

# 2010 Standing Orders For The Health Officer For Twin Valley Council Programs

*These orders must be read prior to assuming duty in the Health Lodge. They are to be followed completely. No medication is to be given unless prescribed by the Camp Physician or the individual's own physician. Dosage, time, and drug name is to be noted on the prescription along with the date, physician's name, and the pharmacy the prescription was obtained from. If in doubt, contact Camp Physician for identification and other data. Supplies do contain more items than are listed here. They're to be used with deliberation or with specific directions from the Camp Physician.*

# Standing Orders for the Health Officer For All Twin Valley Council Programs

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1. **Abrasions, Scratches, Cuts, Bruises and Bumps:** Clean thoroughly with soap and water (may use hydrogen peroxide or other sort of wound wash if water not available). Apply triple antibiotic ointment and sterile dressing (if needed) if skin breakage is minor. Apply cold compress or ice, if desired. In the case of severe bleeding or extensive laceration, use direct pressure, elevation, and sterile dressing to control bleeding, and transport to physician/hospital for further evaluation. Caution should be used to prevent shock or further injury. Also consider the possibility of fracture or deep injury. If injury doesn't warrant immediate attention (bruises and bumps) but area is large or impact was great, watch patient carefully and re-check for several days. If bruise is on the sole of foot, elevate with cold pack and try to keep person off the foot and use crutches.
2. **Splinters:** Clean with soap and water. If splinter is small and located in outer skin layer, it may be removed with tweezers or forceps. Needle may be used if sterilized but avoid further tissue damage. Use tweezers or forceps when possible. If large splinters or pieces of matter are imbedded in the body, they should not be removed. Immobilize object securely, apply light dressing and transport for further medical treatment.
3. **Infections:** (Scratches, splinters, boils, cuts, punctures, abrasions) Symptoms: red, swollen, tender, and possibly draining. Patient may have a fever. Wash/soak thoroughly with soap and water; apply triple antibiotic ointment, and dressing. Patient should be evaluated by a doctor if symptoms worsen or continue after 1-2 days. If fever is present, or if red streaks extend from lesion, patient should be seen by physician on the same day.
4. **Nosebleeds:** Have patient sit erect with head slightly forward. Do not tilt head backwards. (Leaning forward helps prevent nausea and vomiting from ingesting blood.) Compress soft portion of nose against septum for 10 minutes. Apply cold compress to nose and cheeks. Resist urge to peek to see if bleeding finished. Do compression for full 10 minutes. (It's helpful to time it.) If bleeding still continues,

compress nose again for another 10 minutes and re-apply cold compress. If it stops, do not blow or put anything in nose for 12 hours. If it does not stop, patient needs to be seen by a physician for further evaluation.

5. **Fever:** Look for other symptoms. Give age-appropriate dose of Tylenol or Ibuprofen. Put to bed in infirmary or send home if day camp. If other symptoms develop, contact physician and continue to treat as directed. If no further symptoms, release and have patient return for checkup at next meal.
6. **Abdominal Pain:** Have patient lie down or sit down to rest. Check for fever, and location of pain. Look for other symptoms. If not severe, continue to observe for one hour and reassess. If feeling better, may go back to activities. If not, call parent to take home (Day camps). (Watch for junk food related tummy aches and or homesickness.) If severe or accompanied by fever, patient should be seen by physician for further evaluation.
7. **Diarrhea:** Have rest and review sanitation, foods, activities, etc. Give clear fluids. If tolerated, try Brat diet (bananas, cooked rice, applesauce, and toast), clear fluids (like Gatorade, or de-bubbled coke). If continues, send home or contact physician and continue as directed.
8. **Earache:** Look for obvious items in ear or drainage from ear. If elevated temperature, give Tylenol or Ibuprofen. If earache with temperature persists, or if ears have watery or bloody drainage, patient needs to be seen for evaluation by physician.
9. **Sore Throat or Recurrent Cough:** Take temperature. If no fever and soreness appears to be from overuse of voice, have patient gargle with saline water, rest voice, and use throat lozenges as needed (lemon drops also work well). If fever is present, patient should be seen by physician for further evaluation. May give

Ibuprofen or Tylenol for pain. If suspect, foreign body in throat or lungs, transport to physician.

10. **Infectious Disease:** If patient has: fever of 100 degrees or more, sore throat, runny nose, vomiting, rash with fever, inflamed eyes, drainage from ears or skin lesions, then isolate in infirmary and call physician or arrange for evaluation by physician. If day camp, send home. (see also section 46.)
11. **Constipation:** Offer extra fruits (not apples or bananas) and plenty of water. If problem continues for 24 hours and patient is uncomfortable, give milk of magnesia and admit to infirmary. If patient has no result after eight hours, contact physician.
12. **Toothache:** Rinse mouth with saline solution. Check for external damage, broken, cracked, or lost fillings. Oil of cloves on cotton or orajel will ease discomfort. If continues, may need to see dentist. Use ibuprofen or Tylenol if needed. If develops fever, patient will need further medical evaluation. If braces related, have patient use dental wax or bite plate to ease pain and make sure to brush teeth well.
13. **Headache:** If no fever, have person lie down in quiet, cool, dark room for 30 minutes. If not relieved, give Ibuprofen. If after 45 minutes, there is still no response, recheck temperature and assess for other symptoms. Contact physician or send home. Migraine headaches may need more aggressive treatment such as sleeping for several hours or migraine medication.
14. **Nausea/vomiting:** If not in pain and no fever, have patient lie down and rest. To prevent dehydration, give clear cold water or electrolyte drink such as Gatorade slowly. May take acetaminophen if fever. (Do not use ibuprofen.) May also take over the counter nausea medication, such as antacids for stomach discomfort or Dramamine/Meclizine for nausea (watch adult/child dosing). Once vomiting resolving, may take small amounts of clear fluids such as diluted apple or grape

juice, clear broth or jello. Slowly add bland food over next 12-48 hours. If day camp, send home.

15. **Scabies, Impetigo, Ringworm, etc:** If person is suspected to have a contagious rash or wound, person is no longer allowed in camp and must return home, or be evaluated by a physician, at the earliest possible time. Once patient has been treated for more than 24 hours with appropriate medication AND area can be covered with band aid or bandage, patient may return to camp or activities.
16. **Athlete's Foot and Similar Foot Problems:** Wash the area with soap and water. Dry thoroughly. Apply Desenex or Tinactin. Instruct to keep feet clean and dry at all times, change socks frequently and don't rewear until washed. Do not go barefoot. Wear flip-flops in the shower or poolside.
17. **Friction Blisters:** Do not puncture blister unless large, painful or likely to be further irritated. Then, wash with soap and water. Use sterilized needle and puncture at base of blister. Drain well but make small hole. Leave skin in place. Apply triple antibiotic and dressing to ease friction. Use of Moleskin or bandages made for blisters is helpful. Watch for signs of infection. Keep covered until healed.
18. **Dysmenorrhea (painful menstrual cramps):** May use external heat (heating pad or hot water bottle) to abdomen. Patient can take Ibuprofen and rest. May return to normal activity when cramps abate. If problem is severe, contact physician or send home.
19. **Enuresis (bedwetting):** This is fairly common and 90% of children will outgrow it. This can be very embarrassing for the child and discretion should be used. Staff directly responsible for child should be informed and a management plan worked out. Limiting fluids, especially those with caffeine, at least one hour before bedtime may help. Have the child use bathroom right before bed and may need to wake during night or early morning to use bathroom. Remember, the child's parent will

most likely be well aware of this issue and will want to help you help their child. (There are “pull up” type underwear that are now available that are very discrete looking that may be very beneficial to have on hand.) This can affect both boys and girls. May need to help with washing/drying bedding. Encourage to shower to avoid odor.

20. **Broken tooth:** find all of the pieces, rinse with water, place in milk and transport to dentist. Control bleeding in mouth if needed. If active bleeding continues, may take to hospital.
21. **Sprain, Strains, Fractures:** Apply cold pack or compress and elevate. If swelling is relieved and pain subsides, patient can return to activity with care. May wrap with Ace Bandage to provide support and comfort. If pain and swelling return rapidly after removal of cold pack, reapply ice pack, elevate and patient should be taken to physician for further evaluation. Treat sprained thumbs, fingers and wrists in the same manner. If a suspected fracture, splint and immobilize injured area. With all fractures, cold pack will relieve pain and reduce swelling. If skin is broken and bleeding at point of fracture, control bleeding by pressure points. Do not use direct pressure on broken fracture. Do not attempt to reduce fractures. Call parent or EMS and transport as directed. If large bone fracture (leg, hip), call EMS for transport to hospital.
22. **Head/Neck Injuries:** If neck or head fracture is suspected, do not move or transport victim. If any head/neck injuries are accompanied by severe dizziness, unconsciousness, headache, nausea, vomiting, change in pulse rate, severe nose bleed, clear fluid from nose or ears, or other symptoms: call 911/ EMS. While waiting for transport, keep patient quiet and cover with light blanket. For minor head or neck injuries, apply ice, take ibuprofen to reduce pain and observe for complications.
23. **Foreign Body:**

a) **Eye:** Flush eye with eyewash solution such as contact lens solution or normal saline. If object remains, gently try to remove with moist cotton swab (unless object is located on cornea). If object is imbedded in eye or does not respond to flushing or swabbing, bandage both eyes (or tape Dixie cup securely over eye to protect it). Transport to hospital for further treatment.

b) **Ear:** If object is in ear canal, do not try to remove. This is usually not an emergency and could wait until morning to see physician. If person has persistent pain, drainage or bleeding, they should be seen immediately, however. If large object, securely to head using gauze and transport to physician immediately.

c) **Nose:** This is fairly common in children and is usually small rocks, paper or food item. Try to have child blow nose (hold opposite nare closed) or force a sneeze by having them smell pepper. Often times, children will sniff and end up swallowing item. If that doesn't work and they are having persistent pain, bleeding or discharge, will need to be evaluated by physician. Do not let them eat or drink anything as sometimes children need to be sedated to remove item.

d) **Other:** You will have to use some common sense here. If object is small and common such as a splinter, follow standing order for splinters. If object is impaled into extremity and may cause damage or bleeding if removed, leave it, splint it securely to person and transport to physician. **If in doubt, LEAVE IN PLACE.** Most injuries are caused by people removing the object. **NEVER remove an object from the head or trunk of a person.** This can cause fatal bleeding. (Object will usually act like a plug and prevent much bleeding.) If object is small such as nail in foot, transport to physician. If object involves head or trunk or is larger, call EMS. Watch for signs of shock and treat accordingly.

24. **Bleeding:** Use direct pressure with dressing and elevate unless suspected fracture. Use of pressure points is recommended if direct pressure fails or fracture is present. This also follows for avulsions and arterial bleeding. For minor bleed, hold pressure for 15 minutes and check for further bleeding. For severe bleeding,

continue pressure until medical treatment available. Tourniquets should not be used.

25. **Avulsions:** (when part of skin, soft tissue or nail is torn off). Control bleeding of body area. Wash wound. If avulsion still attached, bandage in place and elevate. If body part was severed, locate part, rinse and put in sealable bag. Put bag in ice water and send with patient for possible reattachment. If larger area (i.e. hand, leg, etc), control bleeding, treat for shock and call EMS for transport.
26. **First and Second Degree Burns:** First degree (skin reddened and painful): Flush with cold water and/or apply cold wet compresses. Do not apply ice. Remove any clothing that may be covering or come in close contact with area. First-degree burns may be treated with liberal applications of aloe (sunburn) or triple antibiotic ointment. May take ibuprofen (Advil) or acetaminophen (Tylenol) for pain. Second-degree burns (blisters) are serious. Cover with dry sterile gauze. Have patient transported to physician. Any first or second degree burn that covers an area larger than palm-size, appears to be a partial or full thickness burn over the eyes, ears, genitals, hands or feet or is over a joint are considered an emergency and patient need to be seen immediately. In these cases, apply cool, moist, sterile dressing and transport.
27. **Severe Burns (Third Degree):** Do not flush with cold water or remove bits of clothing adhering to area. Cover with cool, moist, sterile dressing or burn sheet. Elevate burn area, if possible. Watch for breathing problems and shock. Call EMS to transport to hospital.
28. **Chemical burns:** Flush immediately with water for a minimum of 15 minutes. If person still feels burning sensation, flush for another 10-15 minutes. Call Poison Control 1-800-222-1222 for further instructions. Observe for possible inhalation burns and provide Basic Life Support as needed. If respiratory distress, call EMS for transport to hospital immediately.

29. **Heat Exhaustion:** Symptoms: fatigue, excessive thirst, heavy sweating, pale, muscle aches or cramps, weak, dizziness, headache, nausea or vomiting, fainting, cool and moist skin and fast weak pulse. Get victim to cool, shady area. Have him lie down and elevate feet about 12 inches. Cool body with cool, wet towels and by misting with water and fan. Give lots of Gatorade or other fluids with balanced salt solution. (Should take in 2 qts of appropriate fluids over 2-4 hours.), Take temperature if possible. If doesn't respond quickly, temp is above 101 degrees F, or symptoms getting worse, transport to hospital for further evaluation. This can be very serious if not treated. If responds quickly, continue to have him/her drink fluids until urinating clear fluid. Rest for 24 hours and wait to resume strenuous activities for 1-3 days. Early, less serious symptoms can include abdominal cramps and/or muscle cramps which may indicate dehydration. Need to keep out of sun in shady area, increase fluid intake and watch for increasing symptoms.
30. **Sunstroke/Heat Stroke:** Symptoms: same as heat exhaustion but can see dramatic decrease in sweating and skin becomes hot, flushed and dry. May also become confused, anxious, lose consciousness, have very rapid or dramatically slowed heartbeat and temp 104-106 degrees F. Follow instructions for heat exhaustion and add ice packs to groin and armpits. Call EMS for transport to hospital immediately. This can be fatal if not treated promptly.
31. **Swimming, Accidents:** Provide Basic Life Support as necessary. Call physician and/or emergency vehicle as situation warrants.
32. **Poison Ivy/Oak/Sumac:** Wash exposed area with water within 15 minutes or less. Apply wet compresses and/or take cool baths. May take non-prescription antihistamine (Benadryl or Claritin) and apply calamine lotion or hydrocortisone cream. Wash frequently and re-apply lotion after washing. Clothes (including hat, shoe, etc.) should be laundered. If itching becomes intense, soak affected area in

Domeboro solution. Re-apply lotions or creams. If rash is moderate to severe or if swelling in face, see physician.

33. **Allergic Reactions:** Often times, these may only present as an itchy rash or hives. These can be treated with Benadryl and observation if there is no respiratory distress. Assess for possible cause, but often times this cannot be determined. Check vital signs. Give Benadryl 25 mg orally ASAP. If swelling around mouth or respiratory distress, administer EPI PEN as directed by physician if available (see additional instructions). Call EMS. Treat for shock and initiate Basic Life Support if necessary. Transport as quickly as possible.
34. **Poison Ingestion:** Locate container and determine poison. Call Poison Control at 1-800-222-1222 for instructions. For most poisons, patient will be directed to take A.R.C. approved neutralizer (activated charcoal). (Syrup of Ipecac is rarely given now, and only if instructed by Poison Control.) In all cases, note time of incident and collect sample of vomitus if victim has already vomited. Give water or milk (only if directed) and transport for further treatment. Try to keep victim as calm as possible.
35. **Insect Bites or Stings:** Remove stinger, if still present, with flicks of sterile needle or credit card. Wash area well with soap and water. Ice will reduce swelling and discomfort. Elevate area if possible. May take Benadryl or Claritin to control itching. May also use hydrocortisone cream on area. In the case of allergic symptoms, give Benadryl 25 mg (50 mgs for adult) ASAP. Call EMS for transport. For known allergy, continue as below or follow individual action plan.
36. **Ticks:** If a tick is imbedded in the skin, remove without delay. There are two ways to do this and research varies as to which is the best method. Use a tweezers or fingers (covered with paper towel or glove) and gently flip tick over onto back. Grasp tick as close to skin as possible and gently but firmly pull out. Do not twist or turn tick while removing as could push bacteria into person or may separate head

from body. OR Take a credit card, flip tick over and gently but firmly “flick” tick away from skin. Do in area that tick can be found again for testing if needed. Once removed, check to see that a small crater has formed in the skin and no mouthparts are left in it. Examine tick to check for head and mouthparts. If parts left in skin, see MD for removal. Put tick in tightly closed jar or securely between two pieces of tape if area is suspicious for Lyme’s Disease. (See also section 46.) Wash area thoroughly with mild soap and water. Observe the area for several days and if mild skin irritation occurs, use antibiotic cream. If person starts to develop rash or flu like symptoms within 1 day to 3 weeks, person should be evaluated by physician. Bring tick with you for testing and identification.

Prevention is always important. Recommendations included wearing hat, long sleeved shirt and long pants with legs tucked into socks. (Realistically, at camp, do this when you know you will be in a tick infested area.) Also wear insect repellent. Nightly “tick checks” are important and should be done on every person. Be sure to check head thoroughly including in ears. Clothing should be checked.

37. **Bee sting/Respiratory Distress:** Remove stinger if still attached. Administer Epi-Pen injection from kit if person has known allergy. Also give Benadryl 25 mg (50 mg for adult) now. Call EMS and follow Basic Life Support until transport to emergency care available. Repeat Epi-pen after 15 minutes if second pen available. If patient has individual allergy plan, follow plan as written.
38. **Animal Bites:** Wash thoroughly with soap and water. Apply clean, dry dressing. Remove jewelry or clothing that might constrict with swelling or area. Transport to physician for further evaluation and treatment. If possible **and** can be done safely, capture animal alive or if dead, keep animal's head undamaged for testing if suspect rabies.
39. **Snake Bites:** Calm and reassure victim. Wash area with soap and water. In non-poisonous snakebite, apply triple antibiotic ointment and dressing. Will need excellent wound care to prevent infection. Will need tetanus shot if more than 5

years since last vaccinated. If snake is poisonous or if unknown, call EMS for immediate transport to hospital. While waiting, splint area/limb if possible and lower area. Make sure area stays pink and warm, doesn't get numb and pain not increasing. If possible, be able to describe snake or positively identify snake. Do NOT risk second bite or second victim to find or ID snake. **DO NOT:** cut and suck bite, apply ice, use alcohol or apply tourniquet or constriction bands. These have been shown to create more tissue damage.

40. **Seizure:** Assist patient to floor or ground and move objects out of person's way. Cushion head and loosen neckwear. Do not attempt to hold person down or put anything in their mouth. Observe for length of seizure, type of movement and time it took to recover. Call EMS if seizure lasts >5 minutes. Observe breathing and turn to side if needed to protect airway. After seizure, turn to "recovery" position on left side. Check vital signs. If patient is known to have seizures, check with patient or responsible adult with patient as to his medicines. Give medications if needed. If patient not known to have seizures, call EMS for transport to hospital.
41. **Blood Sugars: Hyperglycemia** (High blood sugar): Symptoms: fatigue, increased thirst and urination, weakness, drowsiness, blurred vision, loss of appetite or confusion. If patient has known diabetes, test blood sugar. Give water or sugar free liquids. Review with patient his treatment plan and give insulin according to his sliding scale routine. Recheck blood sugar in 30 minutes. Ideal blood sugar levels are between 70 and 120. (Exercise helps to burn sugar so if he is not showing symptoms, he should resume activities but blood sugar needs to be rechecked.) If his or her blood sugar is down to 200 or less, patient can resume normal blood testing routine and activities. Best treatment is prevention: test blood sugar often, drink plenty of fluids, treat blood sugar level appropriately and prevent infections.
- \* If patient has high blood sugar over 200 and is not known to have diabetes, he will need a medical evaluation. If patient has frequent urination, is very thirsty, and is eating a lot, has blurred vision, weakness, drowsiness or confusion, or has a

strong odor of acetone (sweet like finger nail polish remover) on their breath, this patient must be taken to the hospital. This can be a life threatening situation.

**Hypoglycemia** (Low blood sugar): Symptoms: weakness, sweating, shakiness, intense hunger and fatigue. If blood sugar continues to drop, can also become confused and lose consciousness. If showing symptoms, ALWAYS TREAT FIRST THEN CHECK BLOOD SUGAR. (If symptoms are because blood sugar is too low, need immediate treatment with rapidly absorbing sugar. If symptoms are because sugar is too high, correct with insulin.) If sugar is below 70 or symptomatic, give quick- sugar food such as: lifesavers (8 pieces), regular sugar pop (1/2 cup), milk (1 cup), hard candy (3 pieces), table sugar (1 tablespoon), glucose tablets(3) or glucose gel (1/2 tube). (Do not give all of this at one time. Usually one serving of quick-sugar food is enough to start reversing blood sugar level.) If unconscious, smear jam, honey, corn syrup, jam or sugar on gums and call EMS. Observe and recheck sugar every 15 minutes until blood sugar over 100. Depending on blood sugar level, patient may need more quick-sugar foods every 15 minutes to raise level above 100. Person should eat a meal within 30 minutes and may need to recheck blood until levels within normal limits. May resume activities after eating meal if feeling better. Prevention: Regular meals and snacks. (Kid's become busy and forget to eat). May need to check blood sugar more frequently if high activity level. Children's blood sugar can fall to 45 before they get symptomatic, but the treatment is the same. MUST keep quick sugar foods with them or close at all times.

NOTE about **Insulin pumps**: Insulin pumps deliver a small continuous dose of insulin called a basal rate. When the person eats, they will administer a bolus to cover the sugar consumed. They can also give a bolus to reduce an elevated blood sugar level. Blood sugars still need to be checked 4-8 times a day. Pumps need to be protected from water so will be removed to shower, swim or play water sports. If camper is playing strenuously, should recheck glucose level and may need to readjust basal rate. Should keep checking sugars every 3-4 hours. If take pump off, should recheck more frequently and give insulin as needed.

42. **Chest Pain (suspected cardiac problem)**: It is rare that a **child** will have an unknown heart problem but it does happen. If a child or adolescent would suddenly collapse, call for EMS immediately and then assess for airway, breathing and circulation and start CPR. If you have an Ambulatory External Defibrillator (AED), apply to person and follow verbal commands. Signs of a heart attack in an **adult** may include: chest pressure, squeezing or stabbing in middle or left of chest, neck, jaw or arm pain (usually left side), cold sweat, shortness of breath, fatigue, gray or pale color and anxiousness. A woman's symptoms can be different and include breast pain, upper chest and lower back pain and may not have "typical" chest pain. Call for EMS immediately. If able, give two baby aspirin or ½ of a regular strength aspirin. Have them rest sitting upright. Start CPR if becomes unconscious. If adult has known angina (chest pains) and have nitroglycerin tablets, put one under tongue to dissolve and repeat in 5 minutes if still having pain. May give up to three doses then if still having pain or symptoms worsen, call EMS for transportation to hospital. Occasionally, chest pain will be due to severe acid reflux. If not relieved by several antacids, need to transport to hospital. You need to assume that it is heart related until physician assesses differently,
43. **Asthma/Shortness of Breath**: The most common reason for shortness of breath in children is asthma related. For children without asthma, rest is usually enough to resolve symptoms. If child has known asthma, they should have an asthma action plan and appropriate inhalers at camp with them. Triggers for asthma include: allergen (dust, pollens), weather changes, viral infections such as colds, exercise (like running), irritants and sudden stress. Symptoms range from mild to severe and for treatment purposes are usually classified into three zones: green, yellow or red zones. Peak flow meters are used to help guide the treatment for each child. Treatment is dependent on symptoms and peak flow reading. **Green zone** has no symptoms and peak flow reading of 80-100%. **Yellow zone** symptoms include coughing, wheezing, mild shortness of breath, decreased physical activity, night time coughing and fatigue. Peak flow will be at 50-80% of child's maximum reading. (It should be on his plan if he has one.) Give bronchodilator according to

plan or below. **Red zone symptoms** include severe shortness of breath, frequent severe coughing, wheezing, difficulty talking or walking, rapid breathing, gasping, blue lips or fingernails, anxiety or panic and inability or refusal to do peak flow. Peak flow will be at or below 50%. This is a medical emergency and need to call EMS immediately.

**Treatment:** There are two types of **asthma medications**. Bronchodilators are called quick acting or “rescue” med’s and are given whenever person has symptoms or readings listed in the yellow zone. Most common are Albuteral, Atrovent, Proventil, Alupent, Maxair and Proair. Always give the 2-4 puffs of the “rescue” med about one minute apart for best lung absorption. (Watch that child took correctly and medication was given during inhalation and didn’t escape out sides of mouth.) If continues to have symptoms after 5-15 minutes, repeat rescue med. May have up to 3 doses in one hour. Besides the bronchodilators, many children will also have an anti-inflammatory inhaler such as Pulmicort, Flovent or Asmacort. Give 2 puffs or follow according to action plan. If symptoms continue or worsen, call for EMS. If person is showing severe symptoms (red zone), give the inhalor and anti-inflammatory and call for EMS. If the child has brought a Nebulizer machine and liquid medication (Albuteral), use that as it is more effective at getting medication into lungs. As part of an asthma action plan, many people may also be on a combined medication such as Advair diskus, Advair inhaler or Symbicort inhaler that are used once or twice a day.

Due to potential danger of Asthma, children and adults should be **allowed to keep their inhaler with them** or if a younger camper, camp counselor should keep with them. At no time should inhalers ever be inaccessible to the camper or staff in charge of them, i.e. locked in the nurse’s room.

44. **Strokes:** While strokes are extremely rare in children, most camps will have adult staff or helpers who may be at risk. Symptoms of a stroke include: sudden numbness or weakness especially on one side of body, sudden confusion, trouble

speaking or understanding speech, trouble with vision, trouble walking or maintaining balance. These symptoms can either be a "TIA"- transient ischemic attack or a full fledged stroke. Either way, call for EMS. If treated soon enough, strokes damage can sometimes be reversed. Even if the symptoms resolve quickly, prompt medical attention is needed.

**45. Approved Medications:**

- Triple antibiotic ointment: Apply small amount to wound 1-3 times a day
- 1 % Hydrocortisone cream/ointment: Apply small amount 3-4 times a day
- Calamine lotion: Apply small amount to cover rash 3-4 times a day
- Aloe Vera gel: Apply liberally to sunburn as needed
- Acetaminophen (Tylenol): Dose according to packaging for weight/age
- Ibuprofen (Advil or Motrin): Dose according to packaging for weight/age
- Diphenhydramine (Benadryl): Dose according to packaging for weight/age
- Dimenhydrinate (Dramamine): Dose according to packaging for weight/age
- Meclizine (Bonine): Dose according to packaging for weight/age. Not for children under 12 yrs.
- Milk of Magnesia: Dose according to packaging for weight/age
- Loratadine (Claritin): Dose according to packaging for weight/age
- Desenex/Tinactin: Spray or lotion apply twice a day
- Epi-pen: Auto-injection pen. May need to give another epi-pen dose if symptoms do not start to resolve by 15-20 minutes or if unable to get to EMS prior to then.
- Bactine wash wound: as needed.
- Orajel: apply to sore gum or tooth as needed.
- Antacids (Tums, Maalox): 1-2 tabs as needed.

## 46. Communicable Diseases and Infection Control Measures

1. General Infection Control Guidelines
  - a. Purpose of infection control guidelines is to prevent or reduce spread of infectious diseases.
  - b. Routes of spread
    - i. Droplet—Spread by sneezing, coughing, or talking. Secretions can linger on surfaces. Examples of illnesses spread by droplets are common cold (URI), influenza, and pertussis (whooping cough).
    - ii. Airborne—Bacteria or viruses become airborne after coughing, sneezing and are spread by air currents. Examples include chickenpox and tuberculosis.
    - iii. Fecal-oral—Some viruses, bacteria, and parasites are spread by fecal matter on hands, on surfaces (handles, doorknobs, flush handles, table areas), and in poorly prepared food. These viruses and bacteria are then ingested orally. Examples include bacterial and viral gastroenteritis (vomiting and diarrhea illnesses), giardia, hepatitis A, and enteroviruses, such as hand, foot, and mouth disease.
    - iv. Direct contact—Some diseases are spread directly by skin-to-skin contact, or contact with contaminated surfaces. Examples are impetigo, ring worm, scabies, and head lice.
    - v. Vector—Some illnesses are spread by insect-to-blood contact through mosquito bites. Examples are encephalitis and malaria.
    - vi. Blood/blood products/body fluids—Some illnesses are transmitted by blood to blood contact with someone else, by infected blood products (very rare), by needle sticks, or by contact of other body secretions (tears, saliva, urine, or semen) with mucus membranes or breaks in the skin. (Sweat is not a problem.) Examples include AIDS, hepatitis B and C.
  - c. Precautions
    - i. Standard precautions include
      1. Hand Washing— Use soap and water and rub hands vigorously covering all areas for at least 10 seconds, rinse, and dry with a disposable paper towel. If possible, turn water off with paper towel and dispose of towel. Hand washing is especially important after using the bathroom or latrine; before and after handling, preparing, or eating food; before taking medication; after manual labor; when assisting an ill person; after handling animals; and after touching body fluids or blood.
      2. Hand sanitizers—Use when hands are not soiled, but when unable to wash hands for the reasons noted under item 1. above. Hand sanitizers should be available at the latrines and at the patrol cooking sites.
      3. Sharing of utensils—Avoid sharing of utensils, cups, drinks, etc. as these are common means of transmission of illnesses.

4. Illness precautions—For minor infectious diseases, such as a common cold, people should cover their mouths when coughing, and wash or sanitize hands frequently.
- ii. Universal Precautions
  1. These generally apply more in the medical setting and vary with various industries and employers.
  2. Use protective gloves and protective devices (such as masks or eye protection depending on the circumstance) when handling patients or injury victims, and change gloves when switching to another patient or victim.
  3. Obey hand-washing recommendations and use hand sanitizers as needed.
  4. Dispose of needles and other body-fluid contaminated items in proper containers.
2. Specific illnesses which may arise at camp
  - a. Influenza
    - i. Symptoms—fever, cough and/or sore throat. The presence of symptoms is known as influenza-like-illness or ILI. Commonly also have headache, fatigue, runny or stuffy nose, body aches, chills, diarrhea, and vomiting. Illness can be mild to severe. Pneumonia, respiratory failure and death are possible, but rare.
    - ii. Transmission—Via droplets from respiratory tract. The virus may linger on objects which someone else touches, and then has contact with nose or mouth.
    - iii. Precautions—Cover cough or sneeze and wash hands well.
    - iv. CDC recommends people not attend camp if they had ILI in the 7 days prior to the start of camp. If they have been exposed to a person with ILI in the 7 days prior to start of camp, they may attend camp but should be closely monitored for symptoms.
    - v. CDC recommends considering active screening of all newly arriving camp attendees, staff, and volunteers by asking if they have had any ILI symptoms in the previous 7 days.
    - vi. Persons who currently have or have had ILI in the previous 7 days should not attend camp for 7 days after their symptoms began, or until they have been symptom-free for 24 hours, whichever is longer.
    - vii. Treatment
      1. Campers who develop ILI should immediately be separated from the other campers until they can be safely returned home. If significantly ill (high fever, respiratory distress), they should be taken to a medical facility.
      2. Avoid aspirin in anyone age 18 and under due to risk of Reye syndrome. Acetaminophen is appropriate to use, and encourage fluids.

b. Lyme Disease

- i. Cause—Infection from spirochete *Borrelia burgdorferi*, transmitted from bite of deer tick; spreads through blood and lymphatic system
- ii. Symptoms—Early on (3 to 30 days), a spreading red rash (erythema migrans) is typically noted, may also have fever, headache, myalgia, and malaise. Additional symptoms (3 to 10 weeks later) may include facial palsy and additional skin lesions. Late symptoms (2 to 12 months) may include arthritis, neuropathy, and encephalopathy.
- iii. Treatment—If symptoms are noted, referral to a physician is warranted for appropriate treatment, depending on the stage of the illness. A person in the early stage with the rash only may return immediately to camp after treatment is started.

Approved: \_\_\_\_\_

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Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_