**Town of MERRIMACK**

**Parks and Recreation DEPARTMENT**





**medical directives & protocols**

**2023**

**COVID-19 GUIDELINES**

**SUMMER 2023**

Based upon updated guidance from the NH Department of Public Health, masks are now optional at camp based on the individual’s personal choice except in the case of required isolation or quarantine which are outlined below.

**VACCINATIONS**

While not mandatory; it is strongly recommended that all campers & staff get fully vaccinated against COVID-19 to help avoid introducing COVID-19 into the camp setting and associated consequences such as needing to quarantine due to exposure.

**What does fully vaccinated mean?**

* The CDC recommends all children 5 years of age and older be vaccinated against COVID-19 with two doses of the Pfizer-BioNTech vaccine.
* Campers & Staff between the ages of 12 years of age to 17 years of age should be vaccinated against COVID-19 with two doses of the Pfizer-BioNTech vaccine as well as receiving a Booster dose.
* Staff Members who are 18 and older should have received two doses of either the Pfizer-BioNTech or Moderna Vaccines or a Single Dose of the Johnson & Johnson / Jannsen Vaccine. Everyone ages 18 years and older should also get a booster dose of either Pfizer-BioNTech or Moderna Vaccine.

**COVID-19 DAILY WELLNESS CHECK:**
Parents and campers are required to answer these questions daily prior to campers leaving the car:

* Has your child had fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash in the last 5 days?
* Has your child been exposed to someone who has been diagnosed with the COVID‐19?
* Campers or Staff who have new/unexplained symptoms of COVID-19 should be kept home and tested for COVID-19 and must have a negative test result before coming back to camp.
* A child with a temperature greater than 100.4 and any of the above symptoms or who has been exposed to someone with COVID-19 must follow the Isolation and/or Quarantine Guidelines on the next page.

**PROTOCOLS FOR COVID-19 HEALTH CONCERNS THAT COME UP DURING THE CAMP DAY:**

* If any camper or staff member that develops symptoms during the course of the camp day; the staff member will contact the Health Supervisor to inform them of situation. The Health Supervisor will put a mask on the individual and then bring them to the pre‐designated quarantine tent outside of the camp office.
* A rapid antigen test will be conducted by the Health Care Supervisor and a temperature will be taken. If the temperature is over 100.4 or the rapid antigen test is positive; the camper will remain in quarantine tent until parents can be contacted and child is picked up and directed to seek a PCR Test by their local medical professional. It is expected that a parent picks up their children within 1 hour.
* The Camp Health Care Supervisor will write a detailed account of incident, persons present, symptoms, steps taken, and outcome.
* In the event of a positive test, the NH Bureau of Infectious Disease Control will be contacted to follow up with the family.

**ISOLATION REQUIREMENTS:**
**For anyone who test positive for COVID-19 or who have symptoms of COVID-19 while awaiting test results**

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| --- | --- |
| **Persons who need to isolate** | **Recommended Action** |
| Any person who tests positive for Covid-19 or who has symptoms of Covid-19 while awaiting testing – regardless of vaccination status, previous infection, or lack of symptoms.  | * Stay home and away from others (including people in your household for at least 5 days.
* Isolation can end after day 5 if you are fever-free (off fever-reducing medications) for at least 24 hours and other symptoms are improving.
* If fever has been present in the prior 24 hours, or if other symptoms are not improving, then you should continue to isolate until fever free and symptoms are improving for at least 24 hours, or until after 10 days of isolation.

**For 10 days:*** Wear a well-fitting mask when around other people and avoid people who are immunocompromised or at high risk for severe disease.
* Avoid travel.

Per CDC guidance, individual can take an antigen test on day 5. If antigen test is positive, you should continue to isolate for a total of 10 days. If the test is negative then you can return to camp but must wear a well-fitting mask anytime you are indoors.  |

**Quarantine Requirements:
For exposed “household contacts” who are unvaccinated or who are NOT “up to date” on receiving all recommended COVID-19 vaccine doses.**

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| --- | --- |
| **Persons who need to quarantine after being exposed to someone who has tested positive for COVID-19** | **Recommended Action** |
| Household contacts who are either:* Unvaccinated; OR
* Not “up to date” on receiving all recommended vaccinations as described above.
 | * Stay home and away from others for 5 days after the last exposure.
* Watch for symptoms for COVID-19 for 10 days after the last exposure and get testing if symptoms develop.
* Get tested at least 5 days after the exposure, even if no symptoms develop. If positive, move to isolation. If negative, can return to camp but must wear a well-fitting mask anytime you are indoors.

**For 10 days*** Wear a well-fitting mask when around other people and avoid people who are immunocompromised or at high risk for severe disease.
* Avoid travel.
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The health care services of Naticook Day Camp are monitored by the program’s healthcare team, which consists of:

* Health Care Supervisor
* Camp Director and Director of Parks & Recreation
* Camp staff certified in CPR/ First Aid

The medical protocols are the supervising Medical Consultants’ directives to the healthcare team. The protocols are not meant to replace a physician’s assessment but rather to provide guidance for onsite care of common illnesses and injuries.

By providing medical directives, the supervising nurse/physician assumes that supplies listed on Naticook Day Camp’s health center inventory have been maintained and that the health team knows how to appropriately use the supplies. The supervising nurse/physician also assumes that the team follows the policies and procedures described in Naticook Day Camp’s Health Policies & Procedures plan.

Regarding over‐the‐counter (OTC) medications: follow dosing directions on the OTC package unless these protocols specifically change the directions.

**UNIVERSAL PRECAUTIONS**

**In treating injuries, the responder must follow universal precautions.** Gloves MUST be worn by anyone coming in contact with blood or other bodily fluids. All discarded materials must be placed in a biohazard container. An Accident/Incident Report should be filled out for all injuries.

**STANDING ORDERS FOR SCREENING**

The person responsible for screening must have in hand the individual’s health history. It should be signed by the parent or guardian. Screening shall occur within 24 hours of an individual’s arrival at camp.

In screening a person, first identify any observable evidence of illness, disability, or communicable disease. Review the health history and check it for appropriate signature. Special attention should be noted for:

1. Current medications and/or treatment procedures;
2. Dietary restrictions;
3. Allergies;
4. Physical limitations

All important items must be recorded on the individual’s camp health record and the screening note completed per camp policy.

**EMERGENCY SITUATIONS**

Effective management of emergencies can reduce the physical, psychosocial, and economic impact of trauma upon those involved. One key to effective management is emergency preparedness. Preparedness is achieved through such measures as:

1. Planned and rehearsed emergency drills
2. Qualified, educated, and trained staff
3. Availability of necessary equipment and transportation.

In consultation with the Camp Director and other appropriate staff, the health care professional is charged with responding to emergency procedures. The general principles that govern all emergency situations apply:

1. Evaluate the situation completely and as quickly as possible.
2. Do the simplest thing consistent with good nursing care.
3. Take care of the most important conditions first: maintain open airway, control severe bleeding, and prevent shock (ABC protocol).

**ABDOMINAL PAIN**

Abdominal pain is a common complaint among children and teens, and is often related to emotional distress, change in food or eating patterns,or constipation. These should be considered during the assessment. Severe or persistent abdominal distress requires competent medical diagnosis and management.

Common “stomach flu” or diarrhea without a high fever should be monitored but is usually of little concern.

Administration of electrolyte fluids is recommended (such as Pedialyte) with diarrhea. Persistent distress or recurring distress warrants a call to the parents for home care.

Stomach discomfort without localized tenderness or nausea should be treated with rest, clear or electrolyte fluids (if diarrhea present), and monitoring temperature. Treatment should include:

1. Ask about recent abdominal injury, dietary intake, exercise, last bowel movement, and check with females about menstruation.
2. For nausea and/or vomiting give nothing by mouth for 2 hours.
3. If student has severe pain, rigid abdomen, high fever, or absence of bowel sounds, notify parent, physician, and arrange transport to hospital.

**ABRASIONS**

Cleanse thoroughly with soap and water.  Remove foreign material from the wound.  After cleaning minor abrasions, antiseptic ointment can be applied with dry dressing.

**Airway Obstruction (Choking):**

The inability to speak or breathe effectively as evidenced by the universal sign or unconsciousness. Follow guidelines for Foreign Body Airway Obstruction. Activate EMS.

**ANAPHYLAXIS**

Some people experience a systemic reaction to certain insect bites, foods, or other allergens. Try to discern if symptoms are from a mild allergic response or anaphylaxis. With a mild allergic response, the person may have sneezing and itching around the eyes and/or skin, or a raised red rash. Anaphylaxis involves 2 or more body systems and can be life-threatening. Symptoms may include respiratory difficulty (such as wheezing), cutaneous manifestations (such as hives or swelling of the lips and eyes), cardiovascular effects (such as hypotension, cardiovascular collapse, or shock), or gastrointestinal cramping and diarrhea. These individuals are often identified through the camp health form. It is the responsibility of the Health Care Supervisor to interview risk individuals and obtain a history of previous reactions, including interventions needed. Record the information on the health form.

For the susceptible individual and the child’s counselors, the following training is suggested:

* Demonstrate ability to use an EpiPen using the EpiPen trainer
* Review the camper’s information sheet.
* Be able to describe the signs/symptoms that indicate anaphylaxis, and what the triggers are for affected individuals. Be aware that a person without anaphylaxis history may display symptoms and need to be treated accordingly.
	1. Administer epinephrine.
	2. Call 911 and get individual ready for immediate departure
	3. If the person is conscious, give 1 age appropriate, oral dose of Benadryl immediately.
	4. Monitor vital signs at five minute intervals.
	5. Contact camper’s parents and inform them of the situation.
	6. When a person with anaphylaxis does not respond to the initial dose of epinephrine, and arrival of advanced care will exceed 5 to 10 minutes, a repeat dose may be considered if the person’s symptoms worsen.

**ASPHYXIATON**

Respiratory emergencies demand immediate action. Begin artificial respiration with non-breathing individuals immediately. Continue until the victim revives and/or EMS arrives on the scene and takes over. Try to determine cause by noting environmental clues (carbon monoxide, drug use, strangulation). For suspected asphyxia due to contaminated air/gases, removing the victim to fresh air may be needed. Each person who is overcome to the point of needing respiratory support must be examined by a physician. This situation requires medical assessment. Treat respiratory emergencies for shock.

**ASTHMA**

Evidence by some or all of the following: wheezing, noisy breathing, difficult air exchange, cyanosis, persistent coughing, and extreme anxiousness. Provide calm reassurance and remove known allergens from environment.

1. Maintain rest in position of comfort; keep warm, dry, and well hydrated.
2. Check for prior history, give known asthmatics medication as prescribed.
3. Arrange for transport if asthma attack does not subside or if there is no previous history of asthma.
4. Alert parents of using inhalers more than 4 times/day, even if student is comfortable.

Bleeding
Severe or life-threatening bleeding should be treated by applying pressure to pressure points. If bleeding remains uncontrolled, dial 911 and prepare for transport to hospital emergency department. Severe bleeding may cause the following: pale cold clammy skin, dizziness, fainting, nausea, thirst, shallow rapid breathing, rapid pulse, and disorientation. All camp staff members will be trained in the use of use of emergency tourniquets utilizing the “Stop the Bleed” program.

Blisters

Prevention is the key. Small blisters should be cleansed with soap and water and covered with a bandage to prevent friction. Monitor broken blisters for infection and treat as open wounds as needed.

BURNS

1. Remove individual from source of heat and flush area with cool (NOT cold) running water for at least 10 minutes. Water may be applied by means of pouring, immersion, or saturated clean cloth. Apply Aloe Vera Gel or antiseptic ointment (i.e. antibiotic) to first-degree burns.
2. Avoid breaking blisters, treat broken blisters as any open wound. Extensive burns should be covered with dry sterile dressing, notify parents and arrange for transport to hospital. Chemical burns need to be flushed with copious amounts of water, use shower if possible and call 911. If chemical is in powdered form, wipe off area before immersing in water.

**CARDIAC EMERGENCIES**

In general, the camp population is a low cardiac risk group. Cardiac cases demonstrate primary complaints of pain in the chest, arms, or shoulders. They may show signs of shock with a weak pulse, pale face, and a cold sweat. Often anxiety and fear are present.

Allow the individual to assume a comfortable position (most often a semi-reclining position). In all cases of suspected heart involvement, call 911. Check the patient’s history for previous heart problems.

1. Treat for shock.
2. Elevate head and shoulders if breathing is difficult.
3. Contact parent, have past history available.
4. Transport as soon as possible.

**CHEST & ABDOMINAL INJURIES**

Torso injuries are usually caused by blunt force and most commonly produce two types of injuries: a contusion or an open wound. Bruises and contusions of the chest can be very painful without showing much evidence of injury. Common complaints are pain in breathing, coughing, and moving.

1. Keep the person warm and comfortable.
2. Severe chest injury with respiratory distress requires that all movement (including transportation) be under the Health Care Supervisors supervision.
3. Consider the possibility of spinal injury and immobilize as appropriate.
4. Call 911 and parents.
5. Cover open wounds with sterile dressings.
6. Treat for shock.
7. Give nothing by mouth to people with abdominal injury.
8. Consider bruises and wounds of the abdomen to have injured deeper structures. Apply dressings as necessary to protect the wound.

**CONJUNCTIVITIS**

When a camper comes to camp with conjunctivitis, they must be on a prescribed medication for at least 24 hours before they can come to camp. If it is suspected that a camper at camp has conjunctivitis, they should be immediately quarantined in the Health Center and the parents called to pick up the child from camp.

**CONVULSIONS/ SEIZURES**

Protect camper from further harm by removing nearby objects and furniture. Have other camp staff remove any other campers away from the area.

1. Loosen belt or tight clothing around neck or waist.
2. Place soft object underneath head if possible
3. DO NOT force any object into mouth.
4. DO NOT restrain during convulsion.
5. Once convulsion has subsided, place in the recovery position and observe for obstruction of airway. Treat for Foreign Body Airway Obstruction if required.
6. Call 911 for seizures > 5 minutes or if no previous history of seizures.
7. Notify parents
8. Protect camper’s dignity. Allow camper to rest on side afterwards but camper must be continuously watched until advanced medical help arrives.

DIABETES CONCERNS

Campers and staff who have diabetes should be interviewed by the Camp Director and/or Health Care Supervisor prior to their arrival at camp. Inform appropriate personnel (group counselors, kitchen staff, etc.) as need be to be supportive of individual’s diabetic plan.

A known diabetic, who appears confused, has difficulty speaking, or shows other signs of being distressed (feel hungry or jittery or is acting strangely) may be experiencing a hypoglycemic reaction. This reaction is related to the body’s low glucose and indicates a need for attention. This can quickly progress to an emergency situation. Check their blood sugar. If the individual is awake and able to swallow, administer camper’s glucose tablets or feed the individual a combination of short-acting and long-acting carbohydrates; usually a glass of milk or juice and crackers will help. Recheck blood sugar in 30 minutes. Consult parents of campers who experience a hypoglycemic reaction ASAP. Call 911 if becomes an emergency.

Diarrhea

Discuss dietary intake as it may be caused from increased fruit or other natural laxative foods.

1. Give electrolyte liquids such as Pedialyte.
2. Contact parents if camper has fever, pain, blood in stool, signs and symptoms of dehydration, or persistent diarrhea.

Dislocations

Evidence by pain, swelling deformity and inability to use injured part.

1. Immobilize injured part with splint for support.
2. Treat as a fracture.
3. Notify parent and call 911 if necessary.

Foreign Body in Eye

Flush with eye wash solution or saline.

1. Do not attempt to remove anything that is stuck to the cornea.
2. Other visible debris may be gently removed with sterile Q-tip.
3. If debris does not come loose after additional rinsing, cover eye with patch or folded gauze and notify parents.

Headache

Encourage adequate hydration, especially in hot weather. During hot and humid weather water bottles are recommended for each camper. Have camper drink 12 oz. of water and rest quietly for 10 minutes. Notify parent if pain persists or fever is present.

**Head Injuries**

1. Apply cold compress or ice pack to swelling. Keep camper quiet, warm and dry.
2. Closely monitor all head injuries by observing camper while they are lying down for 20 minutes.
3. Go through a simple neurologic checklist.
4. Do not move person with severe head, neck, or back injury – call 911 for transport to hospital and notify parent. If EMS activated, monitor vital signs every 5 minutes while waiting for transport.
5. Notify parents & EMS of any of the following occurs: loss of consciousness, convulsions, change in level of consciousness, nausea, vomiting, unequal pupil size, bleeding or fluid trickling from ears, nose, or mouth.

HEAD LICE

Typically lice present with complaints of scalp itching or visualization of the nits, which are clusters of louse eggs. Without magnification, nits appear as tiny white lumps firmly attached to hair strands near the scalp.

Naticook Day Camp has a “no nits” policy. Individuals with head lice and/or visible nits must be treated to remove all nits before continuing with their camp experience. If a case is identified during the camp day, the parent or guardian will be notified and it is the responsibility of the parent to treat the camper. The camper must be clear of “nits” before returning to camp.

Heat Exhaustion and Heat STroke:

Symptoms include weakness, dizziness, headache and nausea. Skin temperature is usually cool and damp; the person appears pale.

1. Get them into a cool, shady place with circulating air.
2. Loosen any restrictive clothing.
3. Rehydrate with cool fluids and salty crackers or pretzels.
4. Monitor LOC (level of consciousness)
5. Changes in LOC might indicate Heat Stroke – the skin might be red, hot, and or dry or it might remain pale, cool, and clammy. This is a life-threatening emergency, call 911 immediately, notify parents, and begin rapid cooling by pouring on tepid water and fanning. Give fluids by mouth if alert.

**Insect Bites & Stings**

Remove the stinger if still present with metal tweezers.

1. Wash with soap and water.
2. Apply ice pack or cold wet compress. Use After-Bite if available.
3. For itching apply a soothing lotion such as Caladryl or Calamine
4. If camper shows signs of Anaphylactic Shock and has an Epi Pen, assist the Camper in administering it and then call 911 immediately.
5. If they do not have an Epi Pen, you can place ice packs on the throat and face to help control the swelling. Either way 911 must be called immediately.

**LACERATIONS**

Control bleeding to the extent that the wound can be exposed and examined. Determine involvement of possible damage to deeper structures.

1. Clean the wound with sterile saline, syringe, and dry with gauze.
2. Where applicable, apply steri-strips to the wound edge.
3. Cover wound with dry sterile, dressing.
4. Check for up to date tetanus immunization. Current if immunized in the last 10 years, unless the wound is highly contaminated.
5. Contact parent or guardian.

**Nosebleeds**Sit child erect with their head tilted forward. Gently compress the nose using your thumb and forefinger. Apply an ice pack to the nose and face. If bleeding is not controlled within 20 – 30 minutes, contact the parents and refer them to their pediatrician.

Poisoning – Internal
If a camper is suspected of ingesting poison (chemical or plant) call Poison Control Center at 1-800-222-1222 for instructions.

1. When possible save label or container of poison, plant specimen, and sample of any vomit for identification.
2. Notify parent and arrange for transportation to hospital if indicated.

Poisonous Plants – External
One of the more common skin irritations will be poison ivy. Its characteristic rash is caused by the plant’s oil. Suspected cases should be washed with soap and water. Established cases should be treated with hydrocortisone cream applied to the effective area. Have campers wash all clothing that may have come in contact with the oil of the plant in detergent and hot water.

Splinters

1. Soak effected part in warm water to assist in removal process.
2. Remove superficial splinters with sterile needle and tweezers. Clean with soap and water and apply antiseptic. Cover with bandage if needed.
3. Splinters that are extremely painful or impossible to remove, parents should be notified to take the child to their pediatrician.

Sprains, Strains, & Fractures

Sprains are the result of stretching or tearing a ligament. The most common site is the ankle and the most common symptoms are pain, swelling, discoloration. It is often difficult to tell a sprain from a fracture.

1. Treat the injury as a fracture.
	* Rest injured part apply.
	* Ice or cold soak x20 minutes.
	* Compression with stretch gauze or ace wrap.
	* Elevate area.
2. Have them rest in a comfortable position. For mild swelling and pain, use ice packs to reduce the swelling. If this relieves the pain and slight swelling and they are able to resume participation; notify parents, but the child may stay for the remainder of the camp day.
3. If severe, splint to immobilize suspected fracture, notify parent and call 911. Severe discoloration, pain, swelling, or abnormal temperature should be evaluated by physician.

**TICKS**
Tick’s should be removed at the earliest detection to decrease the likelihood of infection/disease transmission.

1. **How to remove a tick**
	1. Use clean, fine-tipped tweezers to grasp the tick as close to the skin's surface as possible.
	2. Pull upward with steady, even pressure. Never crush a tick with your fingers.
	3. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol or soap and water.
2. Naticook Day Camp participates in a Statewide Tick Tracking Program. Once removed, the tick is given to the health care supervisor and then we submit them to BeBop Labs which is conducting research across the State.

REFERENCES

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**LICENSED HEALTH CARE PROFESSIONAL’S APPROVAL OF NATICOOK DAY CAMP’S APPROVAL AND USE OF THESE MEDICAL PROTOCOLS**

I, , hereby appoint and approve the employees of Naticook Day Camp under the job titles “Healthcare Provider” and “Camp Director” to conduct screening and use these medical protocols in support of American Camp Association (ACA) standards and the Town of Merrimack, Parks & Recreation Department’s policies.

In my opinion, these individuals are capable of screening for and recognizing outward signs communicable

Diseases or other obvious illness and and/or disabilities, and of following my written directives. The above

approval is applicable to health screening and care provided in the state of New Hampshire, in which I am a

Licensed Physician or Registered Nurse.

With regard to using the medical protocols and directives, Naticook Day Camp’s Health Care supervisor and/or Camp Director may make decisions supported by these directives and with the expectation that the Child’s pediatrician is contacted when questions arise and/or deviation in client health occurs.

Reviewed by: License #: Date: