

2.4 DAILY HEALTH SURVEILLANCE PROCEDURES

2.4A INCLUSIVE SURVEILLANCE

All camper/guests, weekly and summer-long staff shall be intentionally observed each day for any health concerns related to illness and injuries, no matter how minor they may seem.

Such surveillance shall be for, but not limited to:

Fever	Sunburn	Diarrhea
Infection	Poor hearing	Abrasions
Poor skin color	Ticks	Inflammation
Fatigue & tiredness	Bruises	Dehydration
Lice	Swelling	Poor appetite
Unacceptable behavior	Heat/friction burns	Rashes
Open sores	Injured eyes	
Muscles pain	Animal bites	

All observed irregularities shall be immediately reported to the Health Care Provider on duty and the Camp Director.

2.4B CAMP DIRECTOR'S RESPONSIBILITIES

The Camp Director shall ensure that these *Daily Health Surveillance Procedures* are reviewed with all staff. The Camp Director shall also make regular verbal inquiry of the Health Care Provider and Leadership Staff regarding the health and well-being of all participants of the camp community.

2.4C HEALTH CARE PROVIDER'S RESPONSIBILITIES

The Health Care Provider (nurse or certified first aider) shall generally make observations of all campers in the course of her/his routines with camper/guests and staff. S/he shall intentionally make such surveillance at any time camper/guests and staff report for medications and injuries, as well as other times when s/he suspects the illness or injury of any participant in the camp community.

2.4D LEADERSHIP STAFF RESPONSIBILITIES

All Leadership Staff (i.e., Program Deans, Summer Staff Supervisor, Food Service Manager, Support Services Aide) shall regularly make surveillance of the staff in their charge and each other.

In addition, the Program Deans shall regularly remind the Program Staff, especially Cabin Counselors, of their responsibility to make daily health surveillance of the camper/guests in their charge.

2.4E PROGRAM STAFF RESPONSIBILITIES

The Program Staff shall conduct daily health surveillance of themselves, each other and the camper/guests in the course of the activities. Cabin Counselors should observe the camper/guests in their respective charge as the camper/guests go about their daily activities, including swimming and eating. Cabin counselors shall, at a minimum, account for all campers in their cabin at the beginning of each meal and before bed. If someone is missing see 2.2D Lost/ missing Camper/ Guest/ Swimmer. Other Program Staff, such as Lifeguards and Craft

Coordinator, shall make health surveillance of camper/guests during the periods they are with camper/guests.

2.4F **SUPPORT STAFF RESPONSIBILITIES**

The support staff (food service, maintenance, clerical, administrative) shall conduct such surveillance of themselves and each other.

2.4G **ILLNESS AND ACCIDENTS**

If a camper/guest or staff member is suspected of having a communicable disease, the Health Care Provider shall isolate him/her from the rest of the camp community and seek additional medical assistance as appropriate. Since Camp Hope is not a place for long-term or recovery medical treatment and care, persons with any such disease shall be sent home.

Camp Hope follows the NJ Department of Health's regulation of New Jersey youth camps, which says that all youth campers shall be immunized according to state requirements unless a medical or religious exemption is provided to the camp. Campers who are not immunized and who do not have a medical or religious exemption cannot participate in camp in New Jersey.

The NJDOH regulations for immunizations pertain only to youth campers, not to adults. However, Camp Hope also requires all adults on staff of youth camps to be fully immunized or to provide the camp with a medical or religious exemption.

Amended by the Board of Management, May 31, 2019

2.4H **SEEKING FURTHER HELP**

Other Camp Hope documents, **Health Care Standing Orders** and **Emergency Procedures**, shall be referred to as companion documents to this one and provide additional detail for seeking further assistance for illness, infection, injuries and accidents. The Camp Director Administrator and his/her appointees (first, normally, the Health Care Provider) are responsible for seeking and carrying out additional assistance.

2.4I **NURSE ATTENDANT**

The camp nurse will be present at all activities of perceived risk of bodily harm such as "Capture the Counselor," eating contests, etc. If multiple activities of this kind are taking place simultaneously, the nurse will be present at the site of greatest perceived risk. It is understood that the nurse might be unavailable if caring for other campers or staff in need.

If an injury or perceived threat to a camper's wellbeing occurs, and the nurse is not present, the nurse will be called to the site or subsequently consulted, for assessment and/or rendering of first aid.

Prior to any activities involving food (such as peanut products) or over the counter remedies (such as Tums), the nurse will be consulted in order to identify any campers with food allergies or potential drug interactions. Substances known to contain medical ingredients shall not be used for recreational activities.

When deemed appropriate, all instructions for physical activities will be presented and modeled to campers by weekly staff members in small groups of campers numbering no more than 8 campers.

If a camper is injured while at camp but appears to have recovered with neither pain nor continuing symptoms, the nurse will, nevertheless, be consulted to make an assessment and recommendation and to prepare an incident report in consultation with the dean or staff member as appropriate.

If, in the course of a camping week, a camper is involved in a situation involving injury, near injury, or perceived threat, the Dean will report the injury or perceived threat to the Camp Director. This consultation may result in a contact with the parents either by phone or at Saturday pickup.