HEALTHCARE OPERATIONS MANUAL

Section 3: Healthcare Policies & Treatment Procedures (Standard HW.9)

Accreditation Compliance: American Camp Association (ACA) HW.9

Operational Status: Mandatory Operational Policy

Scope of Content: Medical Standing Orders & Authority Matrix

Review Cycle: Mandatory Annual Pre-Camp Medical Review

PART I: SCOPE, AUTHORITY, AND HEALTHCARE PLANNING (HW.9.1)

1.1 Medical Oversight and Authority

Operating an open-water waterfront and trip-intensive camp environment exposes participants to specific clinical risks. To guarantee prompt and appropriate care, all healthcare infrastructure operations operate under the direct authority and delegation of a licensed Medical Advisor.

- **Designated Health Care Providers:** Day-to-day operations inside the camp health center are managed by a designated Health Care Manager (RN, EMT, or certified Wilderness First Responder) who has completed specialized training in pediatric or wilderness pre-hospital emergency protocols.
- **Scope of Provider Discretion:** The Health Care Manager possesses autonomous administrative discretion to dispense over-the-counter (OTC) medications, perform standardized first aid procedures, isolate symptomatic individuals, and issue binding medical restrictions regarding program participation (e.g., banning a camper from open-water swimming or long-range hikes following injury or illness).
- **Ultimate Medical Authority:** All clinical treatments must conform precisely to the standing orders authorized in Part II of this document. In any clinical scenario where an injury or illness presents outside the parameters of these explicit directives, the Health Care Manager must contact the Medical Advisor via the on-call line or execute immediate transfer to local emergency medical facilities.

1.2 Healthcare Log & Record Keeping

- **Master Daily Medical Logbook:** Every assessment, intervention, diagnostic measure, and medication administration must be recorded chronologically inside a bound, non-erasable Camp Medical Logbook or a secured, password-protected electronic health records (EHR) platform. Entries must contain the date, timestamps, patient identifiers, subjective/objective clinical presentations, explicit treatment provided, and the full initials or signature of the attending healthcare provider.

- **Off-Campus Log Integrity:** During field trips and off-site aquatic excursions, the designated Trip Leader must transport a field-ready medical kit featuring a specialized duplicate Trip Treatment Log. Any field treatment administered must be documented immediately in situ and formally transposed onto the master camp ledger within 12 hours of re-entering base camp.

PART II: STANDING TREATMENT PROCEDURES (HW.9.2)

The protocols detailed below represent the authorized standing orders for this camp facility. Healthcare and auxiliary safety staff are strictly prohibited from executing clinical treatments or dispensing therapeutic agents that fall outside of these written directives.

PROTOCOL A: HEAT ILLNESS & DEHYDRATION

Clinical Presentation: Complaints of intense thirst, dry oral mucous membranes, general lethargy, acute muscle cramping, headache, nausea, or dark urine output.

Mandatory Treatment Procedure:

1. Immediately remove the affected individual from direct sunlight and place them inside an air-conditioned medical room or deep, shaded ventilation zone.
2. Loosen restrictive layers of clothing and apply cool, damp cloths directly to the patient's neck, axillae (armpits), and groin area.
3. Administer small, highly frequent fluid increments consisting of chilled water or oral rehydration salt (ORS) electrolyte solutions, provided the patient displays full consciousness and an uncompromised swallow reflex.

CRITICAL EMERGENCY TRIGGER: If the patient exhibits hot, dry skin, altered mental status, confusion, projectile vomiting, or loss of consciousness, immediately activate the camp's Emergency Medical Transport plan and dial 911.

PROTOCOL B: MARINE TOXIN STINGS (JELLYFISH / PORTUGUESE MAN-OF-WAR)

Clinical Presentation: Sudden onset of acute, localized stinging or burning pain; appearance of linear red welts, rashes, or blistering along skin contact lines following ocean immersion.

Mandatory Treatment Procedure:

1. Safely remove the participant from the water and mandate strict physical rest to inhibit the rapid systemic circulation of protein-based toxins.
2. Flush the affected integumentary area continuously with **commercial vinegar** (5% acetic acid) for a minimum duration of 30 seconds to safely deactivate undetonated nematocysts. *Crucial: Never rinse the site with fresh water, alcohol, or ice, as osmotic pressure changes will trigger mass nematocyst detonation and accelerate venom release.*
3. Carefully extract visible tentacles using fine tweezers or a gloved hand. Avoid scraping, rubbing, or applying dry sand to the skin.
4. Immerse the affected dermal region in hot water (43°C to 45°C or 110°F to 113°F) or apply a sustained medical hot pack for 20 to 45 minutes to successfully denature and neutralize the heat-labile toxins.

CRITICAL EMERGENCY TRIGGER: Continually evaluate for signs of systemic anaphylaxis. If the sting involves critical zones (e.g., face, neck, eyes), or if the patient experiences dyspnea (shortness of breath), stridor, or facial angioedema, instantly administer a prescription Epinephrine Auto-Injector and dial 911.

PROTOCOL C: SEVERE SUNBURN MANAGEMENT

Clinical Presentation: Erythematous (bright red), hypersensitive skin; localized inflammation; fluid-filled vesicle (blister) formation accompanied by radiation-induced heat emissions.

Mandatory Treatment Procedure:

1. Issue a mandatory ban on further direct solar radiation exposure for the remainder of the camper's active weekly session.
2. Apply clean, cool water compresses to the affected areas for 15-minute intervals, or coordinate a cool water soak.
3. Apply pure, un-fragranced aloe vera gel or hydrating moisturizing lotion to non-blistered fields. *Strictly prohibit the manual popping or debridement of blisters.*
4. Subject to verified parental signature on the camper's health history file, administer weight-appropriate dosages of Oral Ibuprofen to mitigate profound acute discomfort and soft-tissue inflammation.

PART III: MANAGEMENT OF ILLNESS, INJURY, AND MEDICATIONS

3.1 Medication Control and Administration Safety (HW.13)

- **Security and Storage:** All prescription and over-the-counter therapeutic agents must be locked securely within the climate-controlled medicine room or specialized medical storage lockers. Emergency rescue therapeutics—specifically auto-injectable Epinephrine and prescription beta-agonist asthma inhalers—are strictly exempt from centralized containment and must be carried directly by the designated counselor or the camper if cleared via written self-carry validation.
- **The 5 Rights of Clinical Administration:** Prior to the delivery of any pharmaceutical agent, the licensed or designated healthcare provider must physically confirm and execute the following checks:
  1. **Right Participant:** Cross-reference identity utilizing a photographic roster or high-durability camp security wristband.
  2. **Right Medication:** Verify the manufacturer or prescription bottle label details against the patient's individual Medication Administration Record (MAR).
  3. **Right Dosage:** Measure precise volumes utilizing standardized, clear medical dosing instruments.
  4. **Right Time:** Validate that the administration interval maps correctly to the scheduled timeframe.
  5. **Right Route:** Confirm appropriate intake delivery mechanism (oral, topical, ophthalmic, inhaled, etc.).

3.2 Communicable Disease Isolation Protocol

- **Diagnostic Isolation Criteria:** Any camper presenting with an active core temperature exceeding 100.4°F (38°C), uncontrolled emesis (vomiting), acute infectious diarrhea, or an undiagnosed generalized rash must be immediately segregated from their peer cohort.
- **Isolation Workspace Management:** The isolated participant must remain within the dedicated health lodge isolation room on a designated cot under uninterrupted, supportive staff visualization until a parent or authorized legal guardian executes physical pickup, or emergency transport is finalized.

PART IV: AUTHORIZATION & LEGAL ACTIVATION

By signing below, the licensed medical professional validates, approves, and legally activates these standing healthcare policies and treatment procedures for use by the camp's designated healthcare staff.

Medical Advisor Signature (MD / DO / ARNP)	**Date of Verification / Activation**
Printed Professional Name	**State Medical License Number**

> **ACA Field Review Compliance Note**
>
> To satisfy the full intent of standard HW.9, ensure this authorized document is appended to your camp's **HW.8 Parent Notification Procedures** and a blank copy of your **HW.1 Camper Health History Form**. The ACA visiting team will audit this specific document for a current medical professional's signature dated prior to the active camp season.