

Nurse Manual



IdRaHaJe

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Basic Duties By Day

Sunday (All Nurses)

Time	Duties
11:00- Lunch	Collect staff medications, team meeting
1:00 – 5:30	Medication Check in at Gym and team double check of received medication
6:00 – 6:45	Dinner at separate Camps – Dinner Meds
7:00-9:00	Organize nurse station, put medication away, Review weekly special needs report
9:00 p.m.	Night Meds – MV & WR
10:00 p.m.	Night Meds – AV, LD, & NWE

Monday – Friday

Time	Duty
8:00	Breakfast Meds
12:00	Lunch Meds
	Odd Time Meds
6:00	Dinner Meds
9:00-10:00	Night Meds

Saturday

No Morning Meds

Time	Duty
6:30am	Medications prepared for parent pick up. Pull all paperwork
7:00 – 9:30am	Available for questions and First Aid if needed, Return of medications to parents at check-out
9:30 – 11:00am	Clean, Stock, Finish week and prepare for the next
Check-Out with Head Nurse	Check out with Head Nurse with checklist

Extra Duties/Notes:

- Carry radio and/or camp cell phone at all times.
- At least one medical staff must be present at Capture the Flag games, Fort Fight, Hunger Games, and any other camp led physical games or activities.
- Talk with your leadership staff about sunrise hike needs
- Make sure medication/treatment logs are up to date daily!
- Fill out incident reports as needed.
- Ensure illness surveillance is completed at your camp
- You may have AED and O2 checks weekly.
- Refrigerator logs should be checked daily if you have meds. Weekly if you don't have any medication. Refrigerator must be locked at Lodge and WR at all times
- High School camp needs meds prepped for AM hike/Rappel and Rafting on Mondays. Talk to head RN to discuss preparation.
- Each station should be locked if nurse is not on site at the camp
- ALL MEDICATIONS, BOTH CAMPER AND STAFF MUST BE LOCKED AT ALL TIMES in the Coffins or the medication closets! (See Head nurse for exceptions)

General Procedures/Policies

Basic Duties of Medical Staff

1. Perform medication check-in
2. Perform camper medical checks
3. Administer camper medications
4. Keep accurate medical logs
5. Perform First Aid as needed
6. Work within scope of standing orders and under the delegation of head nurse
7. Return medications to campers as the end of the week
8. Fill out incident reports when necessary
9. Help with homesickness
10. Respond to emergency medical situations

Medication Check-In & Medical Checks (At Gym)

1. Summary: Campers are required to turn in **all** medications to the health care staff. Medications include any and all vitamins and homeopathic remedies. The health care staff is then responsible for the safe (locked) storage and administration of all medications. (Exception - Code 7.711.31.J.4 – The camp may, with written parental consent and authorization of the prescribing practitioner, permit children who have asthma to carry their own inhalers and epi-pens and use them as directed. All staff must be aware of which children have asthma and which ones may use their own inhalers as needed.) – Any questions regarding medications by medical staff or parents/guardians should be directed to the Head RN.
2. Basic Procedure
 - a. Camp medical staff are stationed at tables in the gym as the final station for registration.
 - b. Campers and parents line up on opposite side of table.
 - c. Medical staff should check in meds for their assigned camp only.
 - d. Medical staff must check to ensure the following information/conditions are met for **EVERY MEDICATION** (including vitamins, over the counter drugs, homeopathic remedies, inhalers that the camper is keeping with them, etc.) that is checked in:
 - i. Medication is in **original labeled container and current date of use**
 - ii. Each medication is labeled with the following information and accompanied by a medication form:
 1. Name, address, and phone number of pharmacy (if applicable)
 2. Name of Camper
 3. Name and Strength of Medicine
 4. Directions for Use
 5. Date Filled (if applicable)
 6. Prescription number (if applicable)
 7. **Name of practitioner prescribing the medicine (EVEN OTC AND HOMEOPATHIC REMEDIES MUST BE PRESCRIBED BY A DOCTOR AND LISTED ON THE MEDICATION FORM!)**
 - e. Ensure complete information is contained on Medication Form(s).
 - i. Everything needs to match on the medication form and the medication label
 - ii. If complete information is not already contained on Medication Form(s), a new form(s) must be completed before camper/parent may leave medication check-in.

- f. Medication Check in is the last step in the registration process. Before campers/parents leave, collect their registration packet and stack them on the table (someone will collect these throughout registration time).
- g. Tear off the bottom of the perforated sheet to give to parents. Write any medical instructions for counselors on that sheet, such as camper Self Carry or Counselor Carry for Epi-Pen or rescue inhaler with them, medication times, any allergies, etc. Instruct parents to take that form with them and give it to their child's counselor. Include asthma/ allergy form copy for counselor with name and SC or CC in a bag if meds are included. Only for Epi-Pens and inhalers

3. Potential Problems

- a. Parent wanting to change directions from written prescription: Any medication administered by camp must be done so per the written orders of prescribing Dr. If parent does not have the written information from Dr., then give them the nurse e-mail so Dr. can send in needed information. Make sure parent understands that the medication will be administered per the written orders until Dr. sends in new order. In this case, consult the Head RN.
- b. Upset Parent: Have the Head RN or fulltime staff who is monitoring medication check-in/registration handle the situation. (Parents may be upset for many reasons from standing in line for too long to not having the needed information for medication.)

*Often times bringing in a fulltime staff calms the situation because their complaint is also being heard by someone "higher up" on the chain of command. If not, then at least the fulltime staff can get yelled at instead of you.

Camper Medical Checks(At Gym)

1. Summary: Upon arrival to camp, per state regulations, each camper shall be observed by camp staff trained to do so in order to identify any noticeable evidence of illness, communicable disease, or signs of abuse. Head lice check will be completed.
2. Basic Procedures:
 - a. As campers arrive on Sunday afternoon, medical checks will be completed as a part of the registration process. Each camper must have the medical check box marked or stamped check-in sheet by a trained staff/volunteer before the registration process can be completed and the check-in page is given to the camper. If there is evidence of sickness or other circumstances which would prohibit the camper from staying at IdRaHaJe, parents/guardian will be notified, and the camper will not stay at IdRaHaJe.

Medication Administration

1. Summary: Any medication administration is to be administered under the delegation and direction of the Head Nurse. Any person distributing medication who is not a licensed RN needs to have completed the Colorado Medical Administration Course and operates under the delegation of the Head Nurse.
2. Non-medical staff positions to be certified in medication administration:
 - a. Leadership Staff and NWE staff

- b. SaLT Leaders
 - c. Select Full-Time Staff
 - d. Wranglers
3. Medication Administration Procedures for Resident Camps:
- a. All medications (prescription, OTC, vitamins, etc) must be checked in by the Camp Medical Staff on Sundays. This includes all staff members under the age of 18 and all staff members staying with campers or staff who are under 18.
 - b. Campers and staff members will report to the designated area at the designated times for their medications- remind leadership staff of missing persons (meals, bedtime).
 - c. Have camper wash hands or use hand sanitizer
 - d. The camper or staff member (under 18) will state their name and birthday for the person administering medications. The person administering medications will locate the person's Medication Record and bag of medications.
 - e. The person administering the medications must check the Six Rights (right person, right medication, right route, right dose, right time, right indication) FOR EACH medication being given.
 - f. The person receiving the medication must take the medication in the presence of the person administering the medication- Encourage them to bring their water bottles
 - g. The person administering the medication must accurately record when the medication was given on the Medication Administration Record as well as signing their initials and name on the bottom of the form.
 - h. Non-prescribed OTC medications may **NOT** be given to campers or under 18 staff; by any staff other than a registered nurse, unless they have a doctor signed and marked physical for standing medication orders. Please call the RN for questions about dosing. (See *camper physicals binder* at each designated camp)- Place any PRN med sheets directly behind each camper's order sheet. These used PRN sheets should be pulled with Saturday morning paperwork.
 - i. Please utilize the *SaLt binder* for access to doctor signed physical for standing medication orders. If this is not complete only a RN may administer standing order medications to SaLt's. Place any PRN med sheets directly behind each SaLt's order sheet. These should be pulled on Saturday morning but keep the physical in the binder for next week.
4. Narrow Way Expedition Staff Medical Administration Procedures:
- a. Medications administered to Narrow Way Expedition campers and staff must be administered by someone certified in Medication Administration.
 - b. Follow the same administration procedures as are followed for resident camps.
 - c. Non-prescribed OTC medications may be given if group is offsite following the Standing Orders. If group is onsite, the head nurse must be called if camper physical form is not available or signed/marked by MD.
 - d. For medication taken on a regular basis, administration is recorded on Medication Form or PRN/ Scheduled med sheet rather than on the Medical Treatment Log.

Storing Medication

All medications must be stored in the medication coffin box or cabinet at each respective camp. Staff must turn in all medications, vitamins, etc. to be stored in the medication lock boxes or at the hospital. Staff over 18 may administer their own medications but cannot keep the medication with them.

If additional lock boxes are needed contact Head Nurse.

These medication lock boxes are located in the following locations during the summer:

Aspen View – Storage Room of Dining Hall

Lodge – Back dining hall

Wilderness Ridge – Nurses Room

Mountain Village – Medication and supplies are kept in Hospital

MEDICAL BOXES ARE TO REMAIN LOCKED AT ALL TIMES WITH A 3447 or 3212 MASTER Key LOCK! ACCESS IS LIMITED TO MEDICAL STAFF, FULLTIME STAFF, AND SUMMER LEADERSHIP STAFF!

Posted inside of each medical box is a list of the medication and supplies that should be in the box at all times. All medication must be stored in their original labeled containers.

If any medication or supply is running low, restock it from the hospital at Mountain Village by completing medication inventory sheet.

Hospital (At MV) and Nurse Stations

General policies and procedures:

- **Hospital and Nurse stations must remain locked at all times when medical staff is not present. (3447 lock) or door lock**
- The only people authorized to remove anything from the hospital are Medical Staff and fulltime staff.
- The hospital and N. Stations are to be kept neat, clean, and organized AT ALL TIMES..
- **If you are taking or using the second to last item from the hospital notify the Head Nurse!**
- **Never remove the last bottle/container or a medication or supply from the Hospital without permission from Medical Staff staying in Hospital and/or Fulltime Head Nurse.**
- Bathroom is only for the use of the Medical Staff staying in hospital, the Cook from the kitchen or sick campers until parents are able to pick them up.
- It is the responsibility of the Medical Staff to ensure bunk beds/cots are neat, clean and ready at all times. (Clean linens, disinfected if needed, etc.)
- Washing of dirty linens needs to be directed by fulltime housekeeping supervisor. All nurses will need to communicate with the housekeeping supervisor about daily linen needs. Extra linen is kept at Aspen View
- ALWAYS keep the door to the outer treatment room open when a camper is present.

Medical Treatment Logs

Summary: All medications and medical treatment administered must be recorded in the appropriate Medical Administration log that includes the following information:

1. Date and Time treatment was given
2. First and Last name of camper or staff member
3. Cabin of camper/staff member (or staff position, i.e. wrangler)
4. Ailment
5. Treatment given
6. Name of person administering care
7. Vital signs if taken (Temperature should always be taken if Ibuprofen or Acetaminophen are given)
8. Signature with initial at the bottom of the form

Each camp will be supplied with forms that will be used as a treatment log and MAR. ALL first aid and ALL medications MUST be recorded on this log AT THE TIME OF TREATMENT for campers and staff under 18. The logs will be turned into the Head Nurse at the end of each week and will be filed for future reference. This is a legal document.

ONLY staff members that are first aid certified may provide first aid for campers and/or staff. (Medical Staff, Leadership Staff, Wranglers, Full-Time Staff). Request weekly treatment logs from them to file.

Only staff that are certified in Medication Administration may administer meds to campers and staff. Non-nurse staff may ONLY give over-the-counter (OTC) medications (Tylenol, Benadryl, Abx oint, etc) after first consulting the Head Nurse or another staff RN and if the medication is listed on a camper specific medication form signed by a prescribing physician – this applies to all campers and any staff member under the age of 18. Staff members over the age of 18 may request OTC medications from any staff certified in medication administration but must self-administer the medication.

All medications, vitamins, etc, that are brought with campers or staff will be given and recorded on the Medication Form that was signed by the prescribing physician. These forms also need to be given to the head nurse AT THE END OF EACH WEEK!.

Illness surveillance log

The health department requires summer camps to keep an illness log to track camper and staff illness. This log needs to be completed with all spaces completed for each entry. Start a new log for each week and label at the top your camp and week. Camper name and cabin are most important. If a camper or staff are quarantined or sent home in the action you can write sent home/ quarantined. Symptom abbreviations are allowed from the bottom of the page. If a camper or staff return to camp or quarantine this needs to be placed on the log. Please let your head nurse know if you are seeing more than 2 of the same symptoms in a cabin or more than 3 of the same symptoms at the camp. ie: nausea and vomiting. The head nurse is required to reach out to the local public health for possible outbreaks or concerns.

First Aid/CPR

The following positions are certified in First Aid/CPR

1. Wranglers
2. Leadership Staff
3. SaLT Assistants
4. Full-time Staff
5. Nurses

Medical Staff First Aid Kits

Anytime you are away from your base of operations, you need to have your assigned Medical Staff First Aid Kit with you. Your first aid kit should be stocked and ready at the beginning of each week. You are responsible for keeping your kit stocked throughout the week of camp. At the end of the week, coordinate with the other nurses and create a master supply order list to give to the Head Nurse if needed.

The Leadership Staff and Wranglers will also have first aid kits and may need supply refills from you.

Campers Needing Medical Attention

There will be times throughout the summer where campers will need additional medical attention. Here are the basic steps to follow:

1. Contact parents by phone not in front of the child or have a full-time staff member do so:
 - a. Explain the symptoms/illness/situation and what treatment you have done so far.
 - b. Parents should make the determination about whether or not their child needs outside medical treatment. If a decision is made to seek further medical care, the parents should come pick up their child unless that is not feasible given time constraints.
 - c. If the parent requests to speak to the camper place the phone on speaker to monitor the conversation between them.
 - d. If parents cannot be contacted, leave a voicemail and work your way down through the list of contacts for the camper including emergency contacts.
 - e. If we cannot reach the parents or the parents are absolutely not able to come, we may decide to take the camper to an urgent care center. This decision will be made by the Head RN and/or FTS.
 - f. If it is after hours the camper will be taken to an emergency room.
 - g. Follow up with parent after the Dr. Appointment.
 - h. **Camp does not provide medical coverage for campers, the parent is responsible**
 - i. It is not recommended to transport a camper in your vehicle without another staff member present, especially if of the opposite sex (you will be under your own liability /risk). **Camp vehicle recommended**
 - ii. Stop by the main office to obtain needed paperwork to take with you for insurance information, release of treatment and emergency contacts.
 - iii. If a prescription is required, the camp will cover the initial cost, but the parent will be billed for the cost of the prescription.

- iv. Do not forget to keep a copy of the discharge paperwork for the office and the parent.

Emergencies

All summer staff are instructed to call 911 first if they believe a situation qualifies as an emergency where emergency personal are needed, and then to notify medical personal on camp. If you are called to an incident and believe the situation warrants the calling of emergency personal, call 911. Then contact Head Nurse, Executive Director, and other full time staff as needed so that they can handle other details of emergency.

The basic steps that need to take place when an emergency occurs are:

- Contact 911
 - Give as much medical information as needed to dispatch
 - Give location as Camp ID-RA-HA-JE then area of camp you are at (I.E. capture the flag field.)
- Care for Camper
- Contact Head RN and appropriate full-time staff
- Keep radio communication to a minimum and avoid transmitting personal information if at all possible. (You can announce for Full time staff to go to channel “6” and your location which will alert them to head to your location) stay on channel 1.
- Have staff clear campers and staff out of area of the incident and where EMS will be arriving.
- Inform night watch or office of location on camp so they can direct emergency personal to the correct location.
- Have someone get the AED an/or oxygen if needed.
- Have someone make 3 copies of Emergency Contact + Insurance Form (Page 2 of registration form) and bring to location of emergency. (One copy is for your/fulltime staff information, one copy is for ambulance, and one copy is for flight for life if needed.)
- Contact parents of camper or staff member with as much information as possible.
- Confirm with the ambulance which hospital camper or staff member will be taken to, if camper is to be transported.
- The hospitals that the camper will most likely be taken to is: **Swedish Medical Center - (303) 788-5000**, 501 E Hampden Ave Englewood, CO 80113-2702 or **St. Anthonys CommonSpirit 720-321-0000** 11600 W 2nd Pl, Lakewood, CO 80228
- If a staff member is to ride with camper to hospital, clear the staff going with Head RN or Executive Director, and Full time Staff.
 - If a camper is fearful of riding by themselves with EMS a staff member should ride in the ambulance if able.
 - Ideally if the staff member can take their own vehicle and follow behind this allows them a way back up to camp
 - If time allows camper belongings can be sent with EMS or staff if able
 - Grab camper personal medications if able

- If a camper is ever transported or needs any kind of off camp medical care, an incident report must be filled out within 12 hours and reported to the Licensing portal.

Location of AED and First Aid Kits

AEDs can be found in the following locations:

- Aspen View- in between the men's and women's restrooms
- Lodge- in the dining room by the fire place
- Gym and Education Center- front lobby

First Aid Kits will be found in the following locations:

- Mountain Village- The baking room in the kitchen; the hospital
- Aspen View- the cage; nurse's station
- Wilderness Ridge- kitchen; nurse's station
- Lodge Camp- kitchen; nurse's station
- Gym and Education Center- the garage
- Summit House- second level
- The Barn- in main building
- High Rappel
- Main Office Restroom

Location of Oxygen Tanks

Every Camp has an oxygen tank. The medical staff covering the camp is responsible for checking the level of the tank at the beginning of the week and at the end of the week, as well as making sure the tank has a new mask attached. It should have both a pediatric and adult mask. If the tank is above 50% and masks are attached, the medical staff should date, initial, and sign the card located next to the tank labeled "Oxygen Tank Checks". If tank is less than 50% full or does not have masks attached, the Head RN needs to be alerted and the medical staff should NOT sign the card.

Oxygen tanks are located at the following locations:

- Office – Bathroom
- Aspen View – Storage room off of Dining Hall
- Wilderness Ridge – Nurse Room
- Lodge Camp – Back Dining Hall
- Mountain Village – Hospital

Refrigerators

Each health station has a refrigerator that must be behind lock and key (MV, AV) or have a padlock on it (WR/LD). The refrigerator temperature must be checked on Sunday and recorded on the log placed on or near the refrigerator. If you have medication in the refrigerator during the week, the temperature must be checked daily and recorded on the log. Please notify the Head Nurse if your refrigerator is not keeping temperature between 32-38 degrees Fahrenheit.

Radios/Phones

As a Medical Staff personnel at IdRaHaJe you might be assigned a portable radio or may be allowed to keep your personal cell phone. You will need to keep this radio with you at all times as it will be the main source of communication between you and the rest of camp. You will be responsible for keeping your radio charged and operating at all times. If you have any problems with your radio, contact the office ASAP for repair or replacement. If you are using your cell phone please ensure your leadership staff and the main office have your phone number. Please keep your phone use during the week to camp only needs while around campers and staff.

If you need instructions on how to operate your radio see the Head RN. Keep your radio volume at a level you can always hear.

Keep your radio on channel 1 at all times.

Remember that radio communications are not secure and therefore it is vital that personal/medical information is not broadcasted over the radio on any channel.

Anyone can monitor our radio frequencies at any point, so assume that the public is hearing all communications over the radio. Avoid using camper's full names over radio if at all possible. "first name last initial is preferred"

The following radio policy applies to all staff who use camp radios:

RADIO POLICY

- A. Radios are for camp use only.
- B. Keep radio conversations to a minimum.
- C. Do not "borrow" radios from staff from whom they have been assigned.
- D. Do not transmit private or confidential information over radios, even in emergencies.
- E. When transmitting over the radio use the following format:
 - 1. Push the transmit button.
 - 2. For base stations: Start transmission by identifying your location and who you are calling, then release button and wait for a response. (E.g., "Mountain Village to Office.")
 - 3. For handheld radios: Start transmission by identifying yourself and who you are calling, then release button and wait for a response. (E.g., "Chief Joe to Barn.")
 - 4. If someone is calling you or your location, respond by identifying yourself, then release transmit button. (E.g., "This is the Office")
- F. No singing on radios. Please be professional.
- G. **Do not push any buttons on radios except the transmit button and the channel buttons.**

H. The channel will be assigned as follow (summer only):

- ⇒ Channel 1 – **Nurses**, Office, Program Staff, Leadership Staff, SaLT Supervisor and Assistant, and Summer Maintenance
- ⇒ Channel 2 – Wranglers and Barn
- ⇒ Channel 3 – Adventure Staff
- ⇒ Channel 5 – Kitchens, Food Service Director, and Road Runner
- ⇒ Channel 6 : Emergency situations ONLY (just say go to channel 6 and all available FT staff will come to that location to support) do not go to this channel specifically unless asked

When to Contact Parents

Parents need to be contacted any time the following conditions occur:

- Potential serious injury that could require additional treatment beyond what camp can offer -basic first aid (Example – Ankle injury that appears that it may need to be seen by a DR. Call parents and discuss options such as observing injury for ____ hours then make a decision, have parent take camper to Dr., someone from camp take camper to Dr.)
- Continued complaints of pain or illness from the camper
- Possible head/neck/back injury
- Concern of Concussion/ concussive symptoms
- Camper isolated for any reason
- Temperature over 100.4 after being checked twice per protocol
- Vomiting more than twice (MV parents should be called on first vomit)
- Medications run out before week is over
- Emergency medical personal are dispatched to care for camper
- Known exposure to contagious disease (example - lice found in cabin camper is staying in)
- Injury requiring more than simple first aid or repeated follow up
- Any time Head RN determines it is in the best interest of camper/camp to contact parents

Anytime a parent is contacted, it is their right to come and get camper for further medical attention and/or supervision.

Incident Reports

An incident report needs to be filled out anytime the following occurs:

1. Serious injury occurs that requires offsite or emergency attention.
2. Injury occurs that has the potential of permanent or on-going consequences.
3. Any head, neck, eye or back injury.
4. Injury that results in camper going home.
5. Injury that requires repeated care throughout the week
6. Any injury where a camper or staff injures another camper, intentionally or unintentionally

An Illness surveillance form should be filled out when a camper or staff member requires ongoing treatment or has a continuous fever or is quarantined. (If a camper throws up more than once, we need clear documentation of treatment)

Note: Minor injuries that do not meet the above criteria must be recorded in the appropriate log.

Fill out as much of the incident report form as possible. Witnesses and other staff will also fill out incident report forms.

Once an Incident Report Form is completed, turn it in to the "incident report form" binder in the Head RN's mailbox within 12 hours and notify the Head RN that it is in the binder.

Reporting Suspected abuse

As a camp, we are required by law to report suspected abuse or neglect. This includes any self-abuse or neglect. If you suspect abuse and/or neglect for any reason (physical evidence, verbal report, etc.) fill out the Suspected Abuse Report Form. DO NOT discuss this information with any staff member other than those listed on Suspected Abuse Report form. Report to head RN.

Reporting to Human Services

In the event of a camper being sent home for the remainder of the week due to illness or injury, fill out an incident report and/or illness surveillance form and turn it in to the Head RN so that we can submit the report to the state within 24 hours of the incident's occurrence.

Staff training Manual

Please refer to the annual summer staff training manual for further information about staff expectations, camp procedures, emergency procedures and more.....

Saturday Procedures

CAMP DOES NOT ADMINISTER ANY MEDICATIONS ON SATURDAY MORNING TO CAMPERS. This is to avoid confusion with parents about whether or not their child's morning dose was given and to avoid double dosing. See Head RN for special circumstances. SaLt's should be given 8am medication.

Be available to answer questions parents may have regarding their child's week or medications. Stay on radio until staff check-out in case we need to get in contact with you.

Clean, stock, and complete task on the Medical Staff Check-Out Form and put in Head RN's box prior to check out.

Counselor and SaLt meds will be pulled and returned at staff check out.

Returning Medications to Campers

It is vitally important that we get all medications/ medical items back to campers!!!

The last time you will administer medications a camper brought with them is last administration time on Friday. Once you have administered our last round of medications you will need to collect the completed Medication Form for each camper. (These will be turned in to the Head RN on Saturday morning during check out.)

Friday night or Saturday morning you will need to get all the medications ready and sorted by cabin/TP. You, as the medical staff, or a FTS member will then give the medications to the parents of each camper at the checkout station. The parent must sign off that they have received their camper and their medications. **Please ensure you ask for Counselor Carry inhalers and epi-pens back from Counselors.**

Any Saturday morning medicine administration is the responsibility of the parent. (This avoids double administration.)

We as a camp are responsible for returning meds that were left to each family. You MUST get them back to the parent. Attempt to call the family and see if they can return. If they are left behind, they need to be turned in to the Head RN.

Meals

Yes, we want our medical staff to eat. Because of the nature of being medical staff at camp, there will be times that you may not get the chance to eat at regularly scheduled meal times. The kitchens have been instructed to feed medical staff when needed. For example, if you are not able to get lunch until late, ask the cook in the kitchen and they will get you something. If you know you will be detained, ask the kitchen to make you a "to go" box.

If you know that you will need to eat at some time other than when the campers are scheduled to eat, please let the kitchen know when you know so they can prepare a plate for you. (This being said, if you are unable to let the kitchen know ahead of time, they will still make sure you have food when you need it.)

If you are in need of crackers, Gatorade, or other food supplies for your camp to assist with sick campers, please let the cook at your kitchen know so they can order the food supplies for you with their food order. Always check with the cook before taking anything out of the kitchen. Please ask permission to go into the kitchen to get an icepack. (must have closed toed shoes to enter kitchens).

Cell Phones

All staff will be asked to turn in personal cell phones at lunch on Sunday. All leadership staff, wranglers, and medical staff will be issued a camp phone. This phone is to be used to contact a camper's parents, call full time staff members or other staff with phones for camp related issues only, or to call 911 in an emergency. Please use phones to discuss camper specifics or sensitive issues rather than camp radios.

Laptops

Medical staff should use laptops only to look up medications on Sunday afternoon or study for the NCLEX. Head RN MUST be contacted prior to using a laptop.

Workers Compensation

Camp provides workers compensation for its employees. This covers injuries sustained by staff when performing duties required of them by their job. Workers compensation does not cover illnesses staff may come down with while working at camp.

If you believe that you have a workers compensation injury contact the Head RN right away. The Head RN and Executive Director will make the final decision on whether it is a workers compensation claim. Any staff with an injury that might be considered for workers compensation will need to file the appropriate paperwork with the office manager right away!

Contacts (Off Camp)

EMERGENCY - 911	<u>Poison Hotline</u> 1-800-222-1222
<u>Swedish Southwest ER</u> (303) 932-6911 6196 S Ammons Way Littleton, CO 80123-4109	<u>Swedish Medical Center Hospital</u> (303) 788-5000 501 E Hampden Ave Englewood, CO 80113-2702
<u>St Anthony's Common Spirit Hospital</u> 720-321-1000 11600 W 2nd Pl, Lakewood, CO 80228	<u>Dr. Mark Robinson (Medical Director)</u> 719-651-0253
<u>Denise Nelson (Head RN)</u> C: (303) 895-9842	Scott Brown (paramedic) C: (940) 230 - 6739

FORMS

Protocols

Some actions require a Registered Nurse:

Emergency:

1. If situation requires call 911. THINK ABC (airway, breathing, circulation)
2. Stabilize patient.
3. Notify closest leadership for support and camper movement from the area
4. Notify Head RN.
5. Notify Executive Director.
6. Contact parents and explain the situation, treatment given, course of action.

Nose Bleeds:

1. Use nose plug or pinch bridge of nose. Keep sitting position head forward.
2. After 5 minutes, apply ice pack to neck.
3. If the nosebleed continues for 30 minutes, notify the head nurse.
4. If continues for 1 hour without slowing down, notify the head nurse again.

Lice:

1. If not identified during lice/med checks on Sunday at check-in and you have suspicions or see nits or bugs call leadership staff or nursing staff
2. Talk with camper about what lice is and that we have to call parents.
 - a. Emphasize that lice does NOT mean they are dirty.
3. If confirmed- Have counselor immediately remove camper's personal items from cabin/tepee and set at nurses' station.
4. Call parents or other contacts to arrange pick up.
 - a. At this time explain what this means, misconceptions, and treatment.
5. When parents arrive, show them how to detect lice and go through treatment and sanitization, check family members if they would like.
6. Explain that we would love to have camper back later in the summer or could return during the week after a head shave or treatment per illness policy.

Homesickness policy:

1. Health staff and Leadership staff at each camp should collaborate to make a plan for parent contact and actions if camper has psychosomatic health symptoms and continued home sickness
2. If a child is showing signs of homesickness for more than 24 hours, contact parents and create an action plan which may include the child going home. Under no circumstances should the parent not be contacted after 24 hours. Calls home should be documented on the homesickness call log sheet by leadership staff at designated camp.

Pink eye:

1. Talk to head RN first and resource "How sick is too sick"

2. S/S: Red eye(s) (could be unilateral) camper/staff also has allergies and only a slight amount of exudate-try a Chlortab, Claritin or Zyrtec.
 - a. Check back within the hour.
 - i. If eye is no longer red or itchy, watch closely for the week but camper may stay.
 - ii. If there is no change or only slight improvement, see steps 3-5.
3. Explain pink eye to camper and discuss importance of not touching face/ sharing linen/pillows etc.
4. Have camper wash their hands and clean their face well
5. Notify parents and follow “how sick is too sick” guidance
6. Arrange for SaLT’s and available counselors to clean camper/staff surfaces in cabin with Sanizide wipes/spray and gloves.
7. Document on illness surveillance form
8. Encourage handwashing especially if eyes are touched.
9. If camper is not able to follow these guidelines then parents can be called for pickup

Sore (possible Strep) throat:

1. Camper with sore or suspected strep throat.
 - a. S/S- sore throat, irritation, white spots on tonsils, fever, abdominal pain.
2. Perform rapid Strep A test according to directions if parent gives permission.
 - a. If negative: treat as sore throat and continue to monitor their throat for the week.
 - b. If positive: Keep in nurses’ station, treat sore throat, explain about strep throat and that we have to call parents.
3. Notify head RN and wait for instruction.
4. Call parents, notify of positive strep test and arrange pick up.
5. Document on illness surveillance form

Staff (If rapid Strep test is positive):

1. Notify head RN.
2. Keep staff member in nurses’ station until further instruction from head RN.
3. If you have a staff member that is quarantined, please notify kitchen at beginning and end of quarantine so that the staff member can receive meals. Check that they get food each meal and ask if they need anything.

Fever:

1. If temp is greater than 100°- remove hats, drink water and retake in 5 minutes from shaded area.
2. If temp is between 99.3°-100.3°- wait 30 minutes, have camper lay down and sip water, recheck.
 - a. Document both temps.
 - b. If still over 100° upon recheck:
 - i. Call head RN.
 - ii. Arrange to call parents.
 - iii. Give medications as necessary – Tylenol (Acetaminophen).
 - iv. Give camper mask to wear while awaiting pick up
 - c. If parents will be over an hour for pick up, recheck and document temp at each hour.
 - d. Let counselor know so cabin can be cleaned

Headache:

1. Encourage fluid intake.
2. Take temperature.
 - a. If above 100° refer to fever protocol.
 - b. If WNL- encourage Gatorade and/or water, let camper rest for a five to ten minutes, give Tylenol (acetaminophen) or Ibuprofen as needed.

Diarrhea:

1. Encourage fluid intake.
2. Take temperature.
 - a. If above 100° refer to fever protocol.
 - b. If WNL- encourage Gatorade and/or water, let camper rest for a few minutes
 - c. Give Imodium after 2 loose stools per standing orders
3. Ask if camper also has nausea/vomiting.
 - a. If mild, give Imodium 1 tablespoon after every loose stool. Make sure to consult Head RN per standing orders
4. BRAT diet (bananas, rice, applesauce, toast) and clear liquids.
5. If camper has more than three episodes of diarrhea, consider calling parents.
6. If possible disinfect stall and faucets.

Vomiting:

1. Encourage fluid intake.
2. Take temperature.
 - a. If above 100° refer to fever protocol.
 - b. If WNL- encourage Gatorade and/or water, let camper rest for a few minutes
3. NPO for 30 minutes then sips of clear liquids.
4. May try Dramamine, Meclizine, or Benadryl. (Notify head nurse first per standing order.)
5. If vomiting persists, call parents and physician.
6. Contact parents if camper vomits more than twice consecutively or three within 24hour period. MV parents will be called for first vomit to notify and monitor for additional illness.
7. Call parents to discuss further treatment and or pick up per “how sick is too sick”
8. If restroom used disinfect stall and faucets and/or use Voban for vomit clean up
9. Call leadership, cleaning or health staff for cleanup assistance

Injury: such as a sprained ankle

1. Ask the camper their pain level
2. View the painful area for bruising and abnormality
3. Get ice to the area if swelling is noted
4. If camper is not able to move or walk on extremity call for RN support
5. RN will assess whether camper needs 911 transport or next steps
6. RN may transport camper in vehicle with rule of 3 to nurses’ station
7. Daily follow up of injury will occur from head RN if camper remains on site
8. Parent will be notified of injury

Nurses Saturday Morning Check – Out Form

___ Stay on radio until staff check-out

___ Ensure all SaLT and Camper medication forms are pulled from bags (check with counselors for SC/CC inhalers and EpiPens- place back in camper bag)

___ Make sure all camper meds get to camper check-out station in the morning- find someone to cover your station if you get pulled away

___ Make sure all SaLT meds are given to SaLT Supervisors at prior to check out.

___ Clean up/disinfect your personal room and workstation (linens to AV in labeled bag (nursing))

___ Collect all MARs, treatment logs, illness surveillance (including those from your assigned first aid kits and your Leadership’s packs) and put in Nurse box in the office. Label the week and the camp. Double check to make sure all have your signature on them.

___ Stock your supplies box from the hospital. Document on needed med items list and place in the nurse box with paperwork for med restock

___ Check your backpack and your Leadership’s backpack for any needed supplies and stock accordingly.

___ Check your assigned first aid kits (kitchens) or wrangler saddle bags for any needed supplies and stock as needed near assigned area.

___ Check your assigned O2 tanks. Make sure they work and are more than 50% full, both a peds and adult mask attached. Sign and date half sheet labeled “Oxygen Tank Check”.

___ Check your assigned AEDs (confirmed that the green light is blinking)
AV, LC, [GYM(WR)]

___ Put this form in the nurse box in the office

I have completed all tasks above!!!!

_____ Name _____ Date

Common Medication Names

Zyrtec = Cetrizine

Loratidine = Claritin

Diphenhydramine = Benadryl

Chlor-Trimeton/ChlorTab = Chlorpheniramine

Sudafed = Pseudoephedrine

Pro-Air = Albuterol Sulfate

Caladryl = Calamine Lotion

Mucinex = Guaifenesin

Loperamide = Imodium

Acetaminophen = Tylenol

Ibuprofen = Advil/Motrin

Dramamine = Dimenhydrinate

Meclizine = Motion Sickness

Solu-Cortef = Hydrocortisone Cream

TUMs = Calcium Carbonate

Children's Multisymptom Cold= contains Sudafed, Dextromethorphan and Phenylephrine

Sudafed = pseudoephedrine

Dextromethorphan = (cough suppressant)

Phenylephrine = (decongestant)

Adult Tussin = Dextromethorphan and guaifenesin

Not on our list, but you may see:

Ranitidine = Zantac

Polyethylene Glycol = Miralax (Laxative)

Magnesium hydroxide = Milk of Magnesia (Laxative)

Proventil = Ventolin (similar to Albuterol, but not the same)

Supplies and Coffin inventories

❖ Medication

- Ibuprofen (Motrin)-adult:1 (large bottle or two small)
- Acetaminophen (Tylenol)-adult: 1 large bottle or two small)
- Children's liquid (MV) /chewable (WR, AV) Acetaminophen: 1 bottle
- Children's liquid (MV) / chewable (WR, AV) Ibuprofen : 1 bottle
- Liquid Diphenhydramine (Benadryl): 1 bottle MV and WR only
- Capsule/tablet Diphenhydramine (Benadryl): 1 container
- Cold/cough – 1 bottle
- Tums (or generic): 1 container or 2 rolls
- Saline bottles: 1
- Hydrocortisone Cream: 1 tube
- Cough Drops: 1 bag
- Antibiotic Ointment: 1 tube
- Immodium (liquid or tablet): 1
- Tussin: 1 bottle
- Caladryl: 1 bottle
- Burn Jel/spray: 1 container or (10 individual pkts)
- Mucinex: 1 container
- Sudafed: 1 container
- Zyrtec, Claritin and/ or Chlor-Trimeton (Chlor-tab): 1 of each at least 2 options
- Mylanta: 1 bottle
- Albuterol ampules- 5
- Epi pen- 1 adult dose, MV should have 1 adult and 1 child dose

❖ First aid Supplies

- BZK wipes 50 single packs
- 2X2s, 4X4 Gauze - 30 each
- Gauze wrap- 6 rolls
- Band-aids
 - 1x3 -100
 - 2x4 -50
- Saline 1 large or 2 small
- Medication envelopes 50- Lodge only
- Coban 10 rolls
- Tape (multiple sizes) 2 each size
- Thermometer- 1
- Sunscreen- 2 bottles sm or 1 large
- Bug spray -1
- Aloe gel -1
- Ace bandages- 3
- Triangle bandage -2
- Gloves (latex and vinyl) 1 box Med/ 1 box large and preference for self
- Sanitary pads (Aspen View, Lodge, NWE) 25

- Sam Splint- 1
- Kleenex- 2 boxes
- Cups- Medication and drinking
- Tongue Depressors- 50
- Gatorade- 1 container
- Cotton balls- 50 in a bag
- Nebulizer machine with nebulizer mask and tubing
- Vaseline - 1 large or 2 small
- Qtips – 100
- Oxygen Tank with adult and pediatric mask + key
- 20 red bags
- Trash can with liners
- 3 Twin sheets with pillowcases
- Blue tape roll
- 1 pair scissor and tweezer
- Safety pins – 5
- BZK and Etoh wipes

❖ **Nurse First Aid Bag must haves**

- Stethoscope
- Blood Pressure Cuff
- Pulse Oximeter
- Sam Splint
- Pocket Mask
- Scissors
- Tweezer
- 2 Ace Wraps
- 3 rolls coban
- 2x2, 4x4 and gauze rolls
- Gloves
- BZK wipes
- Band-aids
- Wound wash bottle
- Treatment log and Pen
- You may carry PRN medication for staff such as Tylenol and Ibuprofen
- Few doses of Benadryl adult and chewable

Notes

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