

UW-STEVENS POINT SUMMER CAMPS EMERGENCY PROCEDURES

1. Stay with the Camper

2. Life or Death Situation

Call 911 immediately if person:

- Is unconscious/fainted. (is unresponsive)
- Is having difficulty breathing/severe asthma attack. (severe wheezing, unable to take full breath, turning blue)
- Is having a severe allergic reaction. (difficulty breathing, hives to face or neck)
- Is having a seizure. (in water, is a child, first seizure, is pregnant, lasts more than 5 minutes, receives an injury)
- Has a severe burn. (not sun related)
- Has severe or persistent chest pain. (signs and symptoms of a heart attack)
- Drowning or immersion in water.
- Suffers from any major trauma/injury or is suspected to have shock or other life-threatening injury.
- Is suffering from severe heat illness (heat stroke) or severe hypothermia.
- Is advised to do so after a poisoning from Poison Control Center (1-800-222-1222).
- Has been exposed to severe smoke inhalation.
- Is having a stroke.
- Has a dislocation or bone fracture. (wound is open, person unable to be moved, break is to back, neck, head or femur)

***IF YOU ARE EVER UNSURE - CALL 911**

a. Have another Supervisor, Coach, Desk Host, Camp Counselor, etc. CONTACT:

Ambulance.....911 if OFF campus or 9-911 ON Campus

- Provide Your Name
- Identify Location on Campus
- Identify Situation
- Condition of Victim
- Aid Being Given

b. Check vital signs and provide First Aid as needed.

c. Contact Camp Director, parents and Camp Health Staff.

d. Secure Camp Health Form for Hospital Emergency Room.

e. If Situation involves an accident, complete UWSP Accident Report Form.

f. Send copy of UWSP accident report form to UWSP risk management office and deliver a copy to the Camp Health Staff at the next mealtime.

g. If camper is covered under UWSP camp insurance, Camp Director to get camper to complete an Insurance Accident Claim Form.

3. When **NOT** Life or Death Situation

During Regular Business Hours

- a. Provide First Aid as needed. Assess the situation to determine whether immediate treatment is needed, refer to the following pages.
- b. Contact Dr. Trina Daniels for guidance – Aspirus Stevens Point Hospital's Office: (715) 346-5113 or Cell: (715) 321-1995
- c. Arrange for appointment. Assign camp staff member to accompany camper.
- d. Contact Camp Director and parents.
- e. Arrange transportation to Aspirus Stevens Point Hospital's ER/Urgent Care. If person is unable to move under own power, ambulance will be called. Bring camper health forms with you to the visit.
- f. If situation involves an accident, complete UWSP Accident Report Form.
- g. Send copy of UWSP Accident Report Form to UWSP risk management office.
- h. Camper to complete an Insurance Accident Claim Form if applicable.

After Regular Business Hours (Evenings and weekends)

- a. Provide First Aid as needed.
- b. Assign camp staff member to accompany camper to Aspirus Stevens Point Hospital's ER/Urgent Care.
ER/Urgent Care. If in doubt of best course of action, contact Dr. Trina Daniels for guidance – Ascension, St. Michael's Hospital, Office: (715) 346-5113 or Cell: (715) 321-1995
- c. Contact Aspirus Stevens Point Hospital's ER/Urgent Care in advance...715-346-5100
Location: Aspirus Stevens Point Hospital, Fremont Street, Stevens Point, WI.
- d. Contact Camp Director and Parents.
- e. Arrange transportation to Aspirus Stevens Point Hospital's ER/Urgent Care. If person is unable to move under own power, ambulance will be called.
- f. Secure Camp Health Form. Bring to UC or ER.
- g. If situation involves an accident, complete UWSP Accident Report Form.
- h. Send copy of UWSP Accident Report Form to UWSP Risk Management Office.
- i. Camper to complete an Insurance Accident Claim Form if applicable.

Treatment Procedures for Camp

Ailment	Signals	Care
Athlete's Foot	Cracked, flaking, peeling skin between the toes. The affected area is usually red and itchy. May feel burning or stinging, and there may be blisters, oozing, or crusting. Symptoms can also occur on the heels, palms, and between the fingers.	<p>Keep feet clean and dry, especially between the toes. Wash thoroughly with soap and water and dry the area very carefully and completely. Do this at least twice a day. Wear clean, cotton socks and change as often as necessary to keep feet dry.</p> <p>Administer prescribed/approved meds*, if any (such as antifungal ointment or spray).</p> <p>Seek medical assistance if:</p> <ul style="list-style-type: none"> • The foot is swollen and warm to the touch, especially if there are red streaks. • These are signs of a possible bacterial infection. – (redness, crusting or yellow discharge). • Other signs include pus or other discharge and fever. • Person has diabetes and develops athlete's foot.
Abdominal Pain	Pain. Bloating. Cramps.	<p>Allow the person rest as needed.</p> <p>Check for other signals of illness. If temperature is above 100 °F should be removed from activities. If temperature above 102 °F follow fever procedures.</p> <p>Check LMP (last menstrual period) LBM (last bowel movement). Check with person what normal frequency of bowel movements are and if person has not had a bowel movement in this time, encourage them to do so or to drink lots of liquids such as water, or prune (or other) juice. Fibrous fruits such as raisins and oranges can also help.</p> <p>Administer prescribed/approved meds*, if any, (such as an antacid for gas, or acetaminophen or ibuprofen for menstrual cramps).</p> <p>If person has not had a bowel movement in at least 3 days or if condition persists or worsens, see a physician.</p> <p>If fever, vomit or diarrhea, or intense/doubling over, pain needs to be evaluated by RN/MD.</p>
Allergic Reactions	Difficulty breathing. Feeling of tightness in the chest and throat. Swelling. Rash. Hives. Dizziness. Confusion.	<p><u>Mild: Rash/hives anywhere but face. Any breathing difficulty not mild.</u> If possible, remove person to safety/remove source. Check person for swelling and breathing problems. Administer prescribed/approved meds*, if any (such as an antihistamine).</p> <p><u>Severe:</u> <u>Difficulty breathing, swelling, dizzy, vomit or short of breath, rash or hives on face:</u> <u>Call 911 immediately.</u> Remove person to safety/remove source. Administer prescribed/approved meds*, if any (such as an antihistamine or epinephrine, if prescribed.) If dose of epinephrine is given and person is able to swallow, give an antihistamine as well. <u>Attend any life-threatening conditions.</u></p>
Asthma Attack	Difficulty breathing. Shallow breaths. Wheezing.	<p>Remove person from any strenuous activity and to an air conditioned room if possible. Have person rest in a position that is comfortable to them. Loosen restrictive clothing Check pulse ox if available.</p> <p><u>Mild:</u> Administer prescribed meds, if any such as inhaler. Administer emergency oxygen if you are trained to do so and is needed. Monitor breathing.</p> <p><u>Severe:</u> <u>(This would include retractions, or pulling in by the ribs or increase work of breathing or no improvement after 1 inhaler/nebulizer treatment.)</u> <u>Call 911 immediately.</u> Administer prescribed/approved meds*, if any such as inhaler or nebulizer as prescribed.. If treatment is needed to repeated before EMS arrives, may do so. Administer emergency oxygen if you are trained to do so and is needed. Monitor breathing.</p>
Bites/Stings	Pain. Swelling. Stinger possibly present.	<p><u>Bites (insect & spider):</u> Wash affected area thoroughly with soap and water. Control bleeding, if present.</p>

Bites/Stings, cont.	Bite mark. Possible allergic reaction. Nausea. Vomiting. Difficulty breathing.	Cover with sterile dressing. Administer prescribed/approved meds* (such as an antihistamine) if allergic reaction develops. If condition worsens, see a physician. <u>Stings:</u> Remove stinger, if present, or scrape along surface of skin if venom sac is present. Wash affected area thoroughly with soap and water. Apply cloth-wrapped ice packs to injured part to reduce swelling. Monitor for signals of allergic reaction (such as hives, difficulty breathing, etc) for 30 minutes after the sting and administer prescribed/approved meds*, (such as an antihistamine) if needed, Ibuprofen can be given as per instructions as needed for pain. Call 911 if allergic reaction is severe. <u>Venomous & Mammal Bites:</u> Check that the scene is safe, remove victim from source of bite. Call 911. Remove tight fitting clothing or jewelry around location of the bite. Wash affected area thoroughly with soap and water. Control bleeding, if present, cover with sterile dressing. Immobilize affected area, keeping part lower than the heart. Monitor breathing and keep victim calm until help arrives.
Blisters	Red and/or raw skin. Pocket of pus underneath skin. Pain/irritation.	Do not pop the blister. Cover with mole skin to avoid any continued rubbing. Monitor for infection. If condition worsens or infection occurs, see a physician immediately.
Breathing Difficulty	Shortness of Breath. Coughing. Wheezing.	If very mild, remove from activity and sit in climate controlled area, rest and monitor breathing. If after 15 minutes of rest in an upright position, shortness of breath or coughing does not subside, bring person in for medical evaluation. If after 15 minutes shortness of breath and coughing disappears, but returns again in less than 6 hrs, bring person in for medical evaluation. Administer emergency oxygen if you are trained to do so and is needed. If beyond mild or breathing becomes worse, take person to clinic or call 911 immediately.
Breathing Emergencies	Unconsciousness. No breathing. Chest does not rise and fall. Can't feel or hear breath. Skin is pale or bluish. Shallow breathing (less than 6 a min).	Call 911 immediately. <u>If breathing:</u> Role person to side into recovery position Monitor breathing Administer emergency oxygen if you are trained to do so. <u>If not breathing: or shallow breathing(< 6 min)</u> Begin CPR until EMS arrives if trained.
Bruises	Skin discoloration (red, blue, or black). Swelling.	Apply cloth-wrapped ice packs to injured part to reduce swelling. If condition persists or worsens, see a physician.
Burns (from sun)	Red/dry/peeling skin. Blisters. Pain.	Prevention is the key, encourage all to apply sunscreen before and during activities outside. Remove person from sun. Cool burn with water or wet cloths (no ice). Protect unbroken blisters with loose, sterile dressing. Cover area from sun (clothes or sunscreen) to prevent further damage. Ibuprofen every 6 hours as needed for pain. Aloe may be applied to area of burn to relive pain and keep skin moist.
Burns (non sun-related)	<u>Mild:</u> Red/dry skin. Swollen area/pain. <u>Severe:</u> Red, brown or black skin. Blisters. Swollen area/pain or no pain.	<u>Mild:</u> Cool burn with water or wet cloths (no ice). Cover burn with loose, sterile dressing. (Use antibiotic ointment such as Polysporin or Neosporin) If there are small areas with blisters leave them intact- do not pop blisters. Burns should be checked twice a day to clean and reapply antibiotic ointment. <u>Severe:</u> Call 911 immediately. Stop the burning/remove source. Cool burn with water or wet cloths (no ice). Cover burn with loose, sterile dressing.

		Monitor for life threatening conditions until further help arrives.
Chest Pain/Pressure	Persisting pain or pressure in chest. Difficulty breathing.	Call 911 if symptoms are severe and persistent. Remove person from any strenuous activity. Have person rest in a comfortable position. Administer emergency oxygen if you are trained to do so. Loosen restrictive clothing. Monitor breathing. Look for signals of heart attack.
Choking	Clutching of throat with hands. Unable to speak, cough forcefully, or breathe. High-pitched wheezing.	<u>If coughing:</u> Encourage person to continue. <u>If not coughing:</u> Alternate between 5 back blows then 5 abdominal thrusts until object is coughed up, person begins breathing, or person becomes unconscious. <u>If unconscious:</u> Call 911 immediately. Begin CPR including a check of the mouth after each set of compressions to see if item has been dislodged. If there is an item in mouth, remove and re-attempt to deliver rescue breaths. If they do not go in, continue with CPR and mouth checking cycle. If breaths do go in reassess for critical signs of life and care as needed. Continue care until EMS arrives.
Cold	Light-headedness. Dizziness. Weakness/exhaustion. Stuffy/runny nose. Muscular aches. Cough/Sore Throat.	Allow person to rest. If temperature is above 100 °F should be removed from activities. If temperature above 102 °F follow fever procedures. If unable to participate in regular camp activities for more than 24 hours consider sending home. Keep person from getting chilled or overheated. Monitor person's temperature for fever (>100.4) If fever above 102 that does not respond to fever treatment drugs then should be seen by a physician. Also to be seen if symptoms progress or any shortness of breath occurs. Administer prescribed/approved meds*, if any (such as acetaminophen, ibuprofen,) or cold/flu medicine. If condition persists or worsens, or severe exhaustion, call 911.
Cough/Sore Throat	Persistent or uncontrollable cough. Red, inflamed throat tissue. Difficulty swallowing. Dryness in throat.	Give person water. Administer prescribed/approved meds*, if any (generic throat lozenges, cough syrup and throat spray, as well as salt water gargles (ST). If condition persists or worsens, see a physician. Should also have seen if just has fever and sore throat without other cold symptoms such as stuffy/runny nose etc.
Diabetic Emergency	Light-headedness. Dizziness. Weakness/exhaustion. Changes in level of consciousness.	<u>If conscious:</u> Check blood sugar if Glucometer is available. Give sugar (such as fruit juices 4 oz, hard candy, and table sugar). Recheck blood sugar after 15 min (if applicable). Give snack with protein (ie cheese and crackers). If condition persists or worsens, call 911 <u>If unconscious:</u> Call 911 immediately. Attend to any life-threatening conditions. DO NOT GIVE PERSON ANYTHING TO EAT OR DRINK.
Diarrhea	Watery or runny stool. Frequent bowel movements.	Check for other signals of sudden illness If temperature is above 100 °F should be removed from activities. If temperature above 102 °F follow fever procedures. Help person rest, if necessary. Keep person hydrated with small frequent fluids- Gatorade if significant diarrhea. Can also give popsicles and starchy foods. If bloody stools or decrease urine output (<every 6 hours) then to be seen by a physician. Bismuth subsalicyte (Pepto-bismol) may be used for relief for patients over the age of 12. Administer prescribed/approved meds*, if any (such as pepto bismol or anti-diarrhea meds.) If condition persists or worsens and does not improve with medication, call local clinic.
Dislocations/ Bone Fractures	Pain. Bruising. Swelling. Deformity.	Call 911 immediately IF: <ul style="list-style-type: none"> • There is an open fracture • Person cannot be moved • Break is to the back or neck or head • Break is to the femur Rest the injury.

		Apply cloth-wrapped ice packs to injured part to reduce swelling, only if ice packs do not further aggravate the injury. Immobilize injured area to keep it from moving, if necessary. Monitor vital signs and for signs of shock.
Drowning	Person found immersed in water. Unconsciousness. No breathing. Chest does not rise and fall. Can't feel or hear breath. Skin is pale or bluish.	Remove person from water. Call 911 immediately. <u>If breathing:</u> Roll person to side to allow fluid from airway to drain. Keep victim stable. Monitor breathing and care for conditions found. <u>If not breathing:</u> Begin CPR until victim recovers or EMS arrives. AED to be used as necessary and as soon as possible. .
Eye Irritation	Itching, redness.	Flush eye with cool water so that anything that is in the eye drains away from the face. 1 -2 drops of sterile water drops Cool compresses. If discharge then will need to be seen at the clinic for an antibacterial eye drop.
Fainting	Temporary loss of consciousness.	Call 911 immediately IF: <ul style="list-style-type: none"> • Person has blue lips or face. • Person has an irregular or slow heartbeat. • Person has chest pain. • Person has difficulty breathing. • Person is difficult to awaken • Person acts confused Help person rest. If unsure how it happened or was not witnessed do not move person in case of neck injury. Elevate legs 12 inches if injury is not suspected. Loosen restrictive clothing. Monitor breathing. Look for signals of sudden illness. Attend to any injuries or life-threatening conditions. DO NOT GIVE PERSON ANYTHING TO EAT OR DRINK, UNLESS INDICATED (DIABETIC/HEAT). Stay with person until EMS arrives.
Fever	High body temperature (above 102F). Possible additional signals of sudden illness, cold, or flu.	Allow person to rest in cool quiet area. Apply cool, wet clothes to the forehead and change frequently-if desired Monitor temperature every hour until fever is reduced. Administer Meds as directed**, if any (such as acetaminophen or ibuprofen or cold/flu medication) if not relieved with treatment and/or if temperature is 102° F or above and does not reduce from medication then will need to be seen by a physician.
Fish Hook Removal	Embedded fishhook.	If hook is superficially (at the surface) embedded then take to clinic or urgent care to remove. <u>If fish hook is deeply embedded or is embedded in a sensitive area (such as an eye):</u> Cut the fishing line free to prevent tugging. Call 911 immediately. DO NOT TRY TO REMOVE THE FISH HOOK. Apply bulky dressings around fish hook to support it in place. Bandage the dressing in place.
Frostbite	Lack of feeling in affected area. Skin appears waxy, discolored, and feels cold to the touch.	Attempt to gently remove restrictive jewelry or clothing. Slowly warm skin with luke warm water. DO NOT RUB SKIN Seek medical attention if severe.
Headaches	Pain, sometimes severe. <u>Migraine: (has medical diagnosis)</u> Nausea. Intolerance of bright light. Intolerance of noise.	Allow the person to rest. Have the person drink water (dehydration may be a possible cause). Check the person for injuries (another possible cause). If not resolved from drinking more fluids or is more severe then place person in quiet environment. Administer prescribed/approved meds*, if any (such as acetaminophen or ibuprofen) <u>If migraine:</u>

		<p>Help the person to rest in a darkened, quiet setting with an available container for vomiting. Administer prescribed meds, if any.</p> <p>If headache persists or worsens, see a physician. Also to be seen if vomiting with headache, stiff neck or fever.</p>
Heart Attack	<p>Persisting pain or pressure in chest. Feeling of heartburn or indigestion. Difficulty breathing. Nausea. Sweating. Dizziness. Pain down one side of the body (typically left arm but not always). Jaw pain. Tingling feeling radiating from chest. Unconsciousness. Women especially may exhibit flu like symptoms.</p>	<p><u>If conscious:</u> Call 911 immediately (and get AED in case you need it). Can give a 'baby aspirin' if available and is able to chew. Have person rest in a comfortable position. Loosen restrictive clothing. Monitor breathing. Administer emergency oxygen if you are trained to do so.</p> <p><u>If unconscious:</u> Call 911 and summon someone to bring the AED if available. Begin CPR until AED is secured and/or EMS arrives. Use AED with CPR as prompted. Continue care as instructed from EMS until they take control.</p>
Heat Illness/Dehydration	<p><u>Mild:</u> Skin is cool, moist, pale, or flushed. Headache. Nausea. Dizziness. Weakness/exhaustion. Heavy sweating.</p> <p><u>Severe:</u> Skin is red, hot, and/or dry. Vomiting. Changes in level of consciousness.</p>	<p><u>Mild:</u> Move person to a cool place. Loosen restrictive or perspiration-soaked clothing. Apply cool, wet clothes to the skin or mist the person with cool water and fan the person. Avoid Shivering. If conscious, give person cool water to drink.</p> <p><u>Severe:</u> Move person to a cool place. Call 911 immediately. Loosen restrictive or perspiration-soaked clothing. Place person on his or her side (to prevent choking from vomiting). Apply cloth-wrapped ice packs to person's wrists, ankles, groin, neck, and armpits. If person becomes unconscious, monitor breathing and pulse; begin rescue breathing and/or CPR as needed.</p>
Hypothermia	<p>Shivering. Numbness. Glassy stare. Apathy (lack of interest or concern). Weakness. Impaired judgment. Unconsciousness.</p>	<p>Call 911 if:</p> <ul style="list-style-type: none"> • Symptoms are beyond shivering • Does not respond to treatment. <p>Gently move person to a warm place. Remove any wet clothing and dry the person. Warm person slowly with dry clothing or wrapped blankets. Do not warm person too quickly.</p>
Infections	<p>Red, inflamed skin. Red streaks around wound. Warm or throbbing feeling around wound. Purulent (yellowish) discharge. Swelling. Pain. Fever. Weakness.</p>	<p>Wash affected area thoroughly with soap and water- Cover wound with sterile dressing, change 2-3 times a day while rewashing the area. Administer prescribed/approved meds*, if any (such as antibiotic ointment) If condition persists or worsens seek medical attention. Needs to be seen if there is streaking, area is larger than size of a nickel or if a fever is present.</p>
Lice/Nits	<p>Small, insects that move from base of skull to top of head. Nits: small white eggs attached to hair shaft (looks like dandruff).</p> <p>Can be spread to others through shared bedding, pillows, or head gear.</p>	<p>If lice/nits are determined present through a lice check, isolate the person and his or her personal belongings (such as bedding and clothes) immediately or arrange for immediate removal of camper from camp. Monitor other people that the person may have come into contact with for lice.</p>
Loss of Sensation	<p>Tingling feeling. Numbness.</p>	<p>Massage or move area until feeling is regained. If feeling does not return, see physician.</p>
Menstruation	<p>Cramps. Bloating.</p>	<p>Administer prescribed/approved meds*, if any (such as acetaminophen, ibuprofen). If abnormally heavy bleeding (more than a maxi pad /hour) contact physician.</p>
Muscle & Joint Pain/ Sprains/Strains	<p>Pain. Bruising. Swelling. Loss of range of motion. Weakness in area.</p>	<p><u>Mild:</u> Rest the injury. Immobilize injured area to keep it from moving, if necessary and elevate. Apply cloth-wrapped ice packs to injured part to reduce swelling. Administer prescribed/approved meds*, if any (such as acetaminophen or ibuprofen).</p>

		<p>Severe: Rest the injury. Immobilize injured area to keep it from moving, if necessary. Apply cloth-wrapped ice packs to injured part to reduce swelling. Administer prescribed/approved meds*, if any (such as acetaminophen or ibuprofen). Take to clinic for further assessment.</p>
Poisoning	<p>Difficulty breathing. Nausea. Vomiting. Diarrhea. Chest or abdominal pain. Sweating. Changes in consciousness. Seizures. Burns on lips, tongue, or skin. Open or spilled containers. Open medicine cabinet. Unusual odors, flames, smoke.</p>	<p>If possible, remove person to safety/remove source. Look for source of poisoning; try to determine what happened. Call Poison Control Center 1-800-222-1222. Check person's level of consciousness and attend any life-threatening conditions. Call 911 if unconscious, any life threatening conditions are found or if instructed to do so by poison control. Place person on his or her side (to prevent choking from vomiting). DO NOT GIVE PERSON ANYTHING TO EAT OR DRINK UNLESS INSTRUCTED TO DO SO BY THE POISON CONTROL CENTER.</p>
Poisonous Plants	<p>Rash. Open sores. Swelling.</p>	<p>Wash affected area thoroughly with soap and water. Administer prescribed/approved meds*, if any (such as calamine lotion), If condition worsens, or affects large areas of the body or any areas around the face, mouth or eyes, bring to clinic</p>
Seizures	<p>Muscle spasms. Unresponsiveness. Tensed muscles.</p>	<p>Call 911 if:</p> <ul style="list-style-type: none"> • It is the person's first seizure and they are not known to have seizures. • The seizure lasts for more than 5 minutes. • The person is injured as a result of the seizure. • The person is pregnant. • The person is a child. • The seizure happens in water. <p>Remove nearby objects that could cause injury. Protect the person's head by placing a folded towel or clothing behind it and supporting it from the ground. Place person on his or her side (to drain fluids from mouth). DO NOT HOLD OR RESTRAIN PERSON. (IF THE SEIZURE IS IN THE WATER, GENTLY HOLD HEAD ABOVE WATER) DO NOT PLACE ANYTHING BETWEEN PERSON'S TEETH. When seizure is over, monitor breathing and check for injuries. Stay with person until help arrives.</p>
Smoke Inhalation	<p>Coughing. Difficulty breathing.</p> <p>Severe: Persistent coughing. Singled hair on or around face.</p>	<p>Call 911 if severe. Move person to fresh air. Keep person in a position in which it is easiest to breathe. Monitor breathing.</p> <p><u>If unconscious and not breathing:</u> Call 911 and summon someone to bring the AED if available. Begin CPR until AED is secured and/or EMS arrives. Use AED with CPR as prompted. Continue care as instructed from EMS until they take control.</p>
Splinter	<p>Embedded sliver.</p>	<p>Grasp splinter close to the skin with tweezers and pull slowly until removed. Wash area with soap and water. Administer prescribed/approved meds*, if any (such as antibiotic ointment). Monitor for infection. If the splinter cannot be removed, gently wrap with a bandage, see a physician.</p>
Stomach ache	<p>Feelings of Sickness. Nausea. Vomiting.</p>	<p>Establish if person is on/due to be menstruating. Establish the person's last bowel movement and urine output. Establish if the person has an allergies (including food) and when the last time they ate was.</p> <p><u>If has not had a bowel movement in a significant amount of time (will vary depending on person) see above for abdominal pain.</u></p> <p><u>If vomiting:</u> Have person rest with a bucket as needed until vomiting stops. Try to wait between 30-60 minutes after vomiting before putting anything into the stomach and begin with a teaspoon of liquid. (Pedialyte or Gatorade). If that stays down can repeat with another teaspoon in a few</p>

		<p>minutes and continue to progress slowly with small amounts of liquid or ice chips.</p> <p>After 6 hours from the last vomiting episode can have bland food such as crackers, toast (plain) or gelatin. If these rest easy on the stomach, can move on to other foods such as cereal, rice and then salty/high protein foods such as plain chips. .</p>
Stroke	<p>Unresponsiveness. Loss of muscle control. Weakness on one side. Paralysis. Slurred speech. Incoherency. Drooling.</p>	<p>Call 911 immediately.</p> <p>If unconscious - Place person on his or her side (to drain fluids from mouth). Monitor person's breathing and attend any life-threatening conditions. Note the time that the stroke began and any changes in consciousness.</p>
Sudden Illness	<p>Light-headedness. Dizziness. Confusion. Skin discoloration. Nausea. Vomiting. Diarrhea.</p>	<p>Check for and attend to any life-threatening conditions. Help person rest. Keep person from getting chilled or overheated. Monitor breathing and consciousness. If condition persists or worsens, call 911.</p>
Ticks	<p>Small red bite mark. Rash that begins as small red area at the site of the bite (may appear a few days or weeks after the bite). Rash may have a bull's-eye appearance or may appear black and blue. Fever. Headache. Weakness. Muscle and joint pain.</p>	<p>Grasp tick close to the skin with tweezers and pull upward slowly. Do not jerk, twist, or pull sideways. If the tick cannot be removed, or if its mouthparts become imbedded, see a physician. DO NOT TRY TO BURN TICK OFF, OR APPLY PETROLEUM JELLY OR NAIL POLISH TO THE TICK. Wash affected area thoroughly with soap and water. Save tick in a baggie with a little alcohol. Write on bag the time, date, location found on body and send home with camper with letter explaining symptoms to watch for. If rash or flu-like symptoms appear, see a physician immediately</p>
Tooth Loss	<p>Tooth knocked out.</p>	<p>Determine if baby tooth or adult tooth. If adult tooth: If it is possible to insert the tooth back into the place where it fell out and only a short time until seen by a dentist, can try to keep tooth there. Have person bite down on a rolled sterile dressing in the space left by the tooth. Save the tooth by picking it up by the crown (not the root) and placing it in a cup of milk or water. See a dentist immediately if adult tooth.</p>
Wounds	<p>Cuts/lacerations. Scrapes/abrasions. Punctures. Imbedded objects. Bleeding. Bruising. Swelling.</p>	<p><u>Mild:</u> Wash affected area thoroughly with soap and water. Irrigate wound if dirty. Apply a sterile dressing and bandage firmly over the wound to help stop any bleeding. Monitor for infection. If bleeding continues or infection occurs, apply additional sterile dressings and bandages, see a physician.</p> <p><u>Severe:</u> Call 911 immediately. Apply a sterile dressing and bandage firmly over the wound to help stop any bleeding. If dressings become soaked with blood, apply additional dressings and bandages. DO NOT REMOVE PREVIOUS DRESSINGS. Elevate the injured area above the heart ONLY if broken bones or head, neck, and/or back injuries are NOT suspected. Keep direct pressure on the wound either physically or with a roller bandage. If bleeding is severe, use pressure points and elevate above heart.</p> <p>Monitor the person's breathing and level of consciousness.</p> <p><u>If there is an imbedded object:</u> Call 9-1-1 or local EMS. DO NOT TRY TO REMOVE THE OBJECT. Apply bulky dressings around the object to support it in place.</p>

		Bandage the dressing in place.
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Before giving any medication or ointments, confirm that there are no drug allergies from the person's health form AND double check medication form to ensure medication is approved to give.

***Prescribed/approved OTC meds are medications and dosages that have been approved in writing by campers' parents, an adult guardian, or an emergency contact for disbursal to campers including:**

- Acetaminophen (such as Tylenol or other non-aspirin pain reliever) ***
- Aloe
- Antacid (Tums)
- Anti Diarrhea medications (such as Kaopectate)
- Bismuth subsalicylate- (Pepto-Bismol) *Patient must be age 12 or older*
- Antibiotic Ointment (such as polysporin or Neosporin)
- Antifungal Ointment or Spray (for athlete's foot)
- Antihistamine (such as Benadryl) ***
- Calamine, Caladryl or other anti-itch lotion
- Cough & Flu symptom relievers
- Dextromethorphan cough syrup (Robitussin DM)
- Guaifenesin Cough syrup (Robitussin)
- Hydrocortisone cream(only on affected area)
- Ibuprofen (Motrin, Advil) ***
- Laxatives for constipation (Ex-Lax)
- Phenylephrine decongestant (Sudafed PE)
- Sore throat spray
- Throat Lozenges

***** Per child's weight**

Providers of health care that handle bodily excretions (such as blood, vomit, feces, urine, mucus, or pus) must protect themselves against infection or exposure by:

1. Wearing new, un-punctured gloves while administering aid,
2. washing hands, arms, and any other points of contact thoroughly after administering aid,
3. Cleaning and sanitizing the affected spill location with a bleach solution,
4. Disposing of used gloves, dressings, bandages, towels, and other used medical or cleaning equipment in a clearly-marked biohazard bag, and
5. Immediately contacting a physician if there was a risk of exposure.

All administered health care must be documented in the Medications Records logbook.

Any ailments and care involving severe conditions or situations where 9-1-1/the local EMS and parents will be or have already been contacted must be brought to the immediate attention of the Camp Director.

UW-STEVENS POINT SUMMER CAMPS HEALTH CHECK IN FORM

All campers will undergo a health check upon checking in to the Residence Halls. All Health Forms will be reviewed prior to this and any concerns discussed with parents/guardians. Any medications will be turned in at this time. All staff will undergo a health check in prior to camper arrival.

These both will include the following:

General: Ask about any recent illness (strep throat, chicken pox or other communicable disease exposure) in previous 20 days or recent injuries. Verification that all health history information is correct. Review and update as needed.

Medication: **Collect any and all** medications except those that are to be kept on person for emergency use (such as inhaler or epipen). Emergency medications can either be kept on the camper or with their counselor. Spare epipens may be kept in the office. Prescription medications need to be in original containers with clear instructions from physician. Any over-the-counter medications must also be collected and must have clear instructions from parent/guardian on use.

Initiate medication record form for each camper with medications.

When a screening has been completed, initial and date the health form. This form, along with all health forms will be maintained in the same location as the Medications Record Log Book.

I have reviewed the above Treatment Procedures and find them in order to be used as a guide for the camp staff of _____ (Campers' Name).

Reviewing Physician's Signature: _____ Date: _____

Camp Director's Signature: _____ Date: _____