HEALTH CARE PLAN (STANDARD ST.2)

Camp Live Oak: Staffing, Scope of First Aid, and Emergency Escalation Protocols

Operating Property: Camp Live Oak

Accreditation Compliance: American Camp Association (ACA) ST.2

Healthcare Model: First Aid Responder & 911 Escalation

Review Cycle: Mandatory Annual Pre-Camp Medical Review

OPERATIONAL CONTEXT & STAFFING DEFINITION

Camp Live Oak does not employ, contract, or maintain licensed clinical medical professionals (such as physicians, registered nurses, or nurse practitioners) on site. All leadership and camp counseling staff operate exclusively as First Aid Responders holding current certifications in CPR, AED, and Standard First Aid. Staff responsibilities are strictly restricted to basic first aid stabilization. For any clinical presentation, injury, or illness extending beyond basic stabilization, emergency medical services must be activated immediately via 911.

1. HEALTH CARE PLANNING AND STAFFING MODEL (ST.2.1)

1.1 On-Site First Aid Infrastructure

Because Camp Live Oak utilizes a community-integrated First Aid Responder model, medical oversight relies heavily on training, preparation, and rapid transition to professional emergency systems rather than on-site clinical management.

- **Designated Field Responders:** Daily base-camp operations are supervised by a designated leadership team member holding active Wilderness First Aid or Standard First Aid credentials. All frontline counselors undergo mandatory basic life support orientation during pre-camp training week.
- **Authorized Scope of Action:** Responders are strictly authorized to perform basic wound clearing, cleaning, and dry bandaging of superficial lacerations, handle minor bruises with cold compression, manage mild heat fatigue with shade and fluid compliance, and assist in the physical retrieval of a camper's personal rescue medication.
- **Clinical Restriction Threshold:** Staff do not diagnose, assess, or manage internal illnesses or complex physical conditions. Any injury or condition expanding beyond immediate surface stabilization marks an automatic trigger to activate community paramedics.

1.2 Incident Log and Treatment Documentation

- **Master Treatment Logbook:** Every instance of first aid delivery—regardless of severity—must be recorded chronologically inside a bound, non-erasable Camp First Aid Logbook at the central office. Entries must document the date, timestamps, camper name, mechanism of injury, precise first aid materials utilized, and the signature of the responding counselor.
- **Off-Campus Log Integrity:** During field trips or beach programs, group leaders must carry duplicate field log tracking sheets. Interventions must be logged immediately in situ and turned in to the main office for manual transcription within 12 hours of trip completion.

2. EMERGENCY ESCALATION PROTOCOLS (ST.2.2)

The protocols below establish the mandatory response tracks for on-site personnel. Responders must focus strictly on immediate first aid response and prompt 911 escalation when confronted with standard environmental or physical concerns.

PROTOCOL A: HEAT ILLNESS & DEHYDRATION

Presentation: Complaints of intense thirst, dry mouth, minor lethargy, or mild muscle cramping due to prolonged outdoor exposure.

First Aid Action Path: Guide the individual out of direct sunlight into an air-conditioned room or deep, ventilated shade. Loosen heavy layers of outer clothing, apply cool damp towels to the skin, and provide small, frequent sips of cool water if the individual is fully alert and swallowing easily.

911 CRITICAL ESCALATION: If the individual displays hot, dry skin, severe disorientation, confusion, projective vomiting, or loss of consciousness, immediately call 911.

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

Presentation: Sudden onset of intense stinging or burning pain with linear red lines or distinct blistering following ocean swimming.

First Aid Action Path: Safely remove the individual from the water and keep them resting quietly. Rinse the site continuously with commercial vinegar (5% acetic acid) for at least 30 seconds to deactivate undetonated nematocysts. Using a gloved hand or tweezers, lift away visible tentacle fragments. *Crucial Restriction: Never wash the site with fresh water or rub it with sand, as this causes widespread venom release.*

911 CRITICAL ESCALATION: Check constantly for systemic anaphylaxis. If the sting involves critical zones (face, neck, eyes), or if the camper exhibits wheezing, difficulty breathing, or facial swelling, activate their emergency auto-injector and dial 911.

Protocol C: Severe Sunburn Care

Presentation: Red, highly sensitive skin, swelling, or clear blister formation resulting from solar radiation.

First Aid Action Path: Permanently withdraw the participant from direct solar exposure for the remainder of the camp day. Apply a clean cloth soaked in cool water for comfort, and gently apply pure aloe vera gel to un-blistered skin sectors. *Strict Prohibition: Staff must never break, debride, or peel blister structures.* No over-the-counter anti-inflammatory pills or topical medications may be administered by staff.

3. LOGISTICS, ILLNESS SEGREGATION, AND MEDICATION SECURITY

3.1 Medication Control and Storage Framework (HW.13)

- **Locked Intake Security:** All camper medications brought onto Camp Live Oak property must remain stored in their original pharmacy containers, clearly labeled with the camper's name, medication type, and dosing specifications. Medications must be stored under lock-and-key inside central administrative office storage cabinets.
- **Emergency Rescue Exemptions:** Emergency rescue items—specifically personal Epinephrine auto-injectors and prescribed asthma inhalers—are strictly exempt from locked central cabinets. These must remain on the person of the camper or inside their primary counselor's field emergency pack at all times.
- **Administration Parameters:** Staff do not prescribe, calculate, or alter dosing. Staff assist only in tracking and verifying self-administration exactly as detailed on the parental authorization form and original pharmacy label.

3.2 Symptomatic Cohort Segregation

- **Isolation Directive:** Any participant presenting with active, communicable symptoms—including an explicit fever over 100.4°F (38°C), uncontrolled vomiting, or acute infectious diarrhea—must be immediately segregated from their peer cohort to protect the general camp population.
- **Holding Area Supervision:** The camper must be placed inside the designated administrative isolation zone away from regular programming and kept comfortable under continuous adult supervision until an authorized parent or legal guardian arrives for physical custody.

4. AUTHORIZATION & MEDICAL ADVISOR AGREEMENT

By signing below, the licensed medical professional or consulting medical advisor certifies that this First Aid Responder and 911 Emergency Escalation framework is appropriate, approved, and formally activated for Camp Live Oak's operational profile.

Medical Advisor / Reviewing Physician Signature	**Date of Annual Review**
Printed Professional Name & Title	**State License Number**

ACA Visitor Audit Checklist (Standard ST.2)

To fulfill standard ST.2 using a non-medical staff structure, this completed manual must be explicitly reviewed and signed by your consulting medical advisor before opening day. Place this finalized document inside your master health operations binder alongside your **HW.8 Parent Notification Procedures** and your standard **HW.1 Health History Form**.