



Ebersole Environmental Education Center
3400 2nd Street | Wayland, MI 49348 | 517-755-5001
www.lansingschools.net/ebersole

Health Service Policy

Updated: March 2022

R 400.11119(1)(2)(3)

Director:

Date:

Health Officer:

Date:

(a) Procedures for Camper Health Screening

- I. **Health History Form:** Prior to arrival, a health history form from each camper will be reviewed by the Health Officer and will be on file in the clinic or main office. If health concerns have not already been discussed between parent(s) and the health officer, the camper will be identified upon arrival and his/her medical needs discussed before or during the first meal. For ease of access, all camper health history forms will be alphabetized and remain in the main office, with copies in the clinic (if needed) and, in a travel folder, for any offsite trips.
- II. **Overnight Camp Check-In:** During the camper check-in process, the Ebersole staff (after being trained by the health officer) will do a preliminary visual screening of each camper. The screening will cover communicable illnesses and signs of abuse and neglect.

Questions asked and/or observations made may include:

- a. Have there been any changes in your health since the health forms were completed?
- b. Has anyone in your household been sick within the last month?
- c. In the past week, have you had a fever over 100° F and/or a cough or sore throat?
- d. Are there visual signs of head lice?
- e. Are there visual signs of abuse or neglect?

If a screener has general health concerns or if any communicable disease is found, they will notify of the health officer for further screening and follow-up. The health officer will follow-up with the camper before or during the first meal.

If a general health concerns needs to be treated or the camper needs to be sent home, the health officer will follow Ebersole's Medical Directives and Procedures and the parent will be notified if needed. If it is necessary to send a camper home, or seek treatment at an outside medical facility, the health officer will consult with the director on next steps.

If there is concern about abuse or neglect, screeners will notify the health officer so that follow-up can take place before or during the first meal. If it is deemed necessary to notify Child Protective Services (CPS), the health officer will notify the director.

- III. **Lice Checks:** Campers who have lice or the presence of any nits are excused for the current session. However, once the lice are cleared or treated they may return to camp 24-hours after the all clear (if their session is still underway). Upon their return, they will undergo another lice screening by the health officer.
- IV. **Daily Observations:** Ebersole and visiting staff will observe campers in their daily activities. Any concerns or changes in the health of any camper will be reported to the health officer and followed up. Any evidence of suspected physical, sexual, or emotional abuse will be reported to the health officer immediately. If there is concern about abuse or neglect,

screeners will notify the health officer for follow-up. If it is deemed necessary to notify Child Protective Services (CPS), the health officer will notify the director.

- V. **Medication Check-in:** Immediately upon arrival, all prescription and non-prescription medications are to be turned into the clinic or health officer. If a camper has medications, their medication must be in the original packages/bottles with labels still on them. Any changes in dosing from label must be documented by prescribing physician and provided to a health officer. We will not accept medications that are not in the original package/bottles. All camper medications are logged by the health officer in our medication log.

All routine and as-needed (PRN) medications are documented in the medication log. The detailed steps are below:

- a. Medications/Allergy Line: A plastic bag is labeled with individual campers's name and all their medications are placed in it. Medications are verified and documented one at a time and entered into the log (must be in original containers with administration instructions);
- b. Time/administration/special dosing instructions are then verified with camper's health history form or parent/guardians then the medication is put in a plastic bag. These same steps are followed with their next medication(s); and
- c. For Epi-Pens/Inhalers: The Epi-Pen or Inhaler is placed in an individual bag, then labeled with the camper's name and entered into the log. The Epi-pen or Inhaler is then sent with the camper or visiting staff as they complete the daily activities.

(b) On-Call Healthcare Consultation Services

- I. **On-Call Healthcare Services:** The Ebersole health officer, works under the Standing Healthcare Orders and Medical Directives of Dr. Linda Bessert, MD (Metro Health, University of Michigan, Wayland, MI). Dr. Bessert is available via phone if the health officer or director have any medical questions or concerns regarding campers or staff. Phone: (269) 792-3400.
- II. **Mental Health Services:** Campers and staff may have existing mental health diagnoses that they will bring to camp. Most are well managed and do not present a problem or danger in the camp setting. However, any staff members or campers who presents to the health officer (or other staff member) with a mental health need or urgent mental health crisis should be brought immediately to the attention of the director.

Ebersole's mental health consultants, from the Lansing School District's Office of School Culture, are available via phone or email if the health officer or director have any concerns regarding campers or staff. Phone: (517) 755-2936.

- III. **Standing Health Care Orders and Medical Directives.** Orders and Directives shall be kept updated and on file in the clinic. They shall be reviewed and followed exactly. The Orders and Directives will also be reviewed and renewed annually by the director, health officer, and partnering physician.

(c) Emergency Health Care Services & Transportation

In the event that a camper or staff needs medical attention that our onsite health officer cannot provide the following will happen:

- I. **Healthcare Services:** In cases of immediate threat to life as judged by the Health Officer (e.g. crises or suspected crises involving airway, breathing or circulation), transportation to Metro Health Hospital (or other emergency facility) will be provided by ambulance under the care of EMTs through activation of the 911 system. Transportation for non-emergency medical problems (e.g. ruling out fracture or concussion, or minor suturing, etc.) will be provided by visitor vehicle, in which case two adults will drive the student to appropriate health care facility. See below for additional details.
- II. **Non-Emergency Transportation.** In a non-emergency, the camper's parent will be informed and asked whether they would like the camper to obtain further medical care offsite. If yes, then are asked if they would like an Ebersole/Lansing School District staff/or visiting adult chaperone to transport the child in a visitor vehicle or if they would like to transport the child. Typically, campers will be taken to Spectrum Pennock Urgent Care (1108 W. State St., Hastings, MI 49508).
 - a. If the camper's parent would like to take them, the camper will be signed out to their parent's care once their ID is checked and verified.
 - b. If the parent would like an Ebersole/Lansing School District staff/visiting adult chaperone to take the child, the Ebersole/Lansing School District staff/visiting adult chaperone will take the camper with their health form to Spectrum Pennock Urgent Care (1108 W. State St., Hastings, MI 49508). A verbal report along with the camper's health form is given to the offsite medical staff. The staff member(s) and adult(s) stay with the camper until their parent arrives or upon their return to camp.
- III. **Emergency Transportation.** In an emergency, the highest person in the chain of command will take control of the situation and notify the health officer. Health officer (or designee) will call 911 and notify the director. The health officer, director, or offsite trip coordinator will call the camper's parent to notify them of the injured camper. Once EMS has arrived, the health officer (or designee) will give them the camper's medical form, medical treatment information, and a verbal report of the situation. Typically, campers will be taken to Metro Health Hospital (5900 Byron Center Ave, Wyoming, MI 49519). A staff member will accompany in ambulance or follow.

- a. Examples of emergency or life-threatening situations: Cardiac arrest, respiratory arrest, airway obstruction, heat stroke, severe hemorrhage, severe fracture, head or spine injury, seizures, unconsciousness, severe allergic reaction, severe burn.
- b. Camp staff may not move an injured person with a suspected head, neck or spine injury (unless in immediate danger); only a paramedic unit can do this. If a head or neck injury is suspected, provide head neck stabilization as taught by the American Red Cross.

IV. **Suitable Vehicle and Licensed Driver:** A suitable vehicle shall be available at all times for use in non-emergency and emergency situations. At least two adults will accompany students in all non-emergency and emergency transportation situations, unless permission is given by parent for alternate transportation ratios. All drivers transporting students will have a valid (and non-suspended) driver's license.

- V. **Medical Emergency "Chain of Command":** During a medical emergency, the highest person in the chain of command will:
- a. Take control of the situation;
 - b. Notify the health officer if (s)he is not present;
 - c. Initiate first aid protocol for the particular injury;
 - d. Relinquish "in-charge" status when someone "higher up" on the chain of command arrives at the scene;
 - e. Contact (or designate another to contact) the director as soon as possible; and
 - f. Assists the emergency unit personnel, if requested.

During a medical emergency, the following chain of command will be followed:

Health Officer
 Assistant Health Officer
 Ebersole Director
 Facilities Supervisor
 Senior Naturalist
 Naturalist

VI. **Emergency Situation Roles:**

Person in Charge (see Chain of Command):

- a. Initiates evaluation, acknowledges it is an emergency, and initiates (or directs a designee to initiate) first aid protocol for the particular injury;
- b. Authorizes the next person in the chain of command or other competent person, to initiate a 911 call for emergency medical assistance;
- c. Arranges for the next person in the chain of command to locate the Health Officer (if not present) with the message of an emergency, location of the person, and nature of the injury;

- d. Assigns support staff the duty of directing the observers away from the injury site;
- e. In the prolonged absence of the health officer, makes the decision that it is (or is not) an emergency situation;
- f. Person with highest medical ranking continues treatment until emergency unit arrives;
- g. Health officer, director, or person in charge, assigns someone to meet the emergency unit at the camp's main parking lot/gate (or other reasonable location) and guides the emergency unit to scene; and
- h. EMS assumes control of situation after arriving at the scene.

Director's Role in an Emergency:

- a. If director is the first person on the scene, (s)he initiates first aid protocol and will remain in charge of the scene if the health officer/assistant or other qualified designee is not at the scene;
- b. First aid treatment protocol is continued until the health officer and/or EMS arrives;
- c. Assigns support staff the duty of directing the observers away from the injury site;
- d. The director will ensure that operations return to normal activities;
- e. The director will contact the Executive Director and/or appropriate Lansing School District personnel;
- f. When health officer and/or EMS arrive, the director assists the health officer and/or emergency personnel until the injured person is transported for medical attention; and
- g. Director contacts person's emergency contact to inform them of the situation.

Staff's Role during an Emergency:

- a. In the absence of the other staff higher in the chain of command of the person in charge assumes the responsibilities at the accident scene;
- b. Clears bystanders from the scene then supervises and occupies the campers if requested by person in charge;
- c. Assists the director or health officer as directed (e.g., in first aid protocol or copying health history form for the EMS); and
- d. Resume regular camp duties.

VII. Medical Incident Follow-up and Paperwork:

Investigation:

- a. Following an injury, thoroughly investigate the cause of the injury, noting what factors contributed to the injury and which of these factors can be corrected or eliminated.
- b. Investigate the cause of the injury and keep any evidence of that cause. If the injury was due to an avoidable condition, try to eliminate the condition and report the nature of the condition to the director who will take necessary steps to correct the problem.

Incident Reports:

- a. If an injury or illness occurs, which requires a camper to be sent home, stay overnight in a hospital or clinic, or death, the director and/or health officer will fill out an Incident

Report. This report will be sent to LARA, in a timely manner, by the Director and can be found in the main office.

- b. Incident Reports will be reviewed jointly by the health officer and the director ASAP after the incident. The director or designee must sign off on all incident reports within 24 hours. The director will discuss with the Executive Director and/or appropriate Lansing School District personnel any significant incident reports within 24 hours.

(d) Healthcare and First Aid Staff, Supplies, & Clinic

- I. **Healthcare and First Aid Staff:** Healthcare and First Aid Staff will consist of not less than two people, one of whom is the health officer and the other who is available as a substitute (see job description of health officer). Both persons are required to have current certification for this position. The health officer shall be available for healthcare on a regularly scheduled basis. The camp clinic services include an open health call four times a day for dispensing prescribed medications and walk-ins. The health officer shall also be on call 24 hours a day to provide first aid and healthcare as needed by individuals or groups.
- II. **Healthcare and First Aid Supplies:** Healthcare and first aid supplies (including an AED) are kept in the clinic under the care of the health officer (or certified substitute) and will be locked up when the clinic is not open and the health officer is not in. A refrigerator for clinic use will be available for those medicines and supplies requiring refrigeration. Necessary first aid and non-prescription supplies will be kept stocked by the health officer. Additionally, first aid kits and supplies will be kept at the waterfront and sent on all offsite trips. A complete list of healthcare and first aid supplies is available, upon request, in the clinic and main office.
- III. **Camp Clinic:** The clinic is located in the main lodge adjacent to the main office. It includes a private treatment room, an infirmary, and an adjoining bathroom. The clinic is to be kept as neat and clean as possible at all times. The clinic bathroom will be used exclusively for ill campers, whenever the infirmary is occupied. Any camper being placed in the infirmary will be kept under the immediate care of the health officer or responsible alternate as designated by the health officer.
- IV. **Visiting Staff:** Visiting staff are provided with information on healthcare and clinic procedures by the health officer (see Staff Health Care Orientation, 400.11109 (6)) and requested to report to the physical, emotional, and mental health state of campers. They are asked to report any changes in behavior or symptoms possibly indicative of illness or change of health.

(e) The Storage & Administration of Medication

- I. **Medication Storage:** All prescription and non-prescription drugs brought to camp by minors shall be turned into the health officer upon arrival. The health officer will document the

medication, dosage, and administration time, as well as review any other directions from the parent.

- a. Prescription and nonprescription drugs and medications are stored inside our locked medical clinic, which is located inside our locked main office.
 - b. If a medication requires refrigeration, it is placed in a lockable mini-refrigerator staying within temperature guidelines for medication in the clinic. Anytime the health officer leaves the clinic for any reason, all medications must be locked.
- II. **Medication Administration:** Medication is given (approximately) between 7:45-8:30 AM, 11:45-12:30 PM, 4:45-5:30 PM, and 7:45-8:30 PM. These times coincide with meal times or a snack thus allowing them to have food with medications.
- a. For those medications, which are not critical medications it is permissible, to give those medications up to 60-minutes before or after the designated time if the person is not available. No one should be permitted to exceed the 60-minute period without getting his or her medication. This practice is only permitted when unforeseen circumstances make it difficult to get to the clinic within the 60-minute period (e.g., circumstances such as severe weather, etc.).
 - b. All critical medications must be given within a 30-minute period before or after the designated time. Critical medications, which are required to be given at a specific time without any deviation, will be given as required.
 - c. The health officer follows the common (five rights) procedure of dispensing medications – the right medication, patient, time, route, and dose. The health officer records administration on the medication administration record (MAR).
 - d. Any medication errors (wrong or omitted drug, dose, time, route, or camper) need to be addressed and reported immediately to the director. The director (or health officer) will then inform the parent, a physician and/or poison control (if necessary).
 - e. Any medications remaining at the end of the camp session shall be returned to the lead teacher/staff member or to individual campers shortly before scheduled departure time, depending upon the particular group.

(f) Medical Procedures for Offsite Trips

- I. **Day Trips (Offsite):** All day trip groups are provided with a First Aid Kit and Epi-Pen stocked by the health officer, and leaders are briefed by the health officer on health concerns of particular campers, alerted to possible symptoms, and given directions on dispensing any medication. The health officer will be contacted immediately if there is any emergency health concern and transportation will be provided to the closest health care facility. Copies of health history forms for campers and staff will accompany the group on the trip. Original forms will remain in the main office. Forms will be placed in an envelope labeled CONFIDENTIAL. If the situation warrants, non-prescription drugs may be passed out by the offsite trip coordinator after a call to the health officer.

- II. **Overnight Trips (Offsite):** All overnight trips (offsite) are similar to regular day trips with the following exceptions:
 - a. An Ebersole Center staff member who meets the CIS requirements for a health officer will accompany the group;
 - b. Copies of health history forms for campers and staff will accompany the group on the trip. Original forms will remain in the main office. Forms will be placed in an envelope labeled CONFIDENTIAL; and
 - c. In the event of a medical emergency that occurs during the trip, treatment will be sought at the nearest medical facility or by initiating EMS. The center will be notified as soon as possible by the staff member traveling with the group and the health officer, director, or offsite trip coordinator at the center will notify parent(s) of the sick or injured person.

- III. **Medication Storage and First Aid Kits (Offsite):** Camper and staff medications will be stored inside a lockable box or pouch by a health officer with camper's medication ready to go inside a small envelope with their name on it. Health officer will provide the offsite trip coordinator with a list of camper's names who have medications along with their administration time(s). The offsite trip coordinator will administer the medication only at times that the health officer has given. They will keep a log of when each medication is given with names, date, time, dosage, and their initials (the person who gave the medication out). These same steps will be taken for nonprescription drugs as well. Upon the groups return to camp, the offsite trip coordinator must return the first aid kits and report any treatments done or equipment used. Injuries must be seen by the health officer, treated if necessary and recorded in the medical log. The first aid kit should be restocked before the next trip. All medication envelopes and empty containers need to be returned. The offsite trip coordinator and/or health officer must sign off on the MAR the medications that they gave.

- IV. **Medical Emergency (Offsite):** In a medical emergency on the offsite trip, the highest person in the chain of command will take control of the injury situation. Notify the offsite trip coordinator if they are not present. Initiate first aid protocol for the injury. Relinquish "in-charge" status when someone "higher up" on the chain of command arrives at the scene. offsite trip coordinator (or designee) will contact 911. Notify any offsite facility personnel as soon as possible. After 911 is called, offsite trip coordinator (or designee) will contact the director and the camper's parent/guardian as soon as possible. Staff will assist EMS as needed, including providing the camper's health form.

(g) Procedures for Daily Observation of Camper's Physical State

- I. **Daily Observations:** For the duration of camp, Ebersole and visiting staff are responsible for daily observation of each camper's physical, emotional, and mental state (e.g., appetite, activity

level, behavior patterns, or health habits). If a staff member notes a change in any of these areas for a camper, that camper is brought to the health officer for evaluation. When a camper sustains an injury, the health officer assesses the condition, provides the appropriate treatments, and then decides whether (or not) the camper needs to return for further treatments. If necessary, the director or health officer will contact the camper's parent. This decision is discussed with the camper and then made known to the staff member (if necessary). The health officer will follow all protocols listed in the Standing Orders and Medical Directives to determine the care needed.

- II. **Visiting Staff:** Visiting staff are provided with information on healthcare and clinic procedures by the health officer (see Staff Orientation, 400.11109 (6)) and requested to report to the health officer their observations of campers' physical, emotional, and mental state (e.g., appetite, activity level, behavior patterns, or health habits). They are asked to report any changes in behavior or symptoms possibly indicative of illness or change of health in general.

(h) Procedures for Prompt and Responsive Notification

- I. **Emergency Contacts:** Parent/guardian and two other emergency contacts are collected in each camper's registration paperwork. This information can be found on the health history forms which will be alphabetized and remain easy to access in the main office and/or clinic. The necessary staff, including the health officer and director, will have access to that information in the main office or clinic. In the event that a camper's parent or other emergency contacts need to be contacted due to a health concern or injury, the health officer or director is responsible for the initial communication and follow-up.
- II. **Reasons to Call:** A camper's parent/guardian or emergency contact is contacted promptly in response to the following events: **if** our staff has questions about the dose or timing of medications, or other medical question; **if** an apparently minor injury does not respond to first-aid treatment in a reasonable time; **if** an injury or illness is serious enough to require emergency treatment at a local hospital or clinic; **if** a camper's emotional state prohibits them from participating in camp activities for more than 3 hours despite efforts by the staff to comfort or involve the camper; and **if** any other situation develops staff feel parents should know about.

(i) Health Officer Staffing

- I. **Healthcare and First Aid Staff:** Healthcare and first aid staff will consist of not less than two people, one of whom is the health officer and the other who is available as a substitute (see job description of health officer). Both persons are required to have current certification for this position. The health officer shall be available for health care on a regularly scheduled basis. The camp clinic services include an open health call four times a day for dispensing prescribed

medications and walk-ins. The health officer shall also be on call 24 hours a day to provide first aid and healthcare as needed by individuals or groups.

- II. **Qualifications:** Health officers are required to have the following qualifications:
 - a. Current certification in American Red Cross community first aid and CPR for the professional rescuer or American Heart Association BLS Healthcare Provider;
 - b. Current license to practice in Michigan as a Physician, Physician's Assistant, Nurse Practitioner, Registered Nurse, Practical Nurse, Emergency Medical Technician, Medical First Responder, or National Outdoor Leadership School Wilderness First Responder Certification, or American Red Cross Responding to Emergencies Certification;
 - c. Ability to work independently using standing orders, medical directives, and the policies and procedures manual;
 - d. Valid Driver's License;
 - e. Experience in working with children (preferred); and
 - f. AED certification (preferred).

- III. **Essential functions:**
 - a. Ability to understand and update health care records and to implement the standing orders and protocols;
 - b. Ability to communicate effectively with campers, staff, guardians and parents;
 - c. Physical ability to stand for periods of time, lift up to 35 pounds, and to be active in a camp environment;
 - d. Ability to assess and care for campers and staff both visually and auditorily;
 - e. Ability to receive and follow general instructions, as well as respond to emergency situations;
 - f. Flexibility to deal with multiple patients and needs throughout the day;
 - g. Cognitive skill and ability to effectively care for and triage camper and staff illness and injury without an onsite physician; and
 - h. Represent the Lansing School District's Ebersole Center professionally at all times.

- IV. **Specific Responsibilities:** See Ebersole Health Officer job description for additional details.
 - a. Be dressed professionally and ready to greet parents, guardians and campers on arrival and departure day;
 - b. Maintain the confidentiality of campers and staff relating to issues such as health, behaviors, and other situations that may arise;
 - c. Direct, supervise and work with the healthcare assistant and report any issues or concerns to the director;
 - d. Provide quality healthcare;
 - e. Perform healthcare skills consistent with written procedures and protocols as directed in the healthcare manual and standing orders;
 - f. Administer medications and treatments as prescribed by the physician;
 - g. Provide general healthcare and first aid treatment for injuries and illnesses;

- h. Perform physical assessment of campers in health screening process;
- i. Maintain accurate and professional medical records of all healthcare provided to campers and staff;
- j. Maintain health center facilities in a clean and sanitary condition through proper cleaning and appropriate disease control measures;
- k. Report any medication errors, accidents or incidents to the director immediately;
- l. Assist in camp emergencies or other situations as directed by administrative staff;
- m. Review camper medical records as part of the pre-screening process; and
- n. Other duties as assigned.

(j) Disease Transmission/Universal Precautions

- I. **Universal Precautions:** Universal Precautions shall be followed by all center staff when there is a possibility of contact with blood or bodily fluids, which may be infectious. Latex gloves, paper masks, and Chlorasorb (or equivalent) will be stocked in all custodial closets. Visiting staff will be briefed on universal precautions during the adult orientation.

- II. **Guidelines for using personal protective equipment (PPE) to prevent infection:**
 - a. Avoid contact with blood or bodily fluids and other potentially infectious material;
 - b. Use CPR breathing barriers when giving ventilations to a victim;
 - c. Wear latex-free disposable gloves when providing care;
 - d. Do not use gloves that are discolored, torn, or punctured. Do not clean or reuse disposable gloves;
 - e. Cover any cuts, scrapes or sores, and remove jewelry, including rings, before wearing gloves, if possible;
 - f. Change gloves before providing care to another person;
 - g. In addition to gloves, wear protective coverings, such as a mask, eyewear and a gown, when there is a likelihood of coming into contact with blood or other body fluids that may splash; and
 - h. Remove gloves without contacting the soiled parts of the gloves and dispose of them in a proper container.

- III. **Guidelines for handwashing after providing care:**
 - a. Wet your hands with warm water;
 - b. Apply soap to your hands;
 - c. Rub your hands vigorously for at least 15 seconds, covering all surfaces of your hands and fingers, giving added attention to fingernails and jewelry;
 - d. Rinse hands with warm, running water;
 - e. Dry your hands thoroughly with a disposable towel; and
 - f. Turn off the faucet with the disposable towel.

- IV. **Equipment cleaning and spill clean-up procedures:**

- a. Wear disposable gloves and other PPE, such as eye protection;
- b. Clean up spills immediately, or as soon as possible, after the spill occurs;
- c. Rope off or place cones around the area so others do not accidentally get exposed by walking through the spill;
- d. If the spill is mixed with sharp objects, such as broken glass or needles, do not pick these up with your hands. Use tongs, a broom and dustpan or two pieces of cardboard;
- e. Flood area with fresh disinfectant solution of approximately 1.5 cups of liquid chlorine bleach to 1 gallon of water (1-part bleach per 9-parts water, or about a 10 percent solution), and allow it to stand for at least 10 minutes; and
- f. Use appropriate material to absorb the solution, and dispose of it in a labeled biohazard container.

I HAVE REVIEWED THIS CAMP HEALTH SERVICE POLICY AND FIND IT CONSISTENT WITH SOUND PRINCIPLES OF MEDICAL TREATMENT.

Physician Signature

Date

Linda Bessert, MD
Metro Health, University of Michigan Health, Wayland, Michigan