

Nature Day Camp

Health Service Policy

A copy of this policy shall be posted online as well as the arrival locations for review by the public.



Health Policy & Procedures

Health Forms

Nature Day Camp shall maintain at camp a health form signed by an authorized person for each camper and minor volunteer that allows Nature Day Camp to consent to emergency medical or surgical treatment of the camper or minor volunteer and routine non-surgical medical care. If there is a religious objection, the authorized person shall submit a written statement that the camper is in good health and assumes responsibility for the camper.

The health form shall include:

- Current prescription and non-prescription drugs and medications
- Immunization status
- Physical limitations
- Allergies
- Any special health and behavioral considerations

Health forms shall be kept on file for three years from the last day the camper attended.

Nature Day Camp shall handle these records consistent with confidentiality requirements.

Nature Day Camp shall follow any instructions provided by a camper's physician or authorized person to meet the health and behavioral needs of a camper admitted to camp.

Health Care Staff

When camp is in session, and less than 20% of campers have disabilities, no healthcare staff will be present. The Homer Township Emergency Medical Services is within a 5-minute response time and has agreed to serve Nature Day Camp.

If we have a situation in which more than 20% of our campers have disabilities, we will have a health officer on site who is present during all hours that campers are present. The health officer shall be one of the following: a licensed physician, a licensed physician's assistant, a licensed nurse practitioner, a registered nurse, a licensed practical nurse, a licensed emergency medical technician, a licensed medical first responder, or an adult who is certified as a wilderness first responder.

The Camp Director, Program Coordinators, Counselors, and Junior Counselors are certified in First Aid and CPR for infants, children, and adults. The Director of Programs, Camp Director, or Assistant Camp Director will remain on-site whenever campers are present to coordinate emergency response if necessary.

One of the Adventure Trip Leaders shall serve as the health officer for all adventure trips. They shall be certified wilderness first responders at minimum.

Emergency Transportation and Services

In an emergency or severe injury, the camp leadership team members will decide to call EMS or transport the individual(s) concerned for medical treatment. EMS service is available from Homer Township by calling **911**. Other emergency transportation may be provided by a CNC vehicle.

If advanced emergency services are required, campers and minor volunteers will be transported to MyMichigan Medical Center at 4000 Wellness Drive, Midland, 989-839-3000. If campers are away from camp, they shall be transported to the nearest hospital.

If the camper needs to be transported to the hospital and a parent is unavailable, a staff person will accompany the camper, whether transported by car or ambulance.

Parent Notification

A camper's parents or legal guardian will be notified by the Director of Programs, Camp Director, Assistant Camp Director, or other designated staff person as follows:

- Immediately in the event of death.
- Immediately in the case of severe injury or illness requiring medical treatment.
- The counselor or Camp Director will notify the family as soon as possible if they feel the camper needs to go home.
- At the end of the camp day or trip, in the case of a minor injury or illness.

Health Screening

The Camp Director, Assistant Camp Director, Counselors, or other designated staff person shall perform a health screening for each camper during the first day of camp. This health screening shall take place during the check-in process. The health screening shall include:

- Checking in prescription and non-prescription drugs and medications shall be in the original containers.
- A review of the health history statement.
- A discussion with the camper concerning current health needs.
- Observation of the camper's current state of health, paying attention to potentially contagious diseases and possible abuse.

Daily Observation

Each counselor is responsible for evaluating their campers' physical condition daily. Any changes in appearance, appetite, activity level, behavior patterns, or health habits should be shared with the Camp Director and the parents.

First Aid Supplies

Emergency first aid supplies will be located at our medical center in the Founder's Room of the CNC Visitor Center. Counselors will carry small first aid kits with them at all times. Adventure Trip Leaders will have a complete first aid kit at all times. The Camp Leadership Team member will take a first aid kit on all off-site trips. An inventory of supplies is in Appendix A.

Medication Storage and Administration

No medication shall be given at Nature Day Camp except on written order by the child's parents. If a camper brings medicine to Nature Day Camp, it must be turned to their counselor or the Camp Director. The Camp Director is responsible for keeping all prescription drugs and medications in locked storage in the medical center. Counselors and Trip Leaders are responsible for dispensing, administering, and recording the medicines for their campers. All medications will be returned to the parents or guardian at pick-up on Friday.

Camp Outs and Field Trips

When a camp group leaves CNC property, they shall take completed health forms for all campers and minor volunteers on the trip. The Camp Leadership Team member shall be responsible for all camper medications and non-prescription drugs on off-site and overnight trips. The medications shall be kept in a locked box. The Adventure Trip Leaders will be responsible for camper medications and non-prescription drugs on Adventure

Trips. The Camp Leadership team member or Adventure Trip Leader will be responsible for addressing any accident or illness while off-site. After appropriate measures have been taken or if there is a question about the proper steps, the Camp Director should be notified.

Permanent Medical Log

Nature Day Camp shall maintain a permanent medical record that records all of the following information:

- Date of treatment
- Name of camper
- Ailment or injury
- Treatment or medication given
- Identification of the person providing treatment.

All injuries (even minor scrapes) and medication dispensed will be documented in the Medical Log.

Written Reports

In the case of a camper death or severe illness or injury, Nature Day Camp shall submit a written report on forms provided by the Department of Human Services. The reports shall be submitted no later than 48 hours after the incident. In addition, the involved staff shall submit an incident report to the Executive Director and Incident Report coordinator at CNC within 48 hours. The Director of Programs shall be notified immediately of any such incident.

Health Facility

At Nature Day Camp, the health center shall be located in the Visitor Center's Founders room and adjoining bathroom. The isolation area shall be located in the Founder's room. This area shall be quiet and ensure privacy. Medications shall be stored in a locked box in the Founder's room unless contraindicated.

Physician Annual Review

This health plan shall be reviewed annually by a licensed physician.

Exposure Control Plan

This information is provided to camp employees in partial compliance with OSHA's Blood-borne Pathogen Standard. The camp intends to educate people about issues related to exposure to body fluids, use management techniques and equipment to minimize exposure risks for employees, and monitor individuals' use of these techniques. The camp program recognizes universal precautions as an effective control measure. The Exposure Control Plan describes the application and monitoring of potential sources of risk in the camp program, the steps taken by the camp to protect employees, and the actions taken by the camp if blood or body fluid exposure occurs.

Job Classifications which, by virtue of job description, incur the risk of exposure to blood and other body fluids: Director of Programs, Camp Director, Assistant Camp Director, Before and After Care Coordinator, Program Coordinator, Adventure Trip Leader, Camp Counselor, Preschool Counselor, Early Childhood Camp Counselor, and Junior Counselor.

These people can reasonably expect to come in contact with blood and other body fluids. The potential for exposure to transmitted diseases is most significant for these staff members. Consequently, the program follows these practices.

All Nature Day Camp staff members are oriented to the potential for exposure by the Camp Director or CNC's Safety and Security Specialist. A record of who received the education and its content is kept for three years by CNC's Safety and Security Specialist. Orientation includes

1. Identification of risk areas: Contact with blood-borne pathogens (hepatitis, HIV, etc.), contact with airborne pathogens (common cold, TB, etc.), contact with surface-borne pathogens (staph infections, etc.)
2. Education about the nature of risk: Methods of transmission, the virulence of pathogens, resistance factors related to potential host, symptoms, and information sources that provide clues to potential risk areas.
3. Work practices designed to minimize exposure:
 - a. Availability of personal protective equipment (PPE) – Gloves, CPR masks, antimicrobial soap, body fluid clean-up kits.
 - b. Double bagging via red bag and proper disposal.
 - c. Screening individuals who come to the program.
 - d. Requiring participants to provide health information.
 - e. Use of universal precautions by staff.
 - f. Education for all staff members.
 - g. Hepatitis B vaccination for year-round staff members.
 - h. Sharps shall be kept in a sharps container provided by the camper using the needles or lancets.
4. Behavior expected from employees to minimize risk:
 - a. Use of PPE
 - i. Gloves used when in contact with body fluids
 - ii. CPR mask used to provide CPR/artificial resuscitation
 - b. Minimum 15-second handwashing with soap after removing gloves, contact with a potential risk, or unprotected contact with any body fluid.
 - c. Minimum 60-second handwashing with soap after blood splash.
 - d. Use of body fluid spill clean-up kit.
 - e. Vaccination to protect from hepatitis B.
 - f. Participation in education through a local hospital.
 - g. Immediate reporting of suspected exposure to Camp Director and CNC's Safety and Security Specialist.
 - h. Performing job tasks in a manner that minimizes or eliminates exposure potential.

Evaluation of compliance with the camp exposure control is a part of counselor coaching.

Handling Bodily Fluids

Nature Day Camp staff shall use universal precautions (i.e., protective gloves) when handling potential exposure to blood, including blood-containing body fluids and tissue discharges. Treat all situations involving possible contact with blood, body fluids, or medical waste with caution.

1. Wash hands after contact with any bodily substance or articles contaminated with a bodily substance. Use liquid soap from a dispenser, not bar soap.
2. Wear protective gloves on both hands for anticipated direct hand contact with blood, body fluids, medical waste, or contaminated objects or surfaces. Wash hands immediately after removing protective gloves.
3. When unanticipated exposure occurs, remove contaminated substances by washing hands and other skin surfaces immediately and thoroughly. If splashed in the eyes, nose, or mouth – flush with water immediately. Notify supervisor immediately. It is recommended that medical help be sought within 2 hours of exposure. Employees cannot risk their health by waiting to seek treatment if they feel an immediate treatment is needed. Any approval that the employee feels they need from their supervisor is to be "assumed" in exposure situations.

4. Treat all linen soiled with blood and/or body secretions as infectious. Soiled linens and materials should be handled as little as possible and with minimum agitation. All linen should be bagged in a red-labeled biohazard bag at the location where it is used.
5. Trash must be placed in covered containers bagged in impervious bags; secure tops when filled, double bag only if a breakthrough is anticipated.
6. Areas, surfaces, or grossly soiled articles with blood or other body fluids must be cleaned with detergent/disinfectant.

Post-Exposure Plan for Camp

Camp employees who have a blood exposure incident are eligible for follow-up treatment. The employee initiates a follow-up, who must immediately (within 15 minutes) notify the Camp Director when a blood exposure incident occurs. The following plan is activated. According to OSHA requirements, records of the incident are maintained for the duration of employment plus 30 years by CNCs Safety and Security Specialist. Camp administration will debrief each incident to identify ways to improve the camp's exposure risk.

TimeLine		Employee's Actions	Camp Director's Actions	Safety and Security Specialist's Actions
Within 24 hours		<p>Exposure incident occurs. Report to Camp Director within 15 minutes of exposure.</p> <p>Complete Workman's Compensation form and incident report with Camp Director.</p> <p>Visit Ready Care or a family doctor for evaluation.</p>	<p>Instruct employee on a 60-second wash of area with antimicrobial soap followed by applying a disinfectant:</p> <p>Complete Workman's Compensation and incident report forms.</p> <p>Refer staff member to Ready Care for evaluation.</p>	<p>Determine the source of contamination—initiate a request to have the source screen for infectious diseases. Notify insurance. Create an incident report file with supporting documentation.</p> <p>Contact a mental health professional for the employee.</p>
Within the next 48 hours	<p>Continue medical follow-up per doctor's orders.</p> <p>Begin counseling support if desired.</p>	<p>Monitor employee adjustment to the situation. Answer questions as needed.</p>	<p>Follow testing of source individual as warranted.</p> <p>Consult with the mental health professional to arrange post-camp therapy if needed.</p>	
Beyond the first three days	<p>Continue post-exposure treatment as directed by a doctor.</p>	<p>Participate in the review of the incident.</p> <p>Maintain contact with employees following the incident. Adapt</p>	<p>Lead review of the incident.</p> <p>Maintain records for the duration of employment plus 30 years.</p>	

	Participate in the review of the incident.	camp practices as needed to manage risk.	
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Day Camp Anaphylaxis Protocol

Anaphylaxis is an allergic reaction with life-endangering effects on the circulatory and respiratory systems. Anaphylaxis can result from exposure to a foreign protein injected into the body by stinging and biting insects or snakes and from the ingestion of food, chemicals, and medications or exposure to latex. Early recognition and prompt treatment are necessary. The onset of symptoms usually follows quickly after exposure, often within minutes.

The following things are possible symptoms of anaphylaxis:

Breathing – Shortness of breath, wheezing, repetitive cough

Circulation – Paleness, blueness, faint, weak pulse, dizziness, rapid heart rate, evidence of shock

Throat – Tight feeling, hoarseness, difficulty breathing or swallowing

Mouth and Face – Significant swelling of the mouth, face, or lips

Skin – Hives over the body, widespread redness

Digestive system – Repetitive vomiting or severe diarrhea

Emotional – Anxiety, confusion, feeling that something terrible is about to happen

Epinephrine should only be administered by designated personnel to campers having symptoms suggestive of acute anaphylaxis. It should not be issued for a localized reaction.

Acute anaphylaxis is highly likely when either of the following criteria is met:

Criterion 1*: Acute onset of an illness (minutes to several hours) with involvement of the skin and mucus tissues or both (e.g., generalized hives, itchy skin, flushing, swollen lips or tongue)

AND at least one of the following:

- A. Respiratory difficulty (wheezing, high-pitched breathing from blockage, blue-ish skin, shortness of breath)
- B. Reduce blood pressure (as evidenced by collapse, incontinence, and fainting)

Criterion 2*: Two or more of the following that occurs rapidly after exposure to a likely allergen for that patient (minutes to several hours).

- A. Involvement of the skin and mucus tissue (generalize hives, itchy skin, swollen lips or tongue)
- B. Respiratory compromise (wheezing, high-pitched breathing from blockage, blue-ish skin, shortness of breath)
- C. Reduced blood pressure (as evidenced by collapse, incontinence, and fainting)
- D. Persistent gastrointestinal symptoms (cramping, abdominal pain, vomiting, diarrhea)

*In 80% of patients, there are skin/mucus tissue reactions. Most cases of anaphylaxis will be identified using Criterion 1, even when the patient's allergic status and potential cause of the reaction are unknown. In 20% of the cases, there will not be a skin/mucus tissue reaction, in which case, Criterion 2 may help identify anaphylaxis.

Day Camp Treatment of Anaphylaxis Protocol

Personnel – The following Leadership Team members may administer the Epi-Pen: Camp Director, Program Coordinators, or Before and Aftercare Coordinator.

Treatment should be as follows:

1. Maintaining an open airway puts the camper in a position of comfort. If needed, as indicated by initial evaluation, rescue breathing or cardiopulmonary resuscitation (CPR).
2. Call 911 to request emergency personnel. Activate Chippewa Nature Center's Emergency Action Plan.
3. Administer one Epi-Pen injection (epinephrine auto-injector) into the thigh of the camper. Follow the directions on the Epi-Pen for administration.
4. Continue to monitor the camper and communicate with 911 until emergency personnel arrives. If necessary, inject with the second Epi-Pen after 5-10 minutes.
5. The camper may not return to camp without their healthcare professional's written approval.

Day Camp Bee/Wasp Sting Protocol

Bee or wasp stings are the most likely source of unexpected anaphylaxis reactions. If a camper is stung by a bee, wasp, or unknown insect, the following steps should be taken:

1. The counselor will immediately move the group away from the area if it seems the sting was related to the proximity of a nest.
2. The counselor should notify the senior staff (Camp Director, Assistant Camp Director, Program Coordinator, or Senior Counselor) immediately.
3. Senior staff will travel to the location of the camp group*. Senior staff will return to the NSB with the camper and Teen Volunteer to monitor the camper.
4. Staff will attempt to remove a stinger and apply ice to the area if present. The camper will be monitored for signs of allergic reaction.
 - If no reaction is present within 15 minutes, the camper may return to their group and be monitored by the counselor.
 - If a minor, localized reaction (a red bump, localized itching, or burning) occurs, keep the camper for monitoring for an additional 15 minutes. If no further response occurs, the camper may return to their group and be monitored by the counselor.
 - If the camper experiences a moderate reaction (more extensive but still localized reaction – hives in the area of the sting, but not the head, neck, or other areas of the body, nothing indicative of anaphylaxis), senior staff will contact the parent and request the administration of Benadryl and pick-up of the camper. The camper will be monitored until picked up. The camper might return to camp the following day if no further reaction occurred.
 - If the camper experiences a severe reaction indicative of anaphylaxis, the anaphylaxis protocol will be followed. The camper may not return to camp until they have written approval from a healthcare professional.

*If the camper's condition prevents relocation, 911 should be contacted immediately, and emergency procedures should be followed, including the anaphylaxis protocol.

Procedures for preventing disease transmission/universal precautions

Communicable diseases, also known as infectious or contagious diseases, result from an infection ranging in severity from asymptomatic (without symptoms) to severe and fatal. There are different ways that an individual could become infected, including through body fluids, airborne, contact surface, or indirectly from a plant or animal host.

The risk of exposure to infectious disease increases in camps because of the environment and the number of people gathered. All camp staff is trained in recognizing potential risks of exposure, mitigation strategies to reduce exposure, and the specific actions to take when exposure occurs.

Some examples of communicable diseases are:

Norovirus	measles
COVID-19	chickenpox
Hepatitis	influenza
Tuberculosis	West Nile virus
strep/staph infections	Easter Equine Encephalitis, Zika

Prevention Procedures

Proper handwashing will be taught to each team member and participant at the beginning of the session. Staff will help children use soap and wash for two minutes covering all the surfaces of the hands. Hand sanitizer will be used when a sink is not available.

To prevent communicable diseases, procedures include cleaning and sanitizing, preparing and maintaining the campsite and activity space, screening staff and campers for health issues, and using appropriate safety equipment, including personal protective equipment.

Suspected Incidents

If an individual at camp is suspected of having a communicable disease based on a screening, the following will occur:

1. The individual may be asked to put on a face mask (if not contraindicated by breathing difficulties) and will be isolated from others, generally outdoors on a cot and shade shelter or inside the medical center in inclement weather.
2. The health care officer (Camp Director) attending the individual will wear a face covering, eye protection, and disposable gloves when in close contact.
3. A plan will be made for the individual with a suspected communicable disease to be removed from the camp by their parent/guardian as soon as possible. They will be isolated from others until that is possible.
4. Camp staff will disinfect the shared space where the individual was located and gather their belongings, using PPE to the extent noted above.
5. Camp staff will disinfect areas where the individual visited at camp within the past 24 hours.
6. Basic contact tracing may be done on-camp, with the assistance of group leaders; those who have been in close contact with the individual (within 6') for at least 15 minutes in the past 48 hours will be observed and monitored for symptoms. Parents/guardians of those individuals will be notified.
7. The Midland County Health Department will be contacted for further guidance.

Management of Communicable Disease

If an individual has any of the following signs or symptoms of illness, they will be immediately isolated and discharged to their parent/guardian:

Diarrhea	Unusually dark urine and/or gray or white stool
Severe cough	Stiff neck
Difficult or rapid breathing	Vomiting
Yellowish skin or eyes	Evidence of lice
Temperature of 100.4 F or higher	Scabies or other parasitic infestations
Untreated infected skin patches	Severe stomach or head pain

If any of these symptoms are present before the start of camp, the individual will be required to leave the arrival space to ensure the well-being of all individuals. If an individual has an infectious disease, a return note from a physician is requested.

Returning to Camp

Individuals exposed to or testing positive for an infectious disease must follow their doctor and local health department guidance.

Appendix A

First Aid Inventory

Supplies in the Nature Study Building First Aid Kit

- Adhesive medical tape
- Adhesive bandages (assorted sizes)
- Alcohol swabs
- CPR mask
- Elastic bandage rolls
- Eyewash kit (sterile saline and cup)
- Gauze pads (various sizes)
- Gauze roller bandages
- Instant cold packs
- Sanitary napkins
- Safety pins (large)
- Scissors
- Sugar packets
- Thermometer
- Triangle bandages
- Tweezers
- Vinyl gloves (disposable)

Other supplies at the Visitor Center

- Antibacterial soap (near sinks)
- Bleach (1:10 solution for disinfecting) (under the sink)
- Frozen sponge cold packs (in NSB freezer)
- Zip-lock style bags for waste or ice (under the sink)

Counselor First-Aid Kits

- Adhesive bandages
- CPR barrier
- Disposal bag (plastic zip-lock)
- Gauze Pads
- Gauze roller bandage
- Instant cold pack
- Safety pins
- Sugar Packets
- Triangle bandage
- Vinyl gloves

Counselors are responsible for maintaining their first aid kit during the summer. Supplies should be replenished from the NSB First Aid Kit. When reserves are low in the NSB First Aid Kit, a supply request should be completed and returned to the Camp Director.

Adventure Trip Leaders are responsible for maintaining and stocking their trip first aid kit.

The off-site first aid kit is found hanging next to the refrigerator in the staff area at the NSB.

Appendix B

See the attached letter.