



OVERNIGHT CAMP

HEALTH CARE PROFESSIONAL

Job Description | Seasonal Employment

General Responsibilities:

To support Montlure's mission by creating and living in a Christian community with campers and staff, and by maintaining a safe and welcoming environment during all camp programming. To oversee all medical needs including, but not limited to, medications sent to camp for specific campers, general first-aid, and medical attention as needed. Must live on-site during camp week. In addition, the Health Care Professional will screen campers and staff with symptoms and test for COVID-19.

The Health Care Professional position is open for weekly employment; applicants may apply for any number of weeks within the camp season. When possible, we will have two Health Care Professionals (or an Assistant) to aid in duties and treatment.

Responsible To:

Montlure Camp Director; Accountable to the council of the Montlure Presbyterian Properties, Inc.

Responsibilities:

1. Work alongside all other staff living in a Christian Community that creates lasting relationships
2. Cultivate good relationships with all campers, staff, and volunteers
3. Be present on-site during camp to attend to any medical situations that may arise
4. Ensures there is adequate coverage when/if off-site, or when taking a break
5. Ensure appropriate medical supplies are available on-site, and securely managed
6. Shares responsibility with Camp Director/Assist Director for taking staff or campers to the doctor
7. Receives and documents all medication from bus chaperone upon bus arrival; Returns necessary documents and medicines to chaperone upon camp departure
8. Controls, dispenses, and secures all medications during camp
9. Keeps accurate MAR records for all medical needs
10. Contacts parents in medical situations that are causes for concern
11. Treats homesickness as any other medical treatment situation
12. Does inventory of medical supplies at the end of each week and communicates any items needed to Camp Director/Assistant Director. Last week of camp, create list of supplies to replenish before the following summer
13. Follows COVID-19 precautions including managing screenings, testing, and following isolation procedures if necessary.
14. Follow Montlure Health Care Plan and Standing Orders (Appendix A and B)
15. Adhere to all Montlure Camp Policies and Procedures (with training upon arrival to camp)

Qualifications:

1. First Aid and CPR Training/Certification; Wilderness First Aid preferred
2. EMT or Nursing qualification *highly* preferred
3. Previous health care experience
4. Strong Communication Skills
5. Maturity and sound judgment
6. Ability to stay calm in emergency situations
7. Ability to work within a Christian ministry context
8. Ability to work within guidelines established and outlined in the Montlure Health Care Plan
9. Completion of minimum training requirements, submission of health history and criminal background check prior to first day of camp
10. Must be at least 21 years old

APPENDIX A --- Montlure Camp Health Care Plan and Procedures

All programs sponsored by Montlure Presbyterian Church Camp fall under these guidelines and procedures. All Montlure paid and volunteer program staff will be trained in Montlure's health care procedures prior to working with Montlure's programs.

Composition of Health Care Staff

- A staff member with training in the appropriate level of first aid and CPR must be on duty and on-call at all times in camp, and on camp trips.

Written Health History

All campers and staff must have a health history form on file while at camp. In addition to the health history, the form also provides permission for emergency medical care. The form must be submitted and signed by a parent or legal guardian for campers and staff under 18.

Upon arrival at camp, the bus chaperone (or parent/legal guardian transporting the camper) will deliver all camper health history forms to the Health Care Professional. The Health Care Professional will review all camper health history forms and inform the Director of any situation that may impact a camper's participation in activities.

All health history forms shall be stored electronically for 21 years following the camping season that the form was submitted. A hard copy form will be provided to the bus chaperone for the return trip.

Health Care Certifications for Staff

All camp employees (an exception for Head Chef) will have a current CPR and First Aid certification. Copies of certificates will be electronically on file at camp.

Health Care Area and First Aid Supplies

The campsite will have a designated health care area. The area will allow for privacy, and will include space to consult with and treat a patient (a bed, chair or other similar space).

The health care area will have first aid supplies necessary for routine care of campers. First aid supplies will be kept in a locked storage facility. The Health Care Professional will monitor inventory levels for all supplies, and expiration dates for stock medications. Any outdated medications shall be disposed of properly. The following is a minimum list of first aid supplies to be kept on hand during all camp training sessions:

- | | | |
|-------------------------------|------------------------------|---------------------------|
| ● Band-aids (large and small) | ● Feminine hygiene products | ● Pepto Bismol |
| ● Roll Gauze | ● Ibuprofen | ● Benadryl |
| ● Sterile Tape | ● Tylenol | ● Midol |
| ● Scissors | ● Triple Antibiotic Ointment | ● Throat Lozenges |
| ● Elastic or Ace Bandages | ● Hydrocortisone Cream | ● Cough Drops |
| ● Cotton Balls | ● Hydrogen Peroxide | ● Soap and hand sanitizer |
| ● Q-Tips | ● Calamine or Caladryl | ● Ice Pack |
| ● Tongue blades | Lotion | ● Safety Pins |
| ● Thermometer | ● Burn Spray | |

Medications at Camp

All medication, whether prescription or over-the-counter (including vitamins), will be secured in the health care area. Upon arrival at camp, the parent/legal guardian transporting the camper will deliver all camper medication to the Health Care Professional. All prescription medications must include doctor instructions. All medications will be dispensed under the supervision of the Health Care Professional. For each camp session, the Health Care Professional will create a record of medication to be dispensed and the schedule.

Emergency Treatment and Transport

If a camper or staff member experiences a medical emergency, the staff member present at the emergency will call 911, then notify the camp Health Care Professional. If the patient is a minor (either staff or camper), the Camp Nurse and/or Director will make every effort to contact the parent or legal guardian before medical treatment is given.

The Health Care Professional will administer necessary aid until the ambulance/paramedics arrive. If the Health Care Professional is not available, other staff may administer aid for which they are trained.

The preferred method of transport is an ambulance. However, there will be a designated vehicle on site at all times which can transport in case an ambulance cannot respond. The Director will ensure there is a designated driver (must be someone other than the Health Care Professional) at all times when camp is in session. The keys to the emergency vehicle shall be available at all times. The Health Care Professional will accompany the driver and camper to the emergency facility. Under no circumstances may a camper ride in the front seat of the vehicle.

Non-Emergency Treatment and Transport

If a camper or staff member has a non-emergency medical situation requiring treatment at a medical facility (injury or illness), the Director will arrange for transport in an approved vehicle. Two staff members (the driver plus either the Camp Nurse or another staff member) will accompany the individual to the medical facility. Under no circumstances may a camper ride in the front seat of the vehicle.

If the patient is a minor (either staff or camper), the Camp Nurse and/or Director will make every effort to contact the parent or legal guardian before medical treatment is given.

The Health Care Professional will administer necessary aid prior to transport. If the Health Care Professional is not available, other staff may administer aid for which they are trained.

Daily and Routine Medical Care Medication

The Health Care Professional will dispense all daily medication according to prescription or as directed in the camper health form (for nonprescription medication). The Health Care Professional shall record all medications dispensed in the Medical Administration Record.

If the Health Care Professional is not available, the Director may dispense medication. No other staff member is authorized to dispense medication, even over-the-counter medications.

The healthcare professional is responsible for any routine contact with the off-site doctor.

Parents are not contacted for routine medical care.

Camper Personal Hygiene

Counselors should monitor campers' personal hygiene, and, if necessary, ensure the camper is meeting basic hygiene needs, such as showers, brushing teeth, changing clothes.

Standing Orders/Procedures

An annual written agreement and update of standing orders is to be obtained before the beginning of each camping season and a written, signed acceptance shall be kept on file along with the updated approved copy of standing orders. A copy of the physician's standing orders will be kept with the first aid equipment. All staff will be familiar with the orders.

Record Keeping MAR

The Health Care Professional will maintain a MAR of all medications dispensed. The MAR will be kept in a secure location. Each entry shall include:

- Date and time medication given
- Client's name
- Medication and dosage
- Signature of camper
- Signature of Health Care Professional.

The MAR shall be retained for 20 years following the last date recorded in the book.

Health Care Log

The Health Care Professional will maintain a health care log of any inquiries and treatment provided. This log will be kept in a secure location. No lines may be skipped in entering the records. Each entry shall include:

- Date or treatment or inquiry
- Client's name and age
- Description of illness, injury or inquiry
- Treatment provided, including any medication dispensed
- Signature of authorized personnel administering treatment.

The health care log shall be retained for 20 years following the last date recorded in the book.

Incident Report

An incident report will be completed for any incident where a camper or staff member is transported to a medical facility. Incident reports shall be completed the day of the incident, or as soon as practical after the incident.

Medical Information Communication

All medicines, medical conditions, and health concerns regarding participants will be communicated with the following personnel:

Camp Director
Health Care Professional
Assistant Director
Camp Counselor (only when necessary)
Activity Leaders (only when necessary)
Kitchen Staff (only when necessary)

First Aid and Emergency Protocols:

The following protocols will be followed when First Aid is needed by a program participant or staff person/volunteer (aside from the Camp Health Care Professional).

Minor First Aid Concerns

- Small shallow cuts (less than an inch in length and did not penetrate both layers of skin)
- Small scrapes or abrasions (less than 2 inches in width or length, and did not penetrate both layers of skin)
- Small first degree burns (only damage first layer of skin, less than an inch in width or length)
- Minor Falls (victim fell less than three feet and has no signs of musculoskeletal injuries)
- Homesickness is considered a minor concern and at the most will result in calling the campers parents

Protocol for Minor First Aid Concerns

- If Camp Nurse is unavailable for treatment, contact the camp director and they will oversee treatment of injury by the Camp Staff
- If in doubt as to the severity or seriousness of the injury, provide care using the Major First Aid Concern Protocols
- Record injury and treatment on Health Log in the First Aid and site Health Log.
- Monitor condition to ensure proper healing
- If the victim is a minor, notify the parent of the injury and treatment when the participant is picked up

Major First Aid Concerns

- Cuts long or deep (any cut longer than an inch or penetrating both layers of skin)
- Cuts located on body parts that bend and / or put stress on the injured area.
- All injuries to the head or face
- Large Burns (damaging more than the outer layer of skin and or larger than an inch in size)
- Bleeding that cannot be controlled after a few minutes of pressure.
- Any dizziness or disorientation
- Dehydration
- Any chemical or electrical burn
- Puncture wounds
- Illness
- Fall from a height greater than three feet.

Protocol for Major First Aid Concerns

- Immediately, have someone contact the Camp Nurse and Camp Director
- If the injury or illness is life threatening, has the potential to become life threatening or debilitating, have someone call 911 and initiate the Center's Emergency Action Plan
- If the camp nurse is not immediately available, treat the injury according to First Aid training until more advanced medical personnel arrive and assume control
- If the victim is a minor, the Nurse and/or Camp Director will notify the parents of the victim and include them in the decision making process. The parents will be kept informed of the victim's status and location throughout the process.
- If victim is a minor and should see a doctor, but it is not an emergency, the victim's parents will make the arrangements with the doctor's office and for transportation to the doctor's office.
- If victim's guardians are unavailable or unreachable, the Health Care professional will make a decision on whether or not to bring victim to urgent care for treatment.
- As-soon-as possible, the staff person(s) present at the time of the incident will complete a Montlure Incident Report Form and document all pertinent information. If no staff person was present when the incident occurred, the report will be filled by the staff person(s) who first arrived on the scene.
- The Nurse and Camp Director will continue to monitor condition while the participant is in Montlure's care.

Emergency Conditions

- All head or spinal cord injuries
- Severe Illness
- Severed Body Part
- All life threatening conditions:
 - Loss of Consciousness
 - Severe Bleeding
 - Shock
 - Severe Burns on more than one part of the body
 - Severe Burns on the head, chest, neck, back, or genitals
 - Severe Electrical or Chemical Burns
 - Respiratory distress or arrest
 - Circulatory (Cardiac) distress or arrest
 - Hypothermia
 - Poisoning
 - Stroke

For all Life Threatening Emergency Situations Initiate Montlure's Health Emergency Protocol

- Have someone immediately call 911, and send someone to meet the emergency personnel at the front entrance and direct them to the site of the emergency. If a phone or radio is not nearby, 3 loud noises of anything (3 yells, 3 honks of a horn, 3 whistle blows, etc.) is a signal for help.
- Immediately have someone contact the Camp Nurse and Camp Director.
- The staff person present will provide First Aid care for the injured person according to their CPR and First Aid Training until the Camp Nurse, Camp Director, or more advanced medical personnel take over.
- If the victim is a minor, the Camp Nurse and/or Camp Director will notify the parents of the victim and include them in the decision making process as soon as possible. The parents will be kept informed of the victim's status and location throughout the process.
- As soon as possible, the Camp Director will be contacted and she/he will contact the following personnel:
 - Counselor and/or Co-counselor
 - Emergency contact of the Montlure Council
- Montlure Council will contact
 - Insurance Provider for Camp
- The Camp Director is the only person authorized to represent Montlure to the media. If the Camp Director is unavailable, the media will be directed to the emergency contact of the Montlure Board.
- As-soon-as possible, the staff person(s) present at the time of the incident will complete a Montlure Incident Report Form and document all pertinent information. If no staff person was present when the incident occurred, the report will be filled by the staff person(s) who first arrived on the scene.

APPENDIX B --- STANDING ORDERS

LOCAL DOCTOR:

Mountain View Pediatrics
77 West Forest Avenue Suite 304
Flagstaff, AZ 86001
Mon-Fri: 8:00 AM - 5:00 PM
Sat: 8:00 AM - 12:00 PM
Sun: 12:00 PM - 3:00 PM
Main Office: 928-214-3600

LOCAL URGENT CARE:

NextCare Urgent Care
399 S Malpais Ln STE 100, Flagstaff, AZ 86001
Phone: (928) 286-8830
Mon-Fri: 8am-8pm
Sat/Sun: 8am- 4pm

LOCAL HOSPITAL:

Flagstaff Medical Center
1200 N Beaver St
Flagstaff AZ 86001
Phone: (928) 779-3366

Montlure Camp STANDING ORDERS

Anaphylaxis

This is an acute, rapid reaction to exposure to an allergen. This can be in the form of hives, angioedema, bronchospasm, stridor, hypotension, and anaphylactic shock. Common allergens include bee stings, foods (e.g. nuts, eggs) and medications. If only hives occur in a stable individual who is in no distress, Benadryl 25-50mg orally can be given and that person should be monitored and MD. notified. If any respiratory distress or evidence of shock occurs (which may initially present as a feeling of impending doom), activate emergency medical services (EMS) immediately. ****For patient with suspected anaphylactic reaction, it is recommended to give prescribed epinephrine for known exposure and not wait for symptoms and immediately contact EMS.****

Asthma

Asthma causes recurrent and usually reversible bronchospasm. The vast majority of children will already be diagnosed when they present with symptoms and will have a drug regimen for acute exacerbations. If this is the case, they will know their disease best. If they are not satisfactorily improved with their drug regimen, notify MD. If an individual presents with wheezing in the absence of any previous history of the same, it is not prudent to assume this is from asthma. If in little or no distress, notify MD. If in significant distress, provide oxygen if available and call EMS.

Bites

Bee, wasp or hornet stings. Prevention is critical. Always wear shoes. Avoid brightly colored clothing, perfumes or scented soaps and sprays. Avoid garbage or orchards where these insects are attracted. If a child has a history of sting allergy, give Benadryl (1mg/Kg) to a maximum of 50mg and observe for one hour. If any signs of a generalized reaction (wheezing, stridor, shock, generalized hives), give epinephrine if prescribed to camper as under "Anaphylaxis," and activate EMS. If stinger remains (bee only), remove promptly, ideally by scraping off. Apply hydrocortisone cream 1% if available and apply ice. If significant hives occur, call MD.

Other insect or spider bites. Wash with soap and water, apply cold compress, 1% hydrocortisone cream 2 or 3 times daily and Benadryl (1mg/Kg) to a maximum of 50mg, every 6 hours, for itching. Watch for signs of infections: increasing redness, swelling, pain or discharge.

Snake bites. Identify snake if at all possible. If envenomation has occurred, the extremity should be splinted to reduce motion. Keep the patient quiet and warm and transport to hospital or call EMS.

Animal bites. Identify species of biting animal (capture if feasible), health status if domestic animal, note whether attack was provoked or unprovoked, and determine patient's tetanus immunity. If wound is on hand or face, extensive, or there is any concern of rabies, contact MD. If last tetanus vaccine >5 years ago, the patient should receive a tetanus booster within 24-48 hours. If very minor bite, wash with soap and water and apply antibiotic ointment, watch for signs of infection. ***Need to consider risk of rabies.***

Bleeding

Apply direct pressure to bleeding site with sterile gauze or clean cloth if gauze not available. If bleeding is profuse, activate EMS. As in all situations, exercise universal precautions with the use of gloves and mask, etc.

Burns

Burns can occur in various ways, but generally flushing the burn area with clean, cool water immediately to minimize thermal injury is the best first step. Then evaluate the patient. If the skin is red but intact (first degree burn), the area will be painful but the injury is not immediately serious. Cool, wet compresses and ibuprofen 10mg/Kg (up to 400mg) every 6 hours will help relieve pain. Protect burn area from sunlight. Moisturizers with aloe will help keep skin from drying and cracking. If there are areas of blistering or question of deep involvement, notify MD. *Leave blisters intact*. If the patient has extensive burns, seems unstable or there is a question of smoke inhalation, activate EMS.

Colds and Upper Respiratory Infections (URI)

Document fever, pharyngitis, productive cough, duration of symptoms. Acetaminophen for fever or aches. For cough disturbing sleep, Benadryl may be given. Encourage adequate rest and increased fluids. Consult MD. for earache, fever > 102 for > 1 days, URI symptoms greater than 2 days, or if individual appears worrisomely ill.

Constipation

Hard, dry painful stooling or infrequent stooling with discomfort. Document diet, stooling pattern, normal abdominal exam. Increase fluids, decrease milk, cheese, rice, and bananas. Try prunes, prune or apple juice, or miralax. If not resolving or patient is in a lot of pain, call MD. Also try Miralax.

Diarrhea or Frequent Stools with Increased Water

Document stool pattern, fever, cramping, blood in stool, recent diet. If abdominal exam normal and no vomiting, offer starchy foods and clear liquids such as Gatorade, ginger ale, or cola. Avoid soda with caffeine, apple or pear juice, tea or coffee, milk. Yogurt with active cultures may help.

Vomiting

If repeated vomiting present, give clear liquids initially then starchy diet. Watch for adequate urination, blood in stool, abdominal pain. If vomiting > 12 hrs., or significant abdominal pain (especially in lower right quadrant) consult MD. Consult MD. if concerned.

Fever

Any temperature greater than 101 degrees, camper should remain in infirmary for 12 hours and an MD should be consulted. Fever > 101.5 degrees may be treated with either acetaminophen 15mg/Kg or ibuprofen 10mg/Kg every 6-8 hours. Fever of more than 1 day should be evaluated by MD. Fever > 104 degrees should be evaluated by MD immediately.

Fracture

Obvious deformity of bone or area of point tenderness, with or without swelling after an injury. Document intact distal pulse and strength. Apply cold compress. Splint any suspected fracture, if possible. Elevate extremity. If open fracture, apply sterile dressing then ice compress. Consult MD. Activate EMS if transporting individual is problematic.

Frostbite

Document skin color change after exposure to cold. Skin may be white, gray, purple, glossy. May be numb or intensely painful. Notify MD unless it appears trivial.

Headache

Document location, quality or character of pain (throbbing, stabbing, sharp, etc.), duration, associated nausea or vomiting, any history of head injury. If no history of injury, no signs of infection and exam is normal, give ibuprofen every 6-8 hours or acetaminophen every 4 hours. If headache is severe or lasts > 12 hours or associated with fever, consult MD.

Head Injury

Document loss of consciousness, nature of injury or event, if individual is oriented to place, person, and time, memory loss (before or after event), presence of bleeding or discharge from ears or nose, presence of seizures. Check vital signs (pulse, blood pressure, respirations), mental status or level of consciousness, presence of neck injury. If there is a bleeding scalp wound, cover and apply pressure, elevate head. Avoid neck flexion if and neck injury possible. Cold compress to site of injury. Consult MD for any laceration, loss of consciousness, immobilize neck and call EMS. Any loss of consciousness or altered mental status consistent with a concussion should be evaluated by MD.

Head Lice

Nits attached to hair shaft. Very itchy scalp. Rx: Nix cream rinse after clarifying shampoo (removes all other conditioners). Check all campers and staff and remove all nits with nit comb. Launder all clothing, linens and disinfect communal areas. Clean items used on head. Consult MD immediately and contact all parents of affected campers and those at risk.

Heat Exhaustion

Caused by exposure to a high-temperature environment with continuous sweating and lack of appropriate replenishment of water or salt. Presents with fatigue, weakness, headache, anxiety. Sweating may be present. If mild, provide oral fluids and place in room with blowing fan, give cool rags and or ice packs. If mild symptoms persist contact MD after 12 hours. If disoriented or body temp > 104.5, cool body and treat as heat stroke and contact EMS.

Heat Stroke

Extremely high body temperature > 104-105 with absence of sweating. Heat stroke is life threatening. Remove patient from heat, attempt to cool off with fan, cool rags and ice packs. Activate EMS immediately.

Infections of Skin

Document type of lesion, presence of discharge, redness, warmth, tenderness. If yellow crusting but localized, wash with antibacterial soap and apply antibacterial ointment three times daily. If spreading area or widespread, consult MD. If cluster of small blisters, consider possible herpes and consult MD. Do not open blisters! If suspect impetigo, see MD. If fluctuant furuncle, may be MRSA and should be evaluated by MD.

Otitis Externa

Also known as "swimmer's ear." Inflammation of ear canal characterized by pain with movement of pinna or tragus, itching of canal; discharge, redness, and/or swelling of canal. Consult with MD.

Otitis Media

Infection of the middle ear space. Usually associated with URI, may be associated with fever, cervical adenopathy, loss of hearing, vomiting. Consult MD.

Poison Ivy

Skin reaction, contact dermatitis, after contact with plants in the Rhus family. Itchy, red, blistering rash often with linear lesions. Lesions often swell and ooze. Relief measures: If weeping, apply calamine lotion PRN; 1% hydrocortisone cream 3-4 times daily; Benadryl 25mg PO 4 times a day (or 1mg/Kg to 50mg max dose). Poison ivy continues to spread through exposure to plant oils, so make sure all exposed skin and clothes have been washed well. For any poison ivy rash that will be visible when child returns home, contact parent before camper departs to notify them of condition. Consult MD for widespread rash, facial or genital swelling or signs of secondary infection.

Poison Ingestion

Identify agent ingested, amount and time of ingestion. Assess state of consciousness, presence of oral lesions. Contact poison control and EMS for treatment. American Association of Poison Control Centers national hotline: 800-222-1222. Website with list of state poison offices: www.aapcc.org.

Scabies

Very itchy, with macules, wheals, burrows, excoriations. Often in web spaces of fingers. Consult MD. Check all campers and staff. Launder all clothing and linens in affected camper's cabin. Wipe down all mattress pads and disinfect all communal areas. Contact affected camper's parents and notify all other camper parents of risk.

Seizures

A paroxysmal event resulting in abnormalities of motor, sensory, autonomic or psychic function. Document duration of seizure, types of movement seen, any eye deviation or focal findings, loss of consciousness, cyanosis, incontinence. Rx: do not forcefully restrain, do not put anything into mouth. Ensure adequate airway. Place on side to prevent aspiration. Keep patient safe. Consult MD and activate EMS.

Sore Throat

Document fever, presence of adenopathy, rash, difficulty swallowing or breathing. May use lozenges. Acetaminophen, increased fluids, cool mist. If symptoms increase or persist 2 days, or individual appears worrisomely ill, consult MD.

Sunburn

Best treatment is prevention. Use sun block with SPF > 15 if individual is to be in sun > 5 minutes from 10a-3p and reapply often. Sunburn is injury to skin caused by overexposure to sun. Document degree of burn. First degree: simple redness. Second degree: blistering. Rx: Apply cool compresses. Moisturizing cream to 1st degree burns. Second degree burns, treat as burn from any source: topical antibiotic ointment. For 2nd Degree burns consult MD and contact parents to notify them. Leave blisters intact! If extensive and/or associated with systemic symptoms (e.g., fever, chills) consult MD.

Ticks and Lyme Disease

If tick is removed within 24-36 hours, Lyme Disease is rare; daily tick checks by campers are a good preventive measure. Remove tick by grasping at the head with tweezers and pulling with constant gentle pressure. If head detaches in process, this is NOT a problem, simply dress with antibiotic ointment and band aid. Symptoms to watch for over the next month include fever, headache, and rash at tick bite site OR anywhere, and joint pain. Call MD if these occur. If tick on > 36 hours, call MD; may receive prophylactic doxycycline.

Storage and Administration

As health care consultants, we have ordered all prescription medications to be kept locked and in their original container. Any camper bringing medication from home must bring the medication in its original container along with a note from the parent allowing the camp nurse to administer the medication. The ordering physician's name, address, phone number and prescribing instructions must accompany each prescription brought to camp. If over the counter a parent/guardian must include prescribing instructions. Any camper who arrives at camp without this mandatory information parents will be contacted as soon as possible and prescribing instructions will be clarified before medication is administered.

When to seek a higher level of care:

In general a higher level of care (MD, Urgent Care, EMS) will be sought when:

- a camper becomes worrisomely ill (high fever, violent vomiting, excessive pain etc.),
- an illness lasts for more than 12 hours,
- symptoms to a previous diagnoses become abnormal,
- the illness/symptom or injury is life threatening or could become life threatening very quickly.
- An injury is more than minor and strongly affects the camper's mobility

MD will be contacted first, if unavailable camper(s) will be driven to urgent care. If life threatening EMS will be contacted immediately

See sections for specific times to seek higher level of care

When to contact a parent/guardian:

- When an MD is consulted/contacted or visited
- When driven to Urgent Care
- When EMS is contacted/activated
- When an injury, burn or rash will be visible when the camper returns home
- When a sickness/fever has lasted more than 12 hours
- Vomiting has occurred
- A communal infection has been spread and the child has it or is at risk (lice, scabies etc.)
- When their temperature is higher than normal (98.6) *and* has lasted more than 12 hours