

# Camp First Aid/Med Admin



# MODULE

**Glastonbury Parks & Recreation Department**

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# **1. MEDICATIONS AT CAMP**

## **AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION FORM**

Any child taking medication at Camp is required to have completed an “Authorization for the Administration of Medication” form. Parents have been instructed that they must complete an **Authorization for the Administration of Medication Form** prior to the start of the program. Any forms received by the Parks & Recreation Department office will be distributed to lead staff prior to the start of the program.

A form **MUST** be on file for the child for the medication to be left with staff.

All medication **MUST** come to camp in the original container with prescription label.

If a child comes to the program with medication staff were not told about, the Parent/Guardian needs to be contacted to complete the Authorization Form. Lead staff needs to know about any medication at the program. Kids should not be carrying medication, this includes over the counter drugs (i.e. Tylenol) in their lunch bag or back pack!

## **NONPRESCRIPTION**

Nonprescription medications are not accepted unless accompanied by an Authorization for the Administration of Medication form filled out by a doctor.

## **INTAKE OF MEDICATIONS**

- The Parent/Guardian is responsible for providing medication that is clearly labeled with the child’s name, dosage and time of administration. Prescription labels must be adhered to the medication itself. Staff must have “Authorization for Medication Form” on file in order to accept the medication.
- Review all paperwork to ensure it is complete and signed by the health care provider.
- Be sure to review with parents if the health care provider has signed off for *self-administration*. If both parents and providers have agreed to allow the child to carry and administer their own medication (typically an inhaler), be sure to discuss with both child and parent what self-administration entails. Camp staff will need to be aware of where the medication is and still document when the child uses the medication. The medication will, in most cases, be carried in the correctly labeled pencil case while in the child’s possession.
- Each child’s medication, a copy of their paperwork and manufacturer’s instructions (if needed) will then be placed in a medication bag that is labeled with the Child’s Name, date of birth, and group.\*
- A second label will be placed on the bag with the name of the Medication, medical condition, when it is needed, method/dosage, effects and allergies.
- A second copy of the camper’s paperwork will be placed in a Medication Binder.
- All pencil bags will be stored in a lock box or in a back/waist pack by a trained staff member.

See Appendix C for sample of Labels for Medication Bags.\*

## **DISTRIBUTION OF MEDICATIONS**

Only those who are certified in Medication Administration can dispense medications.

Any medication dispensed, must be recorded on the Medication Log Sheet. The certified person dispensing medication during camp hours, is are **RESPONSIBLE** for making sure they have the following:

- 1. THE RIGHT PERSON**
- 2. THE RIGHT MEDICATION**
- 3. THE RIGHT DOSE**
- 4. THE RIGHT ROUTE**
- 5. THE RIGHT TIME**

All staff are responsible for keeping medication **safe/secured** so that no other child will come into contact with it.

At the end of the session all remaining medication is to be returned to the Parent/Guardian. Any medication not picked up by parents should be brought to the Parks & Recreation office. Any medications not picked up within one week following the end of the program will be disposed of.

## **2. EMERGENCY MEDICAL PROTOCOL**

### **WHEN TO CALL 911**

There is not a hard and fast rule of when to call 911 In general, the best guideline is when in doubt....call.

- Person is unconscious, has trouble breathing or is breathing in a strange way
- Has chest pain or pressure
- Is bleeding severely
- Has pressure or pain in the abdomen that does not go away
- Is vomiting or passing blood
- Has seizures, severe headache or slurred speech
- Appears to have been poisoned
- Has injuries to the head, neck or back
- Has possible broken bones
- Psych Emergency: If staff cannot manage threats or violent behavior aimed at others or self.

Calling for help is often the most important action you can take to help a victim! It will start professional help on the way as soon as possible. Whenever possible ask another staff member to make the call for you.

### **DIRECTIONS FOR CALLING PARAMEDICS/AMBULANCE**

1. DIAL 911 (9-911 from a school phone)
  - A. State your name and location
  - B. Describe the nature of the injury
  - C. Describe the location of the injured person
  - D. Provide the phone number
2. Send a responsible person (Staff member or Adult) to meet the ambulance
3. Administer necessary and possible First Aid, have a staff member stay with the injured person
4. Remove all other children from the area/line of sight.
5. Locate the Child Information/Emergency Consent Form
6. Contact the Parent, Guardian or Emergency Contact
7. Send Child Information/Emergency Consent Form with Paramedics, if possible keep a copy.
8. A staff member must accompany any child to the hospital if the Parent/Guardian or Emergency Contact is not available. He/she must remain at the hospital until the Parent/Guardian or Emergency Contact arrives.
9. Report the injury to the Parks & Recreation Department (860)652-7678
10. Fill out an Accident Report

### **3. FIRST AID GUIDELINES**

#### **GENERAL/PAPERWORK**

First Aid should be performed by a staff member who has been certified in First Aid. Staff should provide care only to the level for which they have been trained.

If possible, designate an area where campers or staff may go to receive first aid. Regularly check on your First Aid kits to maintain adequate supplies at all times.

Parents must be well informed of accidents, injuries and health related situations. As a general rule, an injury to the head, face, neck, back, or anything else that is at all serious requires a call to the parent/guardian immediately after treating. Telling parents about any bumps and bruises at pick up is always a good idea too, to keep communication open.

After any first aid is given the First Aid Responder needs to log the incident and what first aid was provided in the First Aid Log and fill out a "Camp Accident Report". Accident Reports must be completed and turned into the Supervisor within 24 hours.

#### **FIRST AID KIT:**

First Aid Kit will be equipped with the following:

Rubber Gloves (Latex Free)	Plastic Bags
Safety Goggles or Face Shield	Scissors & Tweezers
Hand Sanitizer	Adhesive Tape
Gauze Pads and Rolled Gauze	Anti Itch Ointment
Band-Aids of Various Sizes	Cold Packs
Tick Kit	Wipes
CPR Mask (adult & child) with valve and mouthpiece	

#### **LIFE THREATENING CONDITIONS**

**FOOD ALLERGIES:** All staff needs to be able to identify children with food allergies and know where their EpiPen is at all times. **FOOD ALLERGIES ARE LIFE THREATENING.**

**Specific precautions need to be made during snack, lunch for children with food allergies (separate table, staff person sitting with them etc., hands washed, tables washed etc.)**

**No Trading/Sharing food needs to be one of your Camp Rules!**

**ASTHMA:** All staff should know which participants have asthma. Watch their activity levels and know where their inhaler is at all times! Children with authorization to self-administer should carry their inhalers with them at all times. Staff needs to remind them.

**BEE & OTHER ALLERGIES:** All staff need to be able to identify children allergic to bee stings or who have other allergies. Staff must know where the EpiPen is at all times!

**CHOKING/  
BLOCKED AIRWAY:** Staff should be present whenever campers are eating (lunch, snack etc.). All staff should be watching campers closely when they are eating so they are able to immediately identify a camper who is choking. Campers should be reminded to only put food in their mouths.

## **FIRST AID INSTRUCTIONS**

**Abdominal Pain:** Allow the victim to rest. Nothing by mouth except small sips of water until resolved. If pain is severe or persistent, includes vomiting or fever, call parents to bring home.

**Asthma:** Participants with their own inhalers should use them as directed in their action plan, for symptoms of asthma, and may require restriction of activities until symptoms improve. If wheezing persists or becomes severe, or inhaler does not help, call parents. If episode is severe, persistent, or not responsive to prescribed medications call parents, or call 911 as appropriate to the situation.

**Bites from animals or humans:** Treat Bleeding. Wounds should be cleaned with soap and water. All bite wounds should be evaluated by physician. Call parents.

**Bites from Insects:** Use the edge of a credit card, blunt edge, tweezers or edge of a plastic knife to remove stinger, wash wound with soap and water. Apply a cold ice pack and watch for signs of allergic reaction.

**Bleeding:** Cover the wound with dressing, apply firm pressure against the wound. If bleeding stops, clean the wound thoroughly with soap and water and cover the wound with sterile dressing and bandage. If bleeding does not stop, apply continuous pressure, apply dressing secured with tape and call parents, or call 911 as appropriate to the situation.

**Blisters:** Wash with soap and water. Do not break blisters. Apply adhesive bandage.

**Burns:** Apply cold water until pain is relieved, than cover loosely with sterile dressing. If severe burn, take steps to minimize shock and call EMS and parents. Lay person down and loosen restrictive clothing.

**Bruise and Contusions:** Ice pack off and on for no longer 20 minutes at a time. Limit activities involving the injured part. EMS and/or Parents should be called for any significant traumatic injuries.

**Eye Injury:** Tell victim to blink several times to try to remove the object, gently flush with water. If object remains in eye or if object is embedded in eye call 911 and parents. Cover both eyes, if possible, so both eyes stay closed.

**Fainting:** Lower the person to the ground or other flat surface and position the person on his or her back. Loosen any tight clothing. Make sure victim is breathing. Do not give the victim anything to eat or drink. If the victim vomits, position the victim on his or her side.

**Heat Related Illnesses:** Move victim to a cool place. Loosen tight clothing and remove perspiration-soaked clothing. Cool by spraying with cool water or applying cool, wet towels to the skin. Fan the victim. Encourage the victim to drink small amounts of water. If the victim refuses water, vomits or starts to lose consciousness call EMS.

**Muscle, Bone & Joint Injuries:** If victim cannot move or use the injured area call 911 and parents. Support injured area above and below the injured area. General care for all musculoskeletal injuries is similar: rest, immobilize, cold and elevate (RICE).

**Nose Bleed:** Have victim sit leaning slightly forward to prevent swallowing or choking on the blood. Pinch nostrils together for about 10-15 minutes or until bleeding stops. If bleeding continues repeat pressure for 10-15 minutes. If still continues, call 911 and parents. After bleeding stops, have victim avoid rubbing, blowing or picking the nose.

**Poison (Ingested):** Contact Poison Control. Call 911 and parents as appropriate to the situation.

**Poison (Inhaled):** Call 911 and parents. Move the victim to fresh air and care for life-threatening conditions.

**Poison (Absorbed):** Remove exposed clothing and jewelry and immediately rinse the exposed area thoroughly with water for 20 minutes. Call parents.

**Seizures:** Allow the seizure to run its course, typically last 1 to 3 minutes. Loosen anything around the neck. Protect the person from injury by moving nearby objects away from the person. Position the person on his or her side, if possible, after the seizure passes so that fluids can drain from the mouth. After the seizure passes check for injury and allow the person to rest. If the person has a known seizure condition follow their protocol and call parents. If the person is not known to have seizures call 911 and call parents.

**Shock:** Call 911 immediately. Monitor condition and level of consciousness, control external bleeding, maintain normal body temperature, have victim lay flat on back. Do not give them anything to eat or drink.

**Ticks:** Remove tick with tweezers, taking care not to squeeze or twist the body of the tick. Seal tick in a container if possible so parents can bring to a doctor. Do not handle with bare hands. Wash your hands and the bite site. Call parents.

**Tooth Injury:** Rinse out the victim's mouth with cold tap water. Apply dressing. Save any displaced teeth, rinsing off and place in milk or water. Call parents.

*Reference: American Red Cross Lifeguarding Manual- 2012*



**Notes:**

- Remove the tick as soon as possible.
- If tick mouthparts remain in the skin, leave them alone. In most cases, they will fall out in a few days.
- Don't use nail polish, petroleum jelly, or a hot match to make the tick detach.
- If you develop a fever or rash within several weeks of removing a tick, see your doctor. Be sure to tell the doctor about your recent tick bite, when the bite occurred, and where you most likely acquired the tick.

## 4. Heat Index Guidelines

### **HEAT INDEX**

The Heat index (HI) is an index that combines air temperature and relative humidity to determine an apparent temperature — how hot it actually feels. The human body normally cools itself by perspiration, or sweating, in which the water in the sweat evaporates and carries heat away from the body. However, when the relative humidity is high, the evaporation rate of water is reduced. This means heat is removed from the body at a lower rate, causing it to retain more heat than it would in dry air.

You can find a “Feels Like” temperature displayed on most phone weather applications.

### **PRECAUTIONS WHEN HEAT INDEX IS HIGH**

Changes in weather require you to monitor the health and safety of both the children and yourself. Always adhere to the following basic precautions when the Heat Index is high:

- Clothing: Light weight cotton should be worn to help maintain body temperature.  
Wearing a hat will provide shade and keep the head cool.
- Beverages: Increase fluid intake. Water or fruit juice is best (avoid high sugar content drinks like soda)  
Help the body maintain a comfortable temperature.
- Sunscreen: Look for sunscreen with SPF-15 or higher with UVB and UVA ray protection
- Shaded Areas: Shaded play areas protect from the sun.  
Exposure to full sunshine can increase the heat index by 15°

### **ALTERING ACTIVITIES BASED ON HEAT INDEX**

Physical activities should be altered as follows based on the Heat Index:

#### **COMFORTABLE:** 80° or below:

Watch for signs of becoming uncomfortable while playing.  
Use precautions regarding clothing, sunscreen, and beverages.  
Take water breaks.

#### **CAUTION:** 90°-109° (at 100° *it becomes uncomfortable and may be hazardous*)

Use caution and closely observe kids for signs of being too hot.  
Clothing, sunscreen and beverages are important.  
Shorten the length of outdoor time  
When possible, conduct outdoor activities in the shade  
Take extra water breaks and encourage sipping water frequently following physical activity  
Rest often  
Minimize time spent on playground structures or hot asphalt areas

#### **DANGER:** 110° or more

Children should not engage in physical activities in any area that is not air conditioned due to the health risk.



## **5. CONCUSSIONS**

### **HEAD INJURIES AT CAMP**

A camper, who sustains a bump, blow or jolt to the head, or a fall or blow to the body that causes the head to move rapidly back and forth, will be removed from activities for 15 minutes, and checked, by a staff member trained in first aid, for any of the signs and symptoms of concussions listed on the following flyer.

If no signs or symptoms appear to be present, the camper may return to activities and be monitored for the remainder of the day. A “Camp Accident Form” should be completed and parents should be notified at pickup and sign off on the report for any head bump.

If any of the signs or symptoms are found the parents of the camper will immediately be called and referred to seek medical treatment. A “Camp Accident Form” should be completed and parents asked to sign off on the report when they pick up the camper. The camper will not be permitted to resume normal activities until cleared to do so by a doctor.

A camper hit in the face will likely suffer some swelling and bruising. Use an ice pack to minimize swelling. Any head laceration, eye injury, a possible broken nose, or chipped tooth should be evaluated.

Call parents, or call 911 as appropriate to the situation.



# Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess  
the  
situation

Be alert for  
signs and  
symptoms

Contact a  
health care  
professional



## Signs and Symptoms of a Concussion

A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Be alert for **any** of the following signs and symptoms.

### SIGNS OBSERVED BY SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

### SYMPTOMS REPORTED BY THE STUDENT

#### Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

#### Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

#### Sleep\*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

*\*Only ask about sleep symptoms if the injury occurred on a prior day.*

## What can school professionals do?



Know your Concussion ABCs:

**A**—**Assess** the situation

**B**—**Be alert** for signs and symptoms

**C**—**Contact** a health care professional

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✘ For more information and to order additional materials **FREE-OF-CHARGE**, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



## **8. CONTAGIOUS DISEASES**

### **SICK PARTICIPANTS:**

Parents are asked to keep their children home from camp when they have a bad cough/cold, fever (body temp of 100.4 or higher), Diarrhea or Vomiting, Severe Sore Throat, Earache or Rash. If children exhibit these symptoms while at camp, parents should be called and the child allowed to rest in a quiet area away from other campers.

Parents are asked to notify camp if their child is diagnosed with any contagious disease.

### **HEAD LICE:**

Lice are parasitic insects that can be found on people's heads and bodies, including the pubic area. Human lice survive by feeding on human blood. Lice found on each area of the body are different from each other. The three types of lice that live on humans are:

- *Pediculus humanus capitis* (head louse)
- *Pediculus humanus corporis* (body louse, clothes louse) *\*Only the body louse is known to spread disease.*
- *Phthirus pubis* ("crab" louse, pubic louse)

Lice infestations are spread most commonly by close person-to-person contact or sharing combs or hats. Dogs, cats, and other pets *do not* play a role in the transmission of human lice. Lice move by crawling; they cannot hop or fly.

What to do if you find or are told about Lice at Camp:

1. If you find lice on a child/staff at camp, isolate the person they are found on from the group and contact the Parent to pick up the child or send staff home.
2. Notify Director or Recreation Supervisor.
3. Send Letter Home to All Parents

Camper may return to camp after treatment is complete and they have been evaluated by a healthcare provider.

### **CONJUNCTIVITIS (PINK EYE):**

Pink eye, also known as conjunctivitis, is one of the most common and treatable eye conditions in the world in both children and adults. It is an inflammation of the conjunctiva, the thin, clear tissue that lines the inside of the eyelid and the white part of the eyeball. This inflammation makes blood vessels more visible and gives the eye a pink or reddish color. Pink eye can be caused by viruses, bacteria, allergens or irritants.

The [symptoms](#) of pink eye may vary depending on the cause but usually include:

- Redness or swelling of the white of the eye or inside the eyelids
- Increased amount of tears
- Eye discharge which may be clear, yellow, white or green
- Itchy, irritated, and/or burning eyes
- Increased sensitivity to light
- Gritty feeling in the eye
- Crusting of the eyelids or lashes

Pink eye caused by a virus or bacteria is very contagious and spreads easily and quickly from person to person. Pink eye that is caused by allergens or irritants is not contagious, but it is possible to develop a secondary infection caused by a virus or bacteria that is contagious. You can reduce the risk of getting or spreading pink eye by following some simple self-care steps:

- Wash your hands
- Avoid touching or rubbing your eyes
- Avoid sharing makeup, contact lenses and containers, and eyeglasses

What to do if you find or are told about Pink Eye at Camp:

1. If person is at camp, isolate Child/Staff from the group and contact the Parent to pick up the child.
2. Notify Director or Recreation Supervisor.
3. Send Letter Home to all parents.

For Bacterial Infection – Camper may return to camp after they have been on antibiotics for 24 hours.

For Viral Infection – Camper may return to camp once eye redness has resolved.

## **HAND, FOOT AND MOUTH DISEASE:**

Hand, foot, and mouth disease is common in infants and young children. It usually causes fever, painful sores in the mouth, and a rash on the hands and feet. Most infected people recover in a week or two.

The [symptoms](#) of Hand, Foot and Mouth often include the following:

- Fever
- Reduced Appetite
- Sore Throat
- A feeling of being unwell
- Painful sores in the mouth that usually begin as red spots
- A rash of flat red spots that may blister on the palms of the hands, soles of the feet, and sometimes the knees, elbows, buttocks and/or genital area.

What to do if you find or are told about a camper having Hand, Foot & Mouth:

4. If person is at camp, isolate Child/Staff from the group and contact the Parent to pick up the child.
5. Notify Director or Recreation Supervisor.
6. Send Letter Home to all parents.

Camper may return to camp after they have been evaluated by a healthcare provider who has said they are no longer contagious.