



MY ARCHITECTURE WORKSHOPS SUMMER CAMP 2022

HEALTH & MEDICAL PROCEDURES

As of April 28, 2022

Our current health and medical procedures are developed based on the resources from the State Office of Early Childhood, American Camp Association, Strawberry Hill School, the CDC, and the Red Cross. These details are preliminary and subject to change. As we continue to monitor all local, state, and federal guidelines, as well as best practices for camps, protocols will evolve and are subject to change.

CAMP HEALTH GUIDELINES:

The following are general guidelines to help prevent the spread of contagious illnesses and promote full recovery from them. We ask you to please read the following recommended guidelines which are consistent with current COVID-19 guidelines.

Keep your child home if the child has:

- Cough, runny nose, fever, nausea, vomiting or diarrhea is present for 24 hours.

For symptoms related to COVID, we will need a Doctor note stating there is an alternate diagnosis (such as allergies). In lieu of a Doctor's note, submit a Negative Covid test.

Generally campers can return to camp when:

- The stage of contagion for communicable disease has passed
- The child under doctor's care has received permission to return
- The child feels well enough to participate in all activities.

Please notify the Nurse if your child has been exposed to:

- COVID – Follow COVID Guidelines
- Chicken Pox – Child may return when lesions are scabbed
- Strep Throat – Return when child has been on medication for 24 hours.
- Head Lice – After treatment and note from parent or treatment center, child should be checked by doctor before they return to camp.
- Other injuries or illnesses that may require accommodations, accessibility, and restricted activity require a doctor's note.

MEDICATION:

CONNECTICUT STATE LAW PROHIBITS CAMP NURSE TO GIVE MEDICATION TO CHILDREN UNLESS ORDERED BY A PHYSICIAN. CHILDREN MAY NOT SELF-ADMINISTER ANY MEDICATIONS AT CAMP.

This includes over-the counter medication. A camp medication request form is required, and must be signed by parent and the child's doctor. If approved, the medication must be given to the Camp



Director only. Medications will only be accepted from the child's parent directly. Parents may come to camp and give their child the medications themselves. The medication must be given in the proper designated area. Parents must pick up their child's medication on the last day of camp.

FOOD POLICY:

We are a nut-free camp. All food allergies or restrictions must be made known to Camp, Camp Director, Counselors, Director of First Aid, and on-call Registered Nurse or Physician.

MEDICAL EMERGENCY PLAN:

In cases of emergency, first aid will be administered and the parents or other designated, responsible individuals will be notified. An incident report will be filled out by Camp staff, and any first-aid administered will be logged in the Camp medical logs. No care beyond First Aid/ CPR/ AED (defined as immediate, temporary care given in case of an accident or sudden illness) can be given by My Architecture Workshops staff. Permission must be given by the parents or other designated, responsible individuals to allow My Architecture Workshops staff to obtain emergency medical treatment for a child at Stamford Hospital or the closest medical facility (Tully Urgent Care).

All medical records, medical forms, medical release/waivers are reviewed by the Camp Registered Nurse/ Physician, Director of First-Aid, and Camp Director. Incident reports and medical logs are reviewed weekly by the Camp Registered Nurse/ Physician, Director of First-Aid, and Camp Director.

MEDICAL COVERAGE CERTIFICATION:

Pursuant to the Regulations of Connecticut State Agencies a physician or advanced practice registered nurse (APRN) shall be on call and responsible for the healthcare including first aid. The camp physician or APRN must hold a current Connecticut medical license. Note: Any physician or surgeon who holds a license in good standing in another state may practice as a youth camp physician in this state without a Connecticut license for a period not to exceed nine weeks.

Physician or Advanced Practice Registered Nurse (APRN) is responsible for the planning of emergency care, including supervision of camp health staff; a review of health care procedures; preparing written standing orders for licensed medical personnel, specifying first aid instructions for unlicensed personnel (first aid instructions for an unlicensed medical personnel cannot list any medications) and first aid equipment; reviewing, signing, and dating the bound log on a weekly basis; and procedure implementation to maintain records on prescription drugs used at the Camp.



Child & Baby First Aid

When a child or baby is experiencing an emergency, it's important to provide care and seek help as quickly as possible. But because their bodies are still forming, more delicate, and more compact than an adult's, delivering child or baby first aid is different than administering care to an adult. In order to help you provide the right type of care, we've created a step-by-step guide that you can print up and place on your refrigerator, in your car, in your child's nursery, in your bag or at your desk.

Before Giving Child or Baby First Aid

1

Check the scene for safety, form an initial impression, obtain consent from the parent or guardian, and use personal protective equipment (PPE)

Giving First Aid

1

If the child or baby appears unresponsive, check the child or baby for responsiveness (shout-tap-shout)

- *For a child*, shout to get the child's attention, using the child's name if you know it. If the child does not respond, tap the child's shoulder and shout again while checking for breathing, life-threatening bleeding or another obvious life-threatening condition
 - *For a baby*, shout to get the baby's attention, using the baby's name if you know it. If the baby does not respond, tap the bottom of the baby's foot and shout again while checking for breathing, life-threatening bleeding or another obvious life-threatening condition
 - CHECK for no more than 10 seconds
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2

If the child or baby does not respond, responds but is not fully awake, is not breathing or is only gasping, or has life-threatening bleeding or another obvious life-threatening condition, immediately call 9-1-1 and give care based on the condition found and your level of training

- **If the child or baby does not respond and is not breathing or only gasping, immediately begin CPR, starting with compressions.** Continue giving sets of 30 chest compressions and 2 breaths until:
 - You notice an obvious sign of life
 - An AED is ready to use
 - Another trained responder is available to take over compressions
 - EMS personnel arrive and begin their care
 - You are alone and too tired to continue
 - The scene becomes unsafe
 - You have performed approximately 2 minutes of CPR (5 sets of 30:2), you are alone and caring for baby, and you need to call 9-1-1
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3

If the child or baby is responsive or responds to stimulation and is fully awake and does not appear to have a life-threatening condition:

- Interview the child, parent or guardian
- Do a focused check based on what the child, parent or guardian told you, how the child or baby is acting and what you see
- Call 9-1-1 if needed, and give care based on the condition found and your level of training



First Aid Steps

By administering immediate care during an emergency, you can help an ill or injured person before EMS, Emergency Medical Services arrive. And you may be able to help save a life. However, even after training, remembering the right first aid steps – and administering them correctly – can be difficult. In order to help you deliver the right care at the right time, we've created this simple step-by-step guide that you can print up and place on your refrigerator, in your car, in your bag or at your desk.

Checking an Injured or Ill Person

1

CHECK the scene for safety, form an initial impression, obtain consent, and use personal protective equipment (PPE)

2

If the person appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout

Note: CHECK for no more than 10 seconds

3A

If the person does not respond, responds but is not fully awake, is not breathing or is only gasping, or has life-threatening bleeding or another obvious life-threatening condition, CALL 9-1-1 and get equipment, or tell someone to do so. Then, give CARE based on the condition found and your level of training and continue your check to determine if additional care is needed

Note: For a person who is unresponsive and not breathing, start CPR and use an AED immediately



3B

If the person is responsive or responds to stimulation and is fully awake and does not appear to have a life-threatening condition:

- Interview the person (or bystanders, if necessary), ask questions about signs and symptoms, allergies, and medications and medical conditions (SAM)
- Do a focused check based on what the person told you, how the person is acting and what you see

Note: Do not ask the person to move if you suspect a head, neck or spinal injury. Do not ask the person to move any area of the body that causes discomfort or pain

Note: As you check the person, take note of any medical identification tags

4

After completing the CHECK step, CALL 9-1-1 and get equipment, or tell someone to do so (if needed). Then, give CARE based on the condition found and your level of training