

Camp Northland B'nai Brith Medical Manual

Last update: June 2022

Welcome to the Camp Northland B'nai Brith medical team family! We are so happy to have you join us for what will be a summer to remember. We are all excited to get back to camp, our **Home Away From Home**.

This manual was created with the hope to guide our medical team deal with the ins and outs of health care at camp. It is our new foundation, and we look forward to building upon it yearly. If you feel that there is anything that should be added, removed or altered, please let us know! We value your input.

Wishing us all a Healthy Summer at Camp!

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Introduction to Camp

Welcome to Camp Northland B'nai Brith!

Camp Nursing

Camp nursing is its own specialty and is probably very different from the type of nursing you are used to. It combines clinic, community, and emergency nursing with nursing administration, management and occupational health. It can be very overwhelming at times to the uninitiated. As a camp nurse, you are responsible for the health and wellbeing of several hundred campers and staff, while overseeing the day-to-day management of a busy 24/7 clinic and sometimes acting as camp mommy or daddy. Our patients may be from any age group from infant to older adult and are from a variety of socioeconomic and cultural backgrounds. While NBB is camp for kids who are generally considered healthy, you will need to help manage some chronic health conditions (ex. type 1 diabetes mellitus, asthma & mental health issues), distribute regular medications (aka "Reg-Meds"), treat acute illnesses and injuries, and respond to emergencies. Whether you are staying the whole summer or only a week, use this guide to help set-up, manage and close-up the health center and try to have fun, this is camp after all!

Camp Doctors are on site to assist as may be required and respond to all medical emergencies. Camp Doctors will be available for all clinic hours and manage patient care as required.

Paramedic – A paramedic on site will work shifts, including overnight shifts at times. The paramedic will support the overall health centre operation as required under direction from the Camp Director or his designate.

About Camp Northland B'nai Brith

General information

Camp NBB is a not-for-profit Jewish community camp run by the Jewish Camp Council. NBB has existed in one form or another for over 115 years and you will find that many of our campers have parents or even grandparents who attended Northland. While NBB is not considered to be a "religious camp", it is fully Kosher, and we implement Jewish values into our everyday camp life that help build each child's Jewish identity. We celebrate our Jewish culture in many different ways, such as celebrating Shabbat and Havdallah. NBB offers subsidies to many families who would not otherwise be able to afford to send their children to camp. Camp Northland is a camper-centric camp—the number one priority is for kids to have a super fun summer while also learning about and strengthening their ties to the Jewish community and each other.

The camp's vision is to give every child an amazing Jewish camp experience.

The camp's mission is to achieve and sustain the highest standards of excellence in camper care, innovative programming and Jewish identity building in order to ensure that all campers and staff grow, thrive, and have fun at Camp Northland by making lifelong friends, building life-skills, appreciating nature and respecting one another.

Campers, CITs & Staff! Oh My!

People at NBB can be categorized into three main groups: campers, CITs, and staff. These groups can be even further divided into more and more specific groups. Knowing whether someone is a camper, a CIT, or a staff member is important for handling medication, contacting home, and communicating with the leadership team.

Campers

As mentioned above, NBB is a camper-centric camp. That means that all the staff work together to make sure the kids have the best summer ever. Knowing what section or unit a camper is in tells you their age and allows you to communicate with the appropriate staff members.

During peak operation NBB can have 400+ campers:

Section/Unit I/1: Grades 1-4

Section/Unit II/2: Grades 5-6

Section/Unit III/3: Grades 7-8

LTPB/G: Grade 9

Note: although we are shifting away for gender distinctive language, the camp often refers to 'sections' for boys and 'units' for girls.

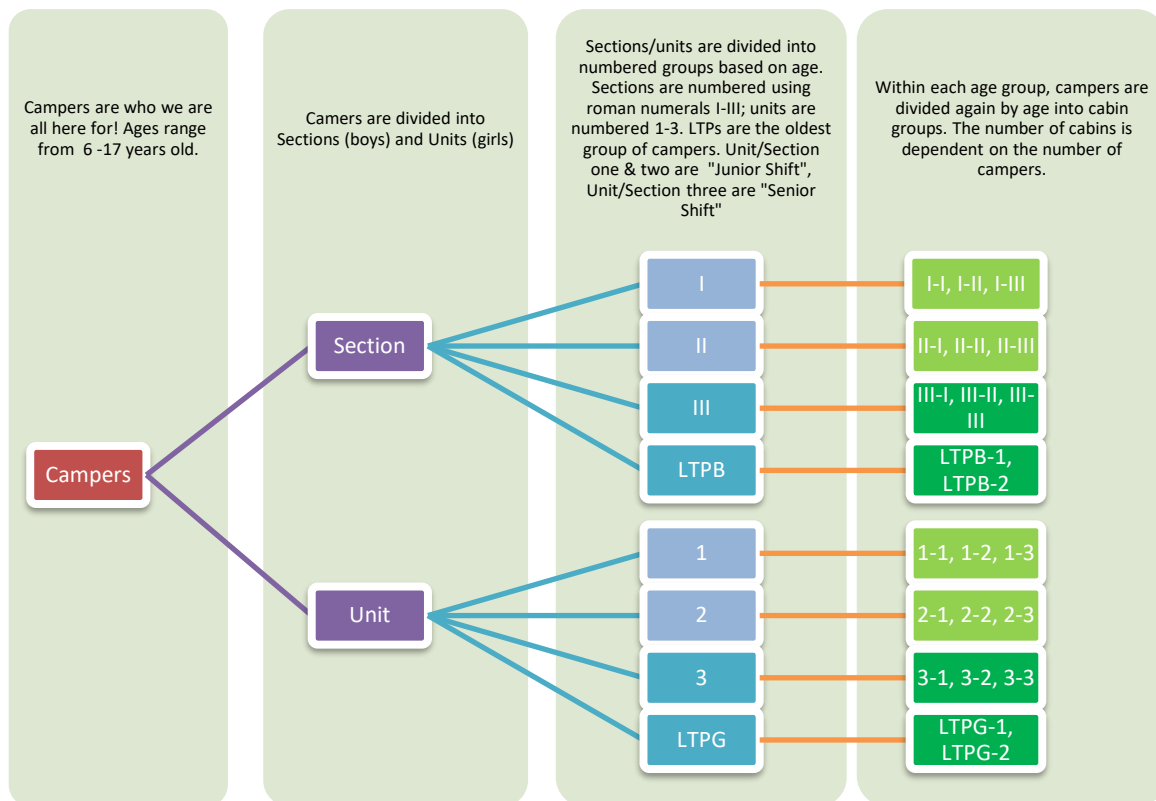


Figure 1: Organization of Campers

CITs

CITs (pronounced "sits") are Counsellors in Training. They have completed their LTP (leadership training program) summer and are considered an intermediate between campers and staff. They are assigned to a cabin group and rotate through different specialties. In the Health Center, CITs are treated similarly to campers, and as they are usually under the age of 18, we seek permission to contact parents when injured or ill (See "Contacting Parents").

Staff

During its peak operation period, NBB employs upward of 250 staff. This includes leadership staff (Camp Director, Associate Director, and Head Staff), counsellors, specialists, maintenance staff, kitchen staff, office staff and of course, the health center staff.

Figure 1 – Camp Hierarchy

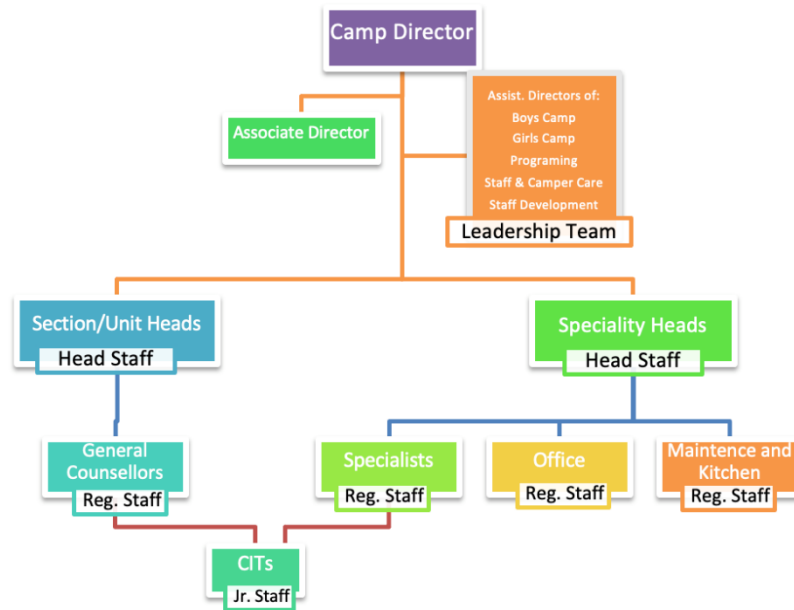


Table 1: Staff Role Descriptions


Leadership Team		
Camp Director	Simon Wolle	Oversees all aspects of Camp NBB, he is accountable to the board of directors. Requisitions for medical supplies are submitted to the director.
Associate Director	Adam Kertesz	Responsible for the day-to-day operation of the camp. Requisitions for non-medical supplies (eg. Crackers, dish soap) are submitted to the AD of operations. He/she can also create specific camper/staff lists; coordinates with the camp driver for hospital trips, prescription pick-ups and lab sample drop-offs, arranges dental/orthodontist appointments.
Head Counsellor	Units: Lauren Tetelbaun Sections: Zack Layton	Two staff responsible for overseeing unit/section heads, counsellors, and all campers. They are a part of the Camper/Staff wellness team, are able to create camper lists, and access camper health forms.
Programming Team	Coordinator: Gaya Izak Team: Ryan Stainsby	Oversees all activity programming including the large-scale events such as Maccabiah and the Olympics (See Error! Reference source not found.) as well as the day-to-day scheduling of camper activities.
Camper/Staff Wellness Team	Director: Daniela Kozlov Team: Stacia Wolle Laura Title Madison Johnson	Helps both campers and staff with cope with feelings and behaviors, both positive and negative, associated with camp life. She or her is helpful for kids and staff who are experiencing homesickness, anxiety or interpersonal problems.
CIT Director	Ari Tissenbaum. Samantha Akum	Oversees the next generation of staff, the CITs.
Special Programs	Sam Mendelson	The unusual programs that overlap camp's day-to-day (plus snack)
Head Specialist	Justin Yaniv	Oversees all Specialty Programs

Specialty Heads	WindSports: Becca Mori/ Hayley Kotansky Swim/Waterfront: Taya Walters Ass. Head of Swim: Tali Zecharia Ski: Zac Mandel/ Joelle Newman Paddle: Hannah Fluxgold A&C: Alyssa Westreich Landsports: Jordan Sharon Office: Alex Macpherson Media: Jacob Cohen Judaics: Josh and Laura Stein	Oversees their designated specialty (ex. swim, windsports, landsports, etc.). In charge of specialty staff. Can be contacted by Walkie if the HC requires a camper, CIT, or staff at their specialty.
Unit/Section Heads	U1: Lior Litvack SI: Noah Levy U2: Carly Harris SII: Noah Westreich U3: Sammy Bergman SIII: TBD LTPG: Cammi Matus LTPB: Jacob Fogel	Oversees their designated unit/section; Identifies camper needs; understand behavioural impacts and how to assess and implement strategies to improve; acts as a direct supervisor to all staff in their unit/section as well as supervises all staff and campers in camp
Health Center Staff	Ashley Zaretsky (Lead contact)	Responsible for the health and wellbeing of several hundred campers and staff, while overseeing the day-to-day management of a busy 24/7 clinic; manage clinic hours and Reg Meds hours; care for ill campers and staff
Reg. Staff		
Specialists		During the day, specialists manage and work at their designated specialty area but otherwise are responsible for all expectations and responsibilities of a cabin counsellor
Cabin Counsellors		Guide the cabin in participating successfully in all aspects of camp activities; develop cabin activity plans with participants as appropriate; participate actively in ALL activities with campers; role model behaviours for campers
Maintenance	Director: Rob Abbs	Assist with, supervise, and coordinate maintenance activities and assistants engaged in maintenance activities on a contract basis; Maintain facilities for trash collection company, gas company, electric company, etc.; Assist in moving materials and supplies to appropriate areas in camp; Maintain inventory of maintenance supplies and equipment; Maintain grounds to reduce risk of danger or injury to persons using grounds and facilities; Maintain wells and pumps in good operating condition to meet water standards; Maintain grounds around wells and pumps; Be available or have maintenance staff available during all times when campers are present for emergencies
Kitchen	Lakeside Catering	Prepares meals for all of camp; creates specific meals tailored to campers with dietary restrictions

Daily schedule (sample subject to change) We always recommend you verify upon arrival to camp.



DAILY SCHEDULE – 1st PERIOD 2022

	SUN	MON	TUE	WED	THU	FRI	SAT
7:15	Jr. Round-up and Teeth Brushing						SLEEP IN 
8:00	JR. BREAKFAST						
8:30	Jr. Clean-Up						
8:45	Sr. Round-up/Sr. Teeth Brushing						
9:00 – 10:00	Jr. Cabin Activities & SR. BREAKFAST						9:00 JR BREAKFAST
9:30	Sr. Clean-Up						10:00 SR BREAKFAST
10:15-11:15	Cabin Activities						Mishpucka Mash
11:30-12:30	Sr. Cabin Activities						
12:00	JR. LUNCH						JR. LUNCH & Sr. Mishpucka
12:30	Jr. Rest Hour						
1:00	SR. LUNCH						
1:30-2:30	Jr. Cabin Activities & Sr. Rest Hour				Jr. Fun Friday		Half-Days
2:45-3:45	Cabin Activities		2:45 Hobby Round Up (Main Field) 3:00-3:50 Hobbies		Fun Friday		
4:00-5:00	Jr. General Swim (ends 4:50) & Sr. Cabin Activities (snack ops)				Sr. Fun Friday		
5:00-6:00	Sr. Choice Period				Sr. Fun Friday		
5:30	JR. DINNER				JR. DINNER		JR. DINNER & Sr. Showers
6:15	MIFKAD						
6:45	SR. DINNER						
7:30	Jr. Evening Program (Jr snack 8:30)						
8:45	Sr. Evening Program(Sr. Snack 9:30)						Havdallah
11:00	Staff Snack						
TUCK*	I/1, CIT	II/2, LTP	III/3	I/1, CIT	II/2, LTP	III/3	

Camp NBB Health Centre

Goal

The goal of the Camp Northland B'nai Brith Health Centre team is to provide a safe atmosphere for our campers and staff, as well as promote a positive and healthy lifestyle. The Health Centre provides medical care to all persons on site through daily open clinics and monitoring, emergency responses, and medication administrations. We work hard in conjunction with the NBB Staff to prevent illness and accidents. We operate as a first aid station, not a hospital, and we expect all Health Centre staff to work within their own personal scope of practice.

Staffing and Facility

This year, we are fortunate enough to have 2 separate areas where we will be providing health care. We have one building where we will provide care for acute non-infectious symptoms (sprains, wounds, bites, etc.) and additional isolation areas separate from the health centre and designated spaces available as required where we will provide care for anyone with any infectious/COVID-type symptoms. Our ultimate goal is to provide as much care as possible outside in order to be COVID-cautious. However, we will need to balance this with the privacy of our patients and the care we can provide in that setting.

We will also have the ability to distribute Reg Meds (Regular Prescription Medications) through our fancy walk-through window. This is found at the front of the mess hall, located next to the left doors. This will allow us to distribute meds in a safe and efficient manner before and after meals.

The Health Centre is located off of central camp a little bit past Arts and Crafts. The Health Centre has one way directional pedestrian flow. And an outdoor tent for triage. Inside is a waiting room, nursing station, dark room, dorms, and nursing suite. There is electricity, internet, washrooms, and basic amenities including a fridge and freezer.

One to four Nurses (possibly a student and/or a medical resident) and at least one Doctor will typically be working in the Health Centre for each session. All of the staff are required to carry a walkie-talkie (walkie) when outside of the Health Centre space to ensure they are accessible in the event of an emergency (including in your personal cabin). Though staff are welcome to participate in camp activities, we require at least any TWO medical staff to be on camp land at all times, including at least one physician).

Accommodation for staff

There are multiple cabins used each year for doctors and nurses. The actual cabins assigned will depend on many factors including camp capacity, family needs, children in camp, nannies, gender, etc. The cabins have private bedrooms and bathrooms (private or shared) inside. There are showers, sinks and flushing toilets. All tap water in camp is potable (safe for drinking). Some cabins also have a sitting room and galley kitchen. We encourage the Health Centre staff to eat meals in the Dining Hall with the rest of camp, but in the event, you wish to eat in the health centre, there is a fridge, toaster oven, microwave, and kettle.

The nurses typically live in a cabin on campgrounds with a private bedroom and a shared bathroom among the nurses.

CAMP NBB IS BOTH NUT AWARE AND ALCOHOL FREE (AND KOSHER TOO)

Packing for camp can often be a difficult task as such we suggest you utilize the camper packing list found on the Camp NBB website as a general guideline. We also highly suggest that nurses and the doctor bring a small backpack or fanny-pack to hold the Walkie-Talkie at all times.

BICYCLES

If you have one, we recommend you take it with you up to camp. It will get dirty and dusty, but it will also make getting around camp a lot easier for you. All Head Staff (supervisors) have bikes in camp. This is considered a special privilege.

Responsibilities

General Expectations

Our health care centre team is composed of several physicians, RN's, and/or RPN's.

Our physicians hold an active license with the College of Physicians and Surgeons of Ontario and carry liability insurance with the Canadian Medical Protective Association. Copies of these affiliations will be kept in our office.

Each member of the health centre team is required to review the medical policies and procedures, the medical directives, as well as the general camp policies and procedures. Please sign and date the signature sheet to indicate you have read and agree to uphold all the camp policies.

Each member of the team is required to review all camper's and staff's health history forms in advance of any treatment or intervention. Please assess all medical concerns and clarify with camper's parents or staff if necessary.

On the first day of each session, please complete the first day checklist, and address any concerns to Simon, Adam, or Health Centre designate.

Each member of the team is expected to practice according to their personal scope of practice to help care for injured or ill staff and campers. You are expected to attend clinics after breakfast and dinner and keep accurate records of all health visits and treatments administered.

Each member of the team is expected to be fully accessible at all times on duty via Walkie-talkie or cell phone. You **MUST** be available to handle emergencies. Cell phones don't always work at the health centre but are good to have on you in the case of emergency. Please be aware that campers can never have cell phones at camp, and staff members are only allowed to use them on their time off. *Please DO NOT use your cell phone in front of campers or staff unless it is an emergency!*

You are expected to communicate any concerns to the director or your designate that you feel may affect camp safety or health.

Nurse

Our Nursing team is composed of either Registered Nurses or Registered Practical Nurses (or students, paramedics, or residents). All must hold licenses to practice without restrictions in the Province of Ontario. They will hold current CPR certification as well as have proven competence in providing first aid. Nurses are required to provide their own insurance which is typically readily available through the nursing association.

The following are the expectations of our camp Nursing Team:

- At least two of our nurses will remain on camp property at all times in order to be available for all medical emergencies or urgencies.

- One nurse will always be in the Health Centre on-call for any emergencies
- Be available in the Camp Health Centre during posted hours. Otherwise, be available by walkie-talkie as needed.
- Supervise the dispensing of all medications for campers
- Administer camper medications in a safe, accurate manner
- Keep accurate records of medication administered and follow up with unit or section heads for any missed doses
- Document in the camper or staff medical health record any encounter they have had with them.
- Update parents about the condition of a camper after discussion with the physician
- Keep an inventory of supplies and medications in the Camp Health Centre and inform team when supplies are required
- Keep the health centre clean, stocked, and organized
- Assemble and stock all section and activity first-aid kits, as well as the trip kits for overnights and canoe trips.
- Arrange First Aid Kits for Trips or any special requests.
- Review medical directives and policies and procedures of Camp NBB
- Care for any sick campers in the Health Centre. While campers may be unsupervised in a room of the health centre, a nurse is ALWAYS required to be in the building. If a camper or staff is staying in the health centre for a meal, it is the Nurse's responsibility to get a meal for them and bring it to the health centre, or to make alternative arrangements with counselling staff.
- Communicate with the applicable U/S Head of any camper or staff who is ill or injured. If the U/S head is out of camp, there will always be a temporary U/S Head on duty. If you are unsure of who to contact, speak with Lauren Tetelbaun or Zack Layton
- Have fun!

Doctor

The following are the expectations of our Doctors at Camp:

- Be available at all times for potential emergency response
- Be available while on site for all medical emergencies and urgencies
- Be available in the Camp Health Centre during posted clinic hours. Otherwise, be available by walkie-talkie as needed.
- Discuss trends in the health of campers/staff.
- Arrange for new prescriptions in a timely manner (i.e. calling pharmacy with Rx)
- Update parents about the condition of a camper
- Inform any parents of campers placed on treatments while at camp, or campers being transferred to external facilities during their session (IE: Emergency room trip). These conversations must be had **BEFORE** any treatments or transfers are carried out, the exception being true emergencies. Please use your personal judgement, anything you as a parent would want to know, should be passed onto the camper's guardian. Simon should also be informed of any conversations had with parents as well as should be documented into Campminder and the Health Record file.
- Review and revise the Medical Directives and Policies and Procedures of Camp NBB with the nurses, and sign the document to allow nurses to carry out treatments independently
- Keep in close contact with the Camp Director (Simon) and Associate Director (Adam) about any concerns of camp safety or illnesses present in camp
- The doctor is expected to e-mail or call home to any parent with a camper who was sent home with medications that were prescribed at camp to confirm that they received the medication and understand the instructions
- Have fun!

Typical Day for Health Centre staff

A typical day in the health centre does not exist. Every day is different (but fun and exciting!) because we never know what we will face. What we do know is that we will distribute Reg Meds before breakfast and after dinner routinely (unless otherwise required) and run clinics after breakfast and after dinner (and possible after lunch too during peak sessions). At all other times, we will be available by Walkie-Talkie for Emergencies or other camp needs (prepping for campouts, trips, etc.).

NOTE: Times may not be exact and vary between sessions of camp. Nurses remain 'on-call' subject to scheduling of time and days/nights off of course. When the business of clinics settles, nurses may enjoy the campgrounds and the overall beauty of camp – just remember to carry your walkie-talkie in case of emergency.

07:45 – 08:00: Jr. Regular Medication Pass (any campers receiving daily morning meds)

08:00 – 08:30: Breakfast

08:30 – Morning Clinic - Until we're done: Sr. Regular Medication Pass & Jr. Clinic; Sr. Clinic

12:00 – 12:30: Lunch

12:30 – Until we're done: Jr. & Sr. Clinic (no physician at afternoon clinic), Reg. Med. Pass

17:30 – 18:15: Dinner

18:15 – 19:15: Evening Clinic, Reg. Med. Pass

21:00 – Evening Reg. Med. Pass

22:00 – 07:45: Overnight Call (when available - on-call nurse takes walkie-talkie and doorbell and sleeps in "on-call room" If staffing permits, the night call has the morning off)

Each day someone will act as Charge Nurse and will be responsible for some of the daily administrative tasks. The Charge has the afternoon (after lunch) until dinner off.

The nurse who takes overnight call has the morning off, the nurse who will be taking overnight call that night has the evening off (after dinner until 2200h). The Charge and the Overnight nurses are responsible for handing over at ~22:00h and 07:00h.

Consent to Treatment

In Ontario, there is no minimum age for giving consent. Consent needs to be obtained when providing care. That being said, the Health Care Provider should use professional judgement taking into account the condition of the patient and the circumstance to determine if he/she has the capacity to understand and appreciate the information relevant to making treatment decisions. At camp, all camp staff act in loco parentis (in place of parents). All campers have health care forms completed which also details consent for several situations. This should be reviewed continuously. In the event that either the patient cannot consent, or it is felt that parent/guardian input is appropriate, every effort will be made to reach the parent/guardian in order to obtain informed consent.

The only circumstance where treatment can be given without consent is in an emergency situation where the person is at risk of severe bodily harm if treatment is not done immediately.

Medications

All nurses and nursing students must follow CNO standards for the administration of medication including knowledge of the appropriate dosage, use, contraindications and interactions of medications while following the 5 rights of administrations:

- 1) Right Patient
- 2) Right Drug
- 3) Right Time
- 4) Right Dose
- 5) Right Route

It is imperative that you always assess for medication ALLERGIES **BEFORE** administration of medication. Also, please remember, always utilize your clinical judgement. If you are uncertain of ANYTHING, never hesitate to ask the team leader or MD. There is no such thing as a “stupid” question, and it is ALWAYS better to err on the side of caution and ask for help.

Over the Counter (OTC) medications can be administered by the Nurse as per our Camp Medical Directives. All administration of the OTC medications must be documented in the patient health record.

Campers/staff may bring medication from home for administration while at camp.

Staff may keep their prescriptions in their cabin IF approved by the director. Otherwise, all medications will need to remain in the Health Centre.

All medications will be locked in a secure cabinet inside the Camp Health Centre.

Reg-Meds

Reg-Meds are campers who require daily medication. Time to administer medication is prior to breakfast and following dinner. Reg-Med campers are to line up at the window on the left side of the mess hall. Nurses will administer their medication, ensuring that all is taken (some campers will hold it in their mouth and spit it out after). If medication is required at a different time of day, that is arranged with the camper, their counsellor, and the designated U/S head.

Universal Precautions in the Provision of Health Care (PPE)

Now more than ever, we as a healthcare community recognize the importance of Personal Protective Equipment (PPE). Our health centre is equipped with the full array of PPE that you would find available to yourself in a hospital setting. We have gloves and masks galore, face shields and gowns as well. We welcome regular use of all of the above PPE to keep yourself and everyone safe.

While N95's are likely not necessary in our camp setting, all health care providers should have up to date mask fit testing done and masks will be kept for them to use as needed. Camp NBB will provide this testing at no cost to our health centre family. Public health guidelines and recommendations support mandatory masking at all times by anyone entering the Health Centre. Until further notice, this rule will be followed.

While routine care of minor injuries such as scrapes and minor cuts does not usually require the use of disposable gloves, the healthcare provider should always assess the risk presented and take all necessary precautions. Some points to remember:

- Treat all blood and bodily fluids as potentially infectious - this thought process will keep you safe. NEVER ASSUME.
- If the healthcare provider has broken skin or a rash, gloves must be worn when administering ANY first aid.

- Any used sutures, needles or sharp instruments should always be counted prior and after use and should be disposed of in the appropriate sharps containers which are labeled appropriately.
- In order to prevent needle stick injuries, needles should never be recapped, purposely bent or broken.

Medical Emergency

While we are a fully operational Health Centre, we are not equipped fully to deal with every issue. In the event of a medical emergency:

- The emergency response system should be activated by calling 911 immediately
- The Nurse and Camp Doctor will provide First Aid until paramedics arrive
- The Camp Director must be notified of the emergency and there should be a procedure in place to ensure that EMS can safely enter camp property without obstructions or compromises to camp safety
- At the first appropriate opportunity, the camper or staff's parents should be notified (this should be done by the Director, Doctor, Nurse or Unit Head)
- A copy of the patient's health information and consent form should be given to EMS to take to the hospital
- If allowed due to COVID restrictions, a staff member with a cell phone should accompany the patient in the ambulance.

Contacting Parents

Phone contact with parents/guardians are completed when updating on a camper's condition, as well as in the event of an emergency. Each person's health form contains contact information, as well as designates alternate contacts if the parents/guardians cannot be reached. Since the program has no way of determining what each person considers an emergency, the general camp practice is to contact parents when there is concern about a person's health and/or when a situation is not progressing as expected, or if a new medication is being prescribed – proactively and prior to treatment whenever possible. Other times that you must call home include:

There is no discretion – these calls are to be made automatically by the treating health care professional and documented on the patient chart:

- Head injury (and follow-ups daily until cleared)
- PRIOR to Invasive treatment – includes needles, stitches, suppositories, booster vaccinations like tetanus
- Any prescription of any kind without exception (includes topical)
- Any dental referral
- Any referral for outside medical care
- Any transport to clinic or hospital
- Any allergic reaction other than routine localized
- Any injury or illness that would be visible in a photograph i.e. crutches, splint, sling, bandage, black eye, etc.
- Burn requiring treatment
- Head lice
- Changes to medication
- Anything requiring isolation
- Mental health issues
- Any breathing emergencies (including asthma requiring treatment)
- Any overnight or extended stay in the health center (longer than a routine triage and short observation). If the camper arrives at night, the call can be made in the morning.
- Any unusual medical condition or symptom discovered while at camp (i.e. cyst, lump, etc.)

NOTE: Use your discretion – for example - A call may be wise when context of injury is important and there is potential for causing undue panic in parents (eg. Putting a tensor bandage on a camper, which might appear in pictures and can therefore be seen by parents – it is easier to err on the side of giving the parents a heads-up vs. answering a panicked phone call.

Because many people remotely access their voice mail, it is expected that camp personnel leave voice messages on answering machines that appropriately communicate the need for a given parent to call the camp. All contact, successful and unsuccessful, is documented on the individual's health form.

If an injury is a result of a camper-camper or camper-staff incident the health centre DOES NOT call home, this call should be escalated to Simon, Adam, Lauren, or Zack first. The doctor may have to speak to parents from a medical perspective, but this should happen after this initial call from directing team.

Parents of staff are generally NOT called unless they request us to call or if they are unable to call due to injury or illness. Consent is required to call staff parents unless it is an emergency situation.

IF EMS IS INVOLVED:

If there is a situation that requires an ambulance, call EMS FIRST then parents, try to have a plan and some answers for them when you call. The doctors should call for scenarios a, b, c, d (though the nurses can call if required)

Pre-Camp and First Day of Session Procedures and Set Up

Pre-Camp

1. **Cleaning, Un-Packing and Organizing.** Check ALL closets and cupboards for stored stuff. All surfaces and inside drawers should be cleaned out and disinfected as mice live in the HC over the winter. Try and make the HC look nice, there are lights, decorations, sweep the cobwebs off of the porch. There's a toaster oven, coffee maker and kettle for the nurses to use. AC unit is stored in the closet of the small, front bedroom. Make a big calendar with all important camp dates (session start & end dates, weekenders, overnight and trip dates). Don't make the ward beds.
2. **Bins + Medication Organization.** Rob will drop off the bins of stuff that have been stored over the winter. The bins stay in the HC until the end of summer. When putting away medications, expiration date must be double checked before it's put away. Recommended, though not required, medications should be grouped by use. Expired medication should be taken to a pharmacy for disposal. A lot of new OTC medications were bought this year so this will need to be organized.
3. **Household Supplies.** Make sure you have "household" supplies, toilet paper, paper towel, etc. You can get from Rob. Install the doorbell and the phone, set up workstation for nursing admin work. Attach the pool noodle to the edge of the screen door so the door doesn't make a loud noise when slamming the door.
4. **Major Medical Concern Camper Lists and Bracelets.** Lists of campers with major medical concerns, and anaphylaxis must be generated. An anaphylaxis, asthma/diabetes/epilepsy list can be done fairly easily through a campminder report. Finding other medical concerns are more difficult and often requires a manual review of the health forms or camper profiles. Medical alert bracelets need to be created for anyone with anaphylaxis, a major medical concern, or a medication allergy (even if not anaphylactic). Additionally, an attention note must be put into their campminder file. The paper file should be a red folder AND they should have their emergency plan printed out with copies hanging in the doc office, the camp office and provided to the unit/section head. NOTE: Parents often indicate a history of asthma that is not representative of actual asthma (they had a puffer once when they were 3), if the camper isn't coming with a rescue inhaler, they don't need a medical alert bracelet. The only information required to be relayed to Unit/Section Heads is that there is an illness present, and what warning signs should be monitored for.
5. **Call the Haliburton Emerge.** Call to let them know we are opening, procedures we need to follow for sending campers in and confirm hours for x-ray (in the past the technician leaves at 8pm). NOTE other imaging (ultrasound) is not usually available.

6. **Organize Paper Charts.** We still keep paper charts on hand in-case there is a power/internet outage. They are stored alphabetically by last name, in filing cabinets located at the nursing station, or locked cupboard in nursing suite if overflow is required.
7. **Call Parents Who Require Phone Calls.** Some parents/guardians request phone calls with the Health Centre prior to camp beginning. This list will likely be provided by the U/S head, head counsellors, or Denise. These calls should be made and documented in campminder and/or the camper's file depending on which system is in use (depends on internet viability which changes year over year).

First Day of Session(s):

1. **Receiving & Storing Medications and Specialty Foods.** Parents are NOT to pack medication in camper baggage, it should be given to Denise (or bus mums & dads) at the busses, it then gets delivered to the HC. Medications received are either checked against what was entered into campminder and "approved" by the nurse(s) OR it is entered into campminder by the nurse. Please cross check all medications with camper health forms and follow up with U/S heads if you are missing any. Many campers/ medications will come in strips direct from an affiliated pharmacy, but we still need to always verify correct labels. All medication (including OTC) must be in the original container or pharmacy container, prescription medication must have the correct prescription information on the label. These medications require Medication Administration Records (MARS). MARS should be signed off each time a medication is administered. If a camper misses a dose, it is the responsibility of the nurse to follow up with the U/S Head and ensure the dose is managed properly. Parents are discouraged from sending OTC meds unless they are taken everyday (like allergy meds). We are well stocked and don't have space to store it, it just gets put somewhere and no guarantees they are getting it back. Double check you have epi-pens from anaphylactic campers, one should stay in the HC and one should be on the campers person (if they can use it themselves) or with a designated and NEAR BY staff. They should also be entered into campminder or "approved" as it acts as a receipt. Some families send specialty food for their kids, we do not keep it in the HC unless it needs to be documented (like daily nutritional shakes). As the location for Reg-Meds is new this year, you will have to work out the best way to store the camper medications.

All medications in camp MUST be kept in the locked medication cupboard in the Health Centre, the only exceptions to this rule are:

- a. Rescue medications: staff must be trained how and when to use this medication
 - Seizure Meds (Ativan/lorazepam, IN midazolam etc.) (only enough for an emergency as these are controlled substances)
 - Asthma rescue inhaler only (the blue ones ex. Ventolin/salbutamol) the controller medication (orange, ex. Flovent/Atrovent) should stay in the HC
 - 1 of 2 Epi-Pens sent to camp should be on or with the camper at all time
- b. Melatonin: Held by cabin counsellors in lock box, medication must be signed off when given
- c. Birth Control: Held by cabin counsellors in lock box, medication must be signed off when given

Staff are not to give campers ANY medication without prior approval from the HC. Staff have to track the medication they give on a Medication Administration Record (MAR), including medications given on trip and return it to the HC.

2. **Camper Medication Lists.** After medications are all received and approved/entered, a list of campers who take medication (and when) should be created for each unit/section and organized by cabin. Distribute to Unit/Section heads and they will distribute it to applicable cabin counsellors (They need to make sure their kids are coming EVERYTIME. If a camper does not come to receive their medication, their U/S head is contacted to send the camper immediately). The only information required to be relayed to Unit/Section Heads is that there is an illness present, and what warning signs should be monitored for.

3. **First Medication Pass!** Get ready to pass meds as they start right after lunch.
4. **Lice Checks.** First day camper arrivals also include lice checks (Please see “Head Lice Policy.”). When possible a third party lice checking company helps with this process but our health centre staff remain part of the team. If nits, nymphs, or adults are found, they are sent to the Health Centre for further treatment. The Lice company will often also set up shop usually in some area of the HC to do comb-outs for any campers found with lice, and they will train the nurses how to do follow-up comb outs. Depending on the severity, length of treatment is determined by the Health Centre staff.

All binders containing health forms should be kept locked in the medication cupboard, or available alternative locking spaces, to maintain confidentiality

Last day procedures and take down

It is the responsibility of the whole Health Centre Team to ensure the Health Centre is being passed onto the new team in suitable condition.

End Of Session(s):

If you are handing over to another session (ex. the end of first month), it is helpful to sit down as a team and make a report on campers who are staying for the month that may require follow up or further care. On change over day, the nurses will have the opportunity to hand over to the oncoming nurses.

1. **Pack-up meds to go home.** Find out who is going home from camp-minder. Determine which campers have meds to go home (if they are finishing a course of meds see below), put meds in ziplocks or paper bags for each camper and group by unit/sections. Make sure to leave out any doses they may need for the day they are leaving. **DON'T FORGET EPI-PENS.** Make sure the meds make it on the bus.

Campers who are being sent home on a medication prescribed while at camp will be sent home with the amount of medication required to finish the course of treatment. This would be packaged up with the rest of the camper meds and a paper form indicating what the medication is, why it was prescribed, when it was started, when it should be administered, the date and time of the final dose, the date and time of the last dose given at camp, the number/amount of medication sent home, and any follow-up that should be completed. It is signed by a nurse and a copy of the form is put in the camper file. A follow up call or email from the nurses or doctor with the same information provided and an email back from parents confirming they received and understand instructions is required.

2. **Gravol for the bus.** Campers can go to the hut before the bus to get Gravol. Gravol administration needs to be documented in campminder. No gravol is given out on the bus. Bus mums & dads should not be taking drowsy gravol to sleep on the bus as they are there to supervise, they can have ginger gravol or find someone else to be a bus parent.

End of Camp:

1. **Pack everything back up and clean.** Same procedure for medications as end of session, except all meds get packed to go home.
2. **Inventory also has to be counted.** Inventory is already on a google drive spreadsheet and organized similarly to how it was stored in previous years. Inventory can either be done on paper and entered later (not recommend) or entered into the spreadsheet as everyone goes. The exact number of individual Band-Aids does not need to

be counted, just an estimate. Check expiration dates. If it expires before next summer, it is either donated or given to someone at camp. Pack everything in the bins they came in, be organized when packing as you WILL have to go back into a bin to try and find something you packed. Leave out the common over the counter meds (Tylenol, advil, gravol, etc) and first aid supplies.

3. **Bedding.** Bedding can be put into plastic bags if it needs washing and given to Rob, otherwise back in their bins. Bins are picked up in the morning of the last day. Any supplies that are being stored IN the HC should be mouse proofed as best as possible (ex. clean the toaster oven thoroughly, put it in a clear plastic bag and then store). Take down decorations, sweep, mop, dust and wipe down everything, clean the fridge, close the windows, pack paper charts in milk crates, don't forget to pack the phone and the doorbell. We do not leave anything for the camps that rent from us post season (J camp included).

Dealing with your own children at camp

Camp is a wonderful experience to share with your child, we just ask that you enjoy from afar. Homesickness is a major issue for a lot of the campers at Camp NBB. Seeing other campers with their parents acts as a trigger for homesickness. For this reason, we ask that you do NOT approach your child during camp or go to their unit/section. We are aware that this is difficult, but it also allows your child to fully integrate into camp and have the best experience she can have!

We suggest that you arrange with your child to meet at the "Doctor's Table" during clearing time of meals. This will allow you to get your hugs in, while not causing distress to other campers.

Confidentiality

Camp NBB requires all medical documents to remain confidential as per the privacy act, with information only shared on a need-to-know basis. All parents and guardians are aware that medical information may be shared with specific staff members who are vital to the camper's safety. All medical charts are required to be kept in the locked medication cabinet.

Prescribing a Camper Medication

In the event where a camper is required to receive a prescription from the camp doctor the following steps are taken:

1. The doctor prescribes medication for specific illness or injury
2. The parents of the camper are called to let them know of the situation
3. The U/S head and the counsellor of the camper are made aware of the prescription and time of day that they must come to the health centre to receive their medication
4. AFTER THE SESSION, when the camper goes home, the amount of medication required to finish the course of treatment would be packaged up with the rest of the camper meds and a paper form is sent home with the medication indicating what the medication is, why it was prescribed, when it was started, when it should be administered, the date and time of the final dose, the date and time of the last dose given at camp, the number/amount of medication sent home, and any follow-up that should be completed. It is then signed by a nurse and a copy of the form is put in the camper file.

All medications prescribed or medical supply purchased specifically for an individual camper or staff must be tracked on an excel spreadsheet. Medication Prescribed/Item, Date, and Cost is required in order to properly invoice at the end of the summer. Also keep the associated receipts. Give all to associated director at end of summer. All medication when possible should be called into our dedicated line at our affiliated pharmacy (MedNow). They will arrange payment for medications in which case we will save the camp the challenge of seeking reimbursements.

Similarly, always prescribe OHIP covered medications whenever possible to do so.

International campers or staff will have an insurance policy and where possible, interactions with international staff requiring prescriptions should be communicated to the Camp Director.

Automatic Phone Calls Home [THIS IS REPEATING ON PURPOSE – THAT IS HOW IMPORTANT THIS IS]

Parents are automatically called for campers in the following circumstances. A camper is referred as both regular campers and CITs.

- a. Head Injury (and follow-ups until cleared completely)
- b. Prescribed Medication (including topical)
- c. Any direct transfer to Haliburton or other external hospital for medical treatment
- d. Dental referral
- e. Any referral to the Haliburton or other hospital
- f. Prior to Invasive procedures (stitches, booster vaccination like tetanus, needles, suppositories)
- g. Any allergic reaction other than routine localized
- h. Any injury or treatment that would be visible in a picture i.e. crutches, black eye, sling, tensor, etc
- i. Burn requiring treatment
- j. Head lice
- k. Changes to medication
- l. Anything requiring isolation
- m. Mental health issues
- n. Any breathing emergencies (includes asthma requiring treatment)
- o. Any unusual medical condition or symptom discovered while at camp i.e. cyst, lump, etc
- p. Spending a night in the Health Centre (if the camper comes in the middle of the night the call can wait until morning)
- q. When context of injury is important and there is potential for causing undue panic in parents (ex. putting a tensor bandage on a camper, which might appear in pictures and be seen by parents. It's easier just to give them a heads up rather than answer panicked parent phone calls)

If an injury is a result of a camper-camper or camper-staff incident the health centre DOES NOT call home, this call should be escalated to Simon, Adam, Lauren, or Zack first. The doctor may have to speak to parents from a medical perspective, but this should happen after this initial call from directing team.

Parents of staff are generally NOT called unless they request us to call or if they are unable to call due to injury or illness. Consent is required to call staff parents unless it is an emergency situation.

If there is a situation that requires an ambulance, call EMS FIRST then parents, try to have a plan and some answers for them when you call. The doctors should call for scenarios a, b, c, d (though the nurses can call if required)

Supplies and upkeep of Health Centre

Stocking and restocking

The Health Centre will be opened and stocked at the beginning of the season during pre-camp. In some cases, the health care team in session one may have to refine the stock.

The Health Centre keeps a variety of over-the-counter medications to treat minor illness and injury. There is also a variety of dressing supplies and splints for injuries. If a camper or staff member needs a specific medication that we can't get in a timely manner from MedNow, a prescription can be given to the camp's designated driver(s) or health centre liaison as determined by the director and will be picked up from the pharmacy in Haliburton. It is best to have any requests for prescriptions or general medical supplies to the office after morning clinic in order to receive them before evening clinic.

Garbage and Cleaning

Garbage/recycling at the Health Centre gets put out on the porch after morning clinic for maintenance to pick up. NEVER NEVER NEVER leave garbage on the porch overnight, you will get visitors.

The nurses are charged with the task of maintaining the daily cleanliness of the Health Centre. We suggest wiping down surfaces with antibacterial wipes after each clinic to prevent the spread of illness.

Every Saturday around 10-10:30 AM the maintenance crew comes to wash the **floors** of the clinic, wards, and doctor's office. Everything else is up to the nurses: bathrooms, counter tops, living quarters, porch, etc. The Health Centre is stocked with a mop, bucket, brooms, and cleaning supplies.

Laundry

The Health Centre sends laundry out just like the rest of camp. Usually, two laundry bags are provided weekly. The nurses fill the bags, leave them on the porch for pick up, and they are brought back within the next two days.

If there is a laundry emergency, special laundry can be requested via walkie talkie to the maintenance staff.

First Aid Kits

Full content lists for all types of first aid kits can be found at the end of this document. They are located in every specialty shed around camp. Extra epipens are also located in the dining hall with the AED kit, the office, and BB Beach swim shed.

All NBB staff have first aid training and will treat minor bumps and bruises.

Overnight and Tripping Kits

NBB has a tripping program and sends campers into a variety of wilderness settings. Any trip leaving camp, including overnight trips on Moose Lake, MUST be sent out with a complete first aid kit. If possible, you will have an idea of when trips are planned to go out at the beginning of camp, with the list of campers being provided at least 24h in advance. For all trips leaving camp, the staff responsible will provide the nurses with a list of campers and staff leaving camp on each individual trip, e.g. Canoe trips will come from the head of Tripping; other activities will come from the head of the respective activity. The list is reviewed for any campers receiving scheduled medications. The nurses are to review the charts of each person going on trip and fill out the trip form accordingly. This information will then be passed onto the trip leader at a time determined by the nurses. A Medication Administration Record must be created through campminder for each camper receiving meds and for each day that they are away.

The medications themselves are packed in coin envelopes (really small envelopes) and put in a ziplock sandwich bag with the MAR if they are not in camp as strips. The MAR must be initialed and returned to the HC by whomever administered the medication. Trip staff should also document on a Trip MAR (a document not from campminder). If they give any OTC medication (they get sent with Tylenol, Advil, anti-histamine, and Graval), the dose and usage must be outlined on the trip MAR. Canoe trips get different first aid kits than the rest of camp, trippers have to be trained how to draw-up and administer an appropriate dose of Epinephrine (it's our back-up, back-up for refractory anaphylaxis on a canoe trip)

If a camper or staff member on the list has an anaphylactic allergy you must consult Simon to decide if this individual will be allowed to go on the trip.

The kits should have well stocked contents according to the list provided. All medications should be packed in waterproof packaging, labeled with Camper's name, name of the medication, dosage to be given, and the time of day to administer it. The head tripper will be handing out medications accordingly so please be accurate and give clear instructions to the head tripper during your meeting.

The Head tripper for that excursion will pick Kits prior to departure. The nurses should explain any medications, medication administration instructions, allergies or special medical concerns to tripper on a need-to-know basis. The head tripper MUST sign for the kit on the sign-out sheet. Trip Kits are expected to be returned to the Health Centre within 24h of the trip returning to camp.

Emergency Kit

Camp NBB's Health Centre operates as a clinic, not a hospital, but in the event of an Emergency we rely on the Health Centre staff to act as first responders while waiting for an Ambulance. NBB's Emergency Kit is standardized to have consistency across all sessions and teams. We do not expect you to utilize anything in the kit that you are unfamiliar with.

ALWAYS OPERATE WITHIN YOUR PERSONAL SCOPE OF PRACTICE.

The emergency kit is a blue duffel type bag with an O₂ cylinder, O₂ tubing with nasal canula, simple masks, non-rebreathers and oral airways. You should also add a Ventolin inhaler, epi-pen, glucose gel or honey, pulse oximeter, glucometer and a pen & paper. Typically, our nurses and doctors do not start IV's. If a camper or staff need an IV, they are going to the hospital.

It is vital that each session inventories the Emergency Kit and signs the inventory sheet on the first day of their session.

Emergency Responses

Emergency transportation is provided by the camp van or the area's ambulance services. The nurse, doctor, and Director cooperatively decide which mode of travel will be used. In general, the ambulance service is used when the patient is not stable and/or has need for special equipment (e.g., life-support systems). It is an annual responsibility of the health-care administrator to contact local emergency-response systems and arrange for their services.

Based on camp protocols, staff are trained to assist in emergencies. This training is initiated during orientation and supported by sessions led by the camp health-care team and other leadership staff. Emergency situations to which staff are expected to respond include: clearing and establishing a patient airway, initiating CPR, controlling severe bleeding with pressure and elevation, cooling a burn, keeping a suspected fracture quiet, knowing what to do in the lost-camper drill, activating the camp emergency-response team, and knowing the camp's severe-weather response.

As part of risk-management procedures, each unit's staff rehearse their missing-camper drill during pre-camp and the first week that campers are on-site. Continued drilling is at the discretion of the director. The waterfront staff rehearses their missing-swimmer drill during the first week of arrival. Procedures specific to waterfront emergencies are in the Waterfront Manual.

Counsellor Role in Routine Health Care

The supervision of routine health care is specifically charged to the camp nurse and health-care team. Counseling staff, however, are integral to health care also. They are specifically charged with managing cabin and activity groups to support activities of daily life (e.g., adequate rest, water, nutrition). Counsellors often note symptoms of illness or signs of injury before they are noted by the nurse. Consequently, it is their responsibility to act appropriate to their observations. Specific directives are described in the Staff Handbook.

In addition to records kept by the nurse, the camp makes use of incident reports to document unusual situations. The camp director determines when to initiate the incident report and is charged with maintaining documentation, as well as appraising camp administration. See “Incident Reporting” for more information.

Policies

Prevention of illness and injury

Camp NBB strives to be a safe place for a camper to be herself and thrive. Please feel free to participate and watch camp activities. If you have any concerns about safety, please advise Simon or Adam immediately or inform the maintenance staff to have the issue resolved.

Camp is such a special and unique environment. It provides so many opportunities for both campers and staff to be independent from their parents or guardians and learn the importance of prevention. There are many elements at camp that we must do our best to protect our campers/staff from. These include our friend, Mister Sun, and the loving Mosquito/Tick/Black Fly family of critters.

Staff and campers can often get caught up in camp activities and forget to take care of themselves, it is important to encourage basic illness prevention strategies such as hydration, sun safety, and hand washing to ensure a healthy camp and less people coming to the Health Centre.

Campers and Staff must be reminded (constantly) to protect themselves from the Sun. This includes the following:

- Wearing hats during the day - in sunny or cloudy skies
- Sunscreen with an SPF of at least 30 must be applied 30 minutes PRIOR to sun exposure and after swimming, exercising and sweating
- Sunglasses that offer UVA and UVB protection should be worn to prevent burns to eyes.
- UV protective clothing is encouraged, especially shirts when in the water.
- Carry a water bottle around constantly and drink fluids.
- Avoid Sun Tanning at all times

Campers and Staff must be reminded to protect themselves from Bug Bites by doing the following:

- Wear long sleeve shirts and pants at dawn and dusk.
- Tuck pants into socks if possible
- Use of DEET containing personal insect repellents

If you are concerned about illnesses in specific sections: e.g. a lot of senior campers coming to clinic with sore throat, please touch base with the U/S Head to inform them and help implement strategies to prevent further illness.

Immunization Policy

Immunization Policy

Camper and Staff Immunization Policy

Regarding immunizations, due to COVID-19, we expect that these policies will be fluid and may change as the summer approaches. Please make sure to be signed up for our email updates. All registrants of camp sessions/experiences/events are deemed to accept the reality of these potentially rapidly changing policies. By accepting these terms and conditions, you are agreeing to potential policies which may include mandatory vaccinations.

Current for Summer 2022

Background

Vaccines have saved the lives of more children than any other medical intervention in the past 50 years. The vaccination of all members of the camp community ranks as a key component in maintaining a safe environment and in decreasing the risk of transmission of contagious illness. The determination of mandatory immunization requirements is consistent with Ontario guidelines and based on current clinical guidelines for the best protection of the population against vaccine-preventable diseases. Mandatory immunization for school-aged children is legislated by the Ontario government (Immunizations of Schools Pupil Act).

These changes are being made to improve the health and safety of campers. The changes will help protect children and staff from vaccine-preventable diseases and reduce the risk of disease outbreaks. These changes also align the immunization requirements for camp with Ontario's publicly funded immunization schedule, which is based on current clinical guidelines for the best protection of the population against vaccine-preventable diseases.

Policy

Camp Northland requires that any member of the camp community in residence (camper or staff) receive up to date, age appropriate immunizations. The list of required immunizations is based on the most recent requirements mandated by the Province of Ontario for school aged children.

It is the responsibility of each resident at camp [and their families if under 18], to meet the immunization requirement. Disclosure on the health form or other records of failure to immunize does not exempt from this requirement except in accordance with the exemption policies as outlined below. If a camper or staff file is reviewed and identified by the Health Care staff that a camper or staff member has not been adequately immunized, the child or staff member will be sent home immediately or required to be picked up by the parent(s) at the camp's sole discretion. Staff and parents of campers will self-report the status of their immunizations on the Health Information Form submitted annually.

Requests for exemptions and reasonable accommodations related to a medical condition/disability or religious/creed under the Human Rights Code will be considered. However, due to the serious health threat COVID-19 presents to the public, this duty to accommodate will be balanced against the camp's obligations to protect the health and safety of staff and campers. Without exception, and at the sole discretion of Camp Northland and its medical advisors, the camper or staff may be excluded from camp if there is an outbreak or immediate risk of outbreak of a designated disease in the camp where the required immunizations have not been received. Any cost for excluding the camper or staff will be paid for by the parents and a refund for the days missed will not be provided.

Please note that this may be limited by other third party programs, event rules, intercamp policies or other unforeseen limitations.

Policy re COVID-19 Vaccine:

- All campers and camper facing staff will be required to be vaccinated as detailed by provincial guidelines (at this current time this means: two doses of the COVID-19 vaccine at least 14 days prior to the start of camp, with the possibility of any boosters, if included in the guidelines)
- We are strongly recommending that everyone who is eligible receive their booster vaccine prior to camp.
- When filling in your camp medical forms, proof of vaccines will be required and checked by staff prior to coming to camp.
- Any requests for exemptions for medical considerations, essential service needs, or essential visitors will be reviewed by our medical team on a case by case basis, with protocols implemented under our medical team's direction and discretion.

References

http://www.health.gov.on.ca/en/pro/programs/immunization/docs/ispa_hcp_ga_en.pdf

[Click here for Important Statement on vaccinations from the Toronto Board of Rabbis \(June, 2019\)](#)

Head Lice Policy

Lice – No Nit Policy:

As always, the goal for this summer is to have a safe, happy and healthy camp season where campers and staff can enjoy all camp activities without interruption.

In an effort to keep our camp as lice free as possible, Camp Northland – B’nai Brith will adhere to a “No Nit Policy” which involves staff and campers coming to camp free and clear of head lice.

As a courtesy to fellow campers and staff, we are insisting that everyone who will be attending camp this summer to be checked 5-7 days prior to the start of camp and then again the day before departure. Any evidence of nits (lice eggs), nymphs (tiny immature lice bugs) and adults (mature lice bugs) must be thoroughly removed. You can do this yourself (using on-line [resources](#) or you can book [a professional lice inspection](#) at a convenient location for you and with any number of [other providers](#) across the [GTA](#).

Our staff will be conducting camp wide head lice screenings at the start of camp. If your child is found to have any evidence of head lice, then the protocol is that they will be professionally treated on site by a qualified member of our staff team. A standard charge of \$200.00 per child treated will be billed directly to each family to help offset the cost of this service. This charge will be applied to all incoming campers and staff at the first practical opportunity for the camp to do so, as the infestation would have preceded camp.

Please note that part of the treatment process involves extensive combing and depending on the severity of the case, this could be anywhere from 3-6 sessions in the Health Centre. Not only does this disrupt the medical program, but more importantly, it takes time away from your child being able to enjoy camp as it is meant to be. Campers or staff with lice/nits will also experience periods of isolation from regular activities and/or be required to wear a head covering as determined by camp staff.

If you are planning on booking a professional screening with a professional service, of which many are available, it is recommended that you call in advance as their clinics are by appointment. Direct numbers can be found on the above linked websites but feel welcome to find a suitable service close to your home.

Let’s all do our part to keep our camp lice free. Although head lice is not a public health hazard, it is a nuisance and is very easily spread in contained environments/close quarters. Thank you for your co-operation.

Updated: June 2022

Ill or Injured Staff and campers

Being an active environment with a close-knit group of people, illness and injury are likely to happen at camp.

Staff or Campers coming to clinic for an illness may receive medications from the Health Centre supply at the discretion of the Doctor or the Nurse within the medical guidelines. If a camper or staff needs time away from activities or main camp to help aid in recovery the U/S Head on Duty for the day must be informed so that they do not assume her to be missing and begin a search for her. U/S one and two campers are not to be left alone in the Health Centre or in units/section. Staff may stay in the Health Centre or return to their cabins so long as their U/S head has been informed. If a camper or staff member needs to be woken up through the night, they are to stay in the Health Centre to prevent disruption to others. If there is a chance that a camper

needs to be excused from activities for an illness or injury, please inform their U/S head. If possible, write a note for them indicating how long they are excused for, please refrain from listing a medical reason as to maintain confidentiality.

In the event that a camper or staff member needs to leave camp for further medical care, e.g. hospital, the Health Centre staff must contact Simon or Adam, in order to inform the appropriate people and arrange transport. If a camper or Staff member is to be sent to hospital it is the responsibility of the doctor to touch base with the Parent or Guardian of the camper or under aged staff member and inform them of the situation. This discussion must be logged in the Telephone Communication form and passed onto Simon. Any conversations had with parents should also be charted in a Progress Note in the camper or staff member's chart, including but not limited to information surrounding, who called who, what was the reason of the call, if there will be a follow up call, or any additional information pertaining to the incident.

If there is a possibility that the camper or staff may need to be away from activity for a longer period of time, please speak with Simon to discuss potentially sending them home.

Medications and General Medical guidelines

As stated before, all camper and staff medications must be kept locked in the medication cupboard in the Health Centre, the only exceptions being inhalers, Epipens and Birth Control pills. MARs must be kept for all medications being administered to campers and staff. Where possible, medication times must be adapted to Camp meals and before bedtime.

Camp keeps a supply of over-the-counter PRN medications, to be administered by the nurses if needed. Camp NBB has a Medical Treatment Guideline to be reviewed by the team on the first day of their session and signed by the Doctor and the Nurses as a medical directive. The Doctor may alter this document for the session in accordance to their preference of medications or dosing.

Routine personal medications are administered under the supervision of the nurse and in accordance with orders from a physician or, as in the case of vitamins, upon the request of parents. Medications are most commonly given prior or following meals. The nurse makes special arrangements with a person if that individual's meds need to be taken at a different time.

Use of "as needed" medication is supervised by the camp nurse. It is important to realize that the rationale for giving a particular medication must be documented. The camp recognizes that most over-the-counter meds can be administered by people educated to do so (e.g., the nursing assistant), but the decision to use most medications requires professional assessment. Consequently, not all members of the health-care team have equal ability with regard to medications. It is the responsibility of the camp RN to assess the camp health-care team and determine who is capable of administering what medications and to supervise that process.

In cases where a question exists about medication, the camp nurse must contact the appropriate person (i.e., the prescribing MD, parent) by phone to clarify the issue. This conversation is documented in the client's health record and supported by an order with the consulting individual's signature. It is possible that a parent may send a camper with a variety of medications packaged together. The nurse may not be able to identify the medication. Nurses may not administer medication unless they follow standard nursing medication practices. Consequently, the nurse may have to tactfully arrange with the parent for a new supply of appropriately labeled medication. To minimize this potentially time-consuming event, the program's Parent Handbook clearly instructs parents how to route medications into the program. Camp nurses are expected to refuse to give a medication which does not meet safety guidelines.

Infection Control

Camp is a close-knit setting in which illness spreads very quickly. We try our best to maintain a clean and healthy environment, but in the situation of an outbreak we have a specific protocol. This protocol can be found in the Infection Control and Outbreak Management Policy. If you feel that there is a higher than normal incidence of illness, please inform Simon.

Camp NBB works closely with the HKRA Public Health Unit and Medical Advisory. They are available for any information regarding communicable disease, potential outbreak, Tick and Lyme prevention. If you have any questions or concerns you may contact them via the information indicated in the Health Centre.

Because all illness comes into the Health Centre, you must wipe down all surfaces with antibacterial wipes after each clinic, and deep clean the area twice a week, or more frequently if needed.

Anaphylaxis

Camp NBB is a nut aware facility and works closely with our catering staff to accommodate all food allergies.

Allergies are common. Allergic reactions are less common and thankfully anaphylaxis is even less common. That being said, anaphylaxis can happen and can be fatal. Epinephrine is a medication used to treat anaphylaxis and can save lives.

Any staff or camper who has life-threatening allergies is required to bring an epi-pen (or equivalent) to camp and carry it at all times. These epi-pens should be checked by the Health Centre staff to ensure they are not expired. In the event they are expired, a new one will be ordered and billed to the camper or staff's tuck account. Additionally, the camper or staff with known severe allergies will wear a Medic Alert bracelet at all times at camp.

Health Centre staff are responsible for knowing who has life threatening allergies and what U/S they are in. This information is passed onto the U/S Head staff as well as the kitchen staff. All counselors and U/S heads will be aware of any campers or staff with allergies. It is helpful to keep a list on the inside door of the medication cupboard to assess life threatening allergies fast. Severe allergy forms will be posted in the Health Centre and easily accessible. There is a specific Camp NBB staff member in charge of all allergies or special diets to liaison with the Kitchen Staff. Modifications are made for any camper's food allergies. Kitchen staff will have specific information about campers and staff with allergies and information on how to prevent cross contamination of food. If you have any questions, please touch base with the Staff in charge of Special Diets.

If a camper or staff member on the list has an anaphylactic allergy you must consult Simon to decide if this individual will be allowed to go on canoe trips or overnights.

Throughout camp there are additional epi-pens in case of emergency. In addition to the Health Centre, these are located at the BB Beach swim shed, the office, and the dining hall with the AED. *Please make sure you are made familiar of these locations on the first day of camp.* All staff will be trained on how to use an EpiPen and are aware of its prominent and easily accessible location.

Specific Illnesses

Occasionally campers with increased medical needs are welcomed to camp on a case-by-case basis. This could include, Diabetics, epileptics, mental health conditions... etc. It is the responsibility of the Health Centre team to touch base with the family of the camper to ensure they have a proper treatment plan, interventions, and

phone numbers for specialists in order to ensure a safe session at camp. It is very important to include the Camper in the development of the treatment plan, as they often know their condition best.

If a camper has increased medical needs, all parties involved directly in their care should be educated by the health care team to ensure a safe session. This includes the Camp Director, U/S Head and responsible counsellors. The Health Centre Team should educate them on symptoms, prevention, treatment, and extra safety measures if required. This is necessary to share as the health care team cannot watch over each child individually all the time.

Lyme Disease

It is very important to be aware of the symptoms of Lyme, the prophylactic treatment, as well as the prevention of tick bites. Although ticks have rarely been seen in the past five years, it is definitely possible.

NBB staff members are trained to educate and encourage campers to be tick aware. If a tick is identified, the staff understand that they must take the individual to the health centre for it to be removed. Unfortunately tick bites do happen so it is important to know how to identify and what to do. The following information is taken from the Government of Ontario's 2016 guide for Combating Lyme Disease Through Collaborative Action. The full guide will be available for you to read in the Health Centre. Haliburton is currently not considered a high-risk area for black legged ticks causing Lyme disease but they do exist.

Ticks are commonly found in long grassy areas, heavily wooded areas and in leaf litter. Outdoor activities such as exploring and hiking increase a person's exposure to ticks. Camp NBB staff must follow this protocol for campers and also for themselves.

Preventative Steps before going into 'at-risk areas':

- Camp NBB staff will ensure that campers apply insect repellent (ideally a repellent containing DEET and will follow the directions on the manufacturers label).
- NBB staff must be conscious of tick habitats (i.e.: long grass, wood piles) and redirect campers away from these areas.
- NBB staff must ensure campers wear long, light colored clothing if they will be participating in thorough outdoor exploration. Additionally, for thorough outdoor exploration, the long pants must be tucked into socks and close toed shoes (i.e.: running shoes) must be worn.
- NBB trippers and staff must ensure that campers pack the above-mentioned clothing for trips and overnights.

After Returning from 'at-risk areas':

- Change clothes after being in an 'at-risk area'. Leave these clothes outside for 24 hours on a clothesline.
- TWIST health checks must be completed 2x per day. TWIST stands for: T = tick check; W = water/hydration; I = insect bites/infection; S = sun protection; T = tummy/constipation.
 - a) Campers who are in U/S one or two need to be directly supervised and helped by their counsellor when doing their TWIST checks (the counsellor or semi must remind campers to check "where their bathing suit covers" the next time they change or go to the bathroom but the counsellor must stay outside of the bathroom stall when they check "where a bathing suit covers").
 - b) Campers in U/S three, LTP, or CIT will check themselves and each other.

- Tick check tips: check visually and with gentle brushing of your hands over your skin in both directions paying particular attention to: scalp, behind the ears and knees, between toes, “where a bathing suit goes” and the belly button. Campers/staff will check each others’ backs – visually and by gently running a hand in both directions over the skin.

If a tick is found on someone:

- DO NOT allow a camper to remove the tick themselves. The camper can be taken to the Health Centre immediately for removal:

a) Remove tick immediately.

- Using clean, finely tipped tweezers:
 - Grasp the head of the tick as close to the skin as possible
 - Pull slowly – straight out
 - Wash bite area with soap and water, or alcohol-based sanitizer

NOTE: If using a tick removal product, follow manufacturer’s directions)

- It is important to also look for the hallmark “bull's eye” or “target” rash. If this rash is seen on anyone, they should be brought to the Health Centre immediately for further assessment.
- The tick gets sent to public health for testing, only if it was attached to a human (no dog ticks).

NOTE: Seek additional medical attention and guidance as required right away if a tick has been attached for more than 24 hours or if it is engorged.

At Camp NBB we provide a prophylactic treatment of Lyme when applicable, these guidelines can be found in the Treatment room of the Health Centre.

Public Health local info: www.hkpr.on.ca; 1.866.888.4577

Public Health Canada: www.canada.ca/lymedisease

Ontario: www.ontario.ca/lyme

Recording and Reporting

Documentation

Health records are crucial for a successful summer. All Health Centre staff are required to keep records of the care they give and are personally accountable for their actions. Records must be accurate and thorough as they are filed and kept for future planning or used in the event of a legal dispute. Medical Progress Notes, Medication Administration Records, and telephone logs are kept through the session, then turned into Simon at the end of your session. Everything we document becomes part of the patient's Health Record and will be stored as required by law, after last contact with the individual) and can be requested by the patient at any time. Please write legibly to ensure continuity of care and patient safety.

Any person on camp property will have their health information consent forms completed and received PRIOR to the start of camp. No one will be allowed at camp without it. This information will be reviewed by our health care team and we will contact families/staff prior to camp to review any health issues, if necessary. A parent of any camper with a medical condition that parents may be concerned about (mood disorder, serious allergy, heart conditions, respiratory conditions, seizure disorders, eating disorders, etc.) will receive a call from the Medical Director during the first week of camp to offer reassurance and to discuss management strategies.

At the end of the session the Doctor is expected to fill out letters to parents regarding any medical treatment that requires follow up, or any newly prescribed medications

As you are aware, privacy is very important in our healthcare system. Despite being a health centre at an overnight camp, we will protect our patient's privacy in accordance with the law, Personal Health Information Protection Act. All members of our health care team will sign a privacy agreement and complete an online module in privacy unless done within the past year.

Some points to remember:

- All health-related encounters (including treatments, OTC medication distribution, Reg Med Distribution) MUST be documented in the health record by the designated health care provider. Please ensure that date, presenting complaint and action are all recorded.
- All camp health records are to remain confidential
- Sharing information outside of the healthcare team (circle of care) requires consent from the individual and/or their parent or guardian.
- Exceptions to confidentiality include: 1) obligation to report child abuse 2) address a concern that harm may come to a camper, staff or other by withholding information.

Incident reports

There are multiple types of incident reports at NBB, if you are unsure of what constitutes an incident, please touch base with Simon, Adam, or Health Centre Designate to see how to best proceed. The main incident report pertaining to the Health Centre Staff is in the Crisis Response Manual. This Incident report is kept in the Emergency Response Kit and is to be filled out by the medical team involved in a medical incident, then turned over to Simon at the first opportunity.

Emergency Procedures (EP)

At Camp NBB we have a very well-rehearsed emergency procedure for Fire, Missing Camper, or lockdown. All procedures are available in our camp staff manuals on the camp's website.

<https://www.campnbb.com/staff.html>

Emergency procedures are communicated via Walkie to all activities, U/S Heads and Health Centre Staff. You may also hear a siren blaring. During any emergency, turn to walkie-talkie channel 1.

Missing Camper

If a camper has not showed up to an activity or is not accounted for the U/S Heads will first search all activities or known places the camper may be. This is to ensure the camper has not gone off track or forgotten what activity or location they are meant to be at. The U/S heads will then check in with the Health Centre staff to ensure the camper is not in their care. If the camper is still not accounted for, they will call a land drag. This will be communicated through the walkies as well as a siren. If you hear this during your time at camp, please go to channel 1 on the walkie-talkie and be ready in the health centre. As per the protocol of the land drag, all head staff members will be assigned areas of camp to search, including land and water, if they require assistance they will ask you directly, otherwise please be accessible and ready to assist. All female campers and staff will meet at Windsports and sit in their cabin groups to undergo a head count. All male campers and staff will meet a Northland Enclosure to do the same. During the walkie talkie call out, the health centre will be asked to verify if they have the camper under their care or not.

During your time at camp there will be a practice land drag to ensure staff are up to date with the procedures. You will be informed ahead of time so that you are not caught off guard. We ask that you participate to ensure you understand your role in the case a real land drag is needed during your session.

Fire

Campers and staff are given orientation and practice fire drills during the first few days of each session. In addition to this, throughout camp including the Health Centre, there are posters indicating what to do if they hear a fire alarm. The camp has a Fire Safety Plan approved by the local Fire Department.

The camp's Fire Safety policy is laid out in explicit detail and forms part of staff training and is found in the camp's staff training manual which is provided to all staff each season. Fire prevention protocols include working smoke detectors in every sleeping quarter of camp, fire suppression systems in appropriate areas of the camp kitchen, and fire extinguishers placed in all appropriate buildings around the site. The camp does not allow open flames inside cabins. In the event of a fire, the camp has a primary plan (evacuation to the main beach area) and a system to ensure attendance of every member of the camp community, as well as a secondary plan in the event that the fire is in or near the area of the main beach which also includes attendance accountability. Staff training is conducted annually around fire safety and the proper use of fire extinguishers in the event of a fire, including 'P.A.S.S.' training. Every single staff member is empowered to call 9-1-1 and activate emergency medical services in the event of a fire that requires intervention. Our fire safety procedures are posted in all main buildings and every sleeping cabin in the camp.

Fire suppression equipment is inspected annually by third party vendors (OFS, Superior Propane, etc.) and then throughout the operating season on a regular basis by our supervisory and maintenance staff.

Staff are trained in fire safety for bonfires and cookouts/overnight trips. Fires are never left unattended and a method to extinguish the fire is always readily accessible if a fire is being built as part of the camp programming. The camp checks the local fire ban updates and information daily and adheres to all recommendations and directives.

DIRECTIONS TO CAMP FOR EMERGENCY VEHICLES

(e.g. Fire, Police, Ambulance)

Address:

Camp Northland-B'nai Brith

4250 Haliburton Lake Rd

Haliburton, ON

K0M1S0

From Haliburton Village:

- 1) Take Highway 118 West approximately 3km to County Road 14 (Eagle Lake Rd)
- 2) Turn right and go north on County Road 14 through Eagle Lake towards Haliburton Lake
- 3) Proceed on this road, Haliburton Lake Road, to camp entrance, 4250 Haliburton Lake Rd
- 4) Camp Northland is located approximately 7 km past Eagle Lake, entrance on right**

**CLOSEST MAJOR INTERSECTION IS
HALBURTON LAKE ROAD AND BOYCE BRADLEY**

CAMP NORTHLAND FIRE SAFETY PROCEDURE

1. In case of fire in a cabin, or smoke detector sounding, all campers and staff must get out of the cabin immediately.
2. Staff should make sure that all campers have been removed from the building. Staff should ensure their full cabin is present. All staff are empowered to call 9-1-1 if deemed appropriate.
3. One staff member should quickly report the fire to the office. All other staff members should accompany the campers to the waterfront. All males will report to Northland Enclosure and all Females will report to Windsports. In the event of a fire near the waterfront, the males will go to the field nearest to the playhouse ('Junior Diamond') and the females will go to the field known as "Senior Diamond" or "main field". All visitors, support staff, catering staff or others third parties on site must gather at the outdoor BBQ next to the dining hall.
4. In case of a fire at an activity, all campers and staff should get out of the area as quickly as possible, and one staff member should report the fire to the office immediately, either by walkie-talkie or by running directly to the office.
5. To declare a fire or fire drill, (a) the siren will be sounded in long blasts by Rob Abbs, Adam Kertesz, or Simon Wolle (or a member of the Directing Team), and (b) an announcement will be made over all radios and walkie-talkies. Adam Kertesz (or a member of the Directing Team) will announce on all radio channels to change to Channel 1 (or Channel 3 if Channel 1 is not working) for an emergency situation. At this point in time, Program Director (or Head of Special Ops if Program Director is on a day off) will use the golf cart to sound the portable siren along the Oblong and BB Beach path. Head of Office (or Head of Camper Wellness if Head of Office is on a day off) will sound the air horns outside the office towards the Sports & Adventure road and then return to the office to assist with communications as required. Office staff or an office staff designate will be stationed by the phones and base radio for communication needs as required.
6. On hearing this siren or the radio announcements, campers and staff should proceed quickly to the waterfronts as outlined below:
 - Boys should go quickly and in an orderly manner to the Northland Enclosure, which will be facilitated by Facilitator A: Assistant Director (or Junior Camp Director if Assistant Director is on a day off)**
In the event of a fire on the waterfront, boys are to go to the "Junior Diamond" and sit down in their cabin groups
 - Girls should go quickly and in an orderly manner to the Windsurfing Beach, which will be facilitated by Facilitator B: Head of Waterfront/Swim (or Senior Camp Director if Head of Waterfront/swim is on day off)**
In the event of a fire on the waterfront, girls are to go to the "Senior Diamond" and sit down in their cabin groups
7. The office will contact the Health Centre for the names of campers and staff who are present in the Health Centre at the time, and the office will convey this information to the respective beaches.
8. On hearing the siren or announcements, U/S Heads (or their designated replacement for the day) should return to their respective units/sections (as seen below) and ensure that no camper has been left behind in a cabin, rec hall, or washhouse. If the area the staff members check is clear, the staff will return to their designated beach and wait for further instruction from the beach facilitator. If there is any critical piece of information found while specific areas of camp are being cleared, that will be communicated to the Communication Team, through channel 1. In the event that any head staff is absent from camp during an emergency procedure, they will ensure the acting head staff member is aware of their responsibilities.

Location	Staff Member 1	Staff Member 2
Section I and Playhouse	Assigned annually	Assigned annually
Unit 1	Assigned annually	Assigned annually
Section II	Assigned annually	Assigned annually
Unit 2	Assigned annually	Assigned annually
Section III	Assigned annually	Assigned annually
Unit 3 and CIT	Assigned annually	Assigned annually
LTP-B	Assigned annually	Assigned annually
LTP-G	Assigned annually	Assigned annually

9. U/S Heads should then proceed to their designated beach to assist with the camper accounting procedure.
10. Staff should organize the campers into cabin groups at the respective beaches, and make sure that each camper is accounted for by name.
11. Once all Section or Unit Heads have returned to their respective beach, Facilitators A and B may begin to clear cabins in ascending order. Facilitator A will be responsible for clearing (updated annually):
 - Baycrest
 - Buckingham
 - Bull Frog
 - Grand West
 - Health Centre
 - Ritz
 - Kitchen/Catering
 - Kosher Kove
 - Leap Frog
 - Long Cabin A
 - Long Cabin B
 - Long Cabin C
 - Maintenance
 - The Attic
 - The Basement
 - The Inn
 - Back North (Peak 8)
 - Ski Cabin (Peak 23)
 - Unit 3 Head Staff Cabin (Peak 39)
 - Any other cabins/visitors

Weapon Policy

Camp NBB has no tolerance of weapons on site. In the event of a weapon being discovered on site, please abide to the following protocol. If you have any questions, please speak with Simon or Adam directly.

First Observer:

- Do not confront the individual except under extreme circumstances
- If individual is not threatening, notify Camp Director immediately including name, description and location of person, if known

Camp Director/Designate:

- If there is a weapon in camp, but is not “on” anyone:
 - Retrieve weapon immediately with assistance from other adult staff
 - Determine need to contact law enforcement
- If camper has possession of a dangerous object:
 - Determine seriousness of situation:
 - Will camper hand it over?
 - Is it a pocket knife which camper felt was totally innocent?
 - If inadvertent, counsel and remind of rules
 - Determine need to contact parents

If individual is armed and dangerous:

- Inform key staff of situation
- Direct call to 911/local law enforcement
- Ensure safety and well-being of all campers, consider relocating campers if necessary
- Identify a safe perimeter and isolate area
- Gather information for incident report and arrange staff debriefing
- Cooperate with law enforcement
- Prepare for potential influx of parents and media
- Following incident, contact parents of campers; inform and assure of camper safety

Counsellors/Staff:

- Ensure safety and well being of all campers
- Maintain a calm atmosphere; keep campers away from area; conduct diversionary activities as needed
- Keep a keen eye and ear open for signs relevant to situation
- Report any significant camper information concerning the situation to the Camp Director

Infection Control and Outbreak Management Policy

Outbreaks and management:

Though outbreaks of illness are rare, and something we at NBB aim to avoid, it is best to monitor each illness coming through the Health centre to recognize and prevent any official outbreaks. Some illnesses spread incredibly fast and must be contained properly to assure the least amount of disruption to camp life.

Prevention and Routine Practices:

- Coming to camp healthy
 - Camp NBB operates in line with the school board and requires campers and staff to report vaccination status to the camp.
 - Campers coming to camp should be 48 hours free from any symptom of illness before coming to camp (primarily nausea, vomiting and diarrhea).
 - Prior to session parents will receive a notice via e-mail asking to delay the arrival of their camper until they are 48 hours symptom free.
- Hand washing will be encouraged throughout camp
 - Prior to leaving section for meals all campers are required to wash their hands.
 - If a camper's hands become soiled on the way to the dining hall, she will rewash her hands at the trough outside of the dining hall.
 - Hand washing after using the washroom will be encouraged through signs and model behaviour from staff
 - In the absence of soap and water, Alcohol based hand rubs are available for use throughout camp in first aid kits and high traffic buildings.
- The health of camp will be tracked and monitored by the Health Care Team
 - Noting patterns of illness, eg. two or more campers in a section/unit with vomiting, will help recognize and contain any illnesses, preventing an outbreak.
- Safe handling of Bodily fluid and sharps:
 - All bodily fluid will be approached with gloves and proper PPE, and supplies disposed of in the appropriate manner.
 - Areas will be cleaned with an approved antiseptic (ie: one part bleach to nine parts water)
 - When handling sharps, never bend, break off or re-cap needles. If a needle stick injury occurs, immediately report it to the physician in camp and the Director on site.
 - All sharps, including razors and epipens, will be disposed of in the appropriate sharps container kept in the health centre out of reach of campers.

Managing an Outbreak

- **Recognizing:**
 - An outbreak is considered an unexpected increase in illness above baseline within a given time frame.
 - A respiratory outbreak is considered if one or more of the following is present:
 - One lab confirmed case of influenza
 - Two or more cases of acute respiratory tract illness occurring within 48 hours in a geographic area (eg. cabin)
 - An enteric outbreak is considered if:
 - Two or more cases of acute enteric illness occur within 48 hours in the same geographic area (eg. two campers in a cabin with nausea and vomiting).
 - See attached flow maps (appendix 1 and 2) to assist in determining respiratory and enteric outbreaks.
- **Reporting:**
 - If an outbreak is suspected, notify the whole health care team, as well as the Camp Director and Assistant Director immediately.
 - They will be responsible for reporting the outbreak to Public Health and the mandatory governing bodies.
 - Camp staff:
 - Meet with U/S Heads to inform them of the suspected outbreak and to prepare them on the procedures that will be put into place.
 - Teach the section heads and staff to recognize the signs and symptoms of illness, as they are the first line in recognizing.
 - Speak directly to cabin groups or sections that are experiencing several cases of the illness to educate them firsthand.

- It is required by law to notify the local Public Health Unit (PHU) and the Ministry of Labour of an outbreak.
 - This will be done by the Camp Directors.
- Parents of campers at the session will be notified in the case of an outbreak
 - Phone calls will be made to parents of those campers who are sick
 - A mass e-mail will be sent out to all parents letting them know about the outbreak, but also about how camp is continuing on as normal.
- **Containing:**
 - Isolation:
 - All campers or staff will be isolated as directed by PHU guidelines.
 - Rooms within the health centre or other dedicated spaces will be used for “Active Ill” (persons experiencing active symptoms)
 - Empty cabins will be used for transitioning persons (no longer have symptoms, but are waiting 48 hours to transition back to camp)
 - If additional space is needed, cabins will be allocated with additional bathrooms for **ill persons only**.
 - If it is suspected that campers or staff will be sick beyond the end of their session, they will be sent home at the discretion of the Camp Director and the Health Care Team.
 - Cleaning:
 - Low-level disinfectant should be used in areas of high traffic (eg. taps, door handles, light switches, paddles etc..)
 - A spray mix of 5 mL bleach : 2.5L water (1tsp:10 cups)
 - Clean area prior to bleach spray.
 - Spray and walk away. Allow the bleach solution to sit and soak for at least 10 min.
 - **New solutions must be made every 24 hours to be effective**
 - High-level of disinfectants should be used when cleaning bodily fluids, or vomit/fecal accidents.
 - A spray mix of 10mL of bleach: 495 mL of water (2tsp:2cups)
 - Clean area prior to spraying
 - Wear disposable gloves
 - If any sharps are involved, ensure they are disposed of in the proper manner.
 - Spray area and walk away letting it sit for at least 20 minutes.
 - **New solutions must be made every 24 hours to be effective**
 - Clothing and bedding of campers/staff who are ill should be washed in HOT water.
 - Increasing Hand Hygiene:
 - Hand washing will continue to be mandatory prior to leaving section for meals.
 - In addition, duty staff will be at entrances of the dining hall to provide hand sanitizer to campers and staff entering the dining hall.
 - Salad bar:
 - Hand sanitizer will be mandatory before using the salad bar.

Reporting an Outbreak:

- Haliburton KawarthaPine Ridge District Public Health: 1-866-888-4577
- OCA: 416-485-0425 after hours: 416.708.8131 or 1-844-485-0425
- Ministry of Labour: 1-877-202-0008

Medical Directives and Conditions to Manage at Camp

Nurses must follow CNO standards for the administration of medication including knowledge of the appropriate the dosage, use, contraindications and interactions of medications while following the 5 Rights of administration. Always assess for medication allergies prior to administration.

Always utilize clinical judgement, if unsure of assessment, interventions or required skills consult team leader or MD.

This set of Camp Directives has 2 sections. The first section is a list of medications, doses and indications. The second section details certain common conditions that you may see at camp (in alphabetical order) and some pearls for assessing and treating them.

Part 1: Common Medications

MEDICATION	INDICATIONS	ADULT DOSE	PEDS DOSE
Acetaminophen	- Mild to moderate pain - Fever reduction	325 mg – 1000 mg q4-6h PRN. (max 4g/day) DO NOT give if liver disease	Kids > 6 yo – 325-500 mg q4-6h PRN Elixir – give based on weight according to bottle
Acetylsalicylic Acid (ASA)	Chest pain	81 – 162 mg to chew	DO NOT GIVE ASA to kids
Aerius	Hayfever	As directed on bottle	According to age on bottle
Benadryl Cream	Mosquito/insect bites and stings	Apply topically PRN	Apply topically PRN
Benzalkonium Chloride (Antiseptic Wipes)	- For cleaning of scrapes, abrasions	Use as directed	Use as directed
Calamine lotion	Soothing lotion for minor skin irritation, insect bites, poison ivy and oak, mild sunburn	External use only – apply topically PRN	External use only – apply topically PRN
Chapstick	Dry, chapped lips	Apply topically PRN (single use only)	Apply topically PRN (single use only)
Epipen Jr (0.15 mg)	Anaphylaxis	n/a	For 15-30 kg Inject IM and call 911
Epipen (0.30 mg)	Anaphylaxis	For > 30 kg Inject IM and call 91	n/a
Gravol Liquid 15 mg/5mL	Prevention and treatment of nausea and vomiting	n/a	2-6 years: 1 tsp q6-8 PRN 6-12 years: 30 mg q6-8h PRN
Gravol	Prevention and treatment of nausea and vomiting	>12 years old: 25-50 mg q6-8h PRN	2-6 years: 15 mg q6-8h PRN 6-12 years: 30 mg 16-8 PRN
Hydrocortisone Cream 1%	Skin irritation (allergies, itchy, etc.)	As per package directions	As per package directions
Ibuprofen (advil, Motrin)	Pain, fever	As per package directions based on age for >12	As per package directions based on weight for kids under 12
Lacteeze Enzyme Tabs	Lactose intolerance/sensitivity	As directed on bottle	As directed on bottle
Polysporin for Pink Eye	Red eyes or ear discharge	As per direction (must	As per direction (must

and Ears		see MD afterwards, single use only)	see MD afterwards, single use only)
Polysporin Ung	Treatment and prevention of infections/minor cuts and wounds	Use as directed, external use only	Use as directed, external use only
Reactine	Treatment of allergies including hayfever, dust, etc.	10 mg OD PRN	2-5 years: 2.5-5 mg OD PRN
Sucrets	Sore throat	Dissolve one slowly in mouth PRN	Dissolve one slowly in mouth PRN

Part 2: Conditions

Camp NBB Standing Medical Orders As of June 2022

Nurses must follow CNO standards for the administration of medication including knowledge of the appropriate the dosage, use, contraindications and interactions of medications while following the 5 Rights of administration. Always assess for medication allergies prior to administration. Always utilize clinical judgement, if unsure of assessment, interventions or required skills consult team leader or MD.

Anaphylaxis: Anaphylaxis: EMS should be contacted immediately if anaphylaxis is suspected. Administer epipen OR administer 0.3mg (0.3ml) or 0.01mg/kg for children of 1:1000 epinephrine IM every 5-15 minutes if no response or an inadequate response or sooner if clinically indicated. You may also give 25-50mg of diphenhydramine PO or IM. Provide supportive care and protect airway. Initiate IV 0.9% NaCl/D5NS if within skill set. Salbutamol 2-4 puffs by aerochamber or 2.5mg (1ml) via saline nebulizer may be added for children with wheezing or asthma. Nebulizer not recommended due to COVID-19. *Epi-pen JR should be used for children

Animal Bites: Administer first aid according to severity of bite, clean with soap and water and irrigate with water or saline to remove debris. Consult MD, public health department and local police as needed. assess the need for rabies prophylaxis (wild animal bites), anti-biotics therapy and date of last tetanus booster. When possible and practical, camp staff may help with public health calls as required. *In the unlikely event of a poisonous snake bite (the Massassauga rattle snake is the only poisonous snake native to Ontario) Insure area is safe, call EMS immediately, keep victim calm and have them sit down, keep injured limb below the level of heart, remove clothing, shoes jewelry from area of bite. DO NOT: elevate limb; cut the wound; attempt to suck out venom; apply tourniquet, ice or water to site; or give the victim alcohol or caffeine

Asthma: Assess Vital signs including Oxygen saturation, along with respiratory rate, temperature, blood pressure, and heart rate. Assess air entry, wheezing, suprasternal retraction, and scalene muscle contraction (signs of work of breathing). PRAM scoring may be used to categorize as mild/moderate/severe. (see Paeditric Asthma Clinical Pathway). CONSULT MD. If O2 sat 20kg) (2ml) with saline via nebulizer. Nebulizer not recommended due to COVID-19.

Bee/Wasp Stings: Remove embedded stinger if present by scraping with the edge of stiff card (eg. Credit card). Wash area thoroughly with soap and water and apply ice, treat pain with acetaminophen or ibuprofen as per weight. Observe patient for signs of anaphylaxis. See anaphylaxis interventions above. Cough/Cold/URTI: Assess air entry and lung sounds, if decreased air entry or adventitious sounds auscultated consult MD. Encourage fluids, rest and hand hygiene, demonstrate sleeve cough/sneeze and offer hot water + lemon + honey. If patient insistent may receive Buckley's as per package direction or cold & sinus tablets, but do not offer. **COVID screening pathway should be applied to these patients.**

Burns, minor: Apply **cool** or tepid water to affected area for 5-20 minutes. Assess the need for MD intervention or emergency treatment (severe 2nd and 3rd degree burns). Clean with soap and water, apply polysporin antibiotic ointment to affected area and apply gel burn dressing, or sterile gauze dressing if unavailable. Flamazine is not recommended. Protect burn from sun with use of additional clothing. Treat pain with acetaminophen/ibuprofen per package instructions and/or ice. Monitor for signs and symptoms of infection.

*For severe burns transport victim or contact EMS, provide supportive care.

Burns, sun: Assess for severity. Apply Solarcaine gel/spray and/or aloe gel (from HC fridge) to affected area. Assess access to sunscreen and educate about sun safety, for younger campers this conversation should also be had with counselors. Severe sunburns (blistering or >18% using rule of 9's) should be assessed by MD.

Blisters, intact: Assess cause of blisters. Clean area with soap and water. If blister remains intact (fluid filled) in an area where it is unlikely to rupture, do not pop it and instruct patient not to pop it. However, if it is located in an area where rupture is likely to occur through regular camp activities; clean INTACT skin with alcohol swab for 15 second and allow to dry, use sterile needle rupture blister and drain fluid. Spray with Bactine, allow to dry and cover with appropriately sized bandage – should be non-stick, ideally with polysporin. Monitor daily for infection, change bandage PRN. Encourage patient to keep feet clean and dry and to wear socks with well-fitting shoes. Parents may need to be contact for additional pairs of shoes.

Blisters, ruptured: Assess cause of blisters. Clean with soap and water and irrigate wound with sterile saline, assess for signs of infection and trapped debris. If debris is present, use hydrogen peroxide to aid removal. If skin flap still present, reposition to cover raw skin. Apply polysporin ointment and cover with appropriate-sized bandage. Monitor daily for infection and change bandage PRN.

*Hydrogen peroxide should NOT be used to clean a wound unless debris is present on wound bed as it is cytotoxic and can delay healing.

Calls home to camper parents (proactive whenever possible and prior to treatment whenever possible) There is no discretion – these calls are to be made automatically by the treating health care professional and documented on the patient chart:

- Head injury (and follow-ups daily until cleared)
- Invasive treatment – includes needles, stitches, suppositories
- Any prescription of any kind without exception (includes topical)
- Any dental referral
- Any referral for outside medical care
- Any transport to clinic or hospital
- Any allergic reaction other than routine localized
- Any injury or illness that would be visible in a photograph i.e. crutches, splint, sling, bandage, black eye, etc.
- Burn requiring treatment
- Head lice
- Changes to medication
- Anything requiring isolation
- Mental health issues
- Any breathing emergencies (including asthma requiring treatment)
- Any overnight or extended stay in the health center (longer than a routine triage and short observation)
- Any unusual medical condition or symptom discovered while at camp (i.e. cyst, lump, etc.)

Chaffing: Assess cause of chaffing. If areas of tenderness are on feet and blisters have not yet formed apply mole-skin to affected area. Promote socks with shoes and keeping feet clean and dry, parents may need to be contacted for an additional pair of shoes. For chaffing in other areas (inner thighs being most common) apply ice/cold cloth to painful area, dry area and hydrocortisone or betamethasone cream to affected area twice-a-day until resolved. Encourage properly fitting clothing, antiperspirant can be applied to areas of skin-on-skin contact to decrease friction.

Conjunctivitis (pink eye): Assess for bilateral vs unilateral infection, presence and quality of discharge (watery vs purulent), symptoms of viral infections or allergies. For viral or allergic conjunctivitis administer saline eye drops for irritation TID. If bacterial conjunctivitis is suspected consult MD. Encourage frequent hand hygiene and discourage patient from touching eyes/face (wearing sunglasses may help prevent touching of eyes). **COVID screening pathway should be applied to these patients.**

Constipation: Determine date of last bowel movement, usual bowel pattern and medications that may contribute to constipation. Assess abdomen for tenderness, distension, bowel sounds and palpable stool. Administer MoM, lactulose, ducolax, Metamucil or PEG etc PO, if ineffective consider ducolax suppository or Fleet enema. Encourage fruits and vegetables, fluids and exercise. Consult MD interventions continue to be ineffective.

Concussion: see head injury

Cuts & Abrasions: Determine how injury occurred. Assess for debris in wound, if very dirty wash with soap and running water (if tolerated) and then irrigate with sterile saline. If debris remains present despite irrigation, hydrogen peroxide may be used to aid in its removal. Achieve hemostasis if wound is bleeding using direct pressure or chemical hemostatic agent. Assess the need for approximation of edges using sutures or dermal glue (derma-bond). CONSULT MD for sutures or derma bond, and do not apply without consulting MD first. LET gel (if available) should be applied to wounds that may require closure.

Cover with appropriate sterile, dressing and secure. Determine need for tetanus booster. Patient should return to clinic to assess for infection and to change dressing if needed.

*See Hemorrhage for wounds that are bleeding profusely, or if arterial involvement is suspected **Wounds should not be left open to air to “dry out” this increases healing time, increases chance of infection and can lead to scarring.

Dental Emergencies: Consult MD for immediate interventions. If permanent tooth is knocked out handle tooth by crown (chewing surface) NOT root, clean with sterile saline and save in sterile saline or milk, if unavailable use patients saliva, use water as a last resort. If it is known that tooth is a baby tooth it does not need to be saved/replaced. Patient should be assessed by dentist or in ED if tooth loss is traumatic, tooth is broken or adult tooth is lost. Assistant director to make arrangements for visits to dentist or orthodontist.

Dehydration: Presents with headache; nausea; glassy, sunken eyes; weakness; dry mucus membranes; tachycardia and hypotension. Patient to remain in health center taking oral fluids (Gatorade, gastro-lyte or water) until they void, colour of urine should be assessed. Allow them to rest in health center until feeling better. Be conservative with administration of analgesics for headache and anti-emetics.

*Elevated temperature, combined with dry, flushed skin and absence of sweating suggests heat stroke and is a medical emergency, EMS should be contacted immediately, and IV fluids initiated if within skill-set. Undress child and spray with tepid water.

Diarrhea: Assess frequency, physical characteristics of stool and presence of blood. Assess for signs/symptoms of dehydration and fever. Encourage fluids (Gatorade, gastrolyte or water), BRAT diet. Do not give anti-diarrheal medication unless source has been determined not to be infective. If diarrhea is related to antibiotic therapy probiotics can be offered. If febrile or accompanied by nausea and/or vomiting admit patient to health center and isolate for 24hrs post last symptom. Monitor for additional cases. If 4 cases present to health center, isolate those

affected, begin line list, contact public health and obtain stool sample. **COVID screening pathway should be applied to these patients.**

Ear Ache: Assess for history of frequent ear infections. Using otoscope assess ear canal for presence foreign bodies, redness, discharge and wax build-up; assess health tympanic membrane. Acetaminophen or ibuprofen PO and auralgan drops as per package directions for pain. No swimming (head underwater) for 24 hrs minimum. If infection is suspected consult MD.

Eye Trauma/Foreign Body: Flush eye with saline or eye rinse using eye cups or eye-wash station (located in health center) for 15 minutes. CONSULT MD for eye exam. Have MD examine cornea for abrasions or scratches using Fluorescein dye strips and blue light on ophthalmoscope, areas of increased dye up-take suggest damage. Protect eye with eye patch or pad as necessary.

If available, tetracaine eye drop anesthetic can be applied prior to MD assessment.

Fever: Determine cause of fever. For fever due to suspected illness treat with acetaminophen/ibuprofen as per package instructions and monitor patient in health center for minimum of 4 hours. Not pharmacological interventions may include sponging with tepid water, removing additional clothing and minimal covering. Note, patient should covered lightly to prevent shivering. Do not apply ice, Do not throw patient in the lake or give cold shower, Do not administer ASA. **COVID screening pathway should be applied to these patients.**

*See dehydration for fever related to suspected heat stroke

Fainting: Assess consciousness, begin CPR if required. Assess head-to-toe for any signs of trauma paying particular attention to neurological status and attempt to determine cause of fainting. Clear C-Spine before moving patient. If C-spine clear, transport to health center, patient must be evaluated by MD. Treat according to MD recommendations. No swimming until cleared by MD.

*See dehydration for fainting suspected to be related to hypovolemia.

**See spinal injuries for c-spine interventions.

***See head injuries for concussion interventions

Fracture, obvious: Assess CSM distal to injury. Immobilize and splint arm in position most comfortable for patient, securing above and below injury and recheck CSM. For open fractures, irrigate with sterile saline to remove any large debris, cover with loose sterile dressing, immobilize and splint. Treat pain with ice, acetaminophen, ibuprofen or naproxen by weight, and opioid adjunct (Tylenol 2/3 or morphine) as directed by MD. Transport to hospital for x-ray, reduction and casting. If Do not attempt to reduce fracture.

Fracture, suspected: Assess need for imaging using Ottawa Rules (ankle, knee, wrist), if cannot be cleared consult MD for further assessment. If fracture is suspected, immobilize and splint injury, treat pain with ice, acetaminophen, ibuprofen or naproxen by weight, and opioid adjunct (Tylenol 2/3 or morphine) as directed by MD. Transport to hospital for imaging.

*See sprains and strains for injuries determined not to need imaging.

Gastrointestinal Upset, non-specific: Assess specific signs and symptoms and see appropriate topic headings for interventions. Offer pepto-bismol, or antacid as directed by package for non-specific symptoms, encourage fluids. Direct patient to return if symptoms worsen or do not resolve.

Headache: Attempt to determine cause and previous history of headaches. Acetaminophen or ibuprofen per package instructions. If cause is suspected to be due to dehydration, hold analgesics and encourage fluids and rest.

Head Lice: Treatment and follow-up as per third part lice treatment partner.

Head Injury/Concussion: All campers/staff who experience a head injury must be seen by health center staff. For head injuries involving loss of consciousness, a fall from a height >3ft, or high speed (eg. from tubing) victim should be assessed at the scene using spinal precautions. Determine mechanism for injury, and history of concussion. Determine the need for EMS activation. Perform neurological assessment including assessment of level of consciousness, orientation, cranial nerves, cerebellar function, and cortical function. Palpate head for swelling/tenderness/bleeding, and assess c-spine for tenderness or decreased ROM. Use Acute Concussion Evaluation (ACE) Tool to assess and document initial concussive symptoms and at re-evaluation. If patient is exhibiting ANY concussive symptoms they are to be admitted to health center for physical and mental rest in quiet room and evaluated by MD ASAP. If patient experiencing any "red flag" symptoms such as seizures, impaired memory, decreased level of consciousness, slurred speech, worsening headache or vomiting patient should be seen in the emergency department or EMS activated. Patients admitted need to be monitored frequently but they should be allowed to sleep do not wake patient for assessment unless concerned that there has been a change in neurological status. Patients should remain admitted to health center and return to activity should occur in a step-wise fashion. Any activity that causes symptoms to occur should not be engaged in. For headache patient may receive acetaminophen as per package direction. For moderate concussions, recovery at home should be considered.

*See Spinal Injuries for appropriate spinal interventions

**Persons with concussions require above all else REST and waking patients for neurological assessments provides unreliable data.

***All head injuries require a call home to parents and completion of head injury form

Hemorrhage, severe: Ensure scene is safe before attending to patient. Remove clothing to visualize injury. Determine the need for EMS. Attempt to achieve hemostasis by applying firm, direct pressure to wound at site of bleeding with absorbent dressing (large gauze, or ABD pad if available, and maintain pressure even after dressing secured. Absorbent dressing alone does not adequately replace the need for ongoing firm direct pressure. Do not remove dressing if it becomes saturation as this will dislodge any clot that has formed, apply additional dressings on-top of each other. Pressure may also be applied above wound on supplying vessel if source can be determined. If wound continues to bleed apply combat-application-tourniquet above injury, while continuing to apply direct pressure. If bleeding continues a second tourniquet may be required. Keep patient calm, alert and warm until EMS arrives. Initiate IV fluids if within skill set.

*Bleeding from large arteries such as the femoral artery require A LOT of pressure, it is not uncommon to kneel on wound to apply sufficient pressure.

**A tourniquet can be in place for up to 2hrs, longer than this and the risk of distal tissue damage resulting in amputation increases. DO NOT allow this to prevent application of tourniquet, this is a lifesaving intervention.

Impetigo: Complete thorough skin assessment including groin, as it is a very contagious infection. Apply fucidin cream three times daily and monitor closely for spread or worsening infection. Attempt to keep affected areas covered. Consult MD for worsening/severe infection, infection covering large area of body or near eyes. Review hand hygiene, personal hygiene and stress the importance of not touching rash.

In-grown Toenail: Wash with soap and water. Assess for presence of infection requiring PO antibiotics, refer to MD as necessary. Have patient soak foot in hot water with 60ml of Epsom salt for 10 minutes, dry foot. Twist a small piece of cotton-ball with Fucidin ointment so it is 1-2mm thick. Using needle nose forceps push cotton underneath affected nail so that it exerts gentle upward pressure on nail. Cover with 2 Band-Aids, one over the top of toe and the second around its circumference to keep first Band-Aid in place. This is to be done twice a day until resolved. Encourage patient to keep feet clean and dry, and to cut nails straight across. Do not force cotton under toe, do not excise nail. Severe cases should be referred to MD.

Insect Bites, clean & closed: Goal is to prevent scratching and development of open wounds, if you see a camper with a large number of bites, inform counsellor or unit/section head that camper must be seen in Health Center ASAP. Wash affected area with soap and water, apply diphenhydramine cream and polysporin cream twice a day to bites and cover with rolled-gauze. Administer non-drowsy allergy medication (Cetirizine or loratadine) as per package directions for day-time relief, administer diphenhydramine as per package directions prior to bed if bites are causing sleep disturbances. Encourage use of bug spray with high % of DEET and long, loose fitting clothing (yoga pants and other tight-fitting clothing are not effective at preventing insect bites).

Insect Bites, clean & open: Goal is to prevent development of infection and scarring. Clean affected area with soap and water. Apply diphenhydramine cream and fucidin ointment to bites three times a day and cover with rolled-gauze. Assess for signs of developing infection. Administer non-drowsy allergy medication (cetirizine or loratadine) as per package directions for day-time relief, administer diphenhydramine as per package directions prior to bed if bites are causing sleep disturbances. Encourage use of bug spray with high % of DEET and long, loose fitting clothing.

Insect Bites, infected: Wash affected area with soap and water. Consult MD for need for oral antibiotics. If oral antibiotics not required; Apply diphenhydramine cream and fucidin ointment to bites three times a day and cover with rolled-gauze. Assess frequently for worsening infection, cellulitis or systemic infection. Administer non-drowsy allergy medication (cetirizine or loratadine) as per package directions for day-time relief, administer diphenhydramine as per package directions prior to bed if bites are causing sleep disturbances.

Nasal Congestion: Determine cause of congestion. If patient has a history of environmental allergies, administer antihistamine (cetirizine or loratadine preferred over diphenhydramine) as per package directions. If cause is determined to be due to URTI encourage fluids, and administer saline nasal spray 3-4 times a day. If congestion is severe 0.9% NaCl nebulizer treatment may be helpful in thinning secretions. Encourage patient to blow nose, instead of "sniffing" and review hand hygiene. **COVID screening pathway should be applied to these patients.**

*See cough Cough/Cold/URTI and Sore Throat for treatment of accompanying symptoms

Poisoning or Overdose: Determine substance ingested and contact poison control and follow their recommendations. If opiate overdose is suspected administer intranasal naloxone or IM naloxone if available as per BLS guidelines at 0.4mg IM or 2mg IN every 4 minutes (multiple doses may be required) and contact EMS.

Poison Ivy: Remove any clothing worn during exposure or that has been in contact with rash, have patient wash hands (including under fingernails) and effected area with warm soap and water. Apply cool compress, calamine lotion (not to face or genitals) or diphenhydramine cream, administer PO diphenhydramine. Patient should be assessed by MD for PO prednisone if large area is affected or if rash is on face or genitals. Discourage scratching and monitor for infection.

Pregnancy, suspected: Determine the date of the first day of last menstrual period, date of intercourse, if any method of birth control/contraception control is in use and why patient believes they may be pregnant. If it is determined that intercourse was unprotected and occurred within the past 72hrs, administer Plan B, provide counselling on safer-sex practices and give patient 2 condoms (confirm patient understands proper use) and recommend patient is screened for STIs. Patient should return in 7 days or if next menstrual period is >3 days late for urine pregnancy test. If pharmaceutical birth control (or IUD) is in use, provide counselling and suggest STI screening, provide 2 condoms. Have patient return to clinic 7 days after intercourse or if start of next menstrual period is >3 days late for urine pregnancy test. If pregnancy test in either test is positive, repeat test and consult MD. *Ovulation occurs ~14 days after start of LMP based on a 28 day cycle, sperm can survive for ~72hrs in the vaginal canal. Generally a strip pregnancy test will test positive ~7days after fertilization (or 5 weeks after last menstrual period)

Sore Throat: Assess for redness, white spots or streaks, enlarged tonsils, swollen lymph nodes, fever, history of recurrent strep throat or mononucleosis, symptoms of URTI. If febrile, with white spots or streaks WITHOUT URTI symptoms or if patient has a history recurrent strep throat infection, conduct rapid strep test and send throat swab to

lab (if negative RST). If rapid strep test is positive, consult MD. Offer salt-water gargle TID, chlorospetic throat spray and ibuprofen PRN for pain. If mono is suspected obtain blood sample for mono-spot or send patient to lab in Haliburton for blood work. **COVID screening pathway should be applied to these patients.**

*Rapid strep tests may give false negatives, throat swab should be sent to the lab even if rapid is negative.

Splinters: Engage the help of counsellor to provide distraction to child during extraction. Clean area with soap and water and dry. Spray with Solarcaine (contains lidocaine) if camper is fearful. Ice can be applied to the affected area for 5-10 minutes prior to removal, as this is effective for anesthesia/analgesia. Clean fine point forceps by scrubbing tips with alcohol swab for 15 seconds and allowing to dry. If tip of splinter protrudes above skin, grasp with forceps and gently pull splinter out at the same angle as entry. If tip does not protrude above skin, use tip of forceps (or if stubborn use sterile needle) to gently pick skin at site of splinter entry until tip of splinter can be grasped. Once splinter is removed spray with bactine and cover with bandage for large splinters. If splinter cannot be removed and is not causing discomfort, allow it to remain in-situ and have camper return the next day for reassessment and another attempt at removal.

*Many campers are afraid of needles, and telling them you are going to use a needle to remove a splinter can result in increased fear and anxiety.

Spinal Injuries: Assessment should be done at site of injury not at health center, assessment should be completed with MD and at least 1 RN. Emergency air way, oxygen, portable suction, cervical collar. Attempt to determine mechanism and severity of injury ASAP supplies may be necessary and EMS activated. Once on scene maintain spinal alignment in position found while protecting/maintaining airway. Support head with hands to reduce angular movement of the c-spine. Assesses neurological status, level of consciousness, and vital signs. Start clearing the spine beginning with c-spine and progressing caudally. If spine cannot be cleared, maintain spinal alignment, protect airway and monitor until EMS arrives, begin IV fluids if within skill set. If spine is clear have patient sit, assess for pain, dizziness, numbness, then have patient stand and assess for the same. If no impairment patient may return to cabin/usual activities (if consensus among team). Patient should be re-evaluated frequently by MD. If patient shows sign of concussion, they should be admitted to health center for rest and observation.

*Suspected spinal injuries should not be immobilized by boarding or strapping. A cervical collar MAY be applied by a trained professional if it is within their knowledge and skill to do so, but it is not necessary.

Sprains & Strains: Determine the possible need for imaging using Ottawa Rules, consult MD as necessary. Rest, Ice, Compression and Elevation. Elevate injury ~30 cm above heart and use cryo-cuff/boot for cryotherapy and compression for 15 min, or apply ice and compression/elastic bandage (tensor), check distal circulation 5 min after application of compression and adjust tension as necessary. For lower extremity injuries crutches may be required, adjust height so that the top is 3-4 fingers BELOW the armpit and instruct patient in their use. Administer acetaminophen, ibuprofen or naproxen for pain according to package directions.

*Elastic/Tensor bandages are not designed to provide joint support and should not be used for this purpose. If a patient requests one for support, offer appropriate brace.

**When using crutches weight should be supported with forearms NOT on armpits, this may result in long-term nerve damage.

Ticks: A tick-bite is only a tick-bite if there is a tick attached. Remove tick by grasping it as close to the skin as possible with forceps and pulling straight up or by using a "tick-key". Ensure entirety of tick has been removed. Clean area with soap and water, entire body should be checked for additional ticks. Do not discard tick, determine if tick is Deer Tick. If so, place in medication or specimen container labelled with date and location found and send to local public health for testing with Ontario public health "Surveillance Form for Tick Identification". Encourage appropriate clothing and avoidance of tick habitats.

*Transmission of lyme disease only occurs when a tick has been attached and feeding for at least 24hrs. If in an area where Lyme disease has been document, skin checks every 24hrs are recommended.

**NBB is located in a low-risk area

Tinea Corporis/Ring Worm: Assess for source of infection and accompanying signs and symptoms. Apply topical anti-fungal such as clotrimazole (canesten), miconazole or tolnaftate to affected area as directed by package. For severe or recurrent infections consult MD for systemic antifungals. Assess cabin mates, family members and close friends for infection.

Tinea Cruris/Jock Itch/Crotch Rot: Assess for cause and accompanying signs and symptoms. Apply topical anti-fungal such as clotrimazole (canesten), miconazole or tolnaftate to affected area as directed by package. For severe or recurrent infections consult MD for systemic antifungals. Encourage patient to change out of sweaty or wet clothing as soon as possible and to wear cotton underwear if they possess it.

Tinea Pedis/Athletes Foot: Clean and dry feet if necessary. Administer OTC anti-fungal (Tinactin, Micatin or Lotrimin) BID to affected area as per package directions. Encourage patient to keep feet clean and dry, wear cotton socks, wear sandals/flip flops in shower and not to share shoes with others. Assess skin for other areas of fungal infection.

Urinary Tract Infection: Assess for history of recurrent UTIs. Assess recent voiding history, flank pain and fever. Obtain mid-stream urine specimen, assess appearance of sample, conduct urinalysis with chem-9 strips, record results in patient chart. Do not discard urine, place in refrigerator to be sent to lab. Consult MD for C&S requisition and PO empiric antibiotics. If febrile treat with acetaminophen, do not administer NSAIDs due to potential renal involvement. Encourage patient to drink plenty of water (cranberry juice can be obtained if requested), void after sexual activity and ensure they are performing personal hygiene appropriately.

*Evidence on the use of cranberry juice or supplements is mixed. However, it is not harmful and those who experience recurrent UTIs may find it helpful.

Unprotected Sex: Males should be offered STI testing, counselled in safer sex practices and given 2 condoms. For females see Pregnancy, suspected

Vomiting/Nausea: Attempt to determine cause of nausea, the number of episodes of vomiting and any accompanying signs/symptoms. If nausea is suspected to be due to infective process, admit patient to health center and isolate. Be vigilant for additional cases, if 4 cases present, begin line list and contact public health. Treat nausea with pepto-bismol, ginger anti-emetic or dimenhydrinate PO (IM is also available), if patient is actively vomiting or continues to vomit after other interventions consult MD for SL ondansetron. Encourage hydration with water, Gatorade, gastro-lyte and ginger ale. **COVID screening pathway should be applied to these patients.**

*Homesickness can manifest as nausea/vomiting/upset stomach

**See Dehydration for nausea interventions suspected to be due to dehydration.

***See Fever for interventions for fever

Wound Infection, minor: Clean area with soap and water. Determine cause of wound. If wound is open, cleanse with sterile saline and apply fucidin ointment or cream. Cover with appropriate sterile dressing and secure. Patient should be assessed twice daily for worsening infection and dressing change as necessary. If infection worsens, even a small amount, consult MD. For closed infected wounds consult MD.

Candidiasis, oral: Assess for causative factors (medication, sexual activity). Consult MD for antifungal lozenge, buccal adhesive tablet or systemic PO antifungal prescription. Educate patient on proper use of inhaled corticosteroids or safer-sex practices as necessary.

Yeast Infection, vaginal: Assess history and potential causative factors. Offer Monistat 3-day treatment pack and instruct in use, give hydrocortisone or betamethasone cream if patient is experiencing a lot of swelling/discomfort. Consult MD for young campers and those experiencing a high degree of discomfort for PO Fluconazole. Encourage patient to change out of sweaty or wet clothing as soon as possible and to wear cotton underwear if they possess it.

Signature: Date: Dr. Ashley Zaretsky CPSO #98075 June 11, 2022

Emergency phone numbers

NBB Staff:	
Camp Phone Number	705.754.2374 (at camp) or 905.881.0018 (Thornhill office)
Simon	416.948.2757 (mobile)
Adam	647.236.9148 (mobile)
Rob Abbs (maintenance – fire, flood, threat, etc)	705.854.0512
Emergency Resources	
OPP (non-emergency)	705.286.1431

Medical Lead: Dr. Ashley Zaretsky

Local Hospital: Haliburton Highlands Health Services: 705.457.1392

Local Pharmacy: Use MedNow – contact George. 1.855.633.6691; alternative is Shoppers Haliburton: 705.457.5020

Local Imaging: Basic needs in Haliburton Hospital, most needs to Lindsay/ Peterborough

Local Lab: Lifelabs: 1.877.849.3637

Poison Control: 416.813.5900

Public Health: HKPRD - 1.866.888.4577

Dentist: Smoilen dentistry: 705.457.2345; or consults either on-site or virtually with Evan Zaretsky (additional contact info in health centre)_

NOTE: Other docs available include:

1. Physician Referral Form
2. Standing Medical Directives as separate document
3. Fire Safety Plan
4. Staff Procedure Manual
5. Staff Policy Manual
6. Inventory lists
7. NBB Crisis Response Manual
8. Website resources

END OF DOCUMENT