

NOTES FROM THE INFIRMARY

ABOUT THE INFIRMARY

1. Each cabin of campers will be assigned at least one nurse who will have primary responsibility for the daily routine medication administration for the campers in that cabin.
2. The infirmary is staffed with at least one on-call nurse or physician 24 hours a day. A list showing the on-call staff is posted in the infirmary. In an emergency the on-call staff may be reached by calling the infirmary, **extension #300**. If a camper is in need of medical attention during the night, the on-call staff may be reached by calling the infirmary, **extension #300 (room #104)**.
3. Campers and counselors are encouraged to come to the infirmary for evaluation or treatment primarily before or after meals and before bedtime. Please do not send a camper to the infirmary alone at any time. For safety reasons, it is necessary for the counselor or another adult to accompany each camper to the infirmary and to wait with the camper until a nurse or physician can respond to the camper's complaint.

MEDICATIONS

1. Medications of any kind (even vitamins, Tylenol, antacids, etc.) should not be kept in the cabins. All medications belonging to campers and LIT's must be brought to the infirmary. Counselors who are residing in camper cabins must also store their medications in the infirmary. A limited amount of medication for life-threatening conditions may be carried by a camper or staff person (e.g. bee sting medication, inhaler). When staff resides in cabins where camper access is restricted or prohibited, they may store their personal medications in that cabin and are personally responsible for those medications. No counselor's medications are to be given to a camper!
2. Medications will be distributed to campers after meals. Medications will also be distributed to campers after the evening program. Only campers requiring medications or treatments at that time should check-in at the infirmary. A counselor should accompany campers to the infirmary. LIT's and staff will be responsible for taking their own medications and may come to the infirmary for their medicines as needed.

CHEMOTHERAPY/IV INFUSIONS

The counselor will be notified of the camper's need for special treatments on the morning they are due. The medical staff will try to arrange these around the camper's activity schedule. Counselors are welcome to stay with the campers during these treatments if they wish. It will be necessary for the counselor to bring the camper to the infirmary for the treatment, and to pick the camper up after the treatment.

BLOOD WORK

Campers who require blood counts will be scheduled to have blood drawn with the nurse as needed. The primary nurse will notify the counselor of campers who need blood counts.

CENTRAL VENOUS LINES

Campers with central venous lines (external) can swim in the pool only if they have written permission from their physician. They must immediately have the CVL dressing changed after swimming. Campers with implantable ports (port-a-cath) can be in the pool and do not need written permission from a physician.

BLOOD AND BODY FLUID PRECAUTIONS

Because many of our campers are exposed to blood products through transfusions, they have an increased risk of Hepatitis or HIV (the virus which causes AIDS). In order to protect each other and ourselves from the potential transmission of these viruses, we will treat each camper and counselor as potentially infected persons. For this reason, latex free gloves will be provided to each cabin, to be used by any person when coming into direct contact with blood or body fluids (including urine and vomitus). If you are away from the cabin and a child is bleeding, any type of a barrier (such as a shirt, towel or tissue) should be used to control the bleeding and/or provide protection against direct exposure to blood.

- Assume all human body fluids containing blood are infectious for HIV & Hepatitis
- Use gloves when potential for contact with blood, urine, vomitus, or body fluids
- Wash hands and skin immediately if contaminated with blood or body fluids
- Respond appropriately in emergency situations, to level of your training
- Report to Camp Medical Director and Camp Director any exposure incident

MEDICAL INFORMATION ABOUT YOUR CAMPER

Be sure to review your camper's medical history form with his or her primary camp nurse. The form will give you valuable information about the diagnosis, treatment, and any activity restrictions, as well as behavioral and adjustment comments from the parent and doctor. This is confidential information and should not be discussed with other campers or individuals other than Camp Sunshine staff. Questions should be directed to the Camp Sunshine Medical Staff.

SUNSCREEN AND HYDRATION

Sunburns during childhood can lead to skin cancer in adults. Some chemotherapy also makes children more sensitive to sun exposure. It is imperative that campers use sunscreen when outdoors. Apply the sunscreen one-hour before exposure, especially before going to the pool or waterfront. Also, make sure campers drink plenty of water throughout the day. During outdoor activities have water breaks every 15 minutes.

STAFF ILLNESS OR MEDICAL NEEDS

Camp Sunshine medical staff will provide first aid, emergency care and care for minor injuries or illness for staff during camp. Our medical staff practices pediatrics and therefore is not prepared to address more serious adult medical conditions. If the medical staff determines a staff member is too ill to fulfill their camp responsibilities or could expose campers, they will be asked to leave camp. Staff members are responsible for supplying any medications they may personally require.

CAMPER MEDICAL SCREENING

All campers must have a completed medical form signed by a physician or nurse practitioner with their completed application prior to camp. A "Late Changes" form will be sent one month prior to camp and should be completed and accompany the camper if there are changes or updated information.

Campers will check with a nurse upon arrival at camp. The nurse will review the "Late Changes" form and complete a brief medical review and verbal and visual health screen. The campers will also be inspected for head lice (see policy on head lice). Campers who ride the bus to camp from Atlanta will have the same check done by a nurse prior to boarding the bus. Campers who have been exposed to a communicable disease, who are thought to have an illness which might be contagious or who are too ill to attend camp by the nurse's assessment will not be permitted to stay.

STAFF MEDICAL SCREENING

All staff must have a completed medical form with their application prior to camp. All staff must have a health screen completed by a physician or nurse at camp prior to the campers' arrival or before they have any contact with campers. The screen will include assessment for recent exposures to communicable diseases, any illness, which might be contagious and head lice. For the safety of the campers, any staff with an illness that the medical staff feels is too complex, which would prevent the staff member from completing their necessary duties, or which could be contagious to campers or other staff members will be asked to leave camp.

EMERGENCY OR MEDICAL TRANSPORTATION OF CAMPERS

1. Campers who must be transported for medical reasons should be transported by a member of the camp medical staff (all drivers must have pre-approved license screenings by insurance company). The camp van should be used to transport the camper. A second counselor or camp staff member should accompany the member of the medical staff to assist or to drive in case the medical staff is needed to attend the camper in an emergency. A cellular phone along with the camp number and emergency numbers should be taken in the vehicle. In the unlikely event of an emergency in transit, the camp and/or 911 can be called to assistance. Permission to treat forms and medical history form should accompany the camper.
2. If the camp physician determines that the camper is in a critical situation or emergency transportation is needed, the local ambulance (911) will be contacted to transport the camper. The camper will be transported to the local hospital or to their treatment center as directed by the camp physician. The camper's parent or guardian will be notified as soon as possible. **Follow the Camp Twin Lakes procedure "Requesting EMS Transportation for Camp Twin Lakes"**.
3. If the camp physician determines that the camper should be transported by medical helicopter, notify the CTL Management Team. The Med Lodge staff must **call 911 from a camp phone** and request a helicopter. They will dispatch the closest medical helicopter unless you specify a helicopter provider. The 911 Center will then contact the helicopter provider as well as dispatch the fire department to set up a safe landing zone and they will also dispatch an EMS unit to transport the patient from the infirmary to the landing zone (ball field). **Follow the Camp Twin Lakes procedure "Requesting EMS Transportation for Camp Twin Lakes"**. The physician should then call the hospital and let them know what to expect from the transport.

AMBULANCE: National EMS/Morgan County EMS – 911
Non Emergency 706-922-9578
The Ambulance service has their own gate code. They will report to the back door of the health lodge unless otherwise instructed.

LOCAL HOSPITAL: Morgan County Memorial Hospital 706-342-1667
Level IV Trauma Center

Newton General Hospital, Covington
770-786-7053

HELICOPTER: Notify CTL Management Team. Call 911 **MUST** call from camp phone and request a helicopter.

ADMINISTRATION OF MEDICATIONS

Policy:

All medications are to be administered by a licensed caregiver, within the scope of practice to the specific type of license (registered nurse, advanced practice provider or physician). Medications will be given as order or directed by the physician, standing orders, or as prescribed on the camper's medical history form: right drug, right dose, right interval, right route and right patient.

Procedure:

1. The prescribed medications listed on the camper's medical history form are checked with the camper's parent upon check-in at camp. Any changes in medications, dosages or schedules are noted.
2. The prescribed medications, dosages and schedules are then transferred to the camper's medication administration record.
3. Medications are verified prior to administration by checking against the camper's medication administration record.
4. All medication orders should be clearly understood prior to administration. When there are related questions or concerns, administration of the medication should be deferred until these can be clarified with the parent, ordering physician or other available resource.
5. Licensed care givers administering medications are responsible for knowing the purpose, indications, appropriate dose, side effects, contraindications, incompatibilities and methods of administration specific to each medication being administered.
6. Make note of patient allergies – which should be listed on the medical history form and transcribed to the medication administration record.
7. All medications received from the camper/parent should be in the original container and clearly marked with the camper's name, drug and dosage.
8. Wash hands and prepare the medication according to the recommended guidelines and orders.
9. For administration of medications at camp, the medications should be clearly labeled in an appropriate container (syringe, envelope or other container) with the camper's name and the drug, dosage, and administration instructions.
10. The camper should be wearing a nametag for verification of identity. The licensed caregiver that prepared the medication should administer the medication.
11. Dispose of supplies properly; place needles, syringes with needles and glass ampules into sharp's container.
12. Document on the camper's medical administration record the time of administration, the route, the drug, dosage, and the initials of the caregiver.
13. See procedure on administration of chemotherapy for additional precautions.

Qualifications for medical personnel

Nurses should be registered nurses licensed in the state of Georgia with pediatric oncology experience and working a minimum 2 shifts per month in a clinical setting. Nurses must also show proof of current licensure in the state of Georgia and malpractice insurance coverage.

Advanced Practice Providers should be nurse practitioners or physicians' assistants licensed in the state of Georgia with pediatric oncology experience and working a minimum 2 shifts per month in a clinical setting. They must show proof of current licensure in the state of Georgia and malpractice coverage.

Physicians should be licensed medical doctors with specialization in pediatric oncology. Physicians can be attending physicians or fellows in pediatric oncology. They must have current medical malpractice insurance coverage.

Lab techs should be licensed laboratory technologists.

Ratio of health care staff to campers

The camp should maintain a ratio of at least 1 nurse per 30 campers. One physician should be on site at camp at all times.

Additional resources to assist medical staff

Children's Healthcare of Atlanta:

Egleston campus hospital 404-785-6460; clinic and after hours 404-785-1200; clinic nurses 404-785-1041; physicians' office 404-785-1464

Chaplain Kenny Hammond 404-785-0416

Social Workers:

Jodie Ng, LCSW, solid tumor, 404-785-6308

Kristin Frazier, LCSW, leukemia/lymphoma, 404-785-1986

Cindy Zehnder, LCSW, BMT 404-785-1181

Rebecca McConell, LMSW, Inpatient 404-785-0297

Mike Luster, LCSW, Hematology, 404-785-0443

Scottish Rite campus hospital 404-785-2650; clinic and after hours 404-785-3240.

Chaplain Bonnie Hicks - 404-785-2439

Social Workers:

Kathryn Kopp (formerly Baugus), brain tumor 404-785-5622

Stephanie Levi, LMSW, solid tumor/survivor 404-785-3612

Pat Cornwell, LCSW, leuk/lymph/aplastic anemia 404-785-3608

Memorial Children's Hospital in Savannah

Physicians: 912-350-8194

Dr. Johnston; Dr. Whittle, Dr. Pendleton

Nurse: Amanda Crosby or Susan Lively 912-350-3397

Child Life Specialist: Kelley Cowan (912) 663-4659

Inpatient Social Worker: Heather Rudolph 912-667-7916

Outpatient Social Worker: Penny Maggioni (912) 658-7688.

UNRESPONSIVE CAMPER

In a camper is found to be unresponsive or not breathing, the following procedure should be followed.

- Call Infirmary. Extension 300.
- If the camper is not breathing, initiate CPR if CPR certified.
- The other counselor or responsible adult or camper should remove the other campers from the area to another part of camp.
- Upon receiving the call in the infirmary, a member of the medical staff or designated responsible adult should call 911, the camp physician (if not in the infirmary) and director. The camp physician and camp director should be available on walkie-talkie. A responsible adult should wait for the ambulance to give direction to the crisis site. One or more medical staff members should respond immediately (nurses and/or physicians) to the crisis site with the emergency cart, ambu-bag and walkie-talkie. The medical responders arriving at the crisis site assess the camper and administer aid as required. If the camper is not breathing, CPR is initiated and continued until camper is revived or EMS arrives. ALS standing orders may be initiated.
- The physician and director report immediately to the crisis site.
- The director notifies the CTL director of the emergency.
- EMS will transport to appropriate hospital.
- A member of the medical team will contact the child's attending physician and parents, informing them of the situation and make necessary care arrangements.
- The camp physician along with the director evaluates the need to initiate the crisis management plan.

IN THE EVENT OF DEATH OF A CAMPER IN A TERMINAL CONDITION

STATEMENT OF PURPOSE: To outline the procedures by which Camp Sunshine will handle the death of a terminally ill camper during a camp function.

DEFINITIONS:

TERMINAL CONDITION: an incurable condition caused by disease, illness or injury which regardless of the application of life sustaining procedures would produce death.

LIFE SUSTAINING PROCEDURES: any medical procedure of intervention, which, when applied to a patient in a terminal condition would serve only to prolong the dying process and where in the opinion of the physician involved, death will occur without such procedures or interventions.

DO NOT RESUSCITATE ORDER: any order not to administer cardiopulmonary resuscitation when a patient is a candidate for non-resuscitation.

PROCEDURES:

1. The camper's attending physician should document on the medical portion of the camp application that the camper is under hospice care/has a DNR in place. Hospice provider and phone number should be included.
2. A copy of the DNR order should be obtained to become part of the camper's permanent Camp Sunshine record.
3. If a copy of the DNR order is not on file with Camp Sunshine, in the event of a respiratory or cardiac arrest, full code/life sustaining procedure will be initiated.
4. In the event of cardiac or respiratory arrest of a camper who is terminal and with a DNR in place and on file with Camp Sunshine, the procedure for DEATH OF A CAMPER THAT IS A DNR will be followed.

DEATH OF A CAMPER THAT IS A DNR

A. Notify the Morgan County Sheriff's dispatcher at 911 or 706-342-1458.

** It is imperative that the caller be very clear that this is a DNR, so that sheriff/ambulance will not arrive at camp with sirens and lights.

B. Notify Morgan Co. Coroner at 706-342-1615. ** Per the Morgan County Coroner, either the coroner or the attending physician at Camp Sunshine can pronounce the child at camp so that the child will not have to be taken to local hospital.

C. Notify the camper's primary physician at which time a decision will be made as to who will call the parents.

D. The Morgan County Coroner will transport the body.