

## **General Responsibilities:**

To support Montlure's mission by creating and living in a Christian community with campers and staff, and by maintaining a safe and welcoming environment during all camp programming. To oversee all medical needs including, but not limited to, medications sent to camp for specific campers, screening and testing campers/staff for illness such as COVID-19, general first-aid, and medical attention as needed for both minor and emergency situations. Must live on-site during camp programming week.

When possible, we will have a Health Care Assistant to aid in duties and treatment.

# **Reports To:**

Montlure Camp Director; Accountable to the council of the Montlure Camp.

# **Responsibilities:**

- 1. Work alongside all other staff living in a Christian community that creates lasting relationships
- 2. Cultivate good relationships with all campers, staff, and volunteers
- 3. Be present and on-site during camp to attend to any medical situations that may arise
- 4. Ensures there is adequate coverage when/if off-site, or when taking a break
- 5. Ensure appropriate medical supplies are available on-site, and securely managed
- 6. Shares responsibility with Camp Director/Assist Director for taking staff or campers to the doctor
- 7. Receives and documents all medication from bus chaperone upon bus arrival; Returns necessary documents and medicines to chaperone upon camp departure
- 8. Controls, dispenses, and secures all medications during camp
- 9. Keeps accurate MAR records for all medical needs
- 10. Contacts parents in medical situations that are causes for concern
- 11. Treats homesickness as any other medical treatment situation
- 12. Does inventory of medical supplies at the end of each week and communicates any items needed to Camp Director/Assistant Director. Last week of camp, create list of supplies to replenish before the following summer
- 13. Follows COVID-19 precautions including managing screenings, testing, and following isolation procedures if necessary.
- 14. Follow Montlure Health Care Plan and Standing Orders (Appendix A and B)
- 15. Adhere to all Montlure Camp Policies and Procedures (with training upon arrival to camp)

# **Qualifications:**

- 1. First Aid and CPR Training/Certification; Wilderness First Aid preferred
- 2. EMT or Nursing qualification/certification highly preferred and given priority to
- 3. Previous health care experience
- 4. Strong Communication Skills
- 5. Maturity and sound judgment
- 6. Ability to stay calm in emergency situations
- 7. Ability to work within a Christian ministry context
- 8. Ability to work within guidelines established and outlined in the Montlure Health Care Plan
- 9. Completion of minimum training requirements, submission of health history and criminal background check prior to first day of camp

# APPENDIX A --- Montlure Health Care Plan and Procedures

All programs sponsored by Montlure Camp fall under these guidelines and procedures. All Montlure paid and volunteer program staff will be trained in Montlure's health care procedures prior to working with Montlure's programs.

### **Composition of Health Care Staff**

• A staff member with training in the appropriate level of first aid and CPR must be on duty and on-call at all times in camp, and on camp trips.

#### Written Health History

All campers and staff must have a health history form on file while at camp. In addition to the health history, the form also provides permission for emergency medical care. The form must be submitted and signed by a parent or legal guardian for campers and staff under 18.

Upon arrival at camp, the bus chaperone (or parent/legal guardian transporting the camper) will deliver all camper health history forms to the Health Care Professional. The Health Care Professional will review all camper health history forms and inform the Director of any situation that may impact a camper's participation in activities.

All health history forms shall be stored electronically for 21 years following the camping season that the form was submitted. A hard copy form will be provided to the bus chaperone for the return trip.

#### Health Care Certifications for Camp Staff

All camp counselor employees will have a current CPR and First Aid certification. Copies of certificates will be electronically on file at camp.

## Health Care Area and First Aid Supplies

The campsite will have a designated health care area. The area will allow for privacy, and will include space to consult with and treat a patient (a bed, chair or other similar space).

The health care area will have first aid supplies necessary for routine care of campers. First aid supplies will be kept in a locked storage facility. The Health Care Professional will monitor inventory levels for all supplies, and expiration dates for stock medications. Any outdated medications shall be disposed of properly. The following is a minimum list of first aid supplies to be kept on hand during all camp training sessions:

- Bandaids (large and small)
- Roll Gauze
- Sterile Tape
- Scissors
- Elastic or Ace Bandages
- Cotton Balls
- Q-Tips
- Tongue blades
- Thermometer

- Feminine hygiene products
- Ibuprofen
- Tylenol
- Triple Antibiotic Ointment
- Hydrocortisone Cream
- Hydrogen Peroxide
- Calamine or Caladryl Lotion
- Burn Spray

- Pepto Bismol
- Benadryl
- Midol
- Throat Lozenges
- Cough Drops
- Soap and hand sanitizer
- Ice Pack
- Safety Pins

## **Medications at Camp**

All medication, whether prescription or over-the-counter (including vitamins), will be secured in the health care area. Upon arrival at camp, the parent/legal guardian transporting the camper will deliver all camper medication to the Health Care Professional. All prescription medications must include doctor instructions. All medications will be dispensed under the supervision of the Health Care Professional. For each camp session, the Health Care Professional will create a record of medication to be dispensed and the schedule.

### **Emergency Treatment and Transport**

If a camper or staff member experiences a medical emergency, the staff member present at the emergency will call 911, then notify the camp Health Care Professional. If the patient is a minor (either staff or camper), the Camp Health Care Professional and/or Director will make every effort to contact the parent or legal guardian before medical treatment is given.

The Health Care Professional will administer necessary aid until the ambulance/paramedics arrive. If the Health Care Professional is not available, other staff may administer aid for which they are trained.

The preferred method of transport is an ambulance. However, there will be a designated vehicle on site at all times which can transport in case an ambulance cannot respond. The Director will ensure there is a designated driver (must be someone other than the Health Care Professional) at all times when camp is in session. The keys to the emergency vehicle shall be available at all times. The Health Care Professional will accompany the driver and camper to the emergency facility. Under no circumstances may a camper ride in the front seat of the vehicle.

#### **Non-Emergency Treatment and Transport**

If a camper or staff member has a non-emergency medical situation requiring treatment at a medical facility (injury or illness), the Director will arrange for transport in an approved vehicle. Two staff members (the driver plus either the Camp Health Care Professional or another staff member) will accompany the individual to the medical facility. Under no circumstances may a camper ride in the front seat of the vehicle.

If the patient is a minor (either staff or camper), the Camp Health Care Professional and/or Director will make every effort to contact the parent or legal guardian before medical treatment is given.

The Health Care Professional will administer necessary aid prior to transport. If the Health Care Professional is not available, other staff may administer aid for which they are trained.

## **Daily and Routine Medical Care Medication**

The Health Care Professional will dispense all daily medication according to prescription or as directed in the camper health form (for nonprescription medication). The Health Care Professional shall record all medications dispensed in the Medical Administration Record.

If the Health Care Professional is not available, the Director may dispense medication. No other staff member is authorized to dispense medication, even over-the-counter medications.

The healthcare professional is responsible for any routine contact with the off-site doctor.

Parents are not contacted for routine medical care.

## **Camper Personal Hygiene**

Counselors should monitor campers' personal hygiene, and, if necessary, ensure the camper is meeting basic hygiene needs, such as showers, brushing teeth, changing clothes.

## **Standing Orders/Procedures**

An annual written agreement and update of standing orders is to be obtained before the beginning of each camping season and a written, signed acceptance shall be kept on file along with the updated approved copy of standing orders. A copy of the physician's standing orders will be kept with the first aid equipment. All staff will be familiar with the orders.

## **Record Keeping MAR**

The Health Care Professional will maintain a MAR of all medications dispensed. The MAR will be kept in a secure location. Each entry shall include:

- Date and time medication given
- Client's name
- Medication and dosage
- Signature of camper
- Signature of Health Care Professional.

The MAR shall be retained for 20 years following the last date recorded in the book.

## **Health Care Log**

The Health Care Professional will maintain a health care log of any inquiries and treatment provided. This log will be kept in a secure location. No lines may be skipped in entering the records. Each entry shall include:

- Date or treatment or inquiry
- Client's name and age
- Description of illness, injury or inquiry
- Treatment provided, including any medication dispensed
- Signature of authorized personnel administering treatment.

The health care log shall be retained for 20 years following the last date recorded in the book.

## **Incident Report**

An incident report will be completed for any incident where a camper or staff member is transported to a medical facility. Incident reports shall be completed the day of the incident, or as soon as practical after the incident.

## **Medical Information Communication**

All medicines, medical conditions, and health concerns regarding participants will be communicated with the following personnel:

Camp Director Health Care Professional Assistant Director Camp Counselor (only when necessary) Activity Leaders (only when necessary) Kitchen Staff (only when necessary)

# First Aid and Emergency Protocols:

The following protocols will be followed when First Aid is needed by a program participant or staff person/volunteer (aside from the Camp Health Care Professional).

## **Minor First Aid Concerns**

- Small shallow cuts (less than an inch in length and did not penetrate both layers of skin)
- Small scrapes or abrasions (less than 2 inches in width or length, and did not penetrate both layers of skin)
- Small first degree burns (only damage fist layer of skin, less than an inch in width or length)
- Minor Falls (victim fell less than three feet and has no signs of musculoskeletal injuries)
- Homesickness is considered a minor concern and at the most will result in calling the campers parents

## **Protocol for Minor First Aid Concerns**

- If Camp Health Care Professional is unavailable for treatment, contact the camp director and they will oversee treatment of injury by the Camp Staff
- If in doubt as to the severity or seriousness of the injury, provide care using the Major First Aid Concern Protocols
- Record injury and treatment on Health Log in the First Aid and site Health Log.
- Monitor condition to ensure proper healing
- If the victim is a minor, notify the parent of the injury and treatment when the participant is picked up

# **Major First Aid Concerns**

- Cuts long or deep (any cut longer than an inch or penetrating both layers of skin)
- Cuts located on body parts that bend and / or put stress on the injured area.
- All injuries to the head or face
- Large Burns (damaging more than the outer layer of skin and or larger than an inch in size)
- Bleeding that cannot be controlled after a few minutes of pressure.
- Any dizziness or disorientation
- Dehydration
- Any chemical or electrical burn
- Puncture wounds
- Illness
- Fall from a height greater than three feet.

# **Protocol for Major First Aid Concerns**

- Immediately, have someone contact the Camp Health Care Professional and Camp Director
- If the injury or illness is life threatening, has the potential to become life threatening or debilitating, have someone call 911 and initiate the Center's Emergency Action Plan
- If the camp Health Care Professional is not immediately available, treat the injury according to First Aid training until more advanced medical personnel arrive and assume control
- If the victim is a minor, the Health Care Professional and/or Camp Director will notify the parents of the victim and include them in the decision making process. The parents will be kept informed of the victim's status and location throughout the process.
- If victim is a minor and should see a doctor, but it is not an emergency, the victim's parents will make the arrangements with the doctor's office and for transportation to the doctor's office.
- If victim's guardians are unavailable or unreachable, the Health Care professional will make a decision on whether or not to bring victim to urgent care for treatment.
- As-soon-as possible, the staff person(s) present at the time of the incident will complete a Montlure Incident Report Form and document all pertinent information. If no staff person was present when the incident occurred, the report will be filled by the staff person(s) who first arrived on the scene.
- The Health Care Professional and Camp Director will continue to monitor condition while the participant is in Montlure's care.

## **Emergency Conditions**

- All head or spinal cord injuries
- Severe Illness
- Severed Body Part
- All life threatening conditions:
  - o Loss of Consciousness
  - o Severe Bleeding
  - o Shock
  - o Severe Burns on more than one part of the body
  - o Severe Burns on the head, chest, neck, back, or genitals
  - o Severe Electrical or Chemical Burns
  - o Respiratory distress or arrest
  - o Circulatory (Cardiac) distress or arrest
  - o Hypothermia
  - o Poisoning
  - o Stroke

#### For all Life Threatening Emergency Situations Initiate Montlure's Health Emergency Protocol

- Have someone immediately call 911, and send someone to meet the emergency personnel at the front entrance and direct them to the site of the emergency. If a phone or radio is not nearby, 3 loud noises of anything (3 yells, 3 honks of a horn, 3 whistle blows, etc.) is a signal for help.
- Immediately have someone contact the Camp Health Care Professional and Camp Director.
- The staff person present will provide First Aid care for the injured person according to their CPR and First Aid Training until the Camp Health Care Professional, Camp Director, or more advanced medical personnel take over.
- If the victim is a minor, the Camp Health Care Professional and/or Camp Director will notify the parents of the victim and include them in the decision making process as soon as possible. The parents will be kept informed of the victim's status and location throughout the process.
- As soon as possible, the Camp Director will be contacted and she/he will contact the following personnel:
  - Counselor and/or Co-counselor
  - Emergency contact of the Montlure Council
  - o Montlure Council will contact
    - Insurance Provider for Camp
- The Camp Director is the only person authorized to represent Montlure to the media. If the Camp Director is unavailable, the media will be directed to the emergency contact of the Montlure Board.
- As-soon-as possible, the staff person(s) present at the time of the incident will complete a Montlure Incident Report Form and document all pertinent information. If no staff person was present when the incident occurred, the report will be filled by the staff person(s) who first arrived on the scene.