Vital "Bites" of Information for Camp Health Care Staff

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A Short Quiz about the Management of Sun and Heat

- Do activities at your camp take place in the shade whenever possible?
- Has sunburn been identified as a preventable injury?
- During 'high heat days' are activities adjusted to lower the level of exertion?
- Are campers and staff kept well hydrated (a drink every hour)?

The following practices are suggested:

- Carry out a shade audit of the camp urge use during high heat days.
- Apply sunscreen generously.
- Wear UV-rated sunglasses.
- Wear a hat and cool, loose, protective clothing to cover arms and legs.
- Use caution near water, sand (reflection).
- Seek shade from 10:00 am to 4:00 pm.
- Burns are not acceptable.

Infection Control

Camps are often classified as 'high-risk' for outbreaks of communicable illnesses. One way to mitigate this possibility is to assure that everyone on site (including the nurse) has the required immunization.

The Canadian Paediatric Society recommends the following for children and youth (2013):

- 5-in-1 vaccine –diphtheria, tetanus, pertussis, polio,
- Hib disease.
- dTap youth without 5-in-1
- Chickenpox vaccine
- Hepatitis A
- Hepatitis B
- HPV vaccine for girls, now suggested for boys
- MMR vaccine measles, mumps, rubella
- Meningococcal vaccine
- Pneumococcal vaccine
- Rotavirus vaccine
- Influenza vaccine annually



Signs of a Communicable Illness

- Fever
- Cough
- Shortness of breath
- Feel feverish, chills in last 24 hours
- Gastro-intestinal symptoms
- Rash
- Contact with an ill person in last week
- Recent international travel.
- If the body temperature is normal, the immunization report is complete, and there are no symptoms of illness, you can be fairly sure there is no one on site with a communicable illness.

Tips

1. A sunburn should be reported as an incident.

2. There should be no eating while campers are being transported on a bus as severe choking or an allergic reaction may not be noted and treatment would be difficult.

Is Your Camp Ready for a Crisis?

The nurse should know the contents of the camp's Crisis Management Plan. If there is no written CMP, the nurse should assemble some information to manage health needs during a crisis.

Getting a MASTERS in Crisis Management

- Mobilize the Crisis Team to crisis headquarters.
- Analyse the known facts. Insure the safety of team members. Other staff and campers move to another part of the site.
- Stabilize the situation; contact EMS, the Public Health Unit, camp physician, other.
- Treat the victim(s) or care for the ill and move to isolation area.
- Emergency measures personnel take over once on site. Camp staff yields to competent authorities.
- Relay information to staff members, campers, board members, parents.

More About Asthma at Camp

The goal is to help children with asthma control their asthma so that they can be active all day and sleep all night. (NAEPP USA.2007). Despite the many changes at camp, we try to maintain normal activities for those with asthma. Asthma does not take a day off; children should stay on their medications even when they feel well.



Common asthma triggers in the summer:

- **Mould** in tents, cabins, the woods.
- Pollens different plants pollinate at different times, (Ragweed- late summer).
- **Smog** even in cottage country; higher spring to fall, on dry, sunny and windy days.
- Exercise warm up before and cool down after.
- **Dust** lots in rustic settings.
- **Campfire** aroma of burning wood (toxins in the air).

The nurse needs:

- An up-to-date, written Action Plan for each camper with triggers and treatment.
- A basic understanding of the action of asthma medications.
- There must be enough asthma medication to last long after the entire summer camp.

Note: the NAEPP discourages the use of home remedies in an acute asthma exacerbation, such as:

- breathing warm, moist air,
- drinking large volumes of liquids,
- the use of antihistamines; there is no valid evidence that demonstrates their effectiveness. (Their use will delay campers from obtaining necessary care)

Food Service Summer Guidelines

Special care in the kitchen can avoid food-borne illness. The nurse's observations of policies and procedures may identify poor practices.

- Clean hands, work surfaces, and equipment,
- Perishable food refrigerated never left out except during meals,
- Monitor dates on leftovers never used after 3 days,
- In hot weather, the food in a well-packed, insulated cooler with ice is not safe to use after about 3 hours

Review and follow the standard Six-Step Hand Washing:

- 1. Cleansing solution: bleach 1 tsp (5ml) and water 3 cups (750 ml).
- 2. Wet hands under warm running water,

3. Apply liquid soap, rub to soapy lather on front and back of hands (antibiotic soap not required), rub lather in for at least 15 seconds,

- 4. Rinse thoroughly under running water,
- 5. Pat hands dry with paper towel,
- 6. Use paper towel to turn tap off then dispose of towel in proper receptacle.

