care / supervision and is either a licensed physician, a currently registered nurse or a person presently holding any of the following First Aid Certificates:

- a) Canadian Red Cross Society's Standard First Aid Certificate with CPR; or
- b) St John Ambulance Association's Standard First Aid Certificate with CPR, or
- c) A certificate that the Ontario Ministry of Health deems to be equivalent to clause
(a) or (b) above, or
- d) A licensed medical physician, or
- e) A registered nurse or licensed practical nurse in good professional standing with the provincial licensing body, or
- f) An emergency medical technician.

Proof of qualification is to be provided to the Camp Executive Directors and posted in the Infirmary.

When health care staff are other than a licensed physician, a written agreement for medical service and consultation is made with a local "on-call" physician. Arrangements should be made with the nearest hospital for emergency care. Camp health personnel know the limits of their expertise and make arrangements for necessary referrals for further treatment of injured or ill persons in their care.

Duties:

- a. Supervise and train others for a head lice check of all arriving volunteer staff and campers.
- b. On the first day of Camp, discuss with the Executive Directors the general operating procedures of the Infirmary, and the safe methods for the treatment of campers.
- c. Ensure all volunteer staff complete a volunteer health form and file in binder in Infirmary.
- d. Review all registration forms at the beginning of Camp to be familiar with any allergies, medical restrictions, etc., of campers and keep all the records in a secure location, accessible only to appropriate staff.
- e. Ensure all Counsellors have a pair of non-latex gloves in a sealed plastic bag.
- f. A camper with a life-threatening allergy or serious medical condition might need

different arrangements for the storage and availability of medications. Contact parent/guardian of such campers before camp and establish a suitable health plan. Review this plan with the Camp Director and all camp staff prior to the child's arrival at camp.

- g. Be on hand during registration to accept from campers /parents /guardians prescription/non-prescription medication, and Medication Consent forms and ensure that you have an current health card number for all campers registered.
- h. Consult/discuss with parents or guardians re: camper medical conditions, special instructions or needs, medications, and/or allergies. Review with parent / guardian all Medication Consent forms to ensure proper administration of prescription and non-prescription medication.
- i. Ensure all medication is locked in the Infirmary during Camp.
- j. A list of medical supplies approved by the Board is posted in the Infirmary. Advise the Executive Director of any medical supplies needed to keep up the stock as per the approved list posted in the infirmary.
- k. Record each camper/staff visit and medical treatment in the Infirmary Log.
- l. Complete an Incident Report Form for any accident or injury which requires outside medical treatment (e.g. hospital) or emergency first aid. Have the report signed by one other person; preferably the first adult treating the victim.
- m. Maintain a first-aid kit for use on out-trips. For campers with medications and/or special medical conditions, include medication in the first-aid kit for such campers and supply the Out-trip Leader with index cards with proper written instructions for the dispensing of specific medication. Index cards are to be reviewed with Out-trip Leader prior to departure. Additional blank index cards are to be supplied to Out-trip Leader for recording any health irregularities occurring on the out-trip. These index cards must be returned and reviewed with the Health Care Provider on return to camp. Any irregularities noted on the index cards must be recorded in the Infirmary Log.
- n. Take caution to prevent transmission of disease by using Universal Precautions with respect to the prevention and spread of infections by persons on site and on off-site trips.
- o. Take all possible precautions to prevent accusations of abuse. Never leave yourself in a position to be alone with a camper.
- p. Reinforce that **all individuals** on the camp grounds wear closed-toed **shoes** to prevent injuries such as cuts, bruises and potential break or sprain.
- q. When taking a camper or a staff member to the hospital for assessment or treatment, bring the camper's/staff health card. Communicate to another leader that you are leaving the camp ground and the key to the Infirmary with a leader qualified individual to attend to first aid needs on site.
- r. Return all camper medication and health cards to the campers on the morning of the last day of Camp.
- s. Leave the Infirmary clean and tidy. Change bedding for Infirmary patients if it has been used during the period. Put dirty linen in garbage bag and place beside washer in the kitchen. Inform the Executive Director that you have done this.
- t. Arrange for cleaning of Infirmary with Caretaker.

Assistance for serious accidents or illness may be obtained from the **Deep River**

Hospital at 613 584-3333. If you need to call an ambulance, dial 911.

INFIRMARY TREATMENT RECORD

The Health Care Provider is required to keep a record of all camper and staff visits to the Infirmary. Individual “Infirmary Treatment Records” (see page 11) can be used, however, due to the number of expected visits in a week, it is much more efficient to use an “Infirmary Log” sheet (see page 5).

INCIDENT REPORT FORM

The Health Care Provider must complete this form for any incident requiring outside medical attention, i.e., trip to the hospital. (see page 7)

CAMPER HEALTH FORM / MEDICATION CONSENT

All campers must complete a “Camper Health Form” as part of the Registration process. The Director will ensure that the Health Care Provider has a copy of all Health Forms prior to the start of camp. The Health Care Provider should review the form with the camper and parent/guardian on arrival.

The Health Care Provider cannot administer medications other than those brought to camp by the camper and only with the written permission of the parent/guardian. These medications include Tylenol, Benadryl, cough medicine and throat lozenges. The parent/guardian will be required to download a “Medication Consent” form (see page 8) prior to camp and will bring it to camp with any medication. All medication must be in its original pharmacy container with readable pharmacy labels and put in a plastic zip-lock bag with the camper’s name clearly marked on the outside.

NOTIFICATION OF PARENT/GUARDIAN

In the event that a parent/guardian has to be notified during the camp, the Health Care Provider must ensure that a “Notification of Parent/Guardian” form is completed each time a parent/guardian is contacted. (see page 9).

CAMPERS WITH SEVERE ALLERGIES

Parents/guardians of campers with severe allergies who will be bringing two EpiPens to camp, should be contacted by the Health Care Provider several weeks before camp begins. The parent/guardian need to complete an “Allergist Information Form for Anaphylaxis” (see page 10). Review the form with the parent/guardian on arrival at camp and with the Counsellor assigned to this camper.

CAMPERS WITH SPECIAL HEALTH CARE NEEDS

Parents/guardians of campers who have special health care needs should be contacted by the Health Care Provider several weeks before camp begins. A “Camper Plan of Care” (see page 11) should be completed by the parent/guardian and reviewed with the Health Care Provider upon arrival at camp. This Plan of Care should be reviewed with the Counsellor assigned to the camper. Contact should be made with the Counsellor on a daily basis to address any issues/concerns.



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INFIRMARY TREATMENT RECORD

Name: _____ Date: _____
(Name of person being treated)

Name of Camp: _____
(e.g. Junior Co-Ed, Intermediate Girls)

Condition on arrival at Camp:

Reason for consulting Camp health care staff:

Treatment while at Camp:

Name of consultant, doctor, if any: _____ Date: _____

Hospital treatment, if any (e.g. x-rays): _____

Provincial Health Insurance Number: _____

Parent or Guardian notified: _____

Signature of Health Care Provider: _____ Date: _____



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INCIDENT REPORT FORM

This form is to be used by all staff and program areas to record any situation, accident or injury that required medical attention for a camper or camp staff member.

Name of Camp _____ Date: _____
(e.g. Junior Girls Senior Co-Ed, etc.)

Participant's Name: _____ Age: _____

Counsellor(s): _____

Location of incident: _____ Date: _____ Time: _____
(e.g. cabin, dining hall, sports field, etc.)

Supervisor of area where incident occurred: _____

Describe the incident: _____

(Attach additional sheets if necessary.)

Were other persons involved? _____ Is so, name them: _____

_____ and attach a description of the incident written by each witness.

What medical attention was required? _____

Explain: _____

Have parents/guardians/agency been notified? Yes _____ No _____

If yes, record date(s) and time(s) of call(s): _____

Follow-up to this incident: _____

Signatures:

Treated person's immediate supervisor: _____
(Counsellor, Camp Director, Co-Ordinator)

Person making the primary report: _____

Camp Director or designate: _____ Date: _____

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Medication Consent



Date: _____

Camper Name: _____

Parent/Guardian: _____

PRESCRIPTION MEDICATIONS:

MEDICATION	Dosage	Method	Frequency
<i>Example: Children's Tylenol</i>	<i>1 tablet</i>	<i>By Mouth</i>	<i>Whenever necessary</i>

PARENT OR GUARDIAN CONSENT:

I agree to allow the Health Care Provider to remind the camper to take his/her medication
And to store the medication in a safe location when not in use.

Signature of Parent/Guardian: _____

Date: _____



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NOTIFICATION OF PARENTS/GUARDIANS

This form is to be used by all staff to record any contact with Parents/Guardians regarding health or well being of a camper.

Name of Camp _____ Date: _____
(e.g. Junior Girls Senior Co-Ed, etc.)

Participant's Name: _____

Name of Parent/Guardian Contacted): _____

Telephone Number: _____ Date of Notification: _____

Camp Director: _____ Camp Health Care Provider: _____

Reason for Contact: _____

Summary of Conversation with Parent/Guardian: _____

(Attach additional sheets if necessary.)

Action Plan: _____

Results: _____

Recommendations: (i.e, stay at camp, send camper home, etc. _____

Signatures:

Health Care Provider: _____

Camp Director: _____

Date: _____



Camp Lau-Ren



ALLERGIST INFORMATION FORM FOR ANAPHYLAXIS

(Parent(s) / guardian(s) requests allergist to complete and sign this form.)

Specific potentially life-threatening allergens for _____
(Name of Camper)

The nature of the reaction. (Check all applicable.)

- () Physical contact with this allergen may cause an anaphylactic reaction.
- () Airborne contact with this allergen may cause an anaphylactic reaction.
- () Ingestion of food with this allergen may cause an anaphylactic reaction.
- () Other (please explain below):

Recommended treatment in the event of accidental exposure:

Date: _____

Signature of Allergy Specialist: _____

Signature of Parent/Guardian: _____



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CAMPER PLAN OF CARE

This form is to be used by Health Care Provider in case of documented health issue for a camper.

Name of Camp _____ Date: _____
(e.g. Junior Girls, Senior Co-Ed, etc.)

Participant's Name: _____

Name of Parent/Guardian): _____

Telephone Number: _____

Alternate Telephone Number: Person's Name: _____

Relationship to Camper: _____

Telephone Number: _____

Health Problem: _____

Health Plan: _____

Signatures:

Please see the Camp Lau-Ren Policy and Procedure Manual for copies of the following
Parent/Guardian: _____

Date: _____

health policies:

- D-101: Universal Precautions
- D-102: Notification of Parent/Guardian in Case of Emergency
- D-103: Camper Personal Health Form
- D-106: Camper Plan of Care
- D-107: Allergist Information for Anaphylaxis
- D-108: Sun Safety
- D-109: Documentation of Health Irregularities on Out-Trips
- D-110: Release of Camper
- D-300: Extreme and/or Contagious Illness
- D-400: Handling, Storage and Distribution of Prescription Medications
- D-500: Kitchen Sanitation

Miscellaneous policies that can also be found in the Camp Lau-Ren Policy and Procedure Manual:

- B-100: Standards of Conduct
- B-101: Camp Philosophy on Behaviour Management
- B-102: Behavioural Standards for Staff in the Camp Workplace
- B-103: Accommodation - Camper
- B-201: Guidelines and Procedures for Suspected, or Disclosure of, Child Abuse
- B-202: Workplace Violence
- B-300: Privacy Compliance Practices
- B-400: Cell Phone Use
- B-401: Confidentiality
- B-500: Meals and Rest
- B-600: Building Naming
- B-700: Guidelines for Memorial Tree Donations
- C-100: Police Records Check
- C-200-C-214: Manuals
- E-100: Accessibility Standard for Customer Service
- E-200: Health and Safety Awareness
- E-300: Workplace Hazardous Material Information System (WHMIS)
- E-400: Discrimination and Harassment
- E-410: Hiring and Recruitment - Accommodation
- F-100: Serious Injury or Death at Camp
- F-200: Emergency Evacuation Plan
- F-300: Waterfront Search Procedure (Missing Camper)
- F-400: Missing Camper
- F-401: Intruders on Camp Grounds
- F-500: Tornado / Severe Weather
- F-600: Fire

APPENDIX A

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 Camp Executive Director 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: Epi-Pens/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 Camp 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.

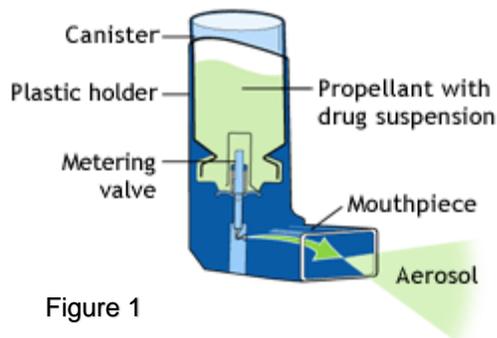


Figure 1

Figure 2

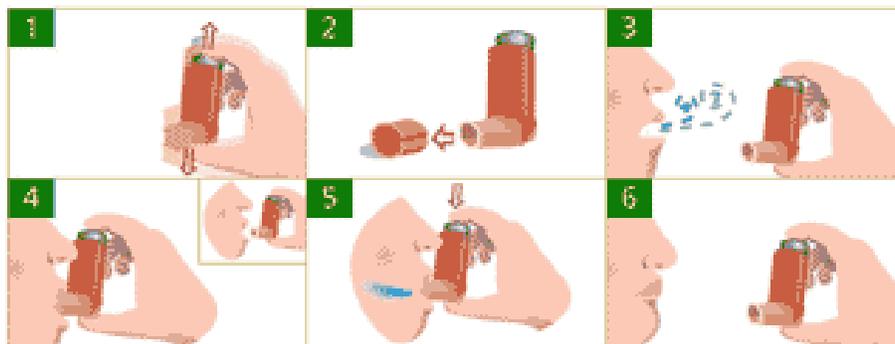


Figure 3

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.



APPENDIX B

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 epi-pen injection. They are required to carry an epi-pen 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 epi-pen is at all times. Campers are advised to leave a second epi-pen in the Infirmary. If a camper experiences a severe allergic reaction or the epi-pen has been used, the camper must be taken to the hospital immediately. You may need to help them give the drug (epi-pen). Send someone to get the Health Care Provider and tell him/her to bring the camper's second epi-pen. Please note, the lifeguard in the guard chair will have the epi-pen when the camper/Counsellor/Leader/Volunteer is swimming. You will learn how to inject the epi-pen 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 epi-pen. 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.

Use a plastic card (e.g., debit card, driver's license) to remove a stinger that may still be stuck in the person's skin by scraping it along the stinger, pulling it back out from the way it went in. Do NOT use tweezers as they can squeeze any venom still in the stinger into the person.

ANAPHYLAXIS

This section contains the same information as the Health Care Provider Manual – Appendix A

ASTHMA - Use of Inhalers

This section contains the same information as the Health care Provider Manual – Appendix A

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), adding additional clothing or increasing activity level. Bring them into a warm area (e.g., cabin) and remove any wet clothing.

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.

The best way to clean a minor injury such as a cut or scrape is to rinse with water only or use wound-specific wipes. Do not use alcohol swabs as they can delay the healing process and soap should be avoided also as it can cause some cell damage in fresh cuts (older wounds are fine).

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. 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 Director 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 completely 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 a combination of 5 back blows to abdominal thrusts (and repeat) until either the airway becomes clear, or the person falls unconscious.
5. Back blows: Support the choking person by placing your left arm across their shoulders to hold their right shoulder (or vice versa) and lean forward – ideally over a table so they can help support their weight with their own arms. Using the heel of your free hand, deliver 5 back blows between the person’s shoulder blades.

Abdominal Thrusts: Stand behind the choking person and be ready to move in case they fall unconscious. Position your legs shoulder width apart so that you are steady – do NOT place a leg between theirs as this could cause you to become trapped or injured if they were to fall unconscious. Ensure your head is not directly behind theirs.

6. Find the hips and follow them around to the person's front, or find their bellybutton, and place your closed fist flat against them just above the bellybutton area (tip: Find the bellybutton with your pinky finger and roll your fist into position), ensure your thumb is to the side, not sticking out or clenched within your fist. Cup your

placed fist with your other hand and pull quickly and forcefully upwards and inwards, in a 'J'-shaped motion or diagonally up into their diaphragm to perform one abdominal thrust. Make sure to only apply force through your fist against the person, not your arms. Avoid trying to rotate your fist at the wrist while doing this. Do 5 abdominal thrusts. And then perform 5 back blows, etc.

7. Perform this combination of movements 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) in a scooping-like motion 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. At CPR-C level: If they are not breathing, begin 30 chest compressions. Position yourself directly over their chest at a 90 degree angle to them. Place both hands together over the person's sternum (center of the chest) and push down about 1/3-1/2 the depth of their chest (do this by letting your body weight go, then lift yourself back up). Bring your hands up enough to let the chest return to its natural level then push again. Do this 30 times.

After 30 compressions, repeat step 9. If an item is found, recheck their breathing. If they are still not breathing, gently tilt the person's head back and lift the chin. Seal your mouth over the person's mouth and pinch their nostrils. Blow air into them until you see the chest rise. If the air does not go in, reposition their airway (retilt the head) and try a second breath. If this does not go in, do another 30 compressions. If the breath does go in, reassess their breathing. If they are still not breathing, follow CPR protocol.

At CPR-HCP level: If they are not breathing, perform a pulse check over the carotid pulse. If there is no pulse, begin compressions as part of CPR protocol. If there IS a pulse, gently tilt the person's head back and lift the chin. Seal your mouth over the person's mouth and pinch their nostrils. Blow air into them until you see the chest rise. If the air does not go in, reposition their airway (retilt the head) and try a second breath. If this does not go in, do another 30 compressions. If the breath DOES go in from the first attempt, then continue to perform a breath every 3-5 seconds - closer to 3 for smaller children, closer to 5 for larger children or adults. After 2 minutes, recheck their breathing. If they are not breathing, repeat from the pulse check. If they ARE breathing, watch their breathing until the arrival of paramedics.

11. Repeat 30 compressions to 2 breaths (if necessary) until either an aforementioned situation arises (see above), the person responds in some way, you become too

physically exhausted (in which case another first aider should step in), the scene becomes too hazardous or the paramedics arrive and take over.

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
- If possible, treat for the cause of the shock, this is the MOST important thing you can do.
- Place the person in the Recovery Position (Figures 4 and 5)

- Cover the person with a blanket to preserve body heat as they will likely begin to feel cold
- Do not give anything by mouth. Moisten their lips if they complain of thirst
- Provide care and monitor the person's condition until the paramedics arrive

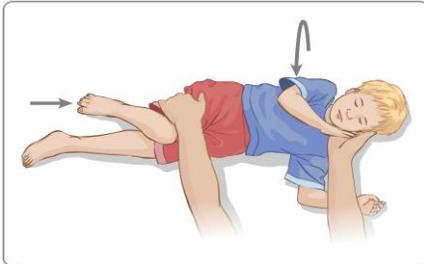


Figure 4

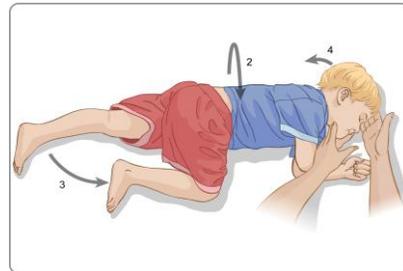


Figure 5

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-sitting position**
- To maintain an open airway, place the person in the **Recovery Position (turn on side, bend one leg, tilt head back) (Figure 4 & 5) and monitor**

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
- In the abdominal area, the abdomen will feel rigid to the touch, very tender to the person and will appear distended or swollen. If enough time has passed since the injury, there may also be bruising visible in the affected area.

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 a bulky dressing (ideally something clean)..
 - Continue holding pressure.
- If the blood seeps through the dressing, apply another one on top. **DO NOT** remove any dressings as this may disrupt the blood clotting.
- When there is no longer blood seeping through the dressing, secure the dressing(s) with a bandage or tape to the person.
- Ensure the person remains as still as possible, perhaps lying in the recovery position, as the more they move, the faster their wound will bleed.
- If needed, place the person in the recovery position.
- Continue holding pressure until paramedics arrive.
- If pressure alone cannot stop or slow the bleeding, consider tying a tourniquet 2-4 inches above the cut (if there is a joint in the way, go above the joint). Tighten the tourniquet until the bleeding slows and continue to **ALSO** hold pressure. After 10 minutes (this should be done with 911 n the phone), slowly release the tourniquet. Continue holding pressure until paramedics arrive.

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