

CAMP SONSHINE HEALTH CARE PLAN

Updated May, 2020

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STAFF & RESOURCES

SCOPE AND LIMITS OF CAMP HEALTH CARE SERVICES PROVIDED, INCLUDING HIPAA REGULATIONS, QUALIFICATIONS AND LOCATIONS OF PERSONNEL.

- Camp is equipped to provide basic Health Care and First Responder Care in case of emergencies. The Nurse will decide when to call EMS. Certain Head Counselors are certified by a national organization in First Aid and CPR. When on grounds, the Camp Nurse will be available in the first aid station. When going off grounds, a CPR/first aid certified person will go with the group and let staff and campers know where he/she will be stationed.
- Ratio of campers to Nurse: 900 campers, 25 First Aid and CPR certified individuals.

AUTHORITY AND RESPONSIBILITIES OF THE CAMP HEALTH CARE ADMINISTRATOR AND PROVIDER AND OF OTHER CAMP STAFF TO PROVIDE HEALTH AND EMERGENCY CARE

The Health Care personnel are:

Anita Wansley: Healthcare Administrator

- Administration
- Recruiting of Health Staff
- Buying supplies
- Training
- Health Record Storage & Maintenance

Dr Kim Bullock: Primary Health Supervisor

- Coordinates health care functions
- Develops health care plan
- Makes recommendations; approves policies
- Available for consultation

: Secondary Health Supervisor

- Health Care Provider
- Provides individual health care
- Maintains health records
- Organizes medications
- Dispenses medication

Head Counselors:

- Off-grounds First Aid & CPR Director Designees

ADDITIONAL EXTERNAL MEDICAL AND MENTAL HEALTH RESOURCES AVAILABLE

Montgomery General Hospital: emergencies 911 Main number – (301) 774 8882

Briggs Chaney Medical Center: general staff needs (301) 890 8000

PROCEDURES AND PRACTICES

HEALTH HISTORIES

- Camper records are kept in Parent Services, entered into a computer, and printed out for Head counselors and the First Aid Specialists.
- Permission to treat forms are kept in Parent Services.
- Staff health information are reviewed and if there are any concerns Health Care staff will have a conversation with that staff member to determine if the applicant is fit to safely complete all his/her job responsibilities.
- Staff health histories are found with the staff files in the recruiting office

ON-SITE HEALTH CARE

Campers in need of Health Care are brought to the first aid specialist located at the First Aid Station

- The First Aid station is equipped with basic First Aid supplies
- A telephone to contact EMS and parents
- Medical logs and other pertinent information
-
- 2-Way Radios to contact Head Counselors, Parent Services and Directors
- 2 beds for campers who need to rest or recuperate
- Running water and ice

OFF-SITE HEALTH CARE

A First Aid & CPR Certified staff member accompanies all camp day field trips

- Each Head Counselor has a few basic first aid supplies and a Health Care Log
- There is a supply kit on each bus
- Each Head Counselor has a cell phone to contact EMS, parents and Camp
- Each Head Counselor has the Camper Information Sheets of all campers on the field trip
- Head Counselor checklist, which includes emergency procedures

OBTAINING EMERGENCY HEALTH CARE ASSISTANCE

See the following sections of the Health Care Plan:

- Parent Notification In The Event Of Camper Illness Or Injury
- Staff Escort For Campers Being Hospitalized Or Referred

MEDICATION MANAGEMENT

See the following section of the Health Care Plan:

- Medication Management

MONITORING SANITATION IN CAMP

- Head Counselor Daily Checklist – section for equipment
- Action Teams
- Dumpsters emptied daily
- Site Manager oversees the grounds
- Camp Nurse and First Aid specialists make recommendations throughout the summer

SEASONAL AND LONG-TERM RECORDKEEPING

See the following section of the Health Care Plan:

- Records
- Long Term: Records are kept in room 301

REVIEW

HEALTH CARE PLAN

Camp staff must follow the health care plan as outlined. The plan is reviewed and approved annually by Dr. Kim Bullock. Dr. Bullock serves as the Health Supervisor. Any medical problem or concern is addressed to Dr. Bullock. Her phone number is (301) 537-3638 (cell). The Health Supervisors, Executive Director and Health Care Administrators shall also review all injury records on an annual basis to determine if alternative methods, tools, etc. can reduce the risk of injury.

DAILY HEALTH SURVEILLANCE

A First Aid Specialist is located at the First Aid Station for quick and convenient access. The First Aid Station is equipped with chairs, a telephone and walkie-talkie, First Aid supply cabinets, locking cabinet and refrigerator, air conditioning, and cots. Also located at the station are camper records concerning allergies and other medical conditions. A medical permission slip will be kept on file for each camper in the camp office.

Counselors are issued water bottles in order to regularly give campers water. Areas of shade have also been established to help reduce overexposure to the sun and heat. Counselors will refer all campers to the First Aid Station for any injuries or complaints. It is understood that some accidents are unavoidable. However, it is the responsibility of the counselors to be concerned caretakers to help prevent accidents among campers.

DAILY REVIEW

The medical staff on duty shall review within every 24 hours of camp, the physical condition of any and all persons referred off site for treatment, with the Executive Director. The First Aid Specialist will keep record of times he/she is unable to contact parents or emergency contacts within 24 hours.

WEEKLY REVIEW OF INJURIES AND ILLNESSES

The Health Care Provider will be in contact with the Health Care Supervisor to survey all reports of injury and the presenting problems listed in the record logs. This will be done on a weekly basis by telephone and/or email to review the log so that camp can identify activities, areas, etc. with an unusually high injury or illness rate.

REPORTS

PARENT, HEALTH SUPERVISOR, AND STATE NOTIFICATION IN THE EVENT OF CAMPER ILLNESS OR INJURY

The means and personnel who shall effect notification of the parent/guardian, Health Supervisor, and State of Maryland Department Health and Mental Hygiene (DHMH) in the event of any camper condition shall be as follows:

1. A condition requiring EMS Response or any injury or illness requiring the camper to be physically removed for assessment and/or treatment in a hospital setting. The Executive Director, health supervisor, and camper's parent/guardian shall be notified immediately. The Camp Nurse or the most senior staff member available shall effect notification in any situation involving possible fractures, possibly disfiguring wounds, or life-threatening situations. Attempts shall be made to notify parents by the most immediate and expeditious means, and shall continue until successful. Every attempt and its result shall be logged. The DHMH shall be notified verbally within 24 hours and in writing within a week on a form that meets regulation 10.16.06.26.
2. A condition involving illness or injury suggesting the need for Physician's opinion, use of X-rays, lab work, or any other condition in Standing Orders calling for Physician Referral. The Camp Nurse on duty shall attempt to notify the parent or guardian by phone, and continue to attempt notification on a regular basis until the parent is reached. Each notification attempt and result shall be noted in the Record Log. The health supervisor (Dr. Bullock) shall also be contacted immediately. The DHMH shall be notified in writing on a form that meets regulation 10.16.06.26 within two weeks of the end of camp.
3. Any illness or injury not included in A or B above, or for an accident with no apparent injury. A staff member shall report to the camper's parent or guardian as soon as possible and before the end of the day, verbally or in writing.
4. An outbreak of an illness or a condition that is required to be reported under COMAR 10.06.01. The health supervisor and parent/guardian shall be notified immediately. The DHMH shall be notified verbally within 24 hours and in writing within a week on a form that meets regulation 10.16.06.26.
5. It is the responsibility of the First Aid Specialist and Compliance Manager to ensure that all required Maryland Department of Health forms are completed and submitted according to the MDH Required Reporting Chart.

EXCLUSION CLAUSE FOR CAMP PARTICIPATION

According to State Regulations

RECORDS

The First Aid Specialist is given the following instructions and is personally responsible for health care documentation. Record any and all treatments rendered in the appropriate record book using indelible pen.

Sign and date all treatments. Record treatments to campers and staff in separate medical logs. Records are kept for 6 years.

RECORDS KEPT IN THE CAMP OFFICE:

1. Health History for each camper
2. Signed Permissions for emergency medical treatment for all campers
1. The updated Health Care Plan

RECORDS KEPT IN THE RECRUITING OFFICE:

1. Health History for each staff member, including Assistant Counselors
2. Signed Permission for emergency medical treatment for all staff, including minors

RECORDS KEPT BY THE CAMP NURSE:

Specific instructions for record-keeping are listed in the First Aid Station Daily Medical Log

1. Injury / Incident Reports
2. Accident Reports for the following:
 - a. All accidents resulting in injury that require professional medical treatment and as a result of which the individual is treated at or admitted to a medical facility, has a laboratory analysis performed, or undergoes an X-ray.
 - b. An injury or illness which results in death or which requires resuscitation or admission to a hospital, or an illness suspected by a physician of being water-borne, food-borne, or air-borne or vector-borne, or spread by contact, must be reported within 24 hours to the Department of Health.
3. Daily Records for Dispensing of Medications
4. Off-Grounds Head Counselor records for medication and First Aid incidents.
5. Parent Call Log & Parent Call Forms
6. Inventory of supplies before, during and at the end of the camp season.
7. Records of all health information and training provided staff, all treatments rendered to staff, and incidents in which staff have exposure to blood-borne pathogens for OSHA requirements.

RECORD SHARING

In the event a camper or staff member must be referred off-site (in an ambulance), the First Aid Station's copy of that person's medical record, and screening form shall be sent with the injured party for the information of the treating physician. If a referral is due to accident, and the condition of the injured permits, the First Aid Specialist shall prepare a draft of the Health Department's Accident Report Form to accompany the injured party.

Hospital and/or medical personnel may copy any documents sent with a camper or staff member, but the originals **MUST** be returned to staff for our records.

In the event a camper or staff member is diagnosed as suffering a broken bone, the staff accompanying the injured person shall request a copy of the X-ray report. The report will be made available to the person's primary care provider.

RECEIVING AND REVIEWING OF RECORDS

Any camper with a specific health need is brought to our attention by the camper's parent when they complete the required health history form. We evaluate and meet the needs of the camper on a case-by-case basis. The Head Counselor and counselor will receive the camper's information sheet, indicating the health conditions the week prior to the camper attending, as well as any additional information provided by the parent. The Program Manager will inform the counselor of any special arrangements agreed upon by camp, the parents and Health Care Supervisor.

This information is Protected Health Information and falls under HIPAA regulations and must be treated as such.

MAINTAINING CONFIDENTIALITY OF MEDICAL RECORDS

In compliance with HIPAA regulations all medical information of campers and staff shall be considered confidential. Such information shall be shared only as necessary with those persons responsible to care for the health of the camper or staff member.

MEDICATION MANAGEMENT

1. All medications for campers including over-the-counter drugs must be accompanied by a Drug Authorization Form (provided by MDH) preferably completed by the physician and need to include the name of camper, medication, dose, time and route of administration.
2. Any non-prescription drugs to be taken by the camper, where the directions differ from the directions on the original container, **MUST** be accompanied by a physician completed Drug Authorization form.
3. All medications, including prescription and non-prescription medications like Tylenol, Nuprin, Dimetapp, etc. must be sent in original containers (i.e. the bottle or package it was purchased in). Non-prescription medications must be sent in an unopened package.
4. All prescription drugs must be sent in pharmacy packaging that contains the camper's name, dosage, and schedule of administration and doctor's name.
5. Pharmacists will provide a second empty medicine bottle (also containing the camper's name, dosage, schedule of administration, and doctor's name) to use for daily doses during camp hours. This must accompany the camper's medications.
6. All medications **MUST** be premixed by the pharmacist. Insulin administration schedules should be adjusted to be administered at home. In the event of an overnight, insulin syringes should be premixed at home with a prescription on file at camp as described above. **MEDICATIONS WHICH DO NOT MEET THESE REQUIREMENTS WILL NOT BE ACCEPTED AT CAMP.**
7. The parent should bring in the Physician/Parent Drug Authorization form. It is strongly recommended that medications be given at home whenever possible. Parents, please confer with your child's physician to arrange medication time intervals to avoid camp hours, if possible. Please do not write any medical information on the Camper Profile form.
8. Parents are requested to bring medications on the Thursday prior to the session their child is attending. They will be asked to sign a 'Late Medication Waiver' if they are past this date.
9. All medications will be locked in the appropriate cabinet or refrigerator as soon as possible. Parents are encouraged to bring medications requiring refrigeration in a bag of ice. Campers are not to keep medications of any kind in their backpack. The only exception to this is for campers who are extremely allergic to bee stings and brittle asthmatics. Campers Pre-K through 4th grade must carry emergency meds in a hip pack and have it on them at all times. Campers 5th grade and up may carry emergency meds in their backpack. Counselors of these campers may keep a bee sting kit, epi-pen, and/or bronchial inhaler in their backpack if the parent so desires it. The parent **MUST** then sign a waiver exempting us from responsibility if the child were to have a reaction. This will be discussed, by the office staff, with the Program Manager first.
10. Parents may send enough medication to leave at camp for the duration of the camper's stay. Parents will pick-up leftover medication when their child's summer enrollment has ended. Failure to do so will result in the medication being destroyed in accordance with MD State Law and Medication Final Disposition form provided by MDH will be completed.
11. To receive medication, the camper will go to the First Aid Station and identify him/herself to the First Aid Specialist.
12. The camper will verify his/her name on the bottle or syringe and verify color and shape of a pill and the correct time for this medication.
13. The First Aid Specialist will give the bottle of medication or syringe to the camper who in turn will self-administer the medication while being observed by the First Aid Specialist.

14. The First Aid Specialist will record the name of camper, medication and dose, route of administration and time taken in the record book using the Medication Administration Form provided by MDH. Medications such as Tylenol, Benadryl syrup and calamine lotion must receive parental and / or physician approval prior to camper administration unless otherwise noted on Camper Information.

TREATMENT PROCEDURES (STANDING ORDERS)

PROCEDURES TO BE FOLLOWED IN HEALTH CARE AT CAMP SONSHINE

All treatments supplied to any member of the community, from cleaning minor scratches to the dispensing of prescription medications must always be in accordance with accepted practice and/or a physician's legal order. All medications and any medical equipment that might cause injury if misused must be safeguarded by locked storage or personal supervision of a responsible person at all times.

INJURIES

For all First Aid procedures, refer to Red Cross First Aid.

All staff are required to wash their hands before and after treating an injured camper.

For all major emergencies and accidents the camper's parent / guardian will be notified, and the camper will be taken to Montgomery General Hospital unless otherwise requested by parent / guardian. Emergency transportation will be made by calling 911. The camp Nurse, Directors, and Programmers are authorized to call 911.

ILLNESSES

The following are standing first aid procedures for conditions not covered in the Red Cross First Aid manual. It is the responsibility of all staff to monitor campers regularly for any signs and symptoms of injury or illness. Parents will be notified for the following conditions.

CONSULT PHYSICIAN or request that parent consult physician for any of the following:

- Diarrhea
- Sore throat
- Head lice
- Communicable diseases
- Communicable skin disorders

Campers with these conditions should not be allowed to attend camp until their physician has cleared them. For any camper who is injured or ill, a camp staff member shall care for and supervise the camper until the camper is returned to the parent, guardian, or the parent's designee. The health supervisor shall be notified of any campers with identified medical problems to ensure that there is a plan of action in case of a medical emergency.

1. Abdominal Pain & Tenderness - with or without nausea and vomiting

RX:

Do not give laxatives.

- a. Take temperature
- b. Have the person lie down.
- c. Feel abdomen. If hard or tense and tender to the touch, especially on the lower right side, CONSULT PHYSICIAN IMMEDIATELY.

2. Earache

RX:

- a. For temporary relief, have person lie down with head elevated on pillows
- b. Apply a hot water bottle or heating pad (over light weight towel) over the affected ear and side of head.

c. Consult physician.

3. Fainting

RX:

- a. Place the victim flat on the ground with head slightly lower than the rest of the body. (Elevate legs.)
- b. Make sure he / she is breathing and has a pulse.
- c. Loosen tight clothing.
- d. Apply cold compress to the face. Allow victim to inhale Aromatic Spirits of ammonia.
- e. NOTE: If the person is unconscious, CALL EMS.
- f. Check for breathing and pulse. If necessary, begin CPR or rescue breathing.
- g. Consult a physician.

4. Impetigo

RX:

- a. Consult physician.
- b. Impetigo: Child may return to camp after he/she has been on medication for 48 hours.

5. Nosebleed

RX:

- a. Have individual sit quietly.
- b. Have individual breathe through the mouth.
- c. Pressure should be applied to compress both nostrils (10 minutes).
- d. If a nosebleed persists, consult a physician.

6. Poison Ivy, Oak, etc.

RX:

- a. Wash the area with soap and water - rinse - DO NOT SCRUB.
- b. Apply calamine lotion or similar preparation.

7. Ticks

RX:

Tick bites can destroy tissues. Check campers daily for ticks.

- a. Remove the tick promptly by applying steady, slow traction with forceps or tweezers as close to its mouth as possible. Gently but firmly remove the whole tick. **Do not squeeze or crush ticks.** If the tick's mouthparts remain after removal, be sure to inform parents. All campers with tick bites should be referred to a physician.
- b. Use a 50% solution of hydrogen peroxide and water to wash the area thoroughly. Rinse well and have the camper apply a 1% solution of hydrocortisone cream to the area.

MAJOR ILLNESSES

The following emergencies and accidents will always be considered major injuries. Parents and physicians will be notified.

1. For any type of head injury, parents will be notified. For a head injury with bleeding, the bleeding will be stopped by applying pressure.
2. For an unconscious camper (by head injury, fainting or other), if the face is red, the head will be raised. If the face is pale, the feet will be raised. Call EMS.
3. For possible broken bones, immediate attention will be given to stabilizing the camper; this will include calming the camper, stopping any bleeding by pressure, and cleaning the appropriate area. The broken bone area will be kept immobile until proper medical transportation has arrived. The camper will not be moved unless the camper is in danger of immediate physical harm, or can move without assistance.

4. For possible back / neck / head injury, the camper will not be moved until proper medical technicians are present.
5. For the camper whose heartbeat or breathing has stopped, age appropriate CPR will be administered until heartbeat or breathing is re-established, or until medical help arrives.
6. In case of severe choking to the extent of breathing being blocked, abdominal thrusts and back blows will be administered.

STAFF ESCORT FOR CAMPERS BEING HOSPITALIZED OR REFERRED

In emergency situations, the Executive Director or his nominee shall determine whether or not a camper shall be accompanied. If the needs of the camp are not so pressing that the staff supervisor's presence is critical, the supervisor shall either accompany the camper, or follow by the most expeditious means.

The First Aid Specialist shall follow up within 24 hours with all campers who have been referred for external Health Care and log the diagnosis and care provided in the Health Care Log.

SELF ADMINISTRATION

- A camper can only self-administer medication whenever his/her parent has provided camp with written authorization to that effect
- The Head Counselor and counselor will be considered Health Supervisor Designees to supervise the camper self-administering his/her medication. Counselor will be trained to supervise self-administration of emergency medication only.

INFECTIOUS CONTROL PROCEDURE

1. Counselors and Head Counselors will be educated in our infection control procedure.
2. All personnel coming in contact with bloodborne pathogens or body secretions will wear First Aid gloves and masks if necessary.
3. Bloodborne pathogen clean up kits will be available at the first aid station.
4. Individuals at risk of exposure to bloodborne pathogens will be offered the opportunity to receive the Hepatitis B vaccine. The Nurses station will document refusal.
5. Campers who must take medication during the camp day by injection must use safety needles to avoid needle stick injury to campers and or staff.
6. Campers who are ill will be sent home as soon as possible. The camper will be separated from the group as soon as possible to avoid further exposure to others.
7. Hand washing agents will be provided in all first aid kits. Hand washing should occur after exposure to bloodborne pathogens or the body. Washing with soap and water for at least 30 seconds is the preferred method.

IMMUNIZATIONS

In the event that a camper does not have updated immunization records (ex. Exempt for religious reasons) and the Secretary of DHMH declares a medical emergency, the campers without these records will be requested to stay at home.

ADDENDUM

- A. List of non-prescribed medicine approved for use at Camp Sonshine

COVID-19

Camp Sonshine Guidance to Reduce our Disease Transmission Risk

The steps and procedures introduced in this addendum are for the health and safety of all staff, campers, and families at Camp Sonshine. These procedures will help us to minimize the risk of disease transmission at camp. These will in no way guarantee a disease-free environment but will provide proactive steps in reducing our risk. All of our parents and staff will be educated on our adjusted procedures.

Due to the risk of transmission of COVID-19 this summer Camp Sonshine's threshold for camper illnesses that will require immediate camper pick up has been adjusted for the health and safety of all campers, staff, and families.

For parents, if any child has symptoms of infection, even mild, such as sniffles (not allergy-related), he/she will need to be evaluated by his/her health care provider and not come to camp that day. A written notice from the campers Primary Care Physician (PCP) or health care provider will be needed before the camper can attend camp. Campers under the age of 5 and with underlying health conditions will need a written notice from their PCP before they may attend camp in accordance with the Maryland Department of Health Directives.

Education:

Our campers, staff, and parents will receive education on "Cover your Cough", our COVID-19 procedures, symptoms, and How to wash your hands. Staff will receive this during their training and notices will be sent out to our families.

Camp Entry:

All campers and staff will be required to wear face coverings during arrival and departure, while on camp buses or vans, get their temperature taken, and answer our checklist questions before they are allowed to enter camp. Parents may answer the checklist questions for their campers. This will be done at arrival each day at camp and at our bus stop locations. Temperatures and checklist questions will be logged daily. Thermometers used to take temperatures will be cleaned after each use and staff will be gloved and masked.

Camper Pick up Guidance:

Parents will not be allowed to get out of their vehicles upon picking up their camper. Campers will be brought to the parent at the time of pick up. The only exception will be for emergencies and the parent will be screened before entering camp.

Campers will be required to get picked up if they display any of the following symptoms but not limited to:

1. GI Symptoms (Gastrointestinal)
 - a. Upset Stomach
 - b. Diarrhea
 - c. Vomiting
2. Fever (98.6 or higher)
3. Dry Cough
4. Extreme Fatigue
5. Muscle Ache

6. Shortness of Breath
7. Loss of taste and smell
8. Runny Nose
9. Productive Cough
10. Light Sensitivity

All staff and campers will have a temperature check daily when they report to camp. This will be done regardless of whether they have symptoms or not. Anyone with a documented Temperature of 100.4 will be sent home from camp. Individuals with a low-grade temperature will report to the First Aid Station and be assessed for infection (low-grade temperature is defined as > 98.6 and $< 100.4 < 24$ hours)

In the event that a camper has Seasonal Allergies

If a camper has seasonal allergies their normal symptoms **MUST** be documented on their camper application or in their account. Allergy symptoms such as sneezing, watery eyes, and Sniffles will be monitored but will not require the camper to be sent home as long as those symptoms are documented on their application or camper account. **Campers with allergies must take their allergy medications prior to attending camp that day.**

If these allergy symptoms appear in conjunction with any other symptoms such as extreme fatigue, productive cough, light sensitivity, headaches, or muscle aches your camper will be sent home and may only return once he/she has been cleared by your Primary Care Physician (PCP) or a Doctor.

Campers that have been sent home due to suspected illness will need to get cleared by their PCP or a Doctor and provide written approval prior to their return to camp.

First Aid Station Staff

All First Aid Station Staff will be required to thoroughly wash their hands for at least 20 seconds using soap and water. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer with greater than 60% ethanol or greater than 70% isopropanol may be used. However, if hands are visibly dirty, always wash hands with soap and water before and after treating each staff member or camper. They will also be required to use masks and gloves when treating any campers or staff. Gloves must be used during cleaning and changed in between campers.

Gloves and masks are only to be used once and then thrown away. Staff may not use the same pair of gloves multiple times. Masks must be changed in between groups. Gloves are to be removed by grasping from the inside and peeling inside out.

The First Aid Station will be supplied with PPE gear, cleaning supplies such as Clorox and disinfection supplies. The cleaning of supplies and surfaces will be conducted in between each use. All treatments will be documented according to the Maryland COMAR standards. Our First Aid Station will consult weekly with our Health Supervisor Dr. Bullock.

Camper Groups:

Campers will be placed in Cohort groups of 10 or less to limit group mixing. By using the small groups and cohort strategy, isolation and surveillance of close contacts can be implemented in short order. Campers will be required to stay with their own group at all times during the camp day. Campers will wash their hands before and after each activity and meal. Counselors will be given a supply of alcohol-based sanitizer with greater than 60% ethanol or greater than 70% isopropanol to keep on their person for personal and camper use. This bottle of sanitizer will be refilled daily as needed.

Cleaning Procedures:

Any staff member cleaning must wear gloves. Gloves will be used once and then thrown away. Cleaning will occur in two stages: Cleaning to remove dirt and grease and then disinfecting. We will be using normal cleaning products such as Clorox to clean and a diluted bleach solution for disinfecting. The disinfecting solution will be 4 teaspoons of bleach to a quarter of water in a spray bottle. These bottles of disinfectant will be labeled clearly so that they are used appropriately and not mistaken for other cleaning solutions.

Preparing Disinfectant Spray Solutions:

1. Staff members that are preparing the disinfectant solution will be required to wear goggles and gloves and follow the manufacturers' directions.
2. Using the manufacturer's instructions, fill the spray bottle with the appropriate amount of disinfectant solution and water. A funnel (not to be used for consumables) will be used to reduce spills and splashing.
3. A dilute bleach (sodium hypochlorite) solution will be used by adding 4 teaspoons of bleach per quart of water.
4. Replace the spray cap and label the disinfectant bottle with the contents using a permanent marker.

First Aid Station Cleaning Procedures:

The First Aid Station will be cleaned and monitored daily by the First Aid Station Staff and the Compliance Manager. Daily check-ins will occur to ensure that the First Aid Station is maintaining a high quality of hygiene, cleanliness, and are following procedures accurately.

Morning Cleaning

1. All hard surfaces will be wiped down. (Gloves must be worn while cleaning)
 - a. Tables
 - b. Chairs
 - c. Cots
 - d. Shelves
 - e. Cabinets
 - f. Mini-Fridge (inside and outside)
 - g. Ipad
 - h. Coolers
2. Trash is taken out (if it was not done the previous day)

Afternoon Cleaning (this will happen frequently throughout the day)

1. Wipe down high touch surfaces after each use. (Gloves must be used while cleaning)
 - a. Ipad
 - b. Coolers
 - c. Pens
 - d. Tables
 - e. Cabinets
 - f. Chairs
2. Clean any tools used (thermometer, blood pressure cuff, tweezers, etc.)

Evening Cleaning

1. All hard surfaces will be wiped down.
 - a. Tables
 - b. Chairs
 - c. Cots
 - d. Shelves
 - e. Cabinets
 - f. Mini-Fridge (inside and outside)
 - g. Ipad
 - h. Coolers
2. Take out the trash
3. Vacuum
4. Clean any tools used (tweezers, thermometer, bottles of medicine, blood pressure cuff, etc.)

Camp Cleaning and Disinfecting Procedures for confirmed COVID-19:

Extra cleaning and disinfecting procedures will begin 24hrs after the confirmed case

1. Cleaning staff will be required to wear PPE.
2. First clean visibly dirty surfaces then perform disinfection.
3. Use disposable wipes/paper towels to clean surfaces rather than reusable cloth wipes, as the latter can re-contaminate surfaces. All cleaning and disinfecting materials (e.g., paper towels, cloth wipers, sponges, mop heads, etc.) should be disposed of in sealed bags or containers after use.
4. Particular attention will be given to high touch areas, including, but not limited to, handrails, door handles, cabinet and drawer handles, shared sports equipment or craft tools.
5. Clean a potential source area by progressing from the entrance to the most distant point to avoid re-contaminating surfaces that have been disinfected (i.e., clean your way out).

How to Wash Hands

1. **Wet** your hands with clean, running water. Turn off the tap and apply soap.
2. **Lather** your hands by running them together with the soap. Make sure to lather the back of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds (about the time it takes to sing the “Happy Birthday” song twice.)
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or an air dryer.

You may use paper towels to turn off the faucet and/or open the door to the bathroom.

How to Use Alcohol-Based Hand Sanitizer

Hand sanitizers should contain greater than 60% ethanol or greater than 70% isopropanol. Hand sanitizers are not a substitute for handwashing for kitchen and dining staff.

1. Apply the product to the palm of one hand.
2. Rub your hands together. Make sure the product contacts the back of your hands, palms, between your fingers, and fingertips.
3. Continue to rub your hands together until your hands are dry (about 20 seconds).

Questions to ask a camper for when they come into the first aid station.

- Have you been around anyone sick recently?
- How long have you been coughing?
- How long has your stomach been hurting?

Make a diagram of what the standard is and when they need to be sent home.

We need to have a lower threshold. What are we sending kids home for?

- stomach aches
- headaches
- consecutive coughing
- runny nose
- consecutive fatigue
-

Disposable bags for lunch (how do we minimize the risk?)

What are the PPE protocols? Can they be reusable? how often should the first aid station check in with dr. bullock? Who is supplying the PPE?

How are we going to do the daily checks? How are we cleaning the first aid station between campers?

Masks should be worn based on our risk checklist (high risk checklist and low risk checklist)

Create this checklist and assessment questions

- Is there anyone at home that is sick?
- Have you been around anyone that has been sick in the past week?
- Do you have any additional health conditions?
- Do you have a productive cough?

Questions for Dr. Bullock

- When do you specifically need to use PPE?
- How should a counselor know when to send a camper to the first aid station?
- How do you deal with mimic situations?
- When would a camper be allowed back to camp if they were sent home because of symptoms? But it could be allergies or something else.
- What would a good check in process look like?

Symptoms to look for (not limited to these) These require a doctor's note to come back to camp.

- GI Symptoms (Gastrointestinal)
 - Upset Stomach
 - Diarrhea
 - Vomiting
- Fever
- Dry Cough
- Extreme Fatigue
- Muscle Ache
- Shortness of Breath
- Loss of taste and smell
- Runny Nose
- Productive Cough
- Light Sensitivity