



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

UNIVERSITY OF CALIFORNIA

4-H YOUTH DEVELOPMENT PROGRAM

4-H CAMP _____

HEALTH CARE PLAN

In compliance with:

California Code of Regulations
Title 17, Section 30750

**UNIVERSITY OF CALIFORNIA
AGRICULTURE AND NATURAL RESOURCES
4-H YOUTH DEVELOPMENT PROGRAM**

CAMP HEALTH CARE PLAN

This Camp Health Care Plan has been prepared by the camp Health Supervisor, in accordance with California Code of Regulations (CCR) Title 17, Section 30750.

Camp Name: _____

Location Address: _____

Prepared By: _____
Signature: _____
County Director
Signature: _____
Implementation Date: _____
Initials/Annual Review
Date: _____ / _____

**UNIVERSITY OF CALIFORNIA
AGRICULTURE AND NATURAL RESOURCES
4-H YOUTH DEVELOPMENT PROGRAM**

CAMP HEALTH CARE PLAN

I. REQUIREMENTS FOR A CAMP WRITTEN HEALTH CARE PLAN

The California Organized Camp regulations, located in California Code of Regulations, Title 17, Section 30750 require each camp to retain on site a written site-specific health care plan, prepared by the Health Supervisor, outlining the procedures for addressing health issues as follows:

1. The responsibilities and authority of the Health Supervisor and other qualified health staff meeting the requirements of the definition of a “Health Supervisor” that provide health care including first aid;
2. The procedures for camp health care and sanitation;
3. A record keeping process;
4. A plan for provision and maintenance of supplies and equipment;
5. The relationships and agreements with local medical personnel, hospitals, and providers of emergency care and other emergency care providers; and
6. A plan to prevent and control the spread of pandemic flu or other communicable diseases among campers.

This template is available at the ANR Environmental Health and Safety website: [http://safety.ucanr.edu/4-H Resources/Camp Safety Guidebook](http://safety.ucanr.edu/4-H_Resources/Camp_Safety_Guidebook) where the plan may be downloaded and edited for subsequent use.

II. CAMP HEALTH PERSONNEL RESPONSIBILITIES AND AUTHORITIES

Health Supervisor

Name: _____

Professional Title: _____

License Number: _____

Responsibilities and Authorities:

- Conduct medical screening of 4-H campers, teen counselors, adult volunteers, and Representatives or Advisors.
- Provide health supervision at the camp.
- Maintain the camp medical logbook and camp medical records.
- Report all occurrences of foodborne illness, suspected foodborne illness, or any other reportable diseases promptly to the County Health Officer for the camp location.
- Store and dispense medications brought to camp.
- Carry out standing orders issued by campers’ physicians.
- Respond to camp injuries and illnesses.

- Establish procedures for camp health care and sanitation, including monitoring restrooms, food service areas, and camper living quarters, as necessary.
- Assure for the provision and maintenance of necessary camp medical supplies and equipment.
- Develop relationships and agreements with local medical personnel, hospitals, clinics, and providers of emergency care and other emergency care providers.
- Prepare, maintain, and implement the written Camp Health Care Plan, including plans to prevent and control the spread of pandemic flu or other communicable diseases among campers.

Assistant Health Supervisor (not applicable)

Name: _____

Professional Title: _____

License Number: _____

Responsibilities and Authorities:

- _____
- _____
- _____
- _____
- _____

III. INITIAL HEALTH SCREENINGS

The Camp Health Supervisor or Assistant Health Supervisor (i.e., appropriately licensed medical professional) shall perform initial health screenings for: 1) All staff prior to the arrival of campers; and 2) All campers under the age of 18 who are unaccompanied by a parent or guardian within 24 hours of arrival at camp.

IV. DAILY CAMPER WELLNESS OBSERVATIONS

- The Camp Health Supervisor or designee (e.g., 4-H Representatives or Advisors, adult volunteers, or teen counselors) shall observe each camper every camp day for indications of illness or injury.
- The wellness observation should document changes in campers' normal appearance or level of activity. Observation and documentation may include asking the camper how they feel. If observable changes are documented in a camper, then the camper shall be promptly referred to the Health Supervisor for further evaluation.

V. PERIODIC HEALTH-RELATED FACILITY INSPECTIONS

- The Camp Health Supervisor or designee shall perform periodic inspections of the camp restrooms, food service areas, and camper living quarters.
- If inspections indicate conditions are favorable for the incubation and/or spread of disease, then the Health Supervisor shall be promptly notified and thereafter, initiate corrective action(s). In the event of a lice infestation, prevention and control guidance may be found at the CDC link as follows: <http://www.cdc.gov/lice/head/>.
- Periodic health-related camp facility inspections shall be documented on a form. An example of a inspection form is presented below:

Example of Camp Health-Related Facility Inspection Form						
Date Inspected	Inspector Initials	Location	Issue	Corrective Action	Date Completed	Inspector Initials
6/5/2010	RVS	Boy's Restroom	Clogged Sink	Unclog Sink	6/6/2010	BAO
6/5/2010	RVS	Girl's Restroom	None			
6/9/2010	BAO	Cabin 6	Mice Droppings	Wet-Cleaned Area with Disinfectant	6/9/2010	MJB
6/9/2010	MJB	Kitchen	Insects Behind Stove	Called Pest Control Company	6/10/2010	TAB

- A blank Health-Related Facility Inspection Form is given in Attachment A.

VI. **CAMP MEDICAL LOGBOOK AND RECORDS**

- The Camp Health Supervisor shall maintain a logbook of 4-H Representative or Advisor, adult volunteer, teen counselor, and camper accidents, injuries, and illnesses, including the name of the person treated, dosage and intervals of any medication dispensed, first aid or medical treatment rendered, name of person administering the first aid or medical treatment, date and time of treatment, and date parent or guardian notified of accident, injury, or illness.
- As appropriate, the injury may be identified on the attached human figure diagram.
- A blank Camp Medical Logbook Form and Human Figure Diagram are given in Attachments B1 and B2, respectively.
- The Camp Health Supervisor shall maintain camp medical records such as the Youth and Adult Medical Release Forms in a secure location (UCCE California 4-H Policy Handbook, Chapter 11, VIII. C. 2. b).

VII. **REPORTING FOODBORNE ILLNESSES OR OTHER REPORTABLE DISEASES TO THE COUNTY HEALTH OFFICER**

- The Camp Health Supervisor shall immediately report to the County Health Officer reportable diseases such as foodborne disease (two or more cases), hantavirus infections, rabies, and avian influenza.
- A list of diseases and conditions and timeframes for reporting under Title 17 of the California Code of Regulations is presented in Attachment C and

available online at
http://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf.

VIII. STORAGE AND DISTRIBUTION OF MEDICATION

- All medications shall be stored in a locked container or cabinet at all times, except when being dispensed or required to be carried by a camper or staff due to frequent or emergency use.
- All medications shall be in original containers with all prescription information appearing on the label affixed to the container or in containers accompanied by specific written dispensing instructions from a parent, guardian, or California licensed physician.
- Stock supplies of non-prescription medications, such as over-the-counter aspirin, may be maintained but may only be dispensed as authorized in the Youth Medical Release Form.
- The Health Supervisor shall always destroy any prescription medication no longer used or left by a camper.
- Campers that routinely receive prescription medication for chronic health issues or treatment programs shall either have their dose administered by the Health Supervisor or Assistant Health Supervisor or self-administer their own dose under the supervision of the Health Supervisor or Assistant Health Supervisor as follows:
 - Assuring campers takes their medications at scheduled times;
 - Assisting campers with reviewing medication container label information;
 - Double checking the medication dose the camper is preparing to take;
 - Assuring campers follow changes in medication dosages and schedules that are in accordance with written physician orders or emergency verbal or electronic communications from physicians; and
 - Preventing campers from repacking or re-labeling prescription medications.
- The Health Supervisor or Assistant Health Supervisor shall record the dispensing of prescription medications to campers in the medical logbook, including the name of the camper, date and time the medication is taken, medication name, and name of the person dispensing or supervising self-administering of medications.

IX. EMERGENCY FIRST AID RESPONSE PROCEDURES

- The Health Supervisor and/or Assistant Health Supervisor shall provide primary emergency response as follows:
 - Evaluate the situation and if a serious injury has occurred, have a bystander contact emergency medical services (Dial 911).
 - Stabilize the situation and direct the evacuation of other event participants if a serious hazard continues to exist.
 - Assess the accident scene to assure that it is safe to provide first aid. For example, a victim may be in contact with a power line.

- After determining the accident scene is safe for first aid response:
 - Determine whether the victim is responsive by asking them if they are “O.K.”
 - Conduct a primary survey of the victim which includes checking their airway, breathing, and circulation (pulse).
 - Clear the victim’s airway by performing the Heimlich maneuver or slapping them on the back if they are choking or opening their mouth and sweeping an obstruction clear with your fingers.
 - If the victim’s airway is clear and they are not breathing, begin cardio pulmonary resuscitation (CPR). Likewise, if the victim has no pulse begin CPR.
 - Control excessive bleeding by applying direct pressure to the wound area with a compress bandage or folded towel. Use universal precautions (i.e., gloves) to prevent bloodborne disease transmission.
 - Treat shock victims by having them lie down and elevate their feet by about 12 inches.
 - Keep accident victims warm by covering them with a blanket or jacket.
 - Do not move an injured person unless they are in imminent danger of further injury.
 - Flush burns with cool water.
 - If a victim is suffering from heat stroke, immediately move them into the shade and begin cooling them by pouring water on them and fanning them. Have a bystander call 911.
 - If a victim has been accidentally poisoned, immediately contact the California Poison Control System at 1-800-222-1222 and follow their directions.
 - If a victim is experiencing a severe allergic reaction (anaphylaxis), immediately call 911. Administer CPR, if necessary and/or implement the individual’s “allergy action plan,” if available.
 - Clean minor cuts, scrapes, and insect bites and stings with soap and water and cover with a clean dressing or band aid.
 - Wrap or cover swelling with an ice pack.
 - After rinsing with cool water, cover minor burns with a clean dressing or band aid.
- Once emergency medical services have arrived, provide assistance as requested or needed.
- For injured or ill 4-H Representatives or Advisors, adult volunteers, teen counselors, or campers, an Incident Report form shall be completed and submitted, within 48 hours of the incident, to the 4-H county office and County Director. Incident Report forms are available from the county office or online at: <http://ucanr.org/incidentreport>.
- Provide information to the Site Operator or Camp Director so that the victim’s relatives may be contacted and informed of their status.
- The Health Supervisor or Assistant Health Supervisor shall record a description of the emergency first aid response in the medical logbook, including the name of the camper, date and time of the incident, first aid rendered, name of the person administering the first aid, and date the parent or guardian is notified of the accident, injury, or illness.

- The Site Operator or Camp Director shall contact the County Director and notify them of the status of any injuries or illnesses requiring emergency response.

X. MEDICAL SUPPLIES AND EQUIPMENT

- The Camp Health Supervisor or designee shall maintain adequate camp medical supplies and equipment, including a first aid kit and equipment such a thermometers and sphygmomanometer.
- Medical supplies and equipment shall be inventoried on a _____ basis to assure that the medical stock is current (i.e., dates have not expired) and in sufficient amounts to meet the needs of the camp.
- The Health Supervisor or designee shall replenish medical supplies and equipment, as necessary.

XI. COORDINATION WITH OUTSIDE MEDICAL PROVIDERS

The Camp Health Supervisor shall coordinate relationships and agreements with nearby medical providers such as hospital emergency rooms, clinics, emergency medical services, and physicians. This includes discussing with medical providers the services potentially required by the camp and establishing what agreed upon service(s) will be provided as follows:

<u>Primary Outside Medical Provider</u>	<u>Service(s) Provided</u>
Name: _____	1. _____
	2. _____
	3. _____
<u>Secondary Outside Medical Provider</u>	<u>Service(s) Provided</u>
Name: _____	1. _____
	2. _____
	3. _____

XII. MANAGEMENT OF INFLUENZA-LIKE ILLNESS (ILI) OR OTHER COMMUNICABLE DISEASES

The Camp Health Supervisor shall coordinate with the Camp Director prior to camp to implement the following measures to reduce the risk of an outbreak of influenza-like illness or other communicable diseases:

- Provide 4-H campers, Representatives or Advisors, adult volunteers, and teen counselors with materials prior to arrival at the camp to notify them that they are not allowed to attend camp if they have had an ILI in the seven days prior to the start of the camp.

- 4-H campers, Representatives or Advisors, adult volunteers, and teen counselors should be instructed to immediately inform the Health Supervisor if they develop symptoms of influenza-like illness (ILI) during camp.

The following information is derived from the U.S. Centers for Disease Control concerning detection and management of ILI cases at camp (<http://www.cdc.gov/h1n1flu/camp.htm>):

- 4-H camp Representatives or Advisors, adult volunteers, and teen counselors should be diligent about early recognition of illness and rapid isolation of those that are experiencing ILI symptoms. **The symptoms of 2009 H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may have vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1 and have respiratory symptoms without a fever.**
- Campers who develop ILI should be immediately separated from the general population and kept away from well campers until they can be safely returned home or taken for medical care, if needed, OR for at least seven days after symptoms began or 24 hours after symptoms resolve, whichever is longer (if the child is to remain at a residential camp).
- Protocols should be in place for when medical evaluation of persons ill with ILI should be done and how monitoring will be conducted. Not all patients with suspected novel influenza (H1N1) infection need to be seen by a health care provider. Patients with severe illness and those at high risk for complications from influenza should contact their medical provider or seek medical care.
- Aspirin or aspirin-containing products should not be administered to any person aged 18 years old and younger with a confirmed or suspected case of influenza virus infection, due to the risk of Reye syndrome. Refer to pediatric medical management for guidance regarding use of any medications, especially those containing aspirin. See [Novel H1N1 Influenza: Resources for Clinicians](#).
- Further information on care for persons with ILI can be found at:
 - [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#)
 - [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)
 - [Antiviral Drugs and H1N1 Flu \(Swine Flu\)](#)
- If individual rooms for persons with ILI are not feasible, consider using a large room, cabin, or tent specifically for ill persons with beds at least six feet apart and, if possible, with temporary barriers between beds and nearby bathroom facilities separate from bathrooms used by healthy campers.
- Linens, eating utensils, and dishes used by those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens (such as bed sheets and towels) should be washed in hot water using laundry soap and tumbled dry on a hot setting. Individuals should wash their hands with soap and water immediately after handling dirty laundry.

- Anyone with a medical condition that would increase their risk of severe illness from influenza, including pregnant women, should NOT be designated as caregivers for ill persons.
- For proper technique in caring for an ill person, refer to the following guidance: [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#).
- For information on the use of masks and respirators, see: [Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A \(H1N1\) Virus Transmission](#).
- Individuals in close contact (such as roommates) of persons with ILI should be encouraged to self-monitor for ILI symptoms and report illness to the Health Supervisor.

ATTACHMENT A

ATTACHMENT B

ATTACHMENT C

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

☞ = Report immediately by telephone (designated by a ♦ in regulations).

† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations.)

FAX ☞ ☒ = Report by FAX, telephone, or mail within one working day of identification (designated by a + in regulations).

= All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

	Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")	FAX ☞ ☒	Poliomyelitis, Paralytic
FAX ☞ ☒	Amebiasis	FAX ☞ ☒	Psittacosis
☞	Anthrax	FAX ☞ ☒	Q Fever
☞	Avian Influenza (human)	☞	Rabies, Human or Animal
FAX ☞ ☒	Babesiosis	FAX ☞ ☒	Relapsing Fever
☞	Botulism (Infant, Foodborne, Wound)		Rheumatic Fever, Acute
☞	Brucellosis		Rocky Mountain Spotted Fever
FAX ☞ ☒	Campylobacteriosis		Rubella (German Measles)
	Chancroid		Rubella Syndrome, Congenital
FAX ☞ ☒	Chickenpox (only hospitalizations and deaths)	FAX ☞ ☒	Salmonellosis (Other than Typhoid Fever)
	Chlamydial Infections, including Lymphogranulom Venereum (LGV)	☞	Scombroid Fish Poisoning
☞	Cholera	☞	Severe Acute Respiratory Syndrome (SARS)
☞	Ciguatera Fish Poisoning	☞	Shiga toxin (detected in feces)
	Coccidioidomycosis	FAX ☞ ☒	Shigellosis
FAX ☞ ☒	Colorado Tick Fever	☞	Smallpox (Variola)
FAX ☞ ☒	Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	☞	<i>Staphylococcus aureus</i> infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
	Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	FAX ☞ ☒	Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
FAX ☞ ☒	Cryptosporidiosis		Syphilis
	Cysticercosis or Taeniasis		Tetanus
☞	Dengue	FAX ☞ ☒	Toxic Shock Syndrome
☞	Diarrhea of the Newborn, Outbreak		Toxoplasmosis
☞	Diphtheria	FAX ☞ ☒	Trichinosis
☞	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX ☞ ☒	Tuberculosis
	Ehrlichiosis	FAX ☞ ☒	Tularemia
FAX ☞ ☒	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ☞ ☒	Typhoid Fever, Cases and Carriers
	<i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157		Typhus Fever
† FAX ☞ ☒	Foodborne Disease	FAX ☞ ☒	<i>Vibrio</i> Infections
	Giardiasis	☞	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
	Gonococcal Infections	FAX ☞ ☒	Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
FAX ☞ ☒	<i>Haemophilus influenzae</i> invasive disease (report an incident less than 15 years of age)	FAX ☞ ☒	West Nile Virus (WNV) Infection
☞	Hantavirus Infections	☞	Yellow Fever
☞	Hemolytic Uremic Syndrome	FAX ☞ ☒	Yersiniosis
	Hepatitis, Viral	☞	OCCURRENCE of ANY UNUSUAL DISEASE
FAX ☞ ☒	Hepatitis A	☞	OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.
	Hepatitis B (specify acute case or chronic)		
	Hepatitis C (specify acute case or chronic)		
	Hepatitis D (Delta)		
	Hepatitis, other, acute		
	Influenza deaths (report an incident of less than 18 years of age)		
	Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)		
	Legionellosis		
	Leprosy (Hansen Disease)		
	Leptospirosis		
FAX ☞ ☒	Listeriosis		
	Lyme Disease		
FAX ☞ ☒	Malaria		
FAX ☞ ☒	Measles (Rubeola)		
FAX ☞ ☒	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		
☞	Meningococcal Infections		
	Mumps		
☞	Paralytic Shellfish Poisoning		
	Pelvic Inflammatory Disease (PID)		
FAX ☞ ☒	Pertussis (Whooping Cough)		
☞	Plague, Human or Animal		

HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, §2641.5-2643.20 and <http://www.cdph.ca.gov/programs/AIDS/Pages/OAHIVReporting.aspx>.

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS § 2800-2812 AND § 2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)
Pesticide-related illness or injury (known or suspected cases)**
Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) § 2593***

LOCALLY REPORTABLE DISEASES (If Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11)
** Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).
*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrca.org.