Cub Creek Science Camp

Nurses Manual /

Health Care Plan
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Camp Nurse
Job Description

Position Title: Camp Nurse

Status: Full Time / Temporary
Hours of Work: As needed. Must be readily available 24/7 on all scheduled days
Reports To: Program Director / Camp Owner
Position Summary: Provide leadership in coordinating, managing and monitoring health services within camp.

Essential Functions:
1. Possess organizational skills.
2. Demonstrates effective human relationship skills.
3. Ability to maintain documentation and files, as well as generate appropriate reports.

Job Responsibilities
1. Establish and maintain health records.
2. Conduct and/or oversee the health screening of all arriving campers.
3. Gather and review camper medications.
4. Administer medication in accordance with camp policy.
5. Identify and recommend exclusion of campers and staff in early stage of communicable disease.
6. Provide basic first aid to campers and staff for minor injuries that occur as part of camp life.
7. Review and maintain all incident reports.
8. Conduct various health screenings to assess the health status of campers.
9. Attend weekly staff meetings

Qualifications:
1. Must be a graduate of an accredited nursing program
2. Must possess a valid Registered Nurse License issued by the State Board of Nursing, State of Missouri.
3. Prefer experience with skills that have application to the camp nurse
4. Prefer pediatric experience
5. Certification in CPR
2009 - Nurses Summer Calendar

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<th>Camp</th>
<th>Session 1</th>
<th>Dates</th>
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<td>Employment ends 8/8 ~ 4 pm</td>
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Session 1
31 days of camp (6 days per week for 4 weeks, 7 days on the 5 week)

3 days of camp set up
2 days of training Session 2 nurse
= 35 total days - $2,450 - $3500 / plus free room and board

Session 2
30 days of camp
1 day of camp cleanup
= 31 days $2,170 - $3100 / plus free room and board

Temp nurse 4 full days @ $100 - $150 per day = $400 - $600

Then nurse may schedule to go into town up to two nights per week (after bedtime medication have been passed and return before 1 am). At no point should the nurse and the Director be gone from camp at the same time.

The nurse is allowed to bring up to 2 children to camp at no charge provided that the nurse completes his/her entire contract. If the nurse quits or is fired due to misconduct the following fees will be withheld from the final paycheck.

- Children 6 and under, (nurse must provide his or her own babysitter / nanny) - $20 per day to cover the cost of food for child and babysitter
- Children ages 7-17 who live in the health lodge with parent and participate in camp activities during the day, - $350 per week
- Children ages 7-17 who live in the cabins and participate in camp activities - $700 per week
- Children 7-17 who live in the health lodge and do not participate in camp activities, $20 per day
Health Care Procedures

Nurse will review the files of all campers prior to their arrival and become familial with any special medical needs, health concerns, or restrictions of campers in their charge. The Camp Nurse will inform appropriate staff of any special medical needs, health concerns, or restrictions of Cub Creek Science Camp campers in their charge. The Camp Nurse will provide any medical training needed so that non-medical staff can respond appropriately in emergency situations.

4. Campers and staff health history forms must be kept in each persons individual file in the health lodge at all times, unless it is copied and the original sent with the individual to the hospital.

4. One basic First Aid Kit is provided to each group leader leaving site for an off site trip. Group leaders should carry their First Aid Kit with them, including any medication that should be given during the time the group is out of camp. Staff member will receive training in the administration of these medications.

5. Arrival - all campers will check in with the Camp Nurse or Director. Medications and the health of the camper will be checked by the Nurse. The nurses check in sheet will be used to determine over-the-counter medication that the camper may take, allergies and reaction, general health of each camper at the time of check in, etc. (See “Nurses Check-In Log” in the back of this manual.

6. Medications will be distributed by the Nurse at the dining hall, at all meal times.

7. Special medication times - the Nurse will discuss how the medications will be distributed with the staff.

8. A chart is kept in the dining hall which lists any camper with special dietary needs such as allergies or specific food intolerance. These dietary needs will be discussed with staff prior to camper arrival. It is each staffs responsibility to familiarize themselves with the specific dietary needs of their camper(s) and ensure that campers avoid problematic foods.

9. General health concerns can be discussed with the Nurse after medications have been passed at meal times and when the nurse comes to the cabins for bedtime medications distribution.

10. For immediate health concerns staff or camper should go to the health lodge and consult with the nurse.

11. Any remaining medications will be packed in the campers suitcase prior to departure on the last day.

12. Communication with parents about any health issue or concerns should only be made by the Nurse, Program Director or designated personnel.

Medical Responsibilities and Questions:

1. The Nurse and the Owner are responsible for making all health care decisions.

2. Staff should not proceed with any medical process without the consent of the Nurse.

3. Staff should address all questions concerning the health of the camper or self to the Nurse.

4. The Nurse and the Owner will make the decision when to seek outside medical assistance.

Scope and limits of camp health care service:

Camp is intended as a recreational environment and is not intended or equip to provide any type of extended support for campers or staff with communicable/ infectious illnesses or diseases. The Health Lodge is designed to provide short term care for minor illness and injury, as well as for the distribution of medication and daily health care needs of our campers and staff. Infectious or communicable illness will be handled on an individual basis with the full consultation of the campers parents or guardian. Staff with a communicable illness will be asked to leave camp or quarantine themselves until the contagious period is over.
Health Care Plan
Camps plan to ensure the health of campers and staff

1. **Prior to campers arrival** the Camp Nurse will familiarize self thoroughly with their file; note whether or not a camper has:
   a. seizure (type, frequency, etc.)
   b. medications (type, frequency, etc.)
   c. physical restrictions
   d. special dietary needs.

2. Upon **arrival of campers**:
   a. On the first day of each session the nurse should be prepared to check in campers with the following items.
      - File box for storing medication in as it is brought to camp.
      - Blank Health History forms
      - Blank Medication Cards
      - Blank Medication Envelopes
      - Copies of the “packing medication for camp” instruction sheet
      - Several pens
      - Nurses name tag
      - Nurses Check-In Log
      - Camper Files
      - Sign about medications available at camp
      - Sign about parent notification in case of illness or injury
   b. The Nurse and Camp Directors will complete the Nurses Check-In Log with each camper and his or her parents, confirming:
      - medications and med times,
      - approved over-the-counter medication that can be given
      - general condition: visible scratches, scrapes, rashes, bruises, bumps, etc.,
      - signs of possible communicable disease and any relevant health issues.
      - who will be picking the camper up. This log is than used on the pick up day to confirm who the pickup person should be and is.
      
      *See “Nurses Check-In Log” in the back of this manual.*
      - The Nurse or Director will call to verify the absence of any camper who does not check in.

3. **Nurses Hours**
   The Camp Nurse must be available at all times while campers are in camp, for the purpose of providing first aid, medical consultations and medication distribution. The schedule of the Nurse allows for much flexibility around the required daily responsibilities.
   a. When not completing daily responsibilities the Nurse is free to move around camp, sit on activities, read, listen to music etc.
   b. When not in the health lodge the Nurse must clearly note his or her location on the “Notes from the Nurse” which is posted on the front door of the health lodge. There is a telephone outside the health lodge door.
   c. The Nurse should always carry a cell phone when in camp.
4. Medication
   A. Storage
      The Camp Nurse is responsible for the proper and safe storage and distribution of all
      prescriptions and non-prescription medication of camper, and for all medications
      of campers and staff during the Camp Carpe Diem and Camp Black Hawk
      Programs.
      1. All medication must be stored inside the health lodge.
      2. No medication may be kept by the camper in the cabin (except for those
         campers with severe allergies or asthma) - eye drops, ear drops, topical
         creams and throat lozenges do not apply to this rule. At no time should
         medication, eye drops, ear drops, topical creams or throat lozenges be shared
         by the person bringing the item to camp.
      3. When the Nurse is not present in the health lodge all medication should be
         stored under lock and key.
      4. The health lodge should be locked when the Nurse is not present.
   B. Packaging
      In order to reduce the chances of mistakes being made with the distribution of the
      large number and types of medications that must be distributed at camp, Camp asks
      that parents prepackage medication according to the time that it should be given.
      (See packaging medications for camp). To further ensure accuracy with
      medications, camp uses a triple check system
      1. Any camper who will receive prescription medication at camp must have a
         Health History form signed by a physician, stating the exact medication, dose
         and time of any prescription, as well as a signed Medication Card which lists
         each medication that the parent packed for camp and the dose and times to be
         given. This card also lists PRN medications that the campers are aloud to
         have while at camp.
      2. The Medication envelopes are checked against the Med Card while the
         envelopes are being sorted on the first day, to be sure that what is written on
         the outside of the envelope is what has been prescribed by the Doctor.
      3. The contents of each med envelope is checked against the contents written on
         the outside of the envelope prior to the camper being aloud to take the
         medication.
   C. Distribution
      1. Medications are typically distributed at breakfast, lunch, dinner and bedtime.
      4. The bedtime meds are taken to the campers at night.
      5. A few campers may be on meds that should be given upon waking. The
         Nurse should check with the Head staff from the appropriate cabin to arrange
         for the best time to distribute such meds.
      6. The Nurse should inform cabin staff of any unusual medication times campers
         and make arrangement for distribution. (In some cases the campers come to the
         health lodge and in other cases the nurse may choose to go to where the camper
         will be.)
      7. The Nurse should document all medication distribution and keep all medication
         envelopes. Documentation should be logged on the “Medication Log” Sample
         can be found in the back of this manual.
6. All medications must be turned in to the Program Supervisor or Nurse upon arrival. No medication may be kept by the camper in the cabin (except for severe allergies or asthma) - eye drops, ear drops, topical creams and throat lozenges do not apply to this rule. At no time should medication, eye drops, ear drops, topical creams or throat lozenges be shared by the person bringing the item to camp.

5. Health Lodge Clients;
Staff are informed to report unusual symptoms and when appropriate to bring the camper to the Nurse for the following reasons: fever, flushed face, rash, running nose, head lice, cut, abrasions, bruises, blisters, splinters, sunburn, allergies or other medical complaints.

6. In the event of a minor accident (cut, bruise, abrasion), campers will be brought to the health lodge for evaluation and treatment.

7. In the event of a major accident (suspected fracture, sprain, strain, dislocation, bum, choking, profuse bleeding, stoppage of breathing), staff will send for the Nurse or Director and apply as indicated, CPR, mouth to mouth or Heimlich Maneuver (if trained); stop bleeding and treat for shock. Staff are instructed DO NOT MOVE.

8. Seizure Management - if a seizure occurs: The Camp Nurse will make note of any seizures in the Camp Health Care Log.
   a. Protect the head and body of person having seizure.
   b. Roll the person onto his or her side (to allow anything in the mouth to drain out)
   c. Do not put anything in victim’s mouth or restrict movement.
   d. Time the length of the seizure and note type.
   e. The Nurse should be notified of all seizures.
   f. If seizure is severe (tonic-clonic), staff are instructed to send for the Nurse.
   g. It is common for a person to be very sleepy after a seizure. Allow time for rest.
   h. Do not ask or encourage the person move (even to clean up) until they are ready.

9. Infection Control - The Camp Nurse is responsible for training staff during staff orientation on the importance and easy of following universal precautions.

Universal Precautions, mandate that a protective barrier be used to shield ones self from direct contact the another’s blood or body fluid. Universal Precautions are to be followed at all times when the risk for contact with blood or other bodily fluids is present. These precautions include:
   a. Gloves must be worn anytime you are assisting a camper with his or her personal hygiene needs and when handling items soiled with blood, feces, semen or saliva. This includes diapers, menstrual pads and dressing any open wound.
   b. Hand washing is the single most important personal hygiene practice. Hand washing is indicated before and after caring for any bleeding or weeping wounds or after handling items which have been soiled with blood, feces, semen or saliva. Also, before eating, handling food and after using restrooms.
   c. Keep fingernails trimmed and clean.
   d. Bleeding and oozing cuts or abrasions should be covered with band-aid or gauze.
   e. In order to avoid direct skin contact while caring for a nosebleed, gloves must be worn.
   f. Personal toilet articles should not be shared. This includes razors, towels,
toothbrushes, nail clippers, scissors and pierced earrings. Each participant should have and use their own individual bar of soap.

10. **Camp Sanitation** - The Camp Nurse is responsible for the sanitation of the Health lodge, including laundering of all linens, disposal of trash etc.
   a. Health Lodge linens must be washed between each campers use.
   b. Pillows should be in a plastic pillow cover and then covered with a cloth pillow case.
   c. Plastic mattress covers must be on all mattress in camp and sanitized between each campers use.
   d. Campers and Staff should wash their hands at a minimum of before each meal and after using the bathroom. Whenever possible campers should wash their hands before leaving their cabin to come to a meal.
   e. Trash should be removed from each cabin on a daily basis
      a. Cabin floors should be disinfected daily to prevent the spread of foot fungus etc. Simple green should be used in all mop water in the strength indicated on the instruction label.
      a. Muddy shoes should not be warn inside the cabins.

11. **Personal Hygiene**
   a. Campers should brush their teeth at least once daily, two times daily is even better.
   a. Campers should wear a clean set of clothes every morning. No camper should sleep in the clothes they wore during the day. All dirty clothes should be put into the campers dirty clothes bag. If the camper doesn’t have a laundry bag, a plastic trash bag, clearly marked with the campers name will work. (KEEP DIRTY CLOTHES SEPARATED FROM CLEAN CLOTHES)
   a. Depends/diapers should be check at least hourly.
   a. Campers should shower or bathe daily. Bug spray, sun screen, poison ivy oils, ticks and mites can be transferred from your skin to you bed sheets and make sleep rather uncomfortable.
   b. Reminders should be given to use the bathroom (immediately upon rising, within 30 minutes after each meal and just before bed).
   a. Check the bathroom after each use to be sure the faucet has been turned off, no paper remains on the floor, the toilet has been flushed etc.
   a. Two or more campers should not be allowed in the same bathroom without supervision.

12. **Maintaining Good Health** - The Nurse should be attentive to the health practices of the staff and counsel them on good choices when appropriate.

Staff are expected to not only ensure that campers are acting in such a manner as to ensure good health, but also to act as good roll models to ensure their health and wellness at camp.

   Wear proper clothes - good shoes for walking, long pants on hikes
   a.
   b. Use sun screen and insect repellant
   c. Get enough sleep
   a. Eat a variety of healthy foods each day
13. **Ticks**

Ticks are an unavoidable part of summer camp. If undetected these small pests can pose a health concern. It is important that everyone checks for ticks each day and removes them when they are located on their body.

a. Ticks should be removed by gently grasping the body of the tick and pulling straight out (Do not twist the tick while removing it.)

b. Be sure that the head was removed.

c. Any tick removed by the nurse should be taped to the Camp Health Log book with a note regarding who it was removed from and from what location on their body.

14. **Sunburn** - The majority of sunburns take place at the camp pool. For this reason the Camp Nurse will go to the swimming pool after passing lunch meds each afternoon. The purpose of her visit to the pool is to check for sunburn campers and provide them with instructions on how to avoid future burns. The Nurse will also help ensure that all campers are wearing sunscreen. In the event that the Nurse is not able to visit the pool the Nurse will assign this responsibility to a staff member.

Nothing can ruin summer fun faster than a severe sunburn. The best cure for sunburn is to avoid getting burned altogether by wearing proper protection. Campers and staff should put on sun screen each morning and afternoon. Younger campers will need help getting the sun screen evenly applied. Remember to cover the back of the neck, ears and nose as these are common areas for campers to miss. A wide brimmed hat can be a big help in protecting the face from sunburn. If a staff or a camper is beginning to get sunburned, they should stay out of the sun whenever possible, wear a t-shirt at the pool and apply a stronger sun screen. Staff are instructed to see the nurse if their or a campers sun burn is causing discomfort.

15. **Poison Ivy**

Poison Ivy is a plant the grows around camp. Poison Ivy has an invisible sticky oil that causes an allergic reactions in many people. This reaction is usually a red itchy and oozy rash that lasts for several days and sometimes weeks. The best way to prevent this rash is to prevent contact with the plant. **Stay on the trails.** This oil can stay on the skin for days and every time you scratch you spread the oil. For this reason, many people think that the rash it’s self can spread by itching. It is possible to have a reaction by touching clothes or tools that have come in contact with the plant, thereby transferring oil onto your skin. Taking a hot shower and really washing the skin with soap is the best way to remove the oil from your skin. This is one reason why everyone is encouraged to take a shower every day. The longer the oil is in contact with your skin the greater the reaction will be. When a poison ivy rash is first discovered, take a shower and wash that area with plenty of hot soapy water. The Nurse can apply topical treatments to help with the itching.

16. **Common medical complaints**

Campers and staff may come to the nurse for a variety of common medical complaints. The nurse should evaluate each case on an individual bases to determine the severity and type of treatment needed. **Prior to dispensing any medication to a camper the nurse must first check the campers Health History form, Nurses sign-in log and the medication card for any contraindications.**
17. **Uncommon medical complaints**
   If a camper or staff displays unusual signs or symptoms the nurse is advised to contact our consulting nurses for a second opinion. Campers parents may also be consulted if you are ever unclear on how to precede. The Program Director should also be consulted whenever a person presents unusual signs or symptoms.

**Confidentiality**

17.

Because of the special needs (allergies, diets, medications, behaviors, attitudes, bowel, bladder control, etc.) of our campers, their files are available to the staff. Staff must familiarize themselves thoroughly with any special conditions of each individual in their group. Confidentiality is stressed to the staff. This is sensitive information and must be handled as such. Staff personal information is also maintained confidentially. Personal information obtained about campers should not be shared with anyone outside of camp.

**Homesickness**

18.

Home sickness can present itself in a variety of different ways. Sometimes campers do not even realize the reason for an unexplainable ailment is homesickness. The best cure for home sickness is a good nights sleep and involvement in a fun activity.
Camper Injuries:
1. The Nurse and Director make all decisions should an injury require emergency room assistance.
2. The Nurse, Camp Director or designee will notify the family or guardian of the person injured, if the injury is major or will require treatment outside of camp or continued treatment after the camper leaves camp.
3. Camper’s private insurance information will be given to the hospital when necessary.
4. The Nurse must document all injuries in the nurses log, including date and time of injury, treatment followed, follow up treatment needed and any contact made to the family involving the injury.
5. The Nurse will ask staff to complete an accident/incident form if an injury was the direct or indirect result of staff involvement or if the injury will require treatment outside of camp or continued treatment after the camper leaves.
6. The Nurse will review and sign off on all incident reports involving medical intervention.
7. Two copies of the incident report is kept. One copy is filed in the individual camper’s file who was injured and one in the master Camp Health Log.

Staff Injuries:
1. The Camp Director and the Nurse will make the decision if the injury/accident is qualified as a "Workers Compensation Injury."
2. The Nurse will decide if emergency care is needed and will send the staff to the hospital or call for emergency assistance.
3. A first report of injury must be filled out within 24 hours of injury and prior to the staff member leaving camp (unless emergency treatment is required), as well as the accident/incident report.
4. If the accident/incident is determined to be non-work related then the staff members personal insurance will be responsible.
5. WORKERS COMPENSATION COVERS THE FOLLOWING:
   1. Work related injury - i.e.: strains, broken bones, bruises, cuts, abrasions, etc., which occur during working hours.
   2. Other work related cases - i.e.: heat exhaustion, severe poison ivy, snake bite, etc., which occur during working hours.
6. The first report of injury report should be reviewed and signed off on the Camp Nurse.
7. Copies of any report should be kept in the individuals staff file and in the Camp Health Log.

NOT COVERED BY WORKERS COMPENSATION:
   - Illness - sore throats, poison ivy, colds, bug bites, sunburn, Allergies
   - The employee will be responsible to cover all non-work related injuries.
   - Employees will be responsible for all non-work related medication.

** THE DIRECTOR AND NURSE WILL DETERMINE IF THE ACCIDENT/INCIDENT QUALIFIES AS A WORKERS COMPENSATION CLAIM.**
Camp Safety and Emergency Procedures

Help Request Signal
The air horn sounding in three short bursts every 15 seconds for one minute indicates a need for staff assistance. If you hear this request for help and you are not needed for the immediate supervision of campers, go immediately to the camp office for further instructions.

Gather Campers Signal
In an emergency it may be necessary to gather campers in a central location. In such an event the horn will be blown in 2 seconds bursts continuously every 5 seconds. When hearing this signal, gather all the campers you are currently responsible for and go to Ursa’s Landing. As campers arrive at Ursa’s Landing, they should group according to cabin groups. The cabin leader should take attendance and report any missing camper or staff to the person in charge. Staff should keep the campers calm and engaged in a sit down activity until further instructions are given.

There may come a time when a Nurse must declare a medical emergency. A medical emergency may include:

1. A person is unconscious and can not be roused.
2. A person is not breathing or having extreme difficulty breathing.
3. A person has a broken bone which is protruding from the skin.
4. A person has drowned.
5. Heat stroke.
6. A person has a seizure which lasts more than 3 minutes.
7. Uncontrolled bleeding
8. A venomous snake bite
9. Anaphylactic shock

911 will be called for all medical emergencies.

*It should be noted, that in the 17 year history of Cub Creek Science Camp, we have never had a medical emergency.*
STANDING ORDERS
FOR OVER THE COUNTER MEDICATIONS AT BEAR RIVER RANCH

I hereby direct the nurses and substitute nurses of Bear River Ranch, who are currently licensed as Professional Nurses, in the State of Missouri, to administer the following over-the-counter Medications as needed:

1. The following topical medications may be used for the accompanying indications:
   A. Neosporin: Superficial abrasions or small lacerations. Not to be used on actively bleeding nor grossly infected wounds.
   B. Caladryl / Calamine: Pruritic lesions and rashes (contact dermatitis, insect bites)
   C. Hydrocortisone 1% cream: Pruritic lesions and rashes (contact dermatitis, insect bites)
   D. Solarcaine: Minor, non-blistering burns and sunburns.
   E. A & D Ointment: Diaper rash, chafes, minor burns, and dry skin
   F. Vaseline: dry, chapped skin and lips, sites of friction without erosion.
   G. Sting kill swabs: Topical anesthetic for insect stings.
   H. Bactine: First aid for abrasions
   I. Peroxide: cleanser for wounds (may also use 10% betadine solution)
   J. Anbesol / Orajel: Pain relief for oral lesions (canker sores, teething pain).
   K. Chloraseptic spray or gargle: Oropharyngeal discomfort
   L. Benadryl (Diphenhydramine HCL): uncomplicated bee stings to control itch; hives and/or allergic reaction not severe enough for epinephrine. Dose according to label directions.
   M. Calamine or Caladryl: topically to reduce itching associated with poison ivy
   N. Throat Lozenges: Oropharyngeal discomfort.

2. The following ocular medications may be used for the following indications:
   A. Daricose irrigant solution, Callyrium, Purified Water “Eye Wash”: Irrigation of ocular foreign body debris.
      Not to be used in ocular trauma.
   B. Visine, Murine, Clear Eyes AC: Minor conjunctival irritation not associated w/ purulent drainage.
   C. Contact lens cleaner and wetting solution: to assist campers in contact lens care.

3. The following oral medications may be used for the accompanying indications with parent permission given through a signed medication card or oral permission which is documented in the nurses notes. The label should be followed for dosing instructions and a scale used to determine an accurate weight prior to dosing.
   A. Acetaminophen - reduce fever, relieves minor aches and pains
   B. Benadryl - reduce the symptoms of an allergic reaction (including hives and itching)
   C. Ibuprofen - reduce fever, relieves minor aches and pains
   D. Imodium/AD - for the treatment of diarrhea
   E. Kapectate - for the treatment of diarrhea
   F. Milk of Magnesia - for symptoms of acid indigestion, constipation
   G. Syrup of Ipecac - to induce vomiting if so directed by poison control
   H. Tums/Rolaids - for upset stomach
   I. Pepto Bismol - for upset stomach and/or diarrhea
   J. Claritin-1 0mg - One tab daily for allergies
   K. Robitussin (Guaifenesin) regular and with Dextromethorphan (DM) - for cough
   L. Children’s Tylenol Cold (or equivalent generic form) - for cold symptoms with associated cough
      A. Children’s Advil Cold and Sinus (or equivalent generic form) - for cold symptoms with cough
      B. Dimetapp Elixir (or generic equivalent) - for cold symptoms with associated cough
      C. Sudafed (Pseudoephedrine) - for cold symptoms with stuffy nose/allergy symptoms
      D. Actifed (or generic equivalent) - for cold symptoms with stuffy nose/allergy symptoms
      E. Midol (or generic equivalent), Aleve (or generic equivalent) - for menstrual cramps

The Camp Nurse must make an assessment to determine the need for any medication. The nurse may delegate and thereby will supervise the administration of medication by unlicensed personnel who are qualified by education, knowledge and skill to administer medication.

The camp nurse is not obligated by this document to dispense medications where, in her judgement, such use would not be appropriate despite the above indications.

Consulting Physician at Bear River Ranch
Instructions for preparing medication(s) for camp

Call with any questions (573) 458-2125

In order to insure that each camper receives his or her medication the way you intend, we ask that you prepackage his or her medication according to the day and time that it should be given. Medication envelopes have been provided in this packet. If you need more envelopes, please call our office.

- You should fill out a separate envelope for each time the camper takes medicine.
- More than one type of medicine may go into each envelope, if the medicines are given at the same time.
- If the camper takes a liquid medication or needs eye drops, ear drops or a topical ointment, please write these on an envelope with the appropriate time. (See the example below.)
- It is very helpful if medications are able to be passed during our regular medication distribution times (Breakfast: 8:30 am, Lunch: 12:30 pm, Dinner: 5:30 pm, Bedtime: 8:30 pm)
- Send one envelope marked EXTRA with two extra doses of each medication.

Medication envelopes will be collected by the camp nurse on the first day of camp. Please be sure to check with the nurse on the last day of camp in order to collect any extra medications. We are not able to mail back medications that have been left behind. If you have any questions please call our office at (573) 458-2125

<table>
<thead>
<tr>
<th>Day: Saturday</th>
<th>Time: 8:00 A.M.</th>
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</thead>
<tbody>
<tr>
<td>Name: John Doe</td>
<td></td>
</tr>
<tr>
<td>Medication:</td>
<td>Dose</td>
</tr>
<tr>
<td>Ritalin</td>
<td>.5 mg (2 pills)</td>
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<tr>
<td>g.</td>
<td></td>
</tr>
<tr>
<td>Dilantin</td>
<td>250 mg (1/2 pill)</td>
</tr>
<tr>
<td>h.</td>
<td></td>
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<tr>
<td>Naspril (nose spray)</td>
<td>2 squirts in each nostril</td>
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<td>i.</td>
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</table>

The medication card (included with this packet) and the medication envelopes should be completed and brought to camp or the transportation drop off location with the camper. The card should list all medications the camper will be taking during his or her stay at camp, and it should agree with the medication section on the back of the health history form (which should be signed by the camper’s physician.)