

**Stevenson High School Titan Marching Band**  
**Health Services Policy Manual**



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## **Stevenson Band Away Camp Health Services Policy**

All members of the Marching Band will adhere to all Stevenson High School health care policies while operating on school grounds or at away camp. Stevenson High School Band requires that at least one licensed medical professional, in accordance with the State of Michigan Department of Human Resources Licensing Bureau, to be present at away band camp. This licensed medical professional shall have a current license to practice in the state of Michigan and current CPR certification. This licensed medical professional shall be the Health Care Officer (HCO). In the event there is more than one licensed medical professional at camp only one will be the designated HCO.

Physical exams are mandatory for all members of the Marching Band and it must be dated after April 15<sup>th</sup> of the previous school year. It is for the safety of the student that they have a recent physical exam prior to leaving for band camp. This is a Utica Community Schools rule for all summer camps.

### **Mandatory forms for each student**

- The original or a copy of a current MHSAA physical exam form (see above).
- Emergency Medical Treatment Permission Form. This must be completed in full, signed by the parent/guardian and notarized. A non-notarized form will not be accepted.
- Medical and Allergy Information Form: This form must be completed for all students.
- The above forms shall be maintained at camp for quick reference as needed by the HCO. This information is with the HCO or locked in the medical building at camp.
- Camper health records are maintained for 3 years from the last day the camper is in attendance, then properly destroyed by shredding.

### **Mandatory forms for each staff member**

- Medical and Allergy Information Form: This form must be completed for all staff members.
- The above forms shall be maintained at camp for quick reference as needed by the HCO. This information is with the HCO or locked in the medical building at camp.
- Staff health records are maintained for 3 years from the last day the person is in attendance, then properly destroyed by shredding.

### **Check-in procedure prior to leaving for camp with the HCO or designee**

- All prescription and over-the-counter medications must be in the original containers with the student's name, dosage, and frequency on the label and given to the HCO or the HCO's designee. Place all medicines in zip-lock bags with the student's name written on the outside.
- Specific student needs should be discussed at this time.
- Specific health conditions and concerns should be discussed at this time.
- A general observation of the physical and emotional state of the student will be noted and any concerns must be brought to the attention of the HCO.

## **Health Care Officer and Staffing**

- Our Health Care Officer (HCO), who holds certification as a Registered Nurse and is current in CPR, will be living in camp.
- The HCO, or other staff member designated by the Health Officer, shall be on duty at the camp at all times while the camp is in session. This designated person will have Red Cross Standard First Aid Training & CPR.
- The HCO shall indicate their whereabouts on camp property, preferably on a sign posted on the Health Center door and will always inform the camp director if he/she is leaving the campgrounds so that continuous coverage will be available for emergencies.

### **HCO Duties and Responsibilities:**

- Adhere to the Stevenson High School Health Policy manual
- Be on duty or in residence at the camp
- Maintain Health Records for all camp participants
- Operate the nurse's station and a nurse tent at band camp and directs all medical treatments
- Makes all health-related decisions related to students at camp
- Appoint and schedule an MD/RN/PN/EMT rotation if required for coverage
- Maintains a record of all health incidents that occur at camp
- Maintain, control, and secure all medications
- Ensure the proper administration of prescription medications for all students as required
- Ability to deal with people in a confidential manner
- Knowledge of general health procedures for children
- Ability to carry out first aid and emergency care
- Screen campers on arrival and inform counselors if needed
- Follow standing orders and consult with physician as needed
- General observation of campers
- Keep inventory and request first aid supplies as needed
- Follow up on injuries or other medical problems and refer to parents if needed
- Arrange emergency transportation along with camp director if needed
- Keep camp director informed on camper illness or injury
- If leaving health center, leave a note describing where you can be found

### **HCO Qualifications, Education and Training requirements**

A person who serves as camp health care officer shall hold certification that is equivalent to community first aid and CPR for the professional rescuer requirements in the American Red Cross manual number 656137. The Health Care Officer shall be one of the following:

- Licensed Physician
- Licensed Physician's Assistant
- Licensed Nurse Practitioner
- Registered Nurse
- Licensed Practical Nurse
- Licensed Emergency Medical Technician
- Licensed Medical First Responder

### Daily camp routine

- The HCO and/or designee shall be present at camp and the marching field when the students are rehearsing.
- A first aid kit will be maintained by the HCO and on the field during rehearsals for use with illness/injury. The contents of the kit will be determined by the HCO based on the activities that take place at camp. It will include basic bandages, wraps, ointments, and over-the-counter medications.
- The HCO shall triage student illnesses and injuries. After triage by the HCO, the HCO or designee will render treatment.
- Camp staff members, chaperones, and counselors are responsible to be aware of camper's physical conditions. Any changes in appearance, appetite, activity level, behavior patterns, or health habits are to be reported to the HCO. The HCO will investigate the situation further.
- A log shall be maintained (Stevenson High School Instrumental Music Medical Treatment Log and Stevenson High School Band Medication Log) for all treatments rendered, both scheduled and unscheduled. It will include: date, student name, complaint, treatment provided, person who administered the treatment. This log becomes a permanent medical record that is stored by Utica Community Schools.
- General observation of the physical & emotional state of the students will be noted by the HCO/staff/adult chaperones. Any concerns will be brought to the attention of the HCO

### Procedures for Disease Prevention/Transmission

Universal Precautions will be maintained per the American Red Cross Guidelines stated below:

*Bloodborne pathogens, such as bacteria and viruses, are present in blood and body fluids and can cause disease in humans. The bloodborne pathogens of primary concern are hepatitis B, hepatitis C and HIV. These and other bloodborne pathogens are spread primarily through:*

*Direct contact. Infected blood or body fluid from one person enters another person's body at a correct entry site, such as infected blood splashing in the eye.*

*Indirect contact. A person's skin touches an object that contains the blood or body fluid of an infected person, such as picking up soiled dressings contaminated with an infected person's blood or body fluid.*

*Follow standard precautions to help prevent the spread of bloodborne pathogens and other diseases whenever there is a risk of exposure to blood or other body fluids. These precautions require that all blood and other body fluids be treated as if they are infectious. Standard precautions include maintaining personal hygiene and using personal protective equipment (PPE), engineering controls, work practice controls, and proper equipment cleaning and spill cleanup procedures.*

#### **TO PREVENT INFECTION, FOLLOW THESE GUIDELINES:**

- *Avoid contact with blood and other body fluids.*
- *Use CPR breathing barriers, such as resuscitation masks, when giving ventilations (rescue breaths).*

- *Wear disposable gloves whenever providing care, particularly if you may come into contact with blood or body fluids. Also wear protective coverings, such as a mask, eyewear and a gown, if blood or other body fluids can splash.*
- *Cover any cuts, scrapes or sores and remove jewelry, including rings, before wearing disposable gloves.*
- *Change gloves before providing care to a different victim.*
- *Remove disposable gloves without contacting the soiled part of the gloves and dispose of them in a proper container.*
- *Thoroughly wash your hands and other areas immediately after providing care. Use alcohol-based hand sanitizer where hand-washing facilities are not available if your hands are not visibly soiled. When practical, wash your hands before providing care.*
- *Use a double-bagging procedure to dispose of contaminated materials, such as used gloves and bandages. Place all soiled clothing in marked plastic bags for disposal or cleaning. Biohazard warning labels are required on any container holding contaminated materials.*
- *Use sharps disposal containers to place sharps items, such as needles.*
- *Clean and disinfect all equipment and work surfaces soiled by blood or body fluids. Use a fresh disinfectant solution of approximately 1½ cups of liquid chlorine bleach to 1 gallon of water (1 part bleach per 9 parts water, or about a 10% solution) and allow it to stand for at least 10 minutes.*

In addition to the above, the HCO or designee will maintain that:

- All surfaces used for treatments of the students shall be kept disinfected.
- All staff shall wash their hands; use a disinfectant when soap & water is not available, between treatments of all students.
- Any durable medical equipment shall be disinfected after each use. Disposable equipment for single person use shall be utilized whenever possible.
- Any student/staff/chaperone suspected of a contagious illness shall be removed immediately from the general population and appropriate medical intervention sought. Two single rooms with beds are maintained in the health facility at Lake Ann Camp for the purpose of quarantining any student/staff/chaperone that may be considered infectious or too ill to stay in their assigned cabin at Lake Ann Camp. If a bed in the health facility is used for treatment of a student, the mattress (it is enclosed in a non-cloth material) is disinfected using the instructions above regarding cleaning work surfaces.
- See also: Appendix A, Exposure Control Plan

### **Medication handling & administration**

- All medications shall be stored in a lockable container and will be in the possession of the HCO or locked in the medical building at camp.
- Medications requiring refrigeration shall be in a locked container and stored in the refrigerator in the medical building at camp.
- Licensed staff (RN or paramedic) as designated by the HCO will administer all scheduled medications as indicated on the students Medication Release Form. Verification of the student's name will be done prior to medicine administration.
- All scheduled medications will be documented on the Scheduled Med Administration Log. One log will be maintained for each student.

### **Urgent care and on-call consultation**

- In the event of an illness or injury that cannot be adequately treated at the camp with the first aid kit, the student shall be transported to the local urgent care facility or local hospital, whichever is more appropriate.
- Transportation to the urgent care facility or hospital will be provided by a chaperone.
- Ambulance transportation utilizing 911 will be used as deemed necessary.
- Verification of local urgent care facilities, address, phone number and hours of operation will be obtained at the start of camp by the HCO or designee.
- Munson Hospital in Traverse City will be utilized for 1) more urgent health situations or if the local urgent care facility is closed and extended medical treatment is needed and 2) for on-call consultation.

### **Health Facilities (cabin named "Cardinal" at Lake Ann Camp)**

- This building will be utilized for locked storage of forms and medications when not in possession of the HCO.
- Will house the first aid kit and supplies when not in use on the marching field.
- Will be utilized for the quarantining of a student/staff/chaperone that may be suspected as having a contagious disease.
- Will be utilized for the extended treatment of students as needed beyond treatment on the field or elsewhere at camp.

### **Parent Notification**

- Immediately any time a student is taken to urgent care or the hospital.
- If any health or other issues arise that it is deemed appropriate to contact the parent or guardian.
- The emergency contact person will be called first, and then the other relative contact will be called if the emergency contact cannot be reached.

### **Follow up**

- The HCO or designated assignee will return all medications after departure on the last day of camp and check at that time for any continuing problems that should be taken care of once home. Parents will be able to talk to the HCO if there is anything they need to know.
- A written report shall be submitted in the event of the death of a camper or when a camper accident or illness results in an overnight stay in a hospital.
- This Health Services Policy shall be reviewed annually prior to band camp and as deemed necessary at other times.
- The above Health Services Policy has been established in consultation with and reviewed annually by a licensed physician. The signing physician maintains no liability or responsibility for any triage, procedure, or emergency treatment rendered during band camp.

## **Annual Physican's Review**

Dear Stevenson Band Camp Director,

This letter serves to confirm the Stevenson High School Band's Health Service Policy covering the following topics:

- Camper Health Screening
- On-call services
- Emergency Care and Transportation arrangements
- Health Care Supplies
- Storage and Administration of medications
- Daily camper observations
- Authorized person notification
- Health Care staffing
- Exposure control plan

Has been reviewed and is considered appropriate to the population served by the camp and for the environment and activities of the camp.

Sincerely,

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Signature

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Date



## Appendix A: Exposure Control Plan

This information is provided to camp volunteers in partial compliance with OSHA's Bloodborne Pathogen Standard. It is the intent of the camp to educate people about issues related to exposure to body fluids, to use management techniques and equipment to minimize exposure risks for volunteers, and to monitor individuals' use of these techniques. The camp program recognizes universal precautions as an effective control measure. This describes the application and monitoring of potential sources of risk in the camp program, the steps taken by camp to protect volunteers, and the actions taken by camp if blood or body fluid exposure occurs.

Volunteer classifications which, by virtue of description, incur the risk of exposure to blood and other body fluids: Nurse, Nursing Assistant

All other volunteer classifications are not expected to provide first aid but rather refer people in need of health care to the nurse / nursing assistant.

### Camp Health Care Team

Camp nurses and nursing assistants (NAs) can reasonably expect to come in contact with blood and other body fluids. The potential for exposure to transmitted diseases is greatest for these staff members. Consequently, the program follows these practices:

Members of the camp health care team are oriented to the potential for exposure by camp's Health Care Officer (HCO). Orientation includes:

- Identification of risk areas: Contact with blood-borne pathogens (e.g., hepatitis, HIV), Contact with airborne pathogens (e.g., common cold, TB), contact with surface-borne pathogens (e.g., staph infections).
- Education about the nature of the risk: Method of transmission, virulence of pathogens, resistance factors related to potential host, symptoms and information sources which provide clues to potential risk areas.
- Work practices designed to minimize exposure:
  - Availability of personal protective equipment (PPE) – gloves, CPR mask, antimicrobial soap, (eye, nose, and mouth) shield, body fluid spill clean-up kits
  - Double-bagging via red bag and disposal procedure for hazardous waste
  - Screening individuals who come to the program
  - Requiring participants to provide health information
  - Use of universal precautions by staff
  - Education for people working in risk areas: Health care team member
  - Hepatitis B vaccination for nurses - non-vaccinated nurses encouraged to get vaccinated
  - Sharps container provided which has biohazard label affixed
  - Resource personnel to answer questions: HCO, State Dept. of Health Epidemiologist
- Behavior expected from volunteers to minimize risk:

- Use of PPE
  - Gloves are used when in contact with body fluids or providing skin treatment (e.g., applying medication to poison ivy, washing a rash).
  - CPR mask is used to provide CPR/artificial respiration.
- Minimum 15 second hand washing with antimicrobial soap after: Removing gloves, contact with potential risk, unprotected contact with any body fluid
- Minimum 60 second hand washing with antimicrobial soap after blood splash
- Use of body fluid spill's clean-up kit
- Vaccination to protect from hepatitis B
- Sharps disposed of properly: No re-capping of needles, all sharps (lancets, needles) placed in sharps container immediately after use, full sharps container given to HCO for disposal through local hospital
- Participation in education about disease control
- Immediate reporting suspected exposure (e.g., needle stick) to HCO
- Performing job tasks in a manner which minimize/eliminate exposure potential. Evaluation of compliance with the camp exposure control plan as part of the camp personnel management system

### Camp Counseling Staff

While the potential for exposure to blood-borne pathogens is minimal for general counseling staff, it does exist. The camp health care plan vests authority in general staff to respond to emergencies at the level of their training while initiating the camp emergency response system. Since camp emergency response occurs within minutes, the potential for exposure is limited and most likely confined to initiating CPR/artificial respiration and slowing severe bleeding.

In keeping with accepted practices, the HCO educates Camp staff during orientation about appropriate response practices:

- Staff are instructed to use a CPR mask for CPR and artificial respiration; masks are kept at the health center
- Staff are instructed to use gloves when potential for contact with blood or blood-tinged fluids exist. Gloves are in all first aid kits. Staff members who want to carry a pair on their person may obtain them from the health center
- Staff are instructed to respond in emergency situations to the level of their training per State Good Samaritan regulations
- Staff are instructed to initiate the camp emergency response system immediately
- Staff participate in a discussion of "emergency" to establish defining attributes of their response
- Staff are educated to approach care of minor injuries from a coaching perspective and specifically directed to refer injured people to the Camp healthcare team if self-care is inappropriate or impossible

### Post-Exposure Plan for Camp

Camp volunteers who have a blood exposure incident are eligible for follow-up treatment. Follow-up is initiated by the volunteer who must immediately (within fifteen minutes) notify the HCO when a blood exposure incident occurs. The following plan is initiated. Records of the incident are maintained for the duration of camp plus thirty (30) years by the camp director and according to OSHA requirements (i.e. separate from personnel records). Camp administration debriefs each incident in an effort to identify ways to improve the camp's exposure risk.

<b>Time Line</b>	<b>Volunteer's Actions</b>	<b>Camp Nurse's Actions</b>	<b>Camp Director's Actions</b>
Within 24 hours	Exposure incident occurs. Report incident to camp nurse within 15 minutes of happening  Begin prophylactic treatment. Complete form & incident report with camp director	Notify camp director. Begin 15 second scrub of area with bacteriostatic soap followed by application of disinfectant. Refer client for assessment  Begin psycho-social support process.	Determine source of contamination, initiate request to have source screened for infectious diseases. Notify insurance. Create incident report file with supporting documentation.  Contact mental health professional for volunteer. Complete incident report form with volunteer.
Within next 48 hours	Continue medical follow-up per MD orders.  Begin counseling support	Monitor client adjustment to situation; answer questions as needed. Provide needed cares.	Follow testing of source individual as warranted.  Consult with mental health professional to arrange post-camp therapy per need.
Beyond first three days	Continue post-exposure prophylaxis as directed by MD.  Participate in review of incident.	Participate in review of incident.	Maintain contact with volunteer to follow incident. Lead review of incident. Review incident, adapt camp practices as needed to manage risk, to minimize chance for repeat of situation. Maintain records for duration of employment plus 30 years.

## Information on Universal Precautions

As part of an overall exposure control plan, mandated by the OSHA Bloodborne Pathogens Standard, "universal precautions" are part of infection control practices. They are specific guidelines which must be followed to provide every person protection from diseases which are carried in the blood. Since blood can carry all types of infectious diseases even when a person does not look or feel ill, knowledge of universal precautions is essential for anyone who might come into contact with blood or other body fluids. The following are sample guidelines, recommended by the Centers for Disease Control, to prevent cross- contamination from blood-borne pathogens:

- All health care providers should use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or body fluid of any person is anticipated.
- Personal Protective equipment such as latex or vinyl disposable gloves should be readily available in health care, housekeeping and maintenance areas, in all first aid kits, and in vehicles.
- Any person giving first aid should always wear latex or vinyl disposable gloves if blood is visible on the skin, inside the mouth, or if there is an open cut on the victim. Gloves should be changed after contact with each person.
- 3 Gloves should always be worn when handling items or surfaces soiled with blood or bloody fluids. Such areas (floor, counter, etc.) should be flooded with bleach solution (1 part bleach to 10 parts water), alcohol, or a dry sanitary absorbent agent. However, routine cleaning practices are all that are needed if blood is not visible or likely to be present.
- As examples, gloves should always be worn when cleaning up blood from a counter after a cut finger, but gloves do not usually need to be worn to handle urine soaked bedding unless blood is obvious. Disposable towels and tissues or other contaminated materials should be disposed of in a trash container lined with plastic. Biohazard bags ("red bags") are to be used for dressings or other materials used to soak up blood or other infectious waste.
- Remove gloves properly – pulling inside out. Place gloves in bag with waste. Hands and other skin surfaces should be washed with soap and water immediately and thoroughly if contaminated with blood or other body fluids.
- Masks, protective eye wear, gowns or aprons should be worn during procedures that are likely to generate droplets or splashes of blood or other body fluids.
- Needles should NOT be re-capped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
- After use, disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture-resistant "sharps" containers for disposal.
- Mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
- Health care workers who have draining lesions or weeping dermatitis should refrain from all direct care and from handling equipment until the condition resolves.

All procedures should be specific to the staff and clientele served. All persons who might come into contact with blood or other body fluids must be trained to follow appropriate procedures.

## Appendix B: Health Center & First Aid Supplies

The following are lists of suggested supplies to have for potential health care needs:

<b>In the Health Center</b>	<b>In First-Aid Kits</b>	<b>Plus, for out-of-camp trips, a first-aid kit should include:</b>
<ul style="list-style-type: none"> <li>_ adhesive strip</li> <li>_ adjustable wooden crutches</li> <li>_ alcohol</li> <li>_ analgesic ointment</li> <li>_ antibiotic ointment</li> <li>_ anti-fungal cream</li> <li>_ anti-diarrheal treatment</li> <li>_ antihistamine</li> <li>_ anti-inflammatory cream</li> <li>_ bleach (disinfecting, 1:10 sol.)</li> <li>_ cardboard box splints</li> <li>_ chemical cold packs</li> <li>_ conforming bandage roll (assorted)</li> <li>_ cotton-tipped swabs</li> <li>_ decongestant</li> <li>_ dental rolls (nose packing)</li> <li>_ disposable gloves</li> <li>_ ear drops</li> <li>_ elastic bandage roll(assorted)</li> <li>_ eye pads</li> <li>_ iodine skin cleanser</li> <li>_ non-adherent pads (assorted)</li> <li>_ paper towels</li> <li>_ safety pins (large)</li> <li>_ seal able bags (infectious waste disposal or ice bags)</li> <li>_ slings</li> <li>_ sponge rubber rolls</li> <li>_ sterile gauze pads (4x4, 2x2)</li> <li>_ tongue blades</li> </ul>	<ul style="list-style-type: none"> <li>_ absorbent cotton</li> <li>_ alcohol/swabs</li> <li>_ antibacterial soap</li> <li>_ adhesive strips (assorted)</li> <li>_ butterfly bandages (lg, sm)</li> <li>_ change for phone</li> <li>_ CPR mask</li> <li>_ disposable gloves</li> <li>_ elastic bandage</li> <li>_ emergency phone numbers</li> <li>_ gauze pads</li> <li>_ gauze rolls (2-inch)</li> <li>_ Insect sting kit</li> <li>_ instant cold pack</li> <li>_ moleskin</li> <li>_ needles</li> <li>_ non-stick pads</li> <li>_ note pad, Pencil</li> <li>_ roll of adhesive tape</li> <li>_ safety pins</li> <li>_ sanitary napkin</li> <li>_ scissors</li> <li>_ sealable plastic bags</li> <li>_ sterile dressing(4x4, 2x2)</li> <li>_ triangle bandage</li> <li>_ tweezers</li> <li>_ zinc oxide</li> </ul>	<ul style="list-style-type: none"> <li>_ emergency meds (Epi-pens, pain relievers, antihistamines)</li> <li>_ individual camper medications</li> <li>_ inflatable splints</li> <li>_ insect repellent</li> <li>_ steri-strips</li> <li>_ sunblock</li> <li>_ thermometer</li> <li>_ water-purifying tablets</li> </ul>

Each time you use a first aid kit, check the supply level. It is the counselors' responsibility to turn in a note (with information for health treatment details) and a list of needed supplies to the health supervisor. This person will restock the first aid kits as advised.