

Discipline Policy:

1. The following are discipline prohibitions established by Massachusetts law:

- a. Corporal punishment, including spanking, is prohibited
- b. No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse
- c. No camper shall be denied food, water or shelter as a form of punishment
- d. No child shall be punished for soiling, wetting or not using the toilet

2. The following are acceptable methods of discipline:

- a. Time out from activities
- b. Sending the camper to the Camp Director
- c. Suspension from one or more days of a camp session

3. Documentation and Notification:

- a. A record should be kept of camper misbehavior, noting date, time, and campers/staff involved in the incident.
- b. Notification will be made by the Camp Director to the parent/guardian in the case of consistent or severely disruptive problems.
 - i. In cases of continual or severely disruptive behavior, the Camp Director, parent/guardian and counselor may confer to discuss the best recourse for the good of the camper and of the camp program.
 - ii. A copy of the written documentation of the incident should be made available to the parent/guardian if they so request.

4. Expulsion:

- a. Explanation should be provided regarding what may warrant a camper being expelled from a camp program.
- b. Expulsion should be a last resort based on gross misconduct that places others at risk, clearly violates the behavioral standards of the camp program (e.g. use of drugs or alcohol during camp), and/or has not been amenable to others forms of discipline.

Procedure for Handling Complaints:

Complaints will be investigated by Gordon College's Director of Athletic Summer Camps and Athletic Director as promptly as possible. The investigation may include, but not be limited to, discussions with the complainant, the offending party, and witnesses. The Director of Athletic Summer Camps will determine the appropriate course of action and notify all parties of the decision.

Grievance Procedure:

If a child, parent, coach, or other camper involved with a Gordon College athletic summer camp has a concern or grievance related to the operation of Gordon's program, staff, or policies, he or she should bring that concern first to the specific camp director, and secondly to the Director of Athletic Summer Camps.

Any grievance involving an alleged violation of state or federal law will be reported to, and investigated by, the proper authorities.

Unidentified Persons at Camp:

Due to the fact that our summer camps are hosted on an open campus as opposed to private land, the locations of our various camps are neither private nor fenced off from outside users. It is common for Gordon College staff and members of the neighboring communities to be on campus grounds during camp hours. Because camper safety is priority one, we as camp staff need to be hyper vigilant in monitoring for any outside persons who appear to be suspicious in any way.

Things to watch for:

- Are they watching for too long?
- Are they getting too close to the children?
- Are they interacting with the children?

Protocol:

- Alert the camp director if you detect any suspicious behavior
- Approach the person(s) in question to determine his/her/their reason for being there
- Identify/monitor the person(s)
- Kindly ask him/her/them to remove himself/herself/themselves from the area
- If they refuse, contact Gordon Police for assistance
 - Ext. 3333 or (978) 867-3333

Health Care Personnel:

1. Health Care Consultant (Camp Doctor)

Name: Dr. Navid Mahooti, MD, MPH
Telephone: [REDACTED]
Address: 104 Endicott Street
Suite 104
Danvers, MA 01923

The Health Care Consultant advises the Summer Camp Health Manager and/or Camp Director in matters, which require a professional opinion. He also approves the camp health Care Policy, and the dispensing of medications. He is not on site, but is on call, and is to be contacted for the following situations:

- a. In the instance that the camp is in need of a professional opinion for the health of campers
- b. In the instance that many campers are contracting a similar sickness or ailment (to ensure that this ailment is community wide and not being caused by the camp environment, and if it is specific to the camp, he may advise the camp with regard to the specific circumstances which may be causing this sickness.)
- c. In the case off an emergency when a camper is taken to Beverly Hospital by ambulance.

2. Athletic Summer Camp Health Staff:

Ariana Moran	Cory Ward	Dan Christensen
Office: x4723	Office: x4338	Office: 4116

The Director of Athletic Summer Camps has oversight of all Summer Camp Health Care. He is responsible for:

- a. Development and review of the Health Care Policy for Summer Camps
- b. Ensuring that each Camp Program follows the Massachusetts Regulations pertaining to Health Care, and the policies set forth in this document
- c. Ensuring that all necessary medical training is provided
- d. Ensuring proper administration of any necessary medications as approved by the Health Care Consultant
- e. Maintaining awareness of all situations in which campers require special medical attention or any scheduled medication during the camp session

3. Individual Camp Program Health Supervisors

In accordance with 105 CMR 430.159, each individual Camp Program Director will appoint a Health Supervisor for their particular program.

- a. Health Supervisors must be:
 - (1) at least 18 years of age
 - (2) present at the camp at all times,
 - (3) currently certified in, at least, CPR and Standard First Aid, or the equivalent.
- b. Health Supervisors will function under the direction of the Summer Camp Health Manager and the Health Care Consultant and are responsible for the following:
 - (1) Oversight of the first aid practices of all counselors and ensuring that the medical plan is followed
 - (2) Maintaining written health care records, including:

- (a) Ensuring that the medical journal is properly maintained
 - (b) Ensuring that any campers who require medication at any time have a signed permission form from parents/guardian for the administration of nonprescription medication, and written permission from a licensed physician for the administration of prescription medication
 - (c) Ensuring that all campers provide all required medical documentation, keeping such information on file and notifying the proper individuals of all special medical needs
 - (3) Storage and Administration of any necessary medication under the direction of the Summer Camp Health Manager as approved by the Health Care Consultant
 - (4) Maintaining awareness of all situations in which campers require special medical attention or any scheduled medication during the camp session and informing the Summer Camp Health Manager
 - (5) Supervising or assigning proper counselor supervision to ill or injured campers
4. State regulations require some staff members to be certified in Adult and/or Child CPR, and/or First Aid.
- a. Guidelines for staff with certification in Adult and/or Child CPR, and/or First Aid:
 - (1) The level of care a staff member may provide is based on the guidelines of their certification.
 - (2) In the instance that a camper requires more advanced care than that which can be provided by the certified staff, a request will be made for the medical assistance
 - (a) Requests for medical assistance are to be made to Gordon College Public Safety (GCPS) by calling campus extension 4333 (3333).
 - (b) All life threatening, or potential life-threatening situation will be reported to GCPS by radio, or by calling x4333 (x3333), immediately.
 - b. Basic camp programs require that there be at least one staff member currently certified in First Aid on duty at all times.
 - (1) If, for any reason, no such person is available, GCPS will be notified so that they may provide coverage during the interim.
 - (2) Specialized activities requiring certified counselors, such a swimming or field trips, may not take place without properly certified staff members present.

Reporting Emergencies

- 5. All emergencies on campus are to be reported to Gordon College Public Safety (GCPS) by telephone at x3333/x4333.
- 6. The following types of emergencies will be reported to GCPS as above:
 - a. Fire
 - b. Police
 - c. Medical/Rescue/Ambulance
- 7. Poison Control Center: 1-800-682-9211 (also must be reported to GCPS)

Hospital to be Utilized for Emergencies

Name: **Beverly Hospital**
Telephone: **(978) 927-3000**
Address: **Herrick Street, Beverly, MA 01915**

Emergency Procedures

8. In any emergency situation a first aid certified counselor must administer the necessary first aid until the arrival of Gordon College Public Safety
 - a. Gordon College Public Safety is to be alerted immediately
 - b. The Camp Director will be notified as soon as possible.
9. Qualifications for administering Emergency Care
 - a. Primary emergency care is to be provided by Gordon College Public Safety (GCPS)
 - (1) Massachusetts regulation requires all GCPS officers to be certified as First Responders, at a minimum. The majority of GCPS officers are certified as EMT-Bs.
 - (2) Additional members of the Gordon College Medical Response Team are all certified EMT-Bs and will respond to emergencies during the regular college work day.
 - (3) All Gordon College EMTs are certified to use the following items carried by GCPS:
 - (a) Automatic External Defibrillator
 - (b) Epinephrine Auto Injector
 - b. Each staff member is responsible for carrying out the Health Care Plan to the limited set by their level of training or certification.
 - (1) First aid certified counselors may administer first aid in accordance with their training and based on their certification. First aid manuals are to be available for reference and review in each First Aid kit, the Camp Office and from the Summer Camp Health Manager.
 - (2) Counselors without first aid certification may only administer care as taught in the camp orientation. If a situation calls for additional care, the non-certified counselor must contact a certified counselor, and/or GCPS, immediately
 - (3) The following topics are to be reviewed during orientation so that each staff member is prepared to handle the day to day first aid needs of campers:
 - (a) caring for minor injury (cuts, bee stings, bloody noses, etc.)
 - (b) protection from bodily fluids, including proper medical waste disposal
 - (c) making entries in the medical log
 - (d) procedure for obtaining aid in an emergency situation
 - (e) availability, use, contents and resupply of first aid kits
 - (f) steps in the emergency plan

- 1) survey the scene
 - 2) call for assistance from Gordon College Public Safety
and inform Director
 - 3) keep campers from the scene
 - 4) keep access clear and signal emergency responders/ambulance
- c. Campers in need of additional treatment will be transported by ambulance to:
Beverly Hospital, Herrick St, Beverly, MA 01915 (978-922-3000)
- (1) Transportation of campers for medical treatment in College owned or personal staff vehicles is not recommended. Private transportation for a stable, non urgent patient may be made by a parent/guardian at their discretion.
- d. In an emergency situation the Camp Director is to contact the parents/guardian of the camper immediately, informing them of the child's condition as accurately as possible and where they have been transported to.
- e. Record keeping for camp programs include:
- (1) Daily medical log for all injuries treated, and to include the date, time, camper name, injury, treatment given, and name of the counselor administering treatment.
 - (2) Daily Medication Log sheets for all medication prescribed for campers.
 - (3) A Permission for Administration of Medication Form for those campers in need of medication, or for campers with allergies who require medication in certain circumstances.
 - (4) Incident/Accident Report, on forms from the Mass. D.P.H., are required to be completed for any injury serious enough to require a camper or staff member to be sent home, to a Doctor's office, or to the hospital, as well as for any fatalities that may occur.
 - (5) Gordon College Summer Health Form, to include a health history, permission to treat statement, special health needs, and a section to be filled out and signed by a doctor with regard to the child's current state of health as required for certain programs.
 - (a) Any special health needs are to be communicated to the appropriate counselors so they may be aware for the special needs of this camper, as well as to the Summer Camp health Manager.

Emergency Procedures if parents cannot be contacted

10. If a camper's parent/guardian cannot be contacted when needed for an emergency situation, such as medical treatment, the staff will:
 - a. Notify the Camp Director who will take responsibility for continuing to attempt to contact the parent/guardian.
 - b. If the camper requires evaluation or treatment by a medical professional, the staff will have the child transported to Beverly Hospital, or the nearest Emergency Medical facility, by ambulance with the written authorization for emergency medical care signed by a parent or guardian.

Emergency Procedures when off the premises

(Athletic Camps Never Leave Campus)

11. Travel Policy for Campers and Staff
 - a. The medical permission to treat form for each camper is to be brought on each of the field trips with the camp. The forms are to be placed in a central location so that each counselor may have access to them in the case of an emergency.
 - b. All medications prescribed for any camper shall be carried by the Health Supervisor or a designee who is most closely responsible for the camper and who is trained in the administration of the medication.
 - c. The camper's parent, the camp program director and the camper's counselor may discuss the safest and most efficient plan for a child who may have special medical needs while traveling.
 - d. On all trips, a second First Aid certified counselor, in addition to the camp Health Supervisor, is to be available, and briefed on any special medical needs.

Procedures for Utilizing First Aid Equipment

12. Equipment Locations:
 - a. First Aid Kits will be provided by the individual Camp Programs and are required to be carried to all remote location and on all field trips.
 - b. Additional Emergency Medical Equipment is carried by Gordon College Public Safety (GCPS) Officers who will respond to all requests for medical assistance.
13. First Aid Manuals are required in each First Aid Kit.
14. Initial First Aid may be administered by any trained staff member present. Additional care will be rendered by the GCPS officer on duty, and/or by other Emergency Medical Technicians who are members of the Gordon College Medical Response team.
15. First Aid Kits used by individual Camp Programs will be maintained by the Program Director, or their designee. Other Emergency Medical Equipment shall be maintained by GCPS and the Director of Emergency Medical Services.

16. First Aid Kits used by individual Camp Programs will contain those items specified in 105 CMR 430.161, including but not limited to: non-perfumed soap, adhesive bandage strips, sterile gauze squares, compresses, adhesive tape, bandage scissors, triangular and rolled bandages, a mask with a one way valve, tweezers, a cold pack and non-latex medical gloves.
17. A backboard is required to be readily available at each permanent campsite while such site is in use. These sites would include Gull Pond Beach and the La Vida Ropes Course.

Plan for Injury Prevention and Management

18. All camp staff members are expected to take note of any conditions that may constitute a potential health or safety hazard, both indoors and outdoors.
19. Any such conditions are to be reported to Camp Director, who will notify the Gordon College Physical Plant (x4302), or Gordon College Public Safety (x4444) when after hours.
20. Any condition presenting an imminent danger to the safety of persons or property should be reported directly to the Gordon College Physical Plant (x4302), or to Public Safety (x4444) for immediate attention.
21. If any hazard exists, staff will keep campers away from the hazard until it is rectified.

Procedure for reporting serious injury or illness to the Department of Public Health

22. In the event of a camp related injury serious enough to require a camper or staff member to be sent home, to a Doctor's office, or to the hospital, as well as for any fatalities that may occur, the individual camp Program Director is required to complete a Massachusetts Camper Injury Report Form.
 - a. The form shall be mailed to the Massachusetts Department of Public health, as specified on the form, within seven days of the occurrence.
 - b. A copy of the form shall also be sent to the Summer Camp Health Manager.

Procedure for informing parents when first aid is administered to their children

23. The individual Camp Program Director will be responsible to notify the parents of any child given First Aid while participating in a summer camp program. Such report will be made as soon as possible, but in no case more than 24 hours after the incident. Notification may be made verbally, as by telephone, and will be documented on the First Aid Care Report form. A copy of the completed First Aid Report form will also be made available to the parent when the child is picked up.

Plan for infection control and monitoring

24. All potentially infectious diseases will be reported to the Camp Director, who will notify the Camp Health Care Consultant and Camp Summer Camp Health Manager as soon as possible.
 - a. Further care will be based on the advice and direction of the Health Care Consultant.
 - b. Children who may have a contagious, or infectious disease will be separated from other children, preferably by being sent home with their parents, as soon as possible and will remain so separated until they are no longer infectious.
25. Per 105 CMR 430.157, any communicable disease occurring in a camp is to be immediately reported to the local Board of Health. The report shall be made by the Camp Director or Camp Operator. Such report shall include the name and home address of any individual in the camp known to have or suspected of having such disease. Until action on such case has been taken by the Camp Health Care Consultant, strict isolation shall be maintained. (See appendix B for a listing of reportable diseases.)

Procedures for clean-up of blood spills

26. All spills containing blood, or other body fluids, shall be reported to the College Custodial Services department, who will clean such spill in accordance with their policies and using equipment designated for such purpose.

Emergency Plan for the Evacuation of a program facility

27. Evacuation plans are to be posted in each indoor activity area and next to each exit.
28. Camp staff are responsible to lead children out of the building in event of an emergency.
29. The senior staff member in each area is responsible to check for stragglers.
30. The senior staff member in each area is responsible for ensuring the number of children in attendance equal the number of children safely evacuated.
31. Practice evacuation drills will be conducted under the direction of the college Fire Alarm Superintendent, the Campus Safety Officer or his designee. Drills shall be conducted on the first full day of each individual camp session.
32. The Location, Date, Time and Effectiveness of each drill will be documented by the individual in charge of conducting the drill.

Plan for administering and recording the dispensing of medication

33. The dispensing and administration of medication is the responsibility of the Summer Camp Health Manager and the Health Supervisor, under the direction of the Health Care Consultant.

34. Per 105 CMR 430.160, medication may only be administered by the Health Supervisor or by a licensed health care professional authorized to administer prescription medications.
 - a. If the Health Supervisor is not a licensed health care professional the medications must be given under the professional oversight of the Health Care Consultant.
 - b. Non-licensed staff members who have been trained to give medications may dispense only the specific medications they have been approved to give. Non-licensed staff may not dispense any other medications.
 - c. Duties and Responsibilities of Camp Health Supervisors trained and eligible to administer medications include the ability to do each of the following:
 - (1) Demonstrate safe handling and proper storage of medication.
 - (2) Demonstrate the ability to administer medication properly
 - (a) accurately read and interpret the medication label
 - (b) follow the directions on the medication label correctly
 - (c) accurately identify the camper for whom the medication is ordered
 - (3) Demonstrate the appropriate and correct record keeping regarding medications given and/or self-administered.
 - (4) Demonstrate correct and accurate notations on the record if medications are not taken/given either by refusal or omission.
 - (5) Describe the proper action to be taken if:
 - (a) medications are not taken/given either by refusal or omission
 - (b) any error is made
 - (c) there are adverse reactions
 - (6) Use resources appropriately, including Health Care Consultant, parent/guardian or emergency services when problems arise.
 - (7) Understand and be able to implement Emergency plans and request emergency medical assistance.
 - (8) Describe appropriate behaviors that assure confidentiality.
35. All prescription drugs must be kept in an appropriate secured and locked storage cabinet designated for that sole purpose. They are only to be removed by the Summer Camp Health Manager, or a staff member approved to dispense the medication.
 - a. All medications brought from home are to be returned to the camper's parent/guardian when no longer needed. Medications which may not be returned must be destroyed by the Health Care Consultant and recorded in a log in accordance with the specific method described in 105 CMR 430.160(D).
36. Medications for campers brought from home may only be dispensed if:

they are in the original properly labeled container with all applicable information intact, there is written permission from the parent/guardian and the Health Care Consultant has approved in writing the administration of the medication. Medications which are administered will be recorded on a medication form, to be kept as part of the campers health record. The form will list the date, time, and initials of the person administering each dose. Missed doses will also be recorded.

Plan for the care of mildly ill campers

39. Day Camps:
Gordon College Summer Programs do not intend to provide primary medical care to day campers, however, some campers may begin to feel ill while at a camp program. In this event the following guidelines should be employed:
- a. If the camper's complaints are vague and/or mild, they should rest for a while.
 - (1) The camper may rest near the activity area, or may be sent to the athletic training room, or other location removed from general program activity, as based on their needs, their condition and the available supervision.
 - (2) The camper must be monitored by a staff member at all times.
 - (3) When the child feels well enough, and the staff agrees, the camper may return to participation in camp programs.
 - b. If the camper does not improve, or their complaint is becoming more severe and persistent, the parent/guardian is to be notified.
 - (1) It is preferred that the camper be picked up by a parent/guardian unless other arrangements can be made.
 - (2) A camper who's condition appears to be worsening, and who cannot be picked up by a parent, may need to be referred to Beverly Hospital for evaluation.
 - c. When in doubt about a camper's condition, or the best course of action to follow, the camp Health Care Consultant should be contacted for advice.
 - (1) The camp Summer Camp Health Manager, or Gordon College Public Safety may also be contacted for assistance in evaluating a camper's condition.
40. Residential Camps:
Gordon College does not currently operate Residential Camp programs. Should such programs be started, additional provisions and policies must be implemented in accordance with 105 CMR 430.

B. Procedures for identifying and protecting children with allergies and/or other emergency medical information

1. All campers participating in Residential, Sports, Travel or Trips camps are required to provide a health history in accordance with 105 CMR 430.154. Other campers are encouraged to provide such health history information

- as it relates to any medical conditions or allergies that may pose a threat to the child's well being while participating in any camp program.
2. All medical information regarding conditions that may pose a threat to the child's well being while participating in any camp program must be related to the camp Health Supervisor and the staff supervising the child, preferably in writing. In instances of serious medical conditions, the camp program may also notify the Summer Camp Health Manager and Gordon College Public Safety. All such information is to be considered confidential, and disclosed only on a as needed basis, for the well being of the camper.
 3. Reasonable precautions shall be taken by the camp staff to protect a camper from allergens and other situations which may adversely affect them medically, or to ensure that the proper medications are available in the event of an adverse reaction.

C. Exclusion policy for serious illnesses, contagious disease, reportable diseases to Board of Health

1. Day Camps:
Gordon College Summer Programs do not intend to provide primary medical camp to day campers, however, some campers may be to show signs of illness, contagious disease, or reportable diseases to Board of Health the following guidelines should be employed:
 - a. For any apparently serious illness, the procedure for a medical emergency will be followed, including notification of Gordon College Public Safety, and transportation by ambulance to Beverly Hospital as needed.
 - b. A camper with suspected contagious disease must be removed from the activity area to a more isolated, but supervised location, as soon as possible when it is safe to do so.
 - (1) The camper must be monitored by a staff member at all times until picked up by their parents, another authorized individual, or by ambulance.
 - (2) Campers with suspected contagious disease may not return to participation in camp programs until they have been examined and cleared by a medical professional.
 - c. If the camper has a complaint that is appears serious, or is becoming more severe and persistent, the camper should be removed from program activities and their parent(s) notified.
 - (1) It is preferred that the camper be picked up by a parent unless other arrangements can be made.
 - (2) Children who's condition appears to serious or worsening, and who cannot be picked up by a parent, may need to be referred to Beverly Hospital for evaluation.
 - d. When in doubt about a camper's condition, and the best course of action to follow, the camp Health Care Consultant should be contacted for advice.

- (1) The camp Summer Camp Health Manager, or Gordon College Public Safety may also be contacted for assistance in evaluating a camper's condition.
2. Residential Camps:
Gordon College does not currently operate Residential Camp programs. Should such programs be started, additional provisions and policies must be implemented in accordance with 105 CMR 430.
3. Diseases reportable to the Local Board of Health are listed in Appendix A

APPENDIX A

Diseases Reportable by Healthcare Providers – Massachusetts Department of Public Health (Updated July 1999)

The following diseases should be reported immediately !

Contact the local board of health where case resides of the Massachusetts Department of Public Health at 617-983-6800 (weekdays) or 617-522-3700 (24 hours / 7 days)

Bacterial Meningitis (including suspect)	Rubella congenital & non-congenital (including suspect)
Botulism (including suspect)	Tetanus (including suspect)
Diphtheria (including suspect)	
Haemophilus influenzae (invasive)	Any Cluster/Outbreak of Illness
Hepatitis A in a foodhandler	
Measles (including suspect)	Enteric Illness in a foodhandler
should be	
Meningococcal Infection (invasive)	reported ASAP to the local board of health
health	
Poliomyelitis (including suspect)	where the case resides & the board of health
of health	
Rabies (Human only)	where the case works

Any cluster of work-related conditions, regardless of whether or not they are on the reportable list, shall be immediately reported by telephone or other electronic means to the Mass. DPH Occupational Health Surveillance Program; call: 617-624-5632

Other Diseases Reportable to Local Board of Health – Report as soon as possible:

Amebiasis	Listeriosis
Anthrax	Lyme Disease
Babesiosis	Malaria
Brucellosis	Meningitis (viral)
Campylobacter Enteritis	Mumps
Chickenpox (varicella)	Pertussis (Whooping Cough)
Cholera	Psittacosis
Cryptosporidiosis	Rabies (animal)
E. coli O157:H7	Reye Syndrome
Encephalitis	Rheumatic Fever
Foodborne Poisonings	Rocky Mountain Spotted Fever
Giardiasis	Salmonellosis (including typhoid)
Hansen's Disease	Shigellosis
Hemolytic Uremic Syndrome	Toxic Shock Syndrome
Hepatitis Type A (non-foodhandler)	Toxoplasmosis
Hepatitis Type B (acute or chronic)	Trichinosis
Hepatitis Type C (nonA/nonB)	Tularemia
Kawasaki Disease	Yellow Fever
Legionellosis	Yersiniosis
Leptospirosis	

APPENDIX B

Emergency Procedures for specific situations:

NOTE: all of the following require that an incident/accident report be filled out, an entry made in the medical log, and a camper's parent be notified as soon as possible.

1. Seizures: Seizures can range from a blackout to sudden, uncontrolled muscle contractions called convulsions to brief spells of unresponsiveness. They can be caused by an acute condition, such as a head injury, disease, fever, or infection.
 - a. Signs:
 - (1) Generalized, uncontrolled muscle contractions, with an inability to respond to external stimulus is typical of most seizures (Grand Mal).
 - (2) An aura, an unusual sensation or feeling, such as a visual hallucination, a strange sound, taste, or smell, or a sense of urgency to move to safety, may precede a seizure in a patient with a diagnosed disorder.
 - b. Action:
 - (1) do not hold or restrain the person
 - (2) do not try to put anything between the person's teeth
 - (3) keep the airway open by rolling the patient on their side
 - (4) move furniture, or other objects which could injure the patient
 - (5) protect the patient's head with a cushion or any available padding
 - (6) when the seizure is over the patient will be drowsy, stay patient, and monitor them for further problems of any kind
2. Severe Wounds:
 - a. Actions
 - (1) If the wound is severe, the wound must be treated professionally.
 - (2) Uncontrolled bleeding is life threatening. Control bleeding in this order:
 - (a) apply direct pressure
 - (b) elevate the wound
 - (c) apply a pressure bandage
 - (d) if blood soaks through, do not remove the bandage, add another
 - (e) press at pressure
3. Shock:
 - a. Definition: inadequate circulation of oxygenated blood to the body organs
 - b. Signs: restlessness, irritability, fast weak pulse, pale or bluish, cool, moist skin, nausea, vomiting, drowsiness or loss of consciousness.
 - c. Actions:
 - (1) notify Gordon College Public Safety
 - (2) gloves should be worn
 - (3) keep the patient lying down

problems

(4) check and monitor the airways, breathing and circulatory

(5) do not move the patient unless there is immediate danger

(6) if the patient is vomiting place him/her on one side to prevent blockage of the airway

(7) help to maintain a normal body temperature

(8) do not give patient anything to eat or drink

(9) monitor carefully until emergency responders arrive

fracture

patient

4. Muscle, Bone, and Joint Injuries:

a. Signs: since one cannot be sure, always care for the injury as a

b. Actions:

(1) if emergency responders are on the way do not move the

(2) treat for shock as appropriate

(3) if the patient must be moved to be brought to the hospital emergency responders should splint the fractured body part

c. Professional medical help to advice may be necessary based on

(1) the presence of any obvious deformity

(2) the amount of pain the patient is in

(3) the judgment of the Summer Camp Health Manager

(4) advice from the Health Care Consultant

5. Heat Stroke:

a. Definition: a life-threatening condition in which the patient's temperature control system stops working

b. Signs: red, hot, dry skin, very high body temperature, progressive loss of consciousness, fast, weak pulse, fast shallow breathing

c. Action:

(1) Call Gordon College Public Safety immediately

(2) Cool the patient fast, get the patient to a cool place and try to cool body temperature (immerse patient in cool water or wrap the patient in wet sheets and fan)

(3) treat for shock

(4) if patient is conscious offer 4-oz cool water to drink slowly every 15 minutes

(5) Professional medical help/advice is necessary immediately