

# **HEALTH AND SAFETY POLICIES AND PROCEDURES:**

## **OKIZU HEALTH CARE PLAN**

**Residential Camping Programs:  
Oncology and Siblings' Camp**

**Family Camp Programs**

**Teen and Young Adult Programs**



**OKIZU**

Supporting Families with  
Childhood Cancer

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## **INTRODUCTION:**

Okizu is a Sioux Indian word that means unity, to come together, to heal from a hurt, to make whole. "Camp Okizu" is a program which was originally founded by Coral Cotton in 1982 as a collaborative effort of the pediatric oncology programs of several Northern California Medical Centers and the Alameda-Contra Costa Council of Camp Fire Boys and Girls, to provide a summer camp experience for children with cancer. John H. Bell, the Founder of the Okizu Foundation (formerly the Robert J. Sturhahn Foundation), has provided substantial financial and organizational support which has enabled the programs of Okizu to grow from the initial five day camp for 34 children with cancer in 1982 to our present array of nine family weekends, four teen and young adult (TNT) trips, two bereaved teen retreats, four weeks of SIBS Camp and three weeks of Oncology Camp each year. Over four thousand children with cancer or related blood disorders and their families have benefited from the programs of Okizu over the years.

Families from all of Northern California and occasionally beyond regularly participate in our support programs. Participating treatment centers include California Pacific Medical Center San Francisco, John Muir Hospital, Kaiser Permanente Medical Centers in Santa Clara, Oakland and Roseville, Lucile Packard Children's Hospital Stanford, Oakland Benioff Children's Hospital, Sutter Medical Center Sacramento, UC Davis Medical Center and UCSF Benioff Children's Hospital. Representatives from the participating treatment centers sit on the Medical Advisory Board, which reports to the Okizu Board of Directors.

Medical and psychosocial support for Okizu programs is provided by physicians, nurses, social workers, recreation and child life workers, and other ancillary staff from the participating hospitals. Without the dedication and hard work of these volunteer professionals, Camp Okizu could not happen. Professional staff are supervised by the Okizu Medical Director, Dr. Michael Amylon, Professor of Pediatrics at Stanford University School of Medicine (Emeritus). All medical and psychosocial care provided by the volunteer professionals is governed by these policies and procedures, which are reviewed and approved by the Medical Advisory Board at least once every three years.

## **HEALTH AND SAFETY PHILOSOPHY:**

The guiding philosophy of Okizu is that children require positive nurturing, adult role models, and attention to their emotional as well as physical needs in order to grow into productive adults and lead fulfilling lives. The diagnosis of a chronic or life threatening illness in a child disrupts the ability of many families to provide this basic support. The family's normal social and emotional structure and environment, as well as many practical aspects of day to day life, may be changed in major ways after such an event. This may hinder the ability of all family members to cope with the stress of dealing with a serious illness, and children are particularly vulnerable. It is the mission of Okizu to provide peer support, respite, mentoring, and recreation programs to meet the needs of all members of families affected by childhood cancer.

Children who are diagnosed with cancer can miss a normal childhood. Their illness, treatment and complications can keep them from enjoying activities that often are taken for granted. And yet these children, like all children, need the opportunity to grow, experiment, discover independence, and experience other developmental milestones. Camp Okizu began with the belief that a residential camp can be an ideal setting for children struggling with a life threatening illness to explore their strengths and enjoy a normal life experience in the company of peers who truly understand what they are going through.

Siblings of cancer patients often feel left out or neglected because of the shift in the focus of the family to the needs of the ill child. They also often feel isolated from their family members and from their peers, because their experiences are so different from most children. They may internalize feelings of guilt, anger, fear, and resentment, which can lead to poor self-image. For these siblings, camp allows for peer interactions that validate their feelings and show them that they are not alone in coping with the difficult emotions that accompany having a sibling with a serious illness. While at camp, the children are in a trusting environment where they can share their thoughts and feelings and gain support from other campers and staff.

Provision for the safety and well-being of campers and staff shall be a primary responsibility for all employees, volunteers, and participants in any Okizu program. Additionally, the medical professionals from the treatment centers have the responsibility to provide excellent medical and psychosocial support in a manner consistent with the philosophy of Okizu, with the accreditation standards of the American Camp Association, with the Gold Ribbon Guidelines of the Children's Oncology Camping Association International, and with these policies and procedures. Medical staff will work closely with camp staff and parents/guardians. Medical care will be provided unobtrusively and in a manner that will least disrupt the normal program activities. Medical staff will be friendly, cheerful, supportive and flexible, and will observe the same standards of conduct and support for the regular programming of the camp session as other camp staff. Medical staff will be expected to laugh, cry, sing, dance, and experience the magic that is Camp Okizu.

## **CHILDREN AND FAMILIES SERVED:**

Children or families of children who have or have had any of the following medical conditions will be eligible to participate in Okizu programs:

Leukemia (ALL, ANLL, CML, JCML, MDS); Lymphoma (Hodgkin, Non-Hodgkin); CNS Tumors (brain or spinal cord); Bone or Soft Tissue Sarcomas (Ewing's, Osteosarcoma, Rhabdomyosarcoma, PNET, etc.); Neuroblastoma; Wilms Tumor; Langerhans Cell Histiocytosis; Erythrophagocytic Lymphohistiocytic Syndromes; Rare Pediatric Tumors; Aplastic Anemia (Idiopathic, Fanconi, Diamond-Blackfan); Transfusion Dependent Thalassemia Syndromes; Pre-malignancy; S/P Bone Marrow Transplant (with Immune Reconstitution).

## RESIDENT CAMP:

### SCOPE OF MEDICAL CARE PROVIDED:

First Aid and illness and injury assessment  
Routine care according to standard treatment protocols

#### **The following types of care can be provided according to the orders and prescriptions of the primary care provider (SIBS and Oncology):**

Oral and topical medications (scheduled and prn)  
Inhaled bronchodilators  
Nasal or parenteral DDAVP

#### **The following types of care can be provided according to the orders and prescriptions of the oncologist or specialist physician (Oncology only):**

Oral chemotherapy  
IV push, sub-cu and IM chemotherapy (pre-mixed and pharmacy labeled) (not asparaginase)  
Stoma care (according to treatment center guidelines)  
Central line care (according to treatment center guidelines)  
Antiemetics and analgesics  
Parenteral antibiotics, hormones, and cytokines  
Parenteral fluids for dehydration  
Laboratory tests: Blood counts, cultures, and routine chemistries

**Other types of care can be provided only by special arrangement with the Medical Director and medical staff members at camp, and may require that the referring medical center provides appropriate staff, supplies and medications.**

### SCREENING AND SELECTION OF CAMPERS:

The camper application will include information about the child's diagnosis, current treatment regimen, special needs, and current health status, as well as the name and phone number of the child's physician and treatment center. All applications will be reviewed by the Camp Director or designee prior to acceptance of the child for camp. Any special needs, unknown diagnoses, or unusual requests will be reviewed by the Medical Director or designee for a determination of the appropriateness of any child for camp. Unusual medical, psychosocial, or physical needs will be reviewed with the treating center staff. Children with special needs (above and beyond the usual scope of care provided at camp) will be accepted only after arrangements have been made for appropriate increased staffing to meet the needs of the child. This may include additional physician or nursing staff, psychosocial staff, program staff, or counselors necessary to help a child cope with behavioral, emotional, cognitive, or physical disabilities. In addition, the entire group of applications will be reviewed shortly before each camp session by the Medical Director and Camp Director to insure that adequate staff will be present to meet the needs of the accepted campers each session.

## **STAFFING GUIDELINES:**

The Medical Director is responsible for adequate health care staffing at all Okizu resident camping programs. The Medical Director will ordinarily serve as the on-site Camp Health Care Manager. The Medical Director may designate another health care professional (MD, RN, NP, PA) to serve as Acting Health Care Manager.

Many of the camp staff will have first aid and CPR certification. This includes all of the lifeguards and many counselors and program staff. These staff members are authorized to accompany campers for hikes and other activities on the camp property and to administer first aid as necessary in the event of illness or injury.

At SIBS Camp there will always be at least one physician or registered nurse on site at all times for each 100 campers and staff members. The Medical Director or another designated physician will always be available by phone or pager if not on site. A psychosocial professional (social worker, psychiatrist, psychologist, psych nurse or NP, child and family therapist) will be available either on site or by phone whenever campers are present.

At Oncology Camp, there will always be at least one Board eligible or Board certified Pediatric Hematologist/Oncologist on site whenever campers are present. Additionally, there will always be at least one physician or pediatric registered nurse on site at all times for each 25 campers who are on active treatment or have active medical issues related to their cancer, and one per 100 campers who are off therapy with no active medical issues.

All medical professionals (physicians and nurses) must have a valid license to practice in the state of California before having any direct care responsibilities. Nurse Practitioners may provide appropriate care according to their licensure under the supervision of the camp physician. Nursing and medical students enrolled in an accredited program may assist with medical care appropriate to their level of training under the direct supervision of the camp physician (for M.D. or D.O. students) and camp nurse (for R.N. and LVN students). Students should be enrolled in an elective rotation at their home institution with the camp physician serving as their faculty supervisor or the camp nurse as their preceptor. PA's and EMT's with current licensure or certification in the state of California may provide care appropriate to their licensure and experience under the supervision of the camp physician. Resident physicians and Post-Doctoral Fellows from the affiliated treatment centers may provide care as camp physicians under the supervision of the attending level pediatric oncology physician on site. Interns who are unlicensed may provide medical care under the supervision of the attending level pediatric oncologist on site if they are performing that service as a part of their internship education (as a sanctioned elective rotation) under the institutional license of their training hospital. LVN's may participate in medical care according to their licensure under the supervision of the camp nurse.

## **STAFF ORIENTATION:**

General health and safety policies and procedures will be covered in the staff training that occurs immediately prior to each camp session. Outdoor physical activities, good nutrition, adequate fluids, good personal hygiene, and sufficient rest and relaxation are essential to maintain optimal health and well-being in the camp environment. All staff will share responsibility for maintaining these general guidelines for themselves and the campers they serve.

Rest hour will be observed each day after lunch. For at least thirty minutes, the youngest campers (ages 6-9) must be lying quietly on their bunks. Older campers and staff may engage in quiet activities such as reading or writing. For the second half of rest hour, quiet conversation and restful activities such as quiet games or crafts are allowed. Except when there are scheduled all-camp activities, campers will be ready and in bed by the following times: ages 6-8 at 9:00 PM, ages 9-10 at 9:15 PM, ages 11-12 at 9:45 PM, ages 13-17 at 10:00 PM. The Camp Health Care Manager will monitor fatigue levels in campers and staff, and may request that longer rest periods be observed.

The evening before the campers arrive, the Medical Director or designee will conduct an orientation for the staff to the special needs of the camper population. At SIBS Camp, this orientation will cover the disruptions common in family routines after the diagnosis of a serious illness and the impact on siblings of such changes in family life. Discussion will focus on feelings and behavior patterns frequently present in siblings (including jealousy, anger, guilt, fear, poor self-esteem, school behavior or performance changes, assumption of new family roles and responsibilities, regressive behaviors, and feelings of rejection) and the ways these feelings and behaviors may manifest at camp. Staff will be oriented to recognize these behavior patterns and how to respond, including emphasis on non-judgmental listening as well as effective positive reinforcement. Staff may explore their own feelings and reactions to this information. The professional medical staff will be available during each session to help program and administrative staff as well as counselors to deal more effectively with camper problems or with their own feelings and reactions to things the campers say or do.

At Oncology Camp, the orientation will cover topics important to allow the staff to better understand the experience of being seriously ill, and to recognize those circumstances which require the immediate attention of a medical professional. The discussion will include the definition of cancer and the different types of cancer that occur in children. An overview of the presenting signs and symptoms will precede a discussion of the approaches to treatment. In addition, necessary staff interventions such as proper lifting techniques will be discussed with staff who will interact with campers who have disabilities or special needs.

Many of the children at Oncology Camp will be taking medications. The physicians and nurses will make sure that all medicines are given at the appropriate times, but they will ask for help from the counselors to be sure the children show up for their meds as scheduled. Regular medication times are before each meal and at bedtime. Some of the medicines may have important side effects, and these will be listed on the Medical Alert List provided to the Unit Leaders.

## **CONFIDENTIALITY:**

During the course of the camp session, information may be revealed about the campers' medical condition, family situation, treatment and prognosis. In order to protect the trusting and safe environment that allows campers to share these facts and feelings, confidentiality must be assured. Any information learned from camp staff, medical staff or campers themselves may not be shared outside of the camp community. The identity of the campers and their family members (including addresses and phone numbers) and the private information about the medical conditions and social situations are not to be revealed to anyone without explicit permission. The only exception to this policy is if the health or safety of the camper or another person is in

jeopardy. Communication with news media or outside agencies is prohibited, and will only be done by the Camp Director or Medical Director.

## **MANDATORY REPORTING:**

As is true for all who work with children, state law requires camps to report to Child Protective Services or the local sheriff or police department regarding any information revealed that indicates that a child might be a victim of physical, sexual or emotional abuse or neglect, or if the child may be an imminent danger to him/herself or to others. Information about child abuse and the mandatory reporting guidelines will be included in staff orientation.

All staff will be alert if asked to keep a secret. Staff will be instructed to never promise "not to tell" something that a child is about to reveal unless the child has been informed that if s/he or someone else is in danger then the information needs to be reported to protect the child from harm. If a child has revealed information that might be in this category, the staff member must immediately discuss the situation with the Medical Director and/or the Camp Director to determine if reporting is required. No other staff should be privy to this type of information shared by a camper. If unsure whether information revealed by a camper is reportable under the mandatory reporting requirement, staff will consult with the Medical Director or the Camp Director.

In order to protect all staff from circumstances in which they might be accused of physical or sexual abuse of a camper, no staff member shall be alone with a camper in a place where his or her actions cannot be observed by other campers or staff. When medical circumstances require assistance with toileting or dressing, these activities will be performed or supervised by a member of the medical staff. All staff will consult with a member of the medical staff about the performance of any task that is or may be perceived to be of potential concern. In appropriate situations, same-sex chaperones should accompany the camper.

## **INTAKE PROCEDURE FOR STAFF:**

The Medical Director or designee must screen each staff member, including all members of the medical staff, during staff training, before campers arrive.. This screening will include a review of the health history including immunization history, allergies, physical activity restrictions, chicken pox history, date of most recent tetanus immunization, presence of any communicable diseases, and any required medications. All medications (including over the counter medicines), with the exception of those which must be in the physical control of the staff member such as asthma inhalers or epinephrine autoinjectors for severe allergies, must be kept in the Knights' Inn Health Center. Any special medical needs of staff members will be noted on the Medical Alert List for Unit Leaders and the Camp Director as necessary. Staff members arriving after the start of the camp session must check in with the Camp Health Care Manager for this screening prior to assuming their staff duties. At that time, they will also be oriented as to the special needs of the campers, and the health and safety policies and procedures followed at camp. An approved camp Health History form should be on file for each camper and staff member.

## **INTAKE PROCEDURE FOR CAMPERS:**

On the first day of each camp session, every camper must report to the Knights' Inn Health Center for a Medical Orientation and Health Screening. The orientation will include a description of the Health Center hours and staffing, introduction of the medical staff, the medication dispensing procedures, recognition of poison oak, general health and safety rules, the use of insect repellent and sunscreen, the need for good hygiene, the importance of drinking extra fluids, the need for adequate rest and sleep, and the use of the "buddy system" (no camper ever goes anywhere alone) while at camp.

Camper health history and physical examination forms, consent forms, special instructions, medications, and any medical equipment and supplies will be collected from each child's parents when the child boards the bus or arrives at camp, and will be delivered to the Health Center for review by medical staff. All medications and/or supplies that are packed in the camper's luggage will be brought to the Health Center for this medical intake and screening.

Every camper will be evaluated by a camp physician during the intake procedure. This examination will assess general health status, activity restrictions, signs of communicable diseases, physical or cognitive disabilities, pre-existing injuries or lesions, and skin rashes.

Each camper with medications or any other special medical needs will discuss his/her health history with a physician or nurse, who will make note of allergies, dietary preferences, immunization status, recent blood counts, most recent therapy and expected complications, and any special needs or restrictions. Medical staff will verify that all needed medications are present and review the dosing and scheduling of each with the camper. Any necessary laboratory tests or scheduled treatments will be noted for inclusion on the Session Calendar, and instruction will be given to the camper and counselor. The presence of central lines, stomas, G-tubes or other devices will be noted, and the care procedures will be reviewed with the camper. The availability of necessary equipment and supplies will be verified. Special needs will be noted for inclusion on the Session Calendar and the Medical Alert List.

## **CAMPERS IN HOSPICE CARE:**

Campers in hospice care will be accepted only after consultation between the treating oncology team and the Medical Director to ensure that adequate staffing and equipment are available, and consultation with the family about their wishes regarding emergency situations that might arise at camp. A copy of the DNR order will be kept at the Inn, and all Medical Staff will be made aware of the intervention guidelines from the family and the oncology care team.

## **MEDICATIONS:**

All medications for campers, including over the counter preparations, will be collected and stored in the Knights' Inn Health Center and dispensed by or under direct supervision of the camp medical staff. Camper medications will be collected as children board the bus or when they arrive at camp, and delivered to the Health Center. Two medical staff members will check each medication against the written physician orders, the instructions on the container, the parent instructions, and directly with each camper during the intake orientation and health screening.

Any discrepancies will be resolved by direct communication with the physician or other care provider at the child's treatment center.

Staff medications will also be kept at the Health Center in a designated area, and staff will be allowed access to their own medicines when a doctor or nurse is present. The storage area for medications must be lockable, and when not under the direct control of a camp nurse or doctor must be kept locked at all times. All staff and camper personal medications must be labeled with the name of the staff member or camper, and stored in a manner that allows for reliable identification and differentiation from stock medications.

Medications will be placed in labeled containers for each camper, to be dispensed throughout the camp session. A Medication Administration Record will be prepared for each camper with regularly scheduled medicines, which will be used for charting the dose, route, date, time and initials of the provider for each medication dispensed. PRN medications may be recorded in the regular medical encounter logbook. These records will be stored with the health history and consent forms by Okizu administrative staff for the time period required by law. At the end of each camp session, the medical staff will return unused medications and supplies to each camper to take home.

Access to medications and medical records is restricted to the medical staff (physicians and nurses), Health Care Manager and Camp Director. All medications and medical records should be securely stored so that they cannot be seen or accessed by unauthorized individuals. These items should be locked at all times when not under immediate staff control.

### **CENTRAL LINE CARE:**

Any camper with a central catheter in place will be listed on the Medical Alert List, and the catheter care (flushing and dressing change) will be recorded on the Session Calendar. The camper's family will provide all catheter care supplies and equipment. All Hickman and Broviac type lines and PICC lines will be flushed according to the procedure of the referring treatment center at least once each day and any time the line is accessed. Dressings over the catheter exit site will be changed at least every other day and also at any time that the dressing has gotten wet (whether from perspiration, boating, showering, etc.), also according to the procedure of the referring treatment center. A waterproof covering such as Tegaderm will be used to cover the catheter dressing site prior to any water activity or bathing. The exit site will be examined at the time of each dressing change, and any drainage or irritation will be brought to the attention of a Camp Physician. Indwelling ports (such as Mediport or Portacath devices) will be flushed each time they are accessed for blood drawing or medication delivery.

### **LABORATORY TESTS:**

Any necessary blood work for campers will be recorded on the Session Calendar. Counselors will be informed to bring the camper to the Health Center at an appropriate time (usually immediately after breakfast) where the blood will be drawn by a doctor or nurse. The blood specimens will be transported to the clinical laboratory at Oroville Hospital with a written physician order, the patient's diagnosis, the number of the camp phone and fax for reporting the results, and a copy of the patient's consent to treat and insurance information. The blood tubes must be labeled with the patient's name, birth date, the date and time the blood was drawn, as well as the initials of

the provider. The Camp Health Care Manager will provide laboratory reports to the camper's treatment center at the end of each camp session.

### **MEDICAL ALERT LIST and SESSION CALENDAR:**

For each camp session, the Camp Health Care Manager will cause to have prepared a **Medical Alert List**. This list will include any camper or staff member with special health needs, any unusual medication schedule, a central line, any prosthetic device, unusual behaviors such as sleep walking, bedwetting, or nightmares, low blood counts, unusual treatment during camp, need for laboratory testing during camp, food or other environmental allergies, physical activity restrictions, consent limitations, or any other concerns of which the camp staff need to be aware. This list will be distributed to the Camp Director, Unit Leaders, Waterfront Director, and Ropes Course Director, and shared with other program staff and counselors as needed and appropriate. A "medical meeting" will be held on day 2 of each Oncology Camp session at which time the items on the Medical Alert List will be reviewed with each Unit staff and with program staff as needed.

For each camp session, the Head Nurse will prepare a **Session Calendar** on which all special medical needs are recorded and checked off as completed. This calendar will include catheter care, parenteral medications, blood draws and other special needs, as well as the staffing schedule for coverage of the Health Center.

### **ROUTINE DAILY CARE DELIVERY:**

The Medical Director and Head Nurse will assure that all stock medications, first aid supplies and other health care equipment are provided for each camp session. Anything which is running low will be noted on a list and arrangements will be made, working with the Camp Director, for someone to pick things up in town or for a staff member to bring them up for the next session.

The Camp Director and Medical Director will review general sanitation facilities and practices with the site manager, and food service facilities with the food service manager or site manager, at the beginning of each season. Any questions, concerns or observed unsafe practices will be reported to the appropriate manager at this review or at any time during camp. The Camp Director will review with the appropriate manager any corrective actions necessary and assure that they are implemented.

The Camp Director and Medical Director are responsible for supervision of general safety and sanitation practices on the camp grounds, in living units, and in program areas. The Medical Director is responsible for supervision of general health and safety and sanitation practices in the Health Center and by the medical staff. All staff will observe standard universal precautions to prevent potential exposure to blood or body fluids.

Medical staff will administer daily medical care from the Knights' Inn Health Center, at the point of need, or on out-of-camp trips. Medications will be routinely distributed prior to each meal and before bedtime, and at other times as required for specific camper needs. There will be a doctor or nurse in the Health Center for routine care and for evaluation of minor complaints or injuries immediately after each meal. There will be a designated medical staff "on duty" at all times when camp is in session. During SIBS Camp, the "on duty" medical staff will either remain in the Health Center or post a message at the Health Center with instructions for where s/he can be found.

During Oncology Camp, at least one doctor or nurse will be available in the Health Center 24 hours daily (or at all camp events). Whenever a camper is confined to the Knights' Inn Health Center for care, a staff member will remain with him/her at all times.

All medical care or First Aid must be documented. Routine medications are documented on the Medication Administration Record for each camper. PRN medications may be documented either on the Medication Administration Record or in the Medical Log that is maintained at the Health Center. First Aid interventions as well as other assessments and treatments are documented in the Medical Log. Each Medical Log entry must contain the following information: date and time, camper or staff name and living unit, nature of the complaint, nature of treatment or intervention, if/when parent or guardian is notified, and the care provider's name or initials.

Any care rendered which is too complex to be adequately charted in the Medical Log will be documented on Progress Notes which will be filed with the camper Health History and Physical Exam forms. Any significant issues will be reported to the camper's parents and oncology treatment center. Documentation of protocol required treatment or laboratory results will be promptly faxed to the treatment center for campers on COG or other research protocols.

An Accident/Incident Report Form will be completed for each accident resulting in injury requiring professional medical care, and for any illness which is unexpected or of more than a minor nature. Any significant illness or injury will be reported promptly by the Camp Health Manager to the Camp Director and to the family of the camper or staff member involved. **Any instances of food borne illness or medically diagnosed contagious diseases will be reported to the Butte County Health Officer as directed by the Butte County Department of Health.**

First Aid Kits will be checked and restocked by the Head Nurse prior to each camp session. Kits will be kept at the Waterfront, Archery Range, Ropes Course, and Knights' Inn at all times, and at other locations as deemed necessary or desirable. Extra Kits will be available in the Health Center to be checked out for out of camp trips or hikes away from the main camp area. Each First Aid Kit will contain a log sheet for documentation of any treatment rendered. Each entry must contain the date and time, name and living unit of the camper or staff member, nature of the complaint or injury, nature of treatment rendered, and name of the care provider. These log sheets will be collected by the Head Nurse at the end of each session and maintained with the permanent health records as provided by law.

First Aid may be administered at the point of need or the Health Center by doctors, nurses, lifeguards, and other staff members certified in First Aid and CPR. Documentation of such certification (medical license, nursing license, First Aid certificate, CPR certificate) must be provided to the Medical Director or Camp Director. Instruction will be provided during staff training to enable any staff member to care for insect bites and minor scrapes and scratches in an appropriate manner. All First Aid interventions must be documented on the log sheets in the First Aid Kits or the Medical Log in the Health Center.

Camp nurses may provide care to campers or staff according to standard First Aid practices and the Standard Treatment Protocols for Nursing and Medical Care approved by the Medical Director. Camp Physicians may order and direct additional care as required for individual campers or staff.

## **STANDARD TREATMENT PROTOCOLS FOR NURSING AND MEDICAL CARE:**

Objective: To provide appropriate guidelines for the treatment of common injuries and illness in a camp environment.

### **The following injuries and illnesses may have serious consequences and must be reported immediately to a Camp Physician:**

Shock; hemorrhage; bone and joint injuries (dislocations, fractures, sprains); head, neck or back injuries; respiratory difficulty or choking; poisoning (animal, insect and plant sources); frostbite; heat stroke, heat exhaustion or dehydration; burns greater than first degree or involving a large area of skin; heart attack or stroke; fainting or seizures; any fever in a camper who may be neutropenic; any bleeding manifestations (including petechiae or bruises) in a camper who may be thrombocytopenic; lacerations requiring sutures; or any illness or injury of sufficient severity that it might require referral to an off-site provider (physician's office, x-ray facility, emergency room). Render immediate First Aid appropriate to the condition, taking care in the case of injury to immobilize head, neck, back and any potentially broken or dislocated bones or joints.

### **The following conditions may be treated by camp nursing staff in accordance with these standard protocols (always review for allergies and parental permission before dispensing any medication):**

Scalp injuries: Control bleeding with direct pressure. Note pulse rate, respiratory rate, blood pressure, pupil size and reactivity to light, orientation (person, place and time), movement of all extremities, history of loss of consciousness, severe headache, presence of nausea or vomiting and refer to physician if indicated. May apply ice PRN. Cleanse wound gently with soap and water. Assess size of laceration. Dress wound appropriately. Keep camper at rest and resume activity gradually.

Headache: Assess for dehydration. Offer fluids by mouth. Provide quiet, darkened room and rest. Cool compress PRN. Acetaminophen may be given (age appropriate dose per package instructions or 10 mg/kg/dose) every 4-6 hours. Refer to physician if persistent, severe, or associated with fever.

Fever: Monitor temperature every 4 hours. Check pulse, respiratory rate and blood pressure. Notify physician immediately for any fever in a camper who may be neutropenic. If temperature is  $>38.5^{\circ}\text{C}$  isolate patient from other campers and staff. Provide oral fluids and rest. Acetaminophen may be given (age appropriate dose per package instructions or 10 mg/kg/dose) every 4-6 hours. Tepid bath PRN. Refer to physician for any associated signs or symptoms of infection or if fever persists for more than 24 hours.

Earache: Check for fever and for discharge from ear. If afebrile and without discharge, may use Auralgan eardrops or low heat source to affected ear. If pain persists for more than 24 hours or is severe, refer to physician. For blocked ears after swimming, pull ear lobes gently

and massage front of ears to expel water. To prevent external otitis (swimmer's ear) clear all water out of ears after swimming and apply 70% isopropyl alcohol one drop in each ear. Use earplugs for campers with a history of ear problems. If there is fever or drainage from ear, refer to physician immediately. DO NOT PUT DROPS IN A DRAINING EAR.

Foreign body (ear or nose): Apply 3-4 drops of warm hydrogen peroxide. Do not probe the object. If foreign body is easily accessible, remove it. If foreign body is in nose, occlude the opposite nostril and have patient blow nose. Check temperature every four hours for 24 hours. Notify physician if fever develops or if unable to remove object.

Foreign body (eye): Rinse eye with copious amounts of clean water or saline. If object is visible, remove with corner of a wet sterile gauze or cotton tipped applicator. If unable to remove object easily, patch eyes and refer to physician.

Conjunctivitis or eye discharge: Sterile water or saline rinse every 2-4 hours may be used. For purulent discharge, patient should be isolated from other campers. Instill Sulamyd or Gantrisin eye drops, 2-4 drops to both eyes every 6 hours. Refer to physician if persistent for more than 24 hours. Resume normal activity when symptoms have resolved.

Toothache: Check temperature. Rinse mouth with warm salt water. Acetaminophen (age appropriate dose per package directions or 10 mg/kg/dose) every 4-6 hours. Refer to dentist immediately if febrile or if there is swelling of the jaw or severe pain.

Tooth knocked out: Rinse mouth with warm salt water. Roll sterile gauze and place in socket. Ensure that the gauze extends above the adjacent teeth so that pressure is applied when biting down to stop the bleeding. Refer to dentist immediately. The tooth should be transported with the patient in water or milk.

Broken tooth: If site is bleeding, rinse mouth with warm salt water. Refer to dentist immediately. If a piece of the tooth has fallen out, bring it with the patient in water or milk.

Sore throat: Examine throat for redness, swelling or exudate. Check temperature. If patient is febrile (T > 100.3 F) or swelling or exudate is present, refer to physician. Use warm salt-water gargle, Cepacol or Chloraseptic spray, or lozenges PRN. Provide rest. Restrict swimming until symptoms improve.

Cough or URI symptoms: Check temperature, respiratory rate and pulse rate. Auscultate lung fields. Refer to physician for fever or wheezing. Use stock over-the-counter decongestant, antihistamine, and cough medications PRN according to package directions. Provide increased rest and restrict from swimming activities until symptoms improve.

Mild abdominal pain: Check temperature. Assess type, location and duration of pain. Assess bowel habits for indication of constipation. Listen for bowel sounds. Palpate abdomen. If constipation is present, may use stock MiraLAX, metamucil, Colace or Senekot according to package directions. Encourage increased fluid intake and increased roughage in diet. If heartburn is suspected, may use stock antacid preparations according to package directions. Refer to physician if febrile (T > 100.3 F) or if pain is persistent.

Severe abdominal pain: Check temperature, pulse rate, respiratory rate and blood pressure. Assess type, location and duration of pain. Listen for bowel sounds. Palpate abdomen. Keep NPO (nothing by mouth) and give no medications. Notify physician immediately.

Constipation for 48 hours: Prevent with diet and fluids. May use MiraLAX, Metamucil, Colace, or Senekot from stock meds per package instructions.

Diarrhea: Evaluate diet for probable cause. Check temperature. Avoid milk products. Clear liquids only for 8-12 hours. Isolate from other campers and staff. Kaopectate or Immodium from stock meds may be used PRN. Assess abdominal exam. Observe for signs and symptoms of dehydration. Refer to physician if febrile or if symptoms persist for more than 24 hours.

Nausea/Vomiting: Evaluate diet for probable cause. Check temperature. Keep NPO for 2-4 hours. Introduce clear liquids slowly. Isolate from other campers and staff. Assess abdominal exam. Observe for signs and symptoms of dehydration. Use antiemetics as ordered for campers on chemotherapy. Refer to physician if febrile or if symptoms persist.

Menstrual cramps: Low heat source to lower abdomen. Ibuprofen 10 mg/kg by mouth every 6 hours PRN. Bed rest if severe. Refer to physician if symptoms persist.

Wounds, cuts, abrasions: Wash with soap and water. Soak in Hibiclens or Betadine if wound is soiled. Allow puncture wounds to bleed freely for several minutes. Irrigate all wounds with sterile saline or rinse with water. Apply First Aid Cream or neosporin ointment and sterile dressing. Verify that tetanus immunization is up to date. May use acetaminophen (age appropriate dose per package directions or 10 mg/kg/dose) every 4-6 hours for mild pain. Refer to physician for any sign of infection or for any serious wound.

Burns: Refer any second or third degree burns to physician immediately after appropriate first aid measures. For first degree burns, may use acetaminophen (age appropriate dose per package directions or 10 mg/kg/dose) every 4-6 hours PRN and topical First Aid cream or neosporin ointment.

Sunburn: Prevent with proper exposure precautions and sunscreen. Force fluids orally. Acetaminophen (age appropriate dose per package directions or 10 mg/kg/dose) every 4-6 hours PRN for pain and fever. Tepid bath or cool compress PRN. Soothing lotion such as aloe vera gel or Solarcaine spray may be used PRN. Loose clothing. Refer to physician for any blistering.

Insect bites and stings: Prevent with appropriate use of insect repellent when possible. After appropriate first aid, may use Calamine or Caladryl lotion for itching. May give diphenhydramine 0.5 to 1 mg/kg/dose every 4-6 hours PRN for local allergic reaction and swelling. Ice may be applied to reduce swelling and pain. Bee Sting Kits (Epi-Pens) as prescribed for allergic individuals should be carried by camper or counselor. Counselor and Unit Leader will be trained in the proper use of the Bee Sting Kit for allergic campers.

Poison Oak: Prevent with proper education of campers and staff in recognition and avoidance. Sponge with cool Epsom salt solution to relieve itch. Cool baking soda or Aveeno bath PRN. Calamine or Caladryl lotion or 1% hydrocortisone cream to affected areas to relieve itch. Diphenhydramine 0.5 to 1 mg/kg/dose every 4-6 hours PRN for itching. Cover weeping areas with sterile dressing. Refer to physician if lesions continue to increase after 48 hours or for any sign of superinfection.

Athlete's Foot Fungus: Prevent through use of sandals, flip-flops or water shoes by campers and staff in shower areas. Treat with topical antifungal preparations such as Desenex or Tinactin as per package directions.

Splinters: Remove with forceps or needle if accessible. Wash wound with soap and water. Cleanse with peroxide and rinse with water. Soak affected area in hot water with Betadine solution three or four times daily if object cannot be removed or if there is evidence of inflammation. Observe for signs of local infection. Verify that tetanus immunization is up to date. Refer to physician for signs of infection or increasing swelling or pain.

Standard Treatment Protocols for Nursing and Medical Care: Okizu.

Revision 02/28/2017

Approved by Medical Advisory Board 02/27/2017.

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

## **INFECTION CONTROL POLICIES AND PROCEDURES:**

### **Standard Universal Precautions**

**Purpose:** To describe protective precautions to be taken by camp staff to prevent potential exposure to blood or body fluids.

**Emergency action:** Always use appropriate personal protective equipment.  
Promptly report blood or body fluid exposure to Medical Director and Camp Director.  
Dispose of needles in puncture resistant containers.  
Dispose of waste in impermeable plastic bags.

**Procedures:**

Wash hands for 15 seconds with soap and running water before and after each contact with an ill or injured camper or staff member, and after handling contaminated equipment.

Wear gloves (provided in the Health Center and in all First Aid Kits) for contact or anticipated contact with any person's body fluids, mucous membranes, or non-intact skin, or when handling surfaces or items soiled with body fluids.

Wear a mask and protective eye wear (available in the Health Center) when splattering or aerosolization of blood or body fluids is anticipated.

Wear a cover gown (available in the Health Center) when it is likely that clothing will be soiled with body fluids.

Consider all used needles and syringes, and other sharps, to be contaminated. Dispose of needles and sharps in designated puncture resistant containers (in the Health Center) immediately after use.

Immediately report needle sticks and other unprotected exposures to the Medical Director.

Handle all medical specimens with gloves, and place in impermeable plastic bags for transport.

Wear gloves to handle linen soiled with blood or body fluids, and place in moisture proof plastic containers.

### **Standard Infection Control Procedure:**

Isolate all potentially contagious persons from contact with other campers or staff per Standard Protocols. Single bed rooms in the Health Center, or if necessary ward rooms for patients with similar symptoms, will be used for isolation. Visitors will be restricted according to guidelines of

the Camp Health Care Manager for each instance. Potential varicella exposure will be reported to the family and doctor of any susceptible camper.

## **OUT OF CAMP TRIPS:**

The Health Care Manager will be responsible for staffing all out of camp activities with adequate medical professional staff. At least one camp physician or camp nurse will accompany any overnight out of camp trip. This staff member will bring all camper and staff medications, needed supplies and equipment, health history and exam forms, and consent forms for each person on the trip. Additional medical staff will accompany overnight trips to ensure that one professional (physician or nurse) will be present for each 100 campers and staff without special needs, and one professional for each 25 campers with special medical needs.

Day trips may or may not require that a medical professional accompany the group, depending on the nature and duration of the activity, environmental hazards at the activity location, the medical needs of the campers involved, and the skills (First Aid and CPR training) of the camp staff who will be participating. The Health Care Manager will review each instance of an out of camp field trip and determine if professional medical staffing is required. If camper medications will be due during the trip, then a doctor or nurse must accompany the trip to control and dispense the medications. Adequate staff will always be provided to meet the anticipated health needs of the participants. If a professional medical staff member is not required, then a camp staff member with First Aid certification will always accompany the group, and bring a First Aid Kit on the trip. Certified lifeguards will always be present for any water activity, as per ACA guidelines.

## **SERIOUS ILLNESS OR INJURY:**

Medical Director and Camp Director must be notified immediately in the event of a serious illness or injury. Appropriate First Aid and emergency care will be rendered by the camp staff and medical staff under the supervision of the Medical Director or Acting Camp Health Care Manager if the Medical Director is not on site. An injured person should not be moved until after evaluation by medical staff unless absolutely necessary. The Medical Director and/or Camp Director will decide when it is necessary and appropriate to notify family members of an illness or injury.

Camp Okizu at Berry Creek is in the 9-1-1 service area for Butte County. 9-1-1 service should be used for any emergency that might require monitored transport to the Emergency Room at Oroville Hospital. Enloe Hospital can provide helicopter air evacuation. A letter is sent each year prior to the camp season to notify the Sheriff, CDF Fire Department, County Emergency Services, County Environmental Health Officer, and the Hospital of the dates of our camp sessions and the anticipated medical needs of our campers.

A staff member will accompany any camper who requires off site medical care, and will bring copies of the health history/exam forms and the consent to treat as well as insurance information. The Medical Director or Acting Camp Health Care Manager will notify the family and primary treatment center of any injury or illness of more than a minor nature.

In the event that a camper becomes seriously ill, the Medical Director or Acting Camp Health Care Manager will be responsible to decide if air evacuation to a pediatric cancer treatment center is indicated.

Communication with any outside agency or press representative will be restricted to the Camp Director and the Medical Director.

In the event of an illness or injury that results in the death of a camper or staff member, the patient will not be pronounced by the camp medical staff unless prior arrangements have been made and the death is anticipated (camper on palliative care with active DNR order). Rather, 9-1-1 professionals will be called or patient will be transported to Oroville Hospital.

An Accident/Incident Report Form will be completed for any serious illness or injury. **Any cases of food borne illness or medically diagnosed contagious diseases must be reported to the county health officer as directed by the Butte County Department of Health.**

## **EMERGENCY TRANSPORTATION:**

The Medical Director or Acting Camp Health Care Manager will be responsible to decide what form of transportation is appropriate for any health care need.

A designated emergency vehicle will always be available near the Knights' Inn Health Center with keys in the ignition. Every attempt should be made to obtain specific permission from a parent/guardian if a camper is to be transported by private vehicle. If possible, the driver and one additional staff member should accompany the camper during transport.

Ambulance service is provided with activation of 9-1-1.

Life Flight Critical Care Transport can be requested for any camper requiring transfer to a pediatric cancer treatment center. Air transport is available for Stanford, UCSF, Oakland Children's, Kaiser Roseville, and UC Davis. Helicopter air evacuation is also available from Enloe Medical Center in Chico (530) 332-7300 – ask for dispatch.

## **RECORDS MANAGEMENT:**

All health forms, log books, and MAR's will be collected at the end of each camp session and delivered to the Camp Director or Camp Medical Director, who will insure that they are transported to the Okizu administrative office for storage. They must be kept for a minimum of 7 years or until the camper is at least 21 years old (whichever comes LAST).

**USEFUL PHONE NUMBERS:**

Camp Okizu at Berry Creek Office: (530) 589-6985  
Camp Okizu at Berry Creek Knights' Inn Health Center: (530) 589-6983  
Okizu Administrative Office (Novato): (415) 382-9083

Oroville Hospital Main (and ambulance dispatch): (530) 533-8500  
Oroville Hospital Clinical Laboratory: (530) 532-8322  
Oroville Hospital Emergency Room Nursing Desk: (530) 532-8334  
Oroville Hospital Inpatient Pharmacy: (530) 532-8378

Butte County Communicable Disease Reporting: (530) 538-7553; Health Officer: 538-2163  
CVS Pharmacy, Oroville: (530) 534-1554  
Rite-Aid Pharmacy, Oroville: (530) 533-8773  
Walgreen's Pharmacy, Oroville: (530) 534-1283  
Enloe Medical Center, Chico: (530) 332-7300  
California Pacific Medical Center, San Francisco (Sutter) (415) 600-0770  
John Muir Hospital Pediatric Oncology: (925) 941-4144  
Packard Children's (Stanford) Hem/Onc/SCT Office: (650) 497-8953  
Children's Hospital Oakland Hematology Clinic: (510) 428-3372  
UCSF Benioff Children's Hospital Children's Oncology Program: (415) 476-3831  
UC Davis Hem/Onc Office: (916) 734-2782 (9-5 weekdays) or 734-2011 after hours  
Sutter Medical Center Hem/Onc Office: (916) 469-9337, (916) 706-3632 [Fax]

Kaiser  
Oakland: (510) 596-6592  
Roseville: (916) 474-6483 [clinic RN]; 474-6750 [clinic MD]; 815-6587 [on-call MD page]  
(916) 474-2311 [Fax]  
Santa Clara: (408) 236-5070

**ADDITIONAL EXTERNAL MEDICAL RESOURCES:**

Consultation and advice may be obtained from the staff of the Hematology/Oncology programs at all referral centers at the above listed phone numbers. Available staff include physicians, nurses, and social workers or other mental health professionals. Physicians, nurses, and social workers are available at each center 24 hours a day, 7 days a week.

To activate emergency air transport, call the on-call Pediatric Hematologist/Oncologist for the facility to which transport is desired, and s/he will assist with the necessary arrangements.

## **FAMILY CAMP:**

### **SCOPE OF MEDICAL CARE PROVIDED:**

First Aid and illness and injury assessment

### **STAFFING GUIDELINES:**

A Camp Physician or Camp Nurse will be available at Family Camp to offer consultation and advice, and to provide First Aid or urgent care in the event of illness or injury. Medical staff will also facilitate the parent support meetings. A minimum of one physician or nurse will be available for each 150 campers and staff at Family Camp.

### **ROUTINE DAILY CARE DELIVERY:**

At Family Camp, the parents or other family members will provide all routine medical care. They will be responsible for providing all necessary medications, equipment, and supplies. Families will retain possession and control of their own medications and supplies. Medical staff at Family Camp will provide no medications, equipment or supplies except for First Aid Kits.

### **SERIOUS ILLNESS OR INJURY:**

Appropriate First Aid will be provided for any serious illness or injury. Transport will be arranged to the nearest Emergency Room (Oroville Hospital for Camp Okizu at Berry Creek) either by private car or by ambulance (call 9-1-1) based upon the judgment of the physician or nurse in attendance.

Communication with public agencies or press representatives will be restricted to the Camp Director or Medical Director.

An Accident/Incident Report Form will be completed for any serious illness or injury. **Any cases of food borne illness or medically diagnosed contagious diseases must be reported to the county health officer as directed by the Butte County Department of Health.**

## **TNT TRIPS AND TEEN WEEKENDS:**

### **SCOPE OF MEDICAL CARE PROVIDED:**

First Aid, illness and injury assessment, medication administration, routine line care

### **STAFFING GUIDELINES:**

A Camp Physician or Camp Nurse will accompany all TNT trips and teen weekend programs. The Medical Director will determine appropriate staffing levels to assure that there is at least one professional medical staff for each 100 campers and staff without special medical needs, and one professional medical staff for each 25 campers with special medical needs. The TNT Director, Trip Leader, or Teen Program Director will review applications and health forms with the Medical Director in advance of the trip to verify the needs of the campers and assure adequate medical staffing.

### **ROUTINE DAILY CARE DELIVERY:**

At TNT programs, campers and staff will be responsible for their own routine care, under the supervision of the medical staff. These adult campers will retain possession and control of their own medications, supplies and equipment unless they need assistance, in which case the medical staff will keep meds and supplies in their possession and assist the camper with care. At Teen Programs involving campers under 18, camper and staff medications will be collected by medical staff and kept in their physical possession or locked in a secure location at all times. No medications, supplies or equipment will be provided by medical staff except for First Aid Kits.

### **SERIOUS ILLNESS OR INJURY:**

Appropriate First Aid and urgent care will be rendered by camp staff and medical staff in attendance. Immediate transport to the nearest emergency room will be accomplished by private car (with specific parent/guardian consent if possible for minors) or by activating 9-1-1, depending on the nature of the illness or injury. The medical staff present will be responsible for ensuring that the appropriate mode of transport is chosen to provide safe care. A designated emergency vehicle will be available during TNT trips in close proximity to the activity.

Communication with public agencies or press representatives will be restricted to the Trip Leader and Medical Director or designee. Medical Director or designee will notify the family of any camper or staff member seriously ill or injured.

An Accident/Incident Report Form will be completed for any serious illness or injury. **Any cases of food borne illness or medically diagnosed contagious diseases will be reported to the county health officer as directed by the Butte County Department of Health.**

## **MEDICAL ADVISORY BOARD:**

Description: The Medical Advisory Board will have overall responsibility for health and safety policies as well as an advisory role in program and staff evaluation for Okizu, and will meet at least annually. The Medical Director shall serve as Chair of the Medical Advisory Board.

Reports to: Camp Director and Okizu executive leadership, and through the Medical Director to the Okizu Board of Directors for professional issues

Membership: Camp Medical Director, Camp Director, Okizu executive leadership, Camp Program Director, Teen Program Director, Camp Head Nurse (Oncology), Camp Head Nurse (SIBS), a physician or nurse representative of each participating treatment center, a psychosocial professional (social worker, psychologist, psychiatrist) from one of the participating treatment centers, Chairman of the Okizu Board of Directors (ex officio). Other camp staff or medical staff may be invited to participate in the meetings of the Medical Advisory Board by the Medical Director or Camp Director.

Responsibilities:

- Meet annually to review camper behavior and staff performance issues, and to evaluate program needs
- Comprehensive review and approval of the Okizu Health and Safety Policies and Procedures and Camp Okizu Health Care Plan at least every three years
- Advise Camp Director and Okizu staff about staff recruitment and retention
- Advise Board of Directors about program needs
- Advise Medical Director about Health and Safety Policies
- Report back to treatment centers about Okizu Programs
- Recruit campers and medical staff for Siblings Camp, Oncology Camp, Family Camp, TNT programs, and Teen programs
- Review annually:
  - ACA Foundation Practices
  - ACA Accreditation Standards
  - Risk Exposure Analysis
  - Incident/Accident Reports

## OKIZU JOB DESCRIPTION

**POSITION:** Medical Director

**QUALIFICATIONS:** M.D. or D.O. degree; Board Certified in Pediatric Hematology and Oncology; familiarity with current treatments for children with cancer and blood disorders; familiarity with ACA health and safety standards; works well with children, camp staff and medical staff; excellent leadership and communication skills; currently licensed to practice medicine in the state of California.

**REPORTS TO:** Board of Directors

**RESPONSIBILITIES:**

- I. All Okizu staff are responsible for the safety, health and general welfare of all campers with whom they come in contact; to interpret the safety and health regulations to other staff and campers; to be alert for any signs of illness or fatigue in staff or campers and report such to a camp physician or camp nurse; to support and carry out all policies and procedures of Okizu; to avoid the use of abusive language whenever campers are present; and to keep confidential all personal and/or medical information to which they are privy as a result of the performance of their duties for Okizu.
- II. In addition, the Medical Director has specific responsibilities as follows:
  1. To work closely with the Camp Director to ensure overall health and safety of the camp environment
  2. To review and approve all health and safety policies and procedures annually, with consultation from the Camp Director, other camp healthcare staff, and professional staff from referring centers
  3. To supervise general sanitation throughout the camp environment
  4. To review and approve all health related forms
  5. To serve as Health Care Manager for all Camp Okizu Programs when on site, and to designate a medical staff member to serve as Acting Health Care Manager when off site
  6. To supervise other health care professionals at camp (physicians, nurses, psychosocial staff, child life or recreation staff)
  7. To ensure that adequate professional medical staff is present at all Camp Okizu Programs
  8. To review medical staffing needs for all out of camp trips, and to designate appropriate staff to accompany off site groups
  9. To promulgate standard protocols for routine health care at resident camp and review annually
  10. To oversee health screening of all staff and campers on arrival at resident camp
  11. To coordinate crisis management with the Camp Director
- III. **Essential Functions:** see page 27.

## OKIZU JOB DESCRIPTION

**POSITION:** Head Nurse (Oncology or SIBS)

**QUALIFICATIONS:** RN degree; familiarity with ACA health and safety standards; works well with children, camp staff and medical staff; good leadership and communication skills; excellent organizational skills; current California nursing license. In addition, for oncology camp only, experience in Pediatric Hematology and Oncology nursing and familiarity with current treatments for children with cancer and blood disorders.

**REPORTS TO:** Medical Director

**RESPONSIBILITIES:**

- I. All Okizu staff are responsible for the safety, health and general welfare of all campers with whom they come in contact; to interpret the safety and health regulations to other staff and campers; to be alert for any signs of illness or fatigue in staff or campers and report such to a camp physician or camp nurse; to support and carry out all policies and procedures of Okizu; to avoid the use of abusive language whenever campers are present; and to keep confidential all personal and/or medical information to which they are privy as a result of the performance of their duties for Okizu.
- II. In addition, the Head Nurse has specific responsibilities as follows:
  1. To act as liaison between Medical Director and nursing staff
  2. To schedule nursing coverage throughout all camping sessions
  3. To supervise Camp Nurses
  4. To render First Aid and nursing care according to Okizu Policies and Procedures and standard protocols
  5. To coordinate health screening for staff and campers upon arrival at resident camp
  6. To prepare the Session Calendar for each session of resident camp
  7. To assist with the preparation of the Medical Alert List for each session of resident camp
  8. To organize medications and dispense according to physician orders
  9. To oversee medication delivery system, verify medication needs with campers on arrival, and prepare Medication Administration Records
  10. To maintain the Medical Log and Medication Administration Records
  11. To collect data from medical forms for the American Cancer Society report and other funding agencies as required
  12. To organize the Knights' Inn Health Center
  13. To maintain inventory of supplies and medications and keep First Aid Kits stocked
  14. To monitor daily sick calls and communicate with parents
  15. Secure Schedule II and III controlled substances as prescribed by law.
- III. Essential **Functions:** see page 27.

## OKIZU JOB DESCRIPTION

**POSITION:** Camp Physician

**QUALIFICATIONS:** M.D. or D.O. degree; Board eligible or certified in Pediatrics or Family Practice; familiar with ACA health and safety standards; works well with children, camp staff, and medical staff; currently licensed to practice medicine in the state of California. In addition, for oncology camp only, Board eligible or certified in Pediatric Hematology and Oncology (or equivalent training and experience) and familiar with current treatments for children with cancer and blood disorders.

**REPORTS TO:** Medical Director

**RESPONSIBILITIES:**

- I. All Okizu staff are responsible for the safety, health and general welfare of all campers with whom they come in contact; to interpret the safety and health regulations to other staff and campers; to be alert for any signs of illness or fatigue in staff or campers and report such to a camp physician or camp nurse; to support and carry out all policies and procedures of Okizu; to avoid the use of abusive language whenever campers are present; and to keep confidential all personal and/or medical information to which they are privy as a result of the performance of their duties for Okizu.
- II. In addition, the Camp Physician has specific responsibilities as follows:
  1. To evaluate, diagnose and render treatment to ill or injured campers
  2. To order laboratory tests and prescribe medications as indicated
  3. To assist in health screening for campers on arrival at camp
  4. To dispense medications as ordered
  5. To maintain the Medical Log and Medication Administration Records
  6. To assist with Knights' Inn Health Center organization and data collection
  7. To maintain medication delivery system, verify medication needs, chart medications as dispensed
  8. To assist the Medical Director and Camp Nurses in the interpretation and implementation of Okizu health and safety policies and procedures
- III. **Essential Functions:** see page 27.

## OKIZU JOB DESCRIPTION

**POSITION:** Camp Nurse

**QUALIFICATIONS:** RN degree; familiarity with ACA health and safety standards; works well with children, camp staff and medical staff; current California nursing license. In addition, for oncology camp only, has experience in Pediatric Hematology and Oncology nursing and familiarity with current treatments for children with cancer and blood disorders.

**REPORTS TO:** Medical Director, Head Nurse, and Camp Director

**RESPONSIBILITIES:**

- I. All Okizu staff are responsible for the safety, health and general welfare of all campers with whom they come in contact; to interpret the safety and health regulations to other staff and campers; to be alert for any signs of illness or fatigue in staff or campers and report such to a camp physician or camp nurse; to support and carry out all policies and procedures of Okizu; to avoid the use of abusive language whenever campers are present; and to keep confidential all personal and/or medical information to which they are privy as a result of the performance of their duties for Okizu.
- II. In addition, the Camp Nurse has specific responsibilities as follows:
  1. To render First Aid and nursing care according to Okizu Policies and Procedures and standard protocols
  2. To assist with health screening for staff and campers upon arrival at resident camp
  3. To dispense medications as ordered
  4. To maintain the Medical Log and Medication Administration Records
  5. To assist with Knights' Inn Health Center organization and data collection
  6. To maintain medication delivery system, verify medication needs, chart medications as dispensed
  7. Secure Schedule II or III controlled substances (both stock and from camper/staff supplies) under lock and key, and maintain an administration log in a manner as prescribed by law
  8. To assist the Medical Director and other medical staff in the interpretation and implementation of Okizu health and safety policies and procedures
- III. **Essential Functions** for all physician and nurse job descriptions: Read and interpret camper and staff medical information; identify and administer medications; assess state of camper and staff health and determine if illness or injury is present; render appropriate care to ill or injured campers or staff; maintain appropriate records of medical care provided; lift disabled or injured campers or staff in and out of bed, in and out of the tub, on and off the toilet as necessary; understand and convey instructions or information in an emergency.

## OKIZU JOB DESCRIPTION

**POSITION:** Psychosocial support staff

**QUALIFICATIONS:** MSW, LCSW, Ph.D. Psychologist, M.D. Psychiatrist, MFCC, Recreation or Child Life Therapist; trained in the care of pediatric patients with chronic or life threatening illnesses; familiarity with ACA health and safety standards; works well with children, camp staff and medical staff

**REPORTS TO:** Medical Director and Camp Director

**RESPONSIBILITIES:**

- I. All Okizu staff are responsible for the safety, health and general welfare of all campers with whom they come in contact; to interpret the safety and health regulations to other staff and campers; to be alert for any signs of illness or fatigue in staff or campers and report such to a camp physician or camp nurse; to support and carry out all policies and procedures of Okizu; to avoid the use of abusive language whenever campers are present; and to keep confidential all personal and/or medical information to which they are privy as a result of the performance of their duties for Okizu.
- II. In addition, the psychosocial support staff have specific responsibilities as follows:
  1. To assist the Medical Director and other medical staff in the interpretation and implementation of Okizu health and safety policies and procedures
  2. To provide counseling and emotional support to campers and staff
  3. To advise camp staff regarding management of behavior problems
  4. To assist with programming for "therapeutic value"
  5. To assist the Medical Director with peer group facilitation
- III. **Essential Functions** for psychosocial support staff: Ability to read and interpret camper medical and psychosocial information, ability to establish rapport with campers and staff, ability to move about the camp property to accompany campers engaged in various activities, ability to hear, understand, and communicate to others instructions or information in an emergency.

## STOCK MEDICATIONS AND SUPPLIES

### IV/IM Medications and Supplies:

Ceftazidime 1 gm vial #2  
Vancomycin 500mg IV #2  
Tobramycin 1.2 gm vial #2  
Nafcillin 1 gm vial #2  
Piperacillin/Tazobactam (Zosyn) 2.25 gm vial #2  
Epinephrine 1:10,000 syringe 10 ml #1  
Epinephrine 1:1,000 1 ml ampule #1  
Epinephrine auto-injector Jr and Adult 6 sets  
Atropine syringe 5ml #1  
Dextrose syringe 50% 50 ml #1  
Diazepam injectable 2 ml (10mg) vial #2  
Lorazepam 2mg/mL single use 1 ml vial #2  
Diphenhydramine injectable 50 mg/ 1ml ampule #2  
NS IV bag 1 liter #2  
Heparin 1:100 for port flush #4  
Huber needles for port access #2  
IV access catheters and tubing, various sizes  
Phlebotomy needles and syringes  
Laboratory tubes and blood culture bottles

### Oral/Topical Medications/Other:

#### Antibiotics:

Pen VeeK 250 mg tabs #40  
Amoxicillin 250 mg caps #30  
Zithromax "Z-pak" #2  
Dicloxacillin 250mg caps #40  
Septra single strength tabs #30  
Tinactin antifungal spray can #4  
Lotrimin antifungal cream tube #2  
Antibiotic ointment individual packets box #1

#### Antihistamines:

Loratidine 10mg tabs #100  
Loratidine syrup 5mg/5mL #2  
Cetirizine 5mg tabs # 100  
Cetirizine syrup 1mg/1mL #2  
Diphenhydramine elixir 12.5mg/5mL #2  
Diphenhydramine 12.5mg caps #20  
Diphenhydramine 25mg caps #50

Analgesic/anti-inflammatory/anxiolytic:

Acetaminophen oral suspension 160mg/5mL 120mL #2  
Acetaminophen 80mg chewable tabs #100  
Acetaminophen 160 mg tabs #50  
Acetaminophen 325 mg tabs #500  
Acetaminophen 500 mg tabs #200  
Ibuprofen oral suspension 100mg/5mL 120mL #1  
Ibuprofen 200mg tabs #500  
Naproxen 220 mg tabs #100  
Exedrine Migraine caplets #24  
Vicodan tablets # 20  
Ativan tabs 1 mg # 20

Cough/cold/decongestant:

Phenylephrine tabs 10mg #50  
Dimetapp elixir #2  
Robitussin Children's Cough and Cold #1  
Robitussin DM #1  
Dayquil #1  
Nyquil #1  
Cough drops various 3 bags  
Benzocaine throat spray #1  
Benzocaine throat lozenges #1

GI Meds:

PeptoBismol 16oz bottle #2  
Dramamine 50mg tabs #20  
Loperamide 2mg caps #25  
MiraLAX 30 dose bottle #2  
Colace caps 100mg #50  
Fiber Gummies #50  
Ondansetron ODT 4mg #30  
Senokot tabs #50  
Ranitidine 150mg tabs #20  
TUMS tabs #150  
Mylanta Regular 12 oz bottle #1  
Simethicone tabs 80mg #25  
Lactaid lactase supplement tabs #24

Anti-itch:

Hydrocortisone cream 1% #4 tubes  
Diphenhydramine cream 1 oz. #4 tubes  
Diphenhydramine spray 2 oz bottle #4  
Caladryl/Calamine lotion 6 oz bottle #2

Chemotherapy agents:

Prednisone 5 mg tabs #20  
6-mercaptopurine 50mg tabs #10  
Methotrexate 2.5mg tabs #20

Eye/ear/nose/mouth preparations:

Gentamycin Ophthalmic GTTS 10 cc #1  
Na sulamyd 10% ophthalmic gtts 10cc #2  
Allergy eye drops #2  
Redness eye drops #2  
Saline eye wash #2  
Cortisporin Otic gtts 10cc #1  
Swimmer's ear drops #2  
Swim ear plugs box #1  
Afrin nasal spray #2  
Saline nasal spray #2  
Orajel mouth sore topical gel #1  
Chapstick #12

Rescue medications:

Albuterol inhaler (metered dose) #5  
Diazepam rectal 10 mg delivery system #1 and 20 mg delivery system #1  
O<sub>2</sub> tank with nasal cannula and mask delivery #1

Miscellaneous:

Epsom salts #2  
Sunscreen SPF 30 or higher hypoallergenic #6  
Insect repellent large spray can #6  
EMLA cream 30 gm #1  
Permethrin lice shampoo #10  
Thermometer #3 (oral and otic)  
Thermometer covers for each  
Medication cups (sleeve) #4  
\*Tissue box #4  
\*Tissue pocket pack #12  
\*Paper bags (size #8) #500  
\*Ziplock bags quart size #200  
\*4 oz paper drinking cups #500  
\*Feminine hygiene products

\*May be available from camp stock; check with admin staff/kitchen staff  
Generic equivalent products are acceptable for any medication listed

**First Aid Supplies:**

Antibiotic ointment individual packets 144/box #1  
Vaseline 13oz bottle #2  
Silver sulfadiazine cream 1% 30gm  
First Aid Spray #3  
Solarcaine spray cans #2  
Aloe gel topical #1  
Paper Tape ½ inch #3 rolls  
Paper Tape 1 inch #3 rolls  
Paper Tape 2 inch #3 rolls  
Adhesive tape #1 roll  
Eye Tape 1 inch #3 rolls  
Coban self-adherent wrap 2 inch #3  
Coban self-adherent wrap 3 inch #2  
Coban self-adherent wrap 4 inch #2  
Ace wrap 2 inch #4  
Ace wrap 3 inch #4  
Ace wrap 4 inch #2  
Gauze roll 2 inch #4  
Gauze pads 2x2 inch sterile box of 100 #2  
Gauze pads 4x4 inch sterile box of 50 #2  
Telfa pads 3x4 inch 50/box #1  
Moleskin 2x2 inch 10/box #2  
Cold packs #6  
Warm packs #4  
Peroxide 500 mL bottle #3  
Betadine 500 mL bottle #3  
Isopropyl alcohol 70% 250mL bottle #2  
Band-Aid strips various sizes and patterns 6 boxes  
X-Large Band-Aids 2 boxes  
Band-Aids various shapes/sizes 2 boxes  
Liquid bandage spray #2  
Q-tips 200/box #2  
Cotton balls 200/bag #2

**Hygiene Supplies:**

Hand Sanitizer #3  
Toothbrush #12  
Shampoo #12  
Razors (disposable) #6

Deodorant (travel size) #6  
Toothpaste #12  
Soap #12