



# Medical & Leadership Manual

*(revised January 2026)*

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## Roles, Responsibilities and Job Descriptions

### **Cabin Nurse Responsibilities**

As a cabin nurse you will:

- Distribute all medications assigned to campers
- Provide first aid and emergency responses as needed
- Communicate all medical concerns with Lead Nurse and/or camp doctors
- Record camper medical concerns in health log located in the health center
- Support and assist as needed with camp activities and campers in your cabin
- Support the Lead Nurse in the health center when needed
- Participate in all camp activities as an awesome role model
- Sign up for the following shifts / these vary per camp location & session:
  - O2 and transport packs on bus
  - Clean cabin checks/award
  - Polar bear

### **Camper Registration**

Parents will meet with you individually at registration and check in camper meds. Review the MAR and go through the health screening check-in sheet. Parents initial the top of the MAR. Be sure to go through the checklist at the bottom. Once all the kids are checked in, MN boards the bus. Bring your med bin with you on the bus. WI – most campers check in at camp, some ride the MKE or Chicago bus with medical personnel. That person will hand over meds to you upon bus arrival.

### **Camp Arrival**

- **You are responsible for keeping your med bin with you until it can be locked away in the health center**
- You will have time on the first day of camp to set up all your meds for the week.
- Medication distribution is typically at meals and during evening snack or at cabin closing.
- Get a backpack, walkie, and med room key / code from Lead Nurse.

### **At Camp**

- Please stay with your cabin as much as possible. You are the eyes and ears of the medical team.

- Nurses sign up to check for clean cabins/wet beds. If you signed up, you will check beds during the first morning rotation. You will have a partner to do this. Be sure to talk to your partner at breakfast to set up a meeting time and place. After you have checked the cabins, bring any soiled bedding to the health center. The lead nurse will wash the bedding. Then join your cabin for morning activities.
- Pick the cleanest two cabins. Be prepared to award two cabins at lunch (please remain gender neutral and call the cabin name only).
- **Nurses are with their cabin during rest hour.** This is the time cabin counselors get their break each day. Please come to lunch prepared with a book or whatever you'd like to keep you company during rest hour.
- Nurses' break time during the day is during shower hour and after staff meeting.
- There must be medical staff on each boat during waterfront. Please be prompt when called to waterfront so all the boats can get on the water.
- If your camper gets injured (even a minor scrape or fall) or you distribute an over-the-counter medication, please record it in the Health Center Log. **Everything must be documented!**

### **Last Day of Camp**

- There will be designated boxes for campers meds. In MN - If your camper is getting picked up AT CAMP please pull their meds on that morning and place them in the "PICK UP" box in the health center. IN WI – if your camper is riding the CHICAGO or MILWAUKEE busses, please put meds in those in designed boxes.
- Clean out your backpack. Return your Walkie Talkie (and charger) and Health Center keys before the Candle Ceremony.
- File MAR paperwork into the camper file.
- Pack up your meds and keep with you...

### **Camper Check-Out**

For campers riding the bus, all parents must check out with Odayin staff. Return their meds and any medical devices, If they had any notable Health Center visits (i.e. came in every day with a headache) talk to the parent/guardian about them.

### **Camp Doc/Cardiologist Responsibilities**

The volunteer cardiologists at Camp Odayin are on call for any medical emergencies. At all times during the day, doctors have their walkie talkies ON. They rotate evening call. Camp cardiologists monitor overall camper health and wellbeing throughout the week and provide first aid and emergency responses as needed.

### **First Day of Camp**

- All doctors need to be at camper registration to meet families and the medical team. Doctors either ride the bus, follow the bus in their car, or arrive directly at camp. Grab your staff t-shirt, schedules, & cell phone contact list.
- Check in at the health center upon arrival at camp to meet with Lead Nurse. You will receive a walkie talkie and this is to be turned on and volume up for your entire time at camp. These are used for emergency purposes and leadership staff communication. Nurses and counselors are on a separate channel than medical personnel and directors.

- You will take the transport pack (AED, first aid supplies, emergency meds) and oxygen tank and head to the waterfront / ropes / designated location to provide medical coverage as the nurses are putting together camper meds for the week. Open and review contents of these transport packs.
- Sign-ups (vary per camp session & location):
  - Horseback riding
  - Morning water rotations
  - Evening overnight call
  - Polar bear
  - High Ropes Course

### **Other Information**

- If you bring your family to camp, your partner/supervising adult needs to do a background check and sign a waiver. You will receive an email with instructions. Children of our doctors may not become a part of a cabin where Camp Odayin staff are responsible for their supervision. Your children can certainly participate in Camp Odayin activities but need to always have a parent (a separate adult w/o responsibilities at camp) with them. For waterfront sign ups, please refrain from allowing your children to sign up for waterskiing, tubing, and all the other water sports. Camp Odayin campers have priority for these activities.
- As we expect our campers and staff to arrive at camp healthy, we expect the same from your family members. Upon arrival at camp the lead nurse will conduct a health screening for you and your family (same form we have campers and all staff complete upon registration).
- Doctors each rotate a night being “on call” where you will sleep with your walkie talkie ON. Please send a test message to the Lead Nurse before you go to bed to ensure it’s working correctly and charged!
- Doctors have different housing options at camp depending on if their family is attending, or the doctor is attending solo. Housing will be shared with you prior to your arrival at camp.
- Doctors are always in charge of the transport packs.

### **MINNESOTA:**

- Polar Bear – at the gazebo by 7:30 AM
- AM – one suitcase goes to horses, and one goes down to waterfront. Doc assigned to each oversees bringing them along.
- Waterfront – both are brought down to the beach in the afternoons. One on a boat, one on dryland. Please be at the beach by 2:30 each day.

### **WISCONSIN:**

- Ropes course
- Waterfront
- At all meals and large group activities

### **Lead Nurse Responsibilities**

The lead nurse at Camp Odayin each week manages the health center and supervises all the nurses. They oversee medication distribution, check emergency supplies and machines daily, review the health center log daily and ensure all forms and paperwork are filled out properly and completely. The lead nurse sleeps in/near the health center.

## **Emergency Equipment and Meds**

- MN - We bring 2 transport packs and oxygen back and forth from camp each week so there is one on each bus. This operates as a triad – all three things together: O2, red duffle bag and black suitcase. Each morning, one transport pack always goes to horseback riding – the other one spends the day at the waterfront – brought down at polar bear and brought back at the end of waterfront.
- WI – transport packs are always at the ropes course, water front, meals and large group activities
- On the first day at camp, please check the contents of the pack and replenish as necessary (content list is laminated in each pack)
- Perform safety checks daily on all equipment.
- A third set of emergency meds is in the health center and stays there throughout the session.

## **Staff Training**

- Conduct cardiac awareness / medical training & medical emergency procedures with all staff.
- Conduct medical training for nurses and physicians.
- Support online file review prior to camp as needed for questions & review all the files of the campers in your session.
- Assign nurses tasks as needed – bus equipment, clean cabin awards, polar bear, housing assignments...
- Health Screening
  - Check in with each staff member individually and fill out current health sheet.
  - Check with each cabin nurse for any camper concerns.
- Review First Day Nurse schedule— getting meds sorted out, waterfront coverage, etc.

## **Checklist for the Bus (MN)**

- Oxygen tanks (one on each bus), Nasal cannulas (adult and peds), Mask (adult and peds), regulator and wrench for each tank.
- Two suitcase emergency transport packs (one on each bus) with red first aid kits.
- Cooler for refrigerated meds (one on each bus if necessary).
- Crate of camper and staff files with the lead nurse and Summer Camp Director on the bus.
- Emergency phone numbers, cell phone.
- Lead Nurse should ride the bus with the camp director who will have the camp cell phone.

**\*\*\*MAKE SURE ALL OF THESE ITEMS COME OFF THE BUS UPON ARRIVAL AT CAMP AND UPON RETURN**

## **Checklist for the buses (WI)**

- Email extra copies of MAR & camper health check in sheets to volunteers riding the bus
- Connect them with the bus driver the week prior to camp
- Have volunteer bring a laundry basket or large container to check in meds, as well as a small cooler

## **Other Thoughts**

- File each health questionnaire for camper and staff in their respective files – and all paperwork
- Pull STAFF red files out of crate and put in your room for confidentiality
- The Health Center log will be reviewed daily by the lead nurse to watch for trends, etc.

**MN:**

- Introduce yourself to the bus drivers and identify yourself as the lead nurse
- Make sure drivers are aware that they always stay together and do not stop or leave another bus behind
- There may be other cars following (usually MDs)
- BRING STAFF MED BOX OFF THE BUS to circle of benches – keep med box with you until you lock into health center.

**WI:**

- Recruit medical volunteers to ride the MKE and Chicago busses
- Reach out to the volunteers riding each bus before check in and email them forms and what they need to bring to registration – cooler for refrigerated meds, laundry basket(s) or large tote for meds, copies of MAR sheets for parents that forget.
- Connect with them once the busses have left to note arrival time at camp
- Each staff member brings their own meds to the health center prior to camper arrival

**First Day Afternoon**

- Tour of health center for nurses and new docs
- Get walkie talkies for MD's and review MD training/responsibilities/transport pack check out
- Review how to use walkies
- Sign-ups for clean cabin/MD call/horseback riding/polar bear – varies per session / location

**Miscellaneous**

- **Laundry:** There are laundry facilities in the bottom of Husby, and Timberlane (MN) and in Watson (WI) to wash soiled sleeping bags. Laundry facilities are not for Odayin nurse/counselor personal use. Lead nurse has master key to get into laundry facility. Wash and replace bedding before lunch.
- **Horseback Riding (MN) :** The Camp K person should be reminded that they are in charge of putting the transport pack in the van and making sure there is a doctor either in one of the vans or riding immediately behind the van caravan. All vehicles must stay together.
- **MN Keys for Med Room:** On the first day of camp there will be keys on lanyards for each nurse and each doctor at camp. They are to check these out with you and check them back in with you on Friday. Please give back to Camp Knutson director/leadership at the end of each week.
- **WI there is a code and/or a lock box to get into the health center**
- **Backpacks:** On the last day of camp before we leave, please collect all backpacks and keys from nurses. Please clean them out and wipe down. In MN, these stay at Camp K in storage.

**Meeting with Nurses to Review Last-Day-Of-Camp Stuff**

- Keys turned in
- Forms filled out
- Meds of kids getting picked up / on busses
- Clean out back pack
- Walkies turned in
- File everything else!!!!

- Check out procedures for hotel / Angel Flight / camp pick up / busses

### **Last Day at Camp**

- Do inventory check of supplies we either need for the next week, or for next summer if the last week of camp.
- Pull meds of campers getting picked up at camp or Angel Flight

### **Camper Check-Out**

- Staff get meds returned
- Refrigerated meds back to campers
- Collect empty med bins
- Parents sign off on check out sheet – meds, bedding, luggage...

## **Nursing Director Job Description - must be licensed RN**

### **Leadership**

- Work with the Executive Director and Medical Director to provide the direction and vision of Camp Odayin from a medical perspective
- Liaison between nurses and cardiologists
- Cabin Nurses report to the Lead Nurse – who reports to the Nursing Director
- Be a leader among the staff
- Check in with Lead Nurse each week of camp during camp

### **Safety**

- Assure the safety of our campers by annually reviewing, creating, and implementing emergency and treatment procedures.
- Establish and review inventory of medical supplies and equipment.
- Assist with appropriate camper placement in cabins according to medical needs prior to camp as needed.

### **Education**

- Conduct cardiac awareness / medical training to summer staff at staff training day prior to camp sessions

### **Staff**

- Actively recruit medical staff throughout the year.
- Work in conjunction with the Camp Odayin Medical Director to oversee all medical components of camp.

### **Network**

- Connect with other nurses whenever possible to promote Camp Odayin and its mission.

### **At Camp as Lead Nurse**

- Create cabin nurse daily activity and health center schedule for the week
- Oversee medicine distribution
- Check emergency supplies on a daily basis
- Provide first aid and emergency responses as needed

- Re-assign duties if necessary
- Maintain health center log
- Maintain communication with parents as needed

### **Camp Odayin Medical Director Job Description - must be licensed MD**

#### **Leadership**

- Provide Medical coverage for Residential camp for a minimum of one camp session
- Work with the Camp Odayin Executive Director and Nursing Directors to provide the direction and vision of Camp Odayin from a medical perspective
- Act as a medical resource to Camp Odayin staff

#### **Safety**

- Assure the safety of our campers by annually reviewing, creating, and implementing emergency and treatment procedures.
- Review camper applications, medical forms and accept campers that qualify for Camp Odayin
- Provide first aid and emergency responses as needed

#### **At Camp**

- Work in conjunction with the Camp Odayin Lead Nurses to oversee all medical components of camp
- Meet with medical team daily at camp and provide leadership among medical team
- Read the health log at the end of each day and ask Lead Nurse any questions
- Bring transport packs to all the places – waterfront, ropes, horseback riding, meals – site specific
- Recruit medical staff and assist in the coordination of the scheduling and registration

#### **Network**

- Connect with other Pediatric Cardiologists whenever possible to promote Camp Odayin and its mission

### **Camp Odayin Program Director Job Description**

- Plans & executes summer camp by coordinating with partner camps and evaluating the program & staff to ensure a successful, safe experience for campers and volunteers.
- Develop and deliver staff training to all volunteers at pre-camp staff training & staff meetings.
- Support campers who are struggling to adjust, need extra attention, or have a behavior support plan. Communicate with parents during camp, when necessary.
- Collaborate with our medical team to maintain the health & safety of campers, volunteers, and leadership.
- Provide the Executive Director with any claims, incidents or allegations involving campers or staff immediately.
- Supervise, address conflicts / issues, & support counselors while at camp.
- Enforce staff policies, follow up with a volunteer when a policy is violated, and collaborate with the Executive Director, Nursing Director, and/or Lead Nurse as needed. Our progressive disciplinary plan is:
  - Share concerns, reiterate expectations, and follow up to support them in making changes accordingly.

- o Call or email the volunteer to share feedback from co-staff evaluations and discuss what needs to be improved. The volunteer must agree to meet the goals set by the Director to return as a counselor or nurse.
- o Set up 2-4 meetings with the volunteer to discuss progress, set goals, and provide support to develop leadership skills.
- o In some cases (post camp), call or email the volunteer to tell them their application will not be considered in the future.



## Medical Criteria, Training, Procedures, Policies, and Precautions

### Medical Criteria for Accepting Children to Camp Odayin

Camp Odayin is a place specifically for children with heart disease. To have an application reviewed by our medical team, the child must meet the following requirements:

- The child's primary health issue is heart disease
- The child has knowledge of their heart disease and functions cognitively within 1-2 years of their age
- The child is seen by a cardiologist on a regular basis
- The child is either on a cardiac medication or has had a surgical intervention

In addition, campers attending an in-person camp, other than Family Camp and virtual programs, must fulfill these essential functions:

- The child must be independent in living skills and daily self – care (dress, shower and eat independently and is self- sufficient during their school day)
- The child participates and effectively interacts in group-based activities
- The child adjusts successfully to a community living environment
- The child demonstrates nonaggressive, cooperative behavior

When a child applies who has other diagnoses, illnesses, disabilities (physical or developmental), or diseases, Camp Odayin reviews those files, including their IEP and/or 504 plans, within a few weeks of submission to determine if Camp Odayin is an appropriate fit for the child. We regret that Camp Odayin does not have the facilities or the staff to care for children with developmental, cognitive, or physical disabilities that require one-on-one support.

Still not sure if you should apply? Check out these questions that serve as examples of abilities and behaviors that typically results in a successful Camp Odayin experience:

Does the child...

- accept and follow directions?
- respect others' personal space?
- adjust to sleeping in a new setting and communal living?
- tolerate unexpected changes in schedule?
- advocate for their own needs?

## Medical Staff Training

### Lead Nurse training of Cabin Nurses

RN breakout: Estimated 60 minutes

Handouts:

- Week at a glance / schedule
- Cabin Roster
- Spreadsheet of all campers (dx, ht, wt, transport info)
- Camper medical screening forms
- Extra MARs for check-in PRN (parents are to bring these, extra few in case they forget)

Content	Notes
Thank you and introductions (Name, place of employment, nursing background)	Give binders to RNs and MDs (if present)
Questions about the role of the camp nurse?	Page 3-4 in medical manual.
Check in procedure <ul style="list-style-type: none"> <li>● Lead nurse / doctor will direct families to you for 1:1 with camper &amp; guardian</li> <li>● Fill out health screening form</li> <li>● MAR <ul style="list-style-type: none"> <li>○ EVERY kid needs one for weight and PRNs</li> <li>○ Meds at set times or flexible?</li> <li>○ Medications they CANNOT take (bottom of form)</li> <li>○ Parent needs to initial top right corner where it says "for nurse use only"</li> </ul> </li> </ul>	Reminder of health screening form for EACH staff member (lead nurse does that) AND camper on day of check-in.
Take camper medications- into cabin bin or refrigerated cooler (MN only)	
Show med pour PPT and discuss/questions <ul style="list-style-type: none"> <li>● Remind that meds are given at mealtimes and evening snack or cabin closing unless otherwise directed</li> </ul>	Discuss timing of doing meds on first day and where to go after meds are done
AED training video	~ 3 minutes – everyone must watch for their site-specific equipment
Other equipment <ul style="list-style-type: none"> <li>● AED, airway, and medications- open bags and show contents</li> <li>● Show and briefly explain Kardia</li> <li>● O2 – spike tanks</li> </ul>	AED, emergency meds & o2 are a triad that travel together.  Note who has IV skills
Show and explain Health Center binder <ul style="list-style-type: none"> <li>● Documentation logs</li> <li>● LOG – must document by the end of each day</li> <li>● The log pages are numbered (1 of 15, 2 of 15, etc) and cannot be removed from the log for any reason</li> <li>● When to use which form <ul style="list-style-type: none"> <li>○ Any time they see a doctor, it should receive an incident form!</li> </ul> </li> </ul>	Better to OVER document with incident form than UNDER document

Sanitary procedures to deal with infectious waste <ul style="list-style-type: none"> <li>Red bags for anything that was used to soak up blood</li> <li>Disposal of needles</li> </ul>	
Discussion of arrival at camp <ul style="list-style-type: none"> <li>On-site handoff for nurses PRN</li> <li>On-site check-in for campers</li> <li>Schedule after arrival</li> <li>Keep med bin on your person until locked into the health center</li> <li>You will receive a key or a code to access the health center</li> <li>Review communication strategy - when on walkie and when on cell</li> <li>What is your role during rest hour</li> <li>Let lead nurse know if you need a break in addition to shower hour</li> <li>Participate! Play! Have FUN!</li> </ul>	MENTION Walkie-talkie assignment and explain new cell phone policy. clean cabin/specialty event assignment and backpack preparation
Emergency Procedure – learn & create 2 skits to share with counselors/large group. Lead nurse introduces the skits and debriefs after. <ul style="list-style-type: none"> <li>Mental health de-escalation techniques</li> <li>Cardiac emergency</li> </ul>	Reminder to inform counselors of camper specific signs/interventions
When on-site: <ul style="list-style-type: none"> <li>Orientation to layout of health center, location of files, etc.</li> </ul>	

**With ALL staff each session:**

- Staff medical screening forms – 1:1 with you as lead nurse
- Gather staff meds
- Be prepared to share with your information about each of the campers in your cabin with your co-staff when you re-join the larger staff training group

**Sign ups:**

- Bus equipment (MN)
- Clean cabin sign up and routine/bed checks/laundry
- Walkie Talkie check out
- Housing (MN)
- Horseback riding (MN)
- MD locations and evening call

**BEFORE loading the bus (Minnesota Only)**

- Ice for refrigerated meds
- Double check all equipment was loaded

**Wisconsin MKE and Chicago bus arrival:**

- Medical person on bus meets with cabin nurses to distribute camper medications, MAR from parents and health screening sheets.

**At Camp:**

- Help MD get kardia app – personal email required on own phones
- Give MD's staff t-shirt, schedules, cell phone list, roster, etc.
- Dispense med room keys / code
- Please keep health center bins organized and keep supplies in labeled bins

- Any reports made to DHS or anything significant at camp – let Executive Director know right away
- If you are the lead nurse for the last session of camp (MN):
  - Please complete the inventory checklist to we know what to purchase for next year
  - MN - Any OTC meds that will expire before the next summer, but not before Winter Camp – pack up to bring back to WHQ & Pack up the bin labeled “3<sup>rd</sup> set of emergency meds” and bring back to Odayin WHQ

## Safety and Universal Precautions

Universal precautions were instituted by the Center for Disease Control in the 1980s to protect health care providers from contracting infectious diseases. The rule of universal precautions is that all caregivers use precautions when coming into contact with body fluids - blood, urine, vomit, etc. or materials contaminated with body fluids of any person to minimize the risk of transmission of blood-borne diseases.

While at camp, all staff are to use universal precautions. To help in this practice – gloves will be kept in the Health Center, in the red back packs worn by nurses, and in the kitchen area. If you, or a camper, come in contact with blood or body fluids – report to the Health Center for further instructions. Biohazard bags are available to dispose of bodily fluids, blood, etc.

## Medical Safety

- Anytime a camper needs to go to the Health Center, they need to be accompanied by a staff person.
- ALL medications, camper, and staff, must be checked into the Health Center on the first day of camp.
- If you have a general medical concern (non-emergency), about a camper or yourself, contact the nurse assigned to your cabin first.
- All medical records are kept in the Health Center.
- Emergency equipment is checked daily by the Lead Nurse.
- All campers visiting the Health Center will be seen, assessed, and have their visit documented in the daily log.
- There are golf carts available for emergency use and camper transportation as needed. Golf carts are only to be driven by medical and leadership staff unless asked.
- Medical professionals can be 1:1 with a camper when a camper is in the health center or being transported off site for medical reasons.

## Medication Management Procedures

### Objectives

- To ensure all campers get the correct medication and the correct dose at the correct time.
- To ensure the security of all medications including prescription and over the counter medications as well as vitamins and supplements .

### Check-In

Nurses will meet with each camper and the parent(s)/legal guardian to confirm the following:

1. All prescribed medication has been included as compared to the medication record sheet provided.

2. Clarify recent changes (if any).
3. Ensure proper labeling of all containers – label as needed.
4. Confirm that there are sufficient doses provided for the week.
5. Review the prescribing instructions – dose, frequency, time given.
6. Review the use of PRN meds supplied.
7. Clarify need for refrigeration.

Medications will be stored in a secured containers on buses for transport to camp. Medications that need to be administered during bus travel will be given to medical personnel for distribution.

### **Security**

- The med room in the health center is locked and secure at all times unless supervised by nursing staff.
- The refrigerator with medications is locked at all times with one key available to the lead nurse.
- Nurses will be assigned a numbered key or a code for access to the med room in the health center.
- ALL staff are expected to store medication in this area for the safety of the campers. Staff can come to the health center at any time nursing staff is present to retrieve their medication but will not have access by key/code.
- If a camper questions the amount or type of medication they are taking, bring this to the lead nurse and call a parent/guardian for clarification.

### **Quality Control**

1. MARS submitted by parent/guardian and reviewed with nurse at camper check in. Parent initials the top of the MAR.
2. The Nursing Director will clarify with Med Nurse and/or parent/guardian if needed to ensure proper administration.

### **Medication Administration and Documentation**

1. Medication will be dispensed by the cabin nurse per the prescribed guidelines and times.
2. The medication administration will be documented on the medication administration record for that individual camper after given to the camper. Each medication will be signed off using time and nurse initials.
3. PRN meds will not be administered without checking the camper's medical history, allergies, and approved OTC meds. These meds will be charted in the same manner as prescribed medications and entered on the health center log.

## **Blood and Body Fluid Exposure/Needlestick**

**PURPOSE:** To ensure that all staff/colleagues receive appropriate evaluation, treatment, and counseling following an exposure to blood or body fluids.

### **DEFINITIONS:**

**Blood or body fluid exposure:** a colleague is exposed to another person's (source) blood and/or body fluid directly (e.g. needlestick) or indirectly (e.g. contaminated equipment). The contact must involve both of the following:

- a) Blood, tissue, or other bodily fluids that are potentially infected

- b) Mucus membranes or non-intact skin (puncture, abrasion, dermatitis)

It is NOT an exposure if it involves intact skin, saliva, sputum, sweat, tears, urine, vomit, stool, or nasal secretions unless there is visible blood present. A bite indicates that both parties were potentially exposed to bloodborne pathogens; transmission has rarely been reported.

**Colleagues:** Individuals who are volunteering or employees through Camp Odayin.

**Exposed person:** Any individual who is accidentally exposed to another person's blood or body fluids.

**Post-Exposure Prophylaxis (PEP):** A treatment administered following exposure to a harmful agent which attempts to block or reduce injury or other infection.

**Source person:** Any individual whose blood/other potentially infectious material is accidentally shared with another individual within the scope of patient care practices.

**Unknown source:** A source is considered to be unknown when the situation does not allow for any specific individual to be identified as the source (e.g., a needle found in a trash can or a contaminated medical device).

## **POLICY:**

### **Prevention:**

- Colleagues who provide direct patient care will receive access to this policy, the corresponding standard work, and sharps/universal precautions management via the Medical Manual before every residential camp (i.e., Winter camp, Summer camp).
- If the camper is able to manage their own medication injection, even if the colleague must guide or assist, encourage them to do so to decrease the potential exposure for colleagues to needlesticks.
- Sharps are to be managed per universal precautions and used sharps disposed of in a sharps container.
- Any contaminated equipment is to be cleaned promptly using the appropriate cleaning agent(s).

**Treatment/Exposure:** All colleagues experiencing an exposure will be triaged, treated in a timely fashion, and managed according to the most current CDC guidelines and Odayin policy/standard work. Failure to comply with this policy may result in disciplinary action, as applicable.

**Positive test results:** All positive test results will be reported to the Department of Health for the state in which the exposure occurred, as required by the state statute.

## **STANDARD WORK:**

### **CONTACT:**

On-site Lead Nurse

On-site Camp Doctor

Nursing Director

Medical Director

Camp Director

Executive Director

## **GENERAL STEPS FOR COLLEAGUES REPORTING NEEDLESTICKS OR BLOOD/BODY FLUID EXPOSURES:**

1. First Aid
  - a. Wash needlesticks and cuts with soap and water.
  - b. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water or saline.
2. Notify Leadership ASAP.
  - a. See "Resources for Source Individual Workflow" below.

3. Receive evaluation as soon as possible.
  - a. You will be transported to the nearest urgent care or emergency center location.

#### **Resources for Source Individual Workflow:**

1. Get consent.
  - a. The Camp Doctor caring for the source person should discuss the situation with the guardian of the source person (if source under 18 years old) and obtain verbal consent to perform lab testing.
  - b. Verbal consent can be documented in a note on the incident report.
  - c. If consent is not given, testing is not performed on the source. Treat the exposed person as if they were exposed to an “unidentified source.”
2. Support the source person.
  - a. The Lead Nurse or Camp Doctor caring for the source person should then discuss the situation and current plan of care with the source person using age-appropriate words and emotional support.
  - b. If possible and desired by the source person, facilitate bringing a neutral party to testing facility for emotional support, as long as it does not cause a delay in treatment.
3. Transport to nearest appropriate testing facility (urgent care or emergency department) and obtain labs.
4. Results sharing.
  - a. If concerned about how to interpret lab results and/or how to best discuss lab results with a guardian/source person, the camp doctor can discuss with the source person’s primary care provider, or in some cases, an infectious disease provider, about communicating results.

#### **PROCEDURE**

Actions:	Rationale:
<b>Leadership is made aware of a blood or body fluid exposure deemed to be a high risk.</b>	
<b>Confirm the source and/or exposed person is a participant of Camp Odayin</b>	Non-Odayin colleagues will be managed per their own organization’s policy and standard work.
<b>Confirm source age.</b>	Colleagues under 18 will require consent from guardian. Colleagues over 18 may provide their own consent.
<b>Validate that the guardian has been informed about the nature of the blood tests, their expected benefits and risks and has been given the opportunity to ask any questions about the test.</b> <b>If source person or guardian is unwilling or unable to consent, stop and discuss with Odayin Medical Director.</b>	Source individual or guardian must consent for source testing to proceed.  If consent is not given, testing is not performed on the source. Treat the exposed person as if they were exposed to an “unidentified source.”

<p><b>Transport to nearest appropriate medical center.</b></p> <p>Camp Knutson: St Joseph Medical Center (Brainerd)</p> <p>Camp Lutherdale: Aurora Lakeland Medical Center (Elkhorn)</p> <p>Camp Wapo: Amery Medical Center (Amery)</p>	
<p><b>Request the following labs (or closest equivalent) be drawn:</b></p> <p>Source:</p> <ul style="list-style-type: none"> <li>● HIV ½ Ag/Ab 4<sup>th</sup> Gen</li> <li>● Hepatitis B Surface Antigen</li> <li>● Hepatitis C Antibody</li> </ul>	<p>Camp Odayin will defer to treating provider at closest medical center for testing, information sharing, and PEP.</p>
<p><b>Exposed:</b></p> <ul style="list-style-type: none"> <li>● HIV ½ Ag/Ab 4<sup>th</sup> Gen</li> <li>● Hepatitis B Surface Antibody</li> <li>● Hepatitis C Antibody</li> <li>● If PEP is anticipated: <ul style="list-style-type: none"> <li>○ Hepatic function panel</li> <li>○ Creatinine</li> <li>○ Complete blood count – No diff (Hemogram/Plt)</li> <li>○ Pregnancy test (urine)</li> </ul> </li> </ul>	
<p><b>For any puncture or laceration of skin, determine date of last tetanus vaccine.</b></p>	<p>Consider requesting tetanus booster if &gt;5 years since last booster.</p>
<p><b>Complete documentation</b></p>	<p>Lead Nurse, Camp Doctor - Incident report Lead Nurse - Reporting to state department of health</p>

#### REFERENCE MATERIALS:

Centers for Disease Control and Prevention – Blood and Body Fluid Exposures

Occupational Safety and Health Administration Standard Number 1910.1030

MN statute 144.74 retrieved from <https://www.revisor.mn.gov/statutes/cite/144.74>

WI statute DCF 252 retrieved from [https://docs.legis.wisconsin.gov/code/admin\\_code/dcf/201\\_252/252](https://docs.legis.wisconsin.gov/code/admin_code/dcf/201_252/252)

## Bed Bugs

#### Symptoms

It can be difficult to distinguish bed bug bites from other insect bites. In general, the sites of bed bug bites are usually:

- Red, often with a darker red spot in the middle
- Itchy
- Arranged in a rough line or in a cluster
- Located on the face, neck, arms, and hands

Some people have no reaction at all to bed bug bites, while others experience an allergic reaction that can include severe itching, blisters, or hives. If your afflicted camper or staff experiences allergic reactions or severe skin reactions to their bed bug bites, they should see your doctor for professional treatment.

### **Examining for Bed Bug Infestation**

If you suspect that someone in your camp has been bitten by bed bugs, thoroughly examine crevices in walls, mattresses, and furniture. You will need to perform your inspection at night when bed bugs are active. Look for these signs:

- **Dark specks:** Typically found along mattress seams, these specks are bedbug excrement.
- **Empty exoskeletons:** Bed bugs molt five times before becoming adults. These empty skins are light brown.
- **Bloody smears:** You may find small smears of blood on the sheets where you accidentally crushed an engorged bed bug.

### **Treatment of Individuals Bitten by Bed Bugs**

Be sure to work with your camp healthcare staff. Generally, the redness and itch associated with bed bug bites usually goes away on its own within a week or two. However, treatments to speed the recovery might include:

- A skin cream containing hydrocortisone.
- An oral antihistamine, such as diphenhydramine (Benadryl).
- If a skin infection develops from scratching bed bug bites, a doctor may prescribe an antibiotic.

### **Treating Your Camp – host camp notified immediately for inspection:**

Once individuals afflicted have been treated, you must tackle the underlying infestation. This can be difficult because bed bugs hide so well and can live for months without eating. Experts disagree on whether you can tackle the infestation yourself, or whether you will need to hire a professional exterminator, who may use a combination of pesticides and nonchemical treatments.

## Lice

- Bring symptomatic (lice spotted, itchy head, etc.) camper to the health center.
- Lead nurse and/or provider does inspection/lice check.
- If lice are found – the entire cabin is examined – including campers and staff.
- Lead nurse shares with all nurses that there is a positive case at camp.
- Based on exposure, the medical team will determine if further examination is needed.
- Wash camper bedding and belongings in HOT water.
- Anything that can't be washed is bagged and brought to the health center for isolation.
- Pull in Camp Directors with laundry support as needed.
- Camper will be separated from cabin for sleeping if medical team determines necessary.
- Parent is called.
- Communicate with parents via handout at camper check out.

## Standing Orders

All residential camp staff will follow first aid and safety as described in the following guideline:  
The American Red Cross First Aid and Safety Handbook  
Kathleen A. Handal, M.D., First Edition, Little Brown and Company, 1992.

This resource is used as a guideline. All other medical care will be directed by one of the board-certified pediatric cardiologists on site.

## Guardian Notification

- Parents will be called with any camper medical questions.
- Parents will be called if the camper stays overnight in the health center.
- Parents will be called if camper is started on prescription meds.
- Parents will be called regarding any significant medical issue at the medical staff discretion.
- Parents will be called if transportation home is required, and this is parent/guardian responsibility.
- Parent phone calls are documented in the health log book.

## Communicable Disease

### Pre-Camp Behaviors and Testing

All staff, volunteers, and campers:

- Are asked to arrive at camp healthy!
- Are asked to limit exposure to large groups prior to attending camp

### Screening and Testing at Camp

All campers and staff are screened upon arrival at camp with general health questions. Any camper or staff who is not feeling well will go to the health center. Covid test will be administered if covid symptoms are presented.

<b>An individual tests positive for COVID-19 or has symptoms</b>	<p><b>Camper:</b> Parents/guardians will be immediately notified. The camper will be isolated from the community, expected to mask, and given temporary care from Odayin doctor. All remaining campers within the cabin group and any other individuals deemed to be close contacts will be tested. All parents/guardians of the cabin group will be notified by the Lead Nurse or Camp Director. A parent/guardian is expected to arrange to pick up the camper within 12-24 hours after they are notified of the positive test.</p> <p>If the test is negative – the camper might still isolate until symptom free.</p>
	<p><b>Odayin Staff:</b> The staff member will be isolated from the community, expected to mask, and given temporary care from Odayin doctor if necessary. Arrangements will be made for the staff member to isolate. All remaining members of the group and other individuals deemed to be close contacts will be tested. All parents/guardians of the cabin group will be notified by partner leadership. All</p>

	staff members should have an emergency contact identified and available to pick them up within 12-24 hours after they are notified of the positive test. If the test is negative – the staff member might still isolate until symptom free.
	<b>Camp Knutson or Camp Lutherford Staff:</b> The staff member will be isolated from the community on-site if possible. Roommate(s) and other individuals deemed to be close contacts will be tested. If the test is negative – the staff member might still isolate until symptom free.
<b>Camper or staff exposure</b>	Campers and staff will be tested if exposed to a known case of COVID-19. If test results are negative, and the individual is asymptomatic, they DO NOT need to quarantine and are welcome to resume regular activity. Healthcare staff will continue to monitor individuals for symptoms.

When all campers and staff are out of the cabin, the person who administered the test will gather the camper belongings and bring them to the health center. If the camper is not getting picked up until the next day, they will sleep in the health center.

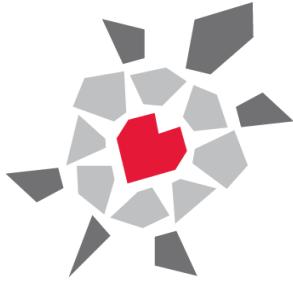
If a camper returns home from camp and has a positive COVID-19 test within 10 days of returning home, the family is requested to report it to Camp Odayin, and we will communicate the positive test result with all campers and staff in that session, as well as the partner camp leadership.

## Air Quality

We will use the air quality index to determine how much time is spent outside. At an index of 100 we will limit the amount of time outside. At an index of 125 we will move activities indoors.

## OUTDOOR ACTIVITY DURATION

Air Quality Index	15 minutes to 1 hour	1 to 4 hours	4-plus hours
<b>Good</b> (0-50)	Good day to be outside!	Good day to be outside!	Good day to be outside!
<b>Moderate</b> (51-100)	No limitations for most children. For students with health conditions, consider alternatives or modified participation.	Be aware and monitor students with health conditions for changes in their health. Limit activities to light intensity.	Consider moving students inside or to an area with better air quality. Limit to less intense activities and/or limit duration of activity.
<b>Unhealthy for Sensitive Groups*</b> (101-150)	Limit activities to light intensity. Take breaks every 20 minutes. Make indoor space and activities available for sensitive children.	Limit activities to light intensity. Take breaks every 20 minutes. Activities with moderate to heavy exercise intensity should be canceled, rescheduled, or moved indoors.	Limit activities to light intensity and less than four hours in duration. Take breaks every 20 minutes. Activities with moderate to heavy exercise intensity should be canceled, rescheduled, or moved indoors.
<b>Unhealthy</b> (151-200)			
<b>Very Unhealthy</b> (201-300)	Cancel or reschedule all outdoor activities. Keep all students indoors and activity levels light.	Cancel or reschedule all outdoor activities. Keep all students indoors and activity levels light.	Cancel or reschedule all outdoor activities. Keep all students indoors and activity levels light.
<b>Hazardous</b> (301-500)			



## MINNESOTA Emergency Procedures

### Medical/Health Emergency and Treatment Procedures

All nurses, cardiologists and the leadership team at camp will have a walkie talkie. **Our communication plan:**

**DAYTIME:** Counselors' cell phones are powered off and in luggage (in the cabin, not on their person) for the day. Cabin Nurses carry their cell phone in their red med backpack, powered off for the day. \*NEW Everyone is on walkie talkie. 1 Walkie per counselor pair, 1 walkie for each nurse. Counselors and nurses are on the same channel. Leadership (Directors, Lead Nurse, and Doctors) are on another channel. The channel numbers will be shared the first day of camp. If an ALL-CAMP announcement needs to be made, Leadership communicates with both channels. If a counselor or nurse needs someone on Leadership – they switch channels.

**NIGHTTIME:** When campers are asleep, cell phones will be turned on so Leadership can communicate with you in case of an emergency. Counselors continue to use the walkie to communicate for emergencies. \* NEW - Cell phones can be used for alarm clocks.

AED are in the following buildings/locations:

- a. Summer Camp: Pauly's Place, Dining Hall, Boathouse
- b. Winter Camp: Upper Crossfire, Dining Hall

### In the Event of a Medical or Mental Health Emergency

1. Send a message stating there is an emergency and state your name and location. Be as detailed as you can (Cardiac or non-cardiac emergency? Mental health emergency?) while preserving the camper or staff member's privacy as much as possible. Keep your walkie talkie on (and fingers off the buttons) until you get a reply from medical leadership.
2. Camp cardiologists and lead nurse with the transport pack will respond to the call.
3. The Lead Nurse will call 911 if necessary.
4. Upon medical team assessing the camper/staff member, transportation to the Health Center will be provided for all cardiac related issues.
5. Cabin nurse will stay with the camper until relieved.
6. Place on EKG monitor & obtain vital signs including saturations.

7. Pull camper file from crate - review for parent approval regarding prn meds, need for prophylactic antibiotics or other treatment with each bleeding injury.
8. Cabin counselors will bring other campers to another location/back to the cabin/activity.
9. Camp Directors support cabin counselors as needed.
10. Camp Cardiologist and Lead Nurse will determine if transport off camp is necessary. If the camper needs to be transported to an outside medical facility, a Camp Odayin leadership staff member will remain with them.
11. Document all camper and staff visits into log and start treatment form.
12. Lead nurse calls parent/guardian of camper or staff member's emergency contact

### Emergency Procedures- General Overview

**SUMMER CAMP:** In emergencies involving the whole camp during the day:

1. The bell will ring continuously.
2. All campers and staff meet outside of Angela Hall.
3. Count your campers.
4. Stay calm.
5. Listen for directions.

We will have a drill on the first day of camp.

In emergencies involving the whole camp during the night, you will receive a phone call/text message with instructions or camp leadership will come to your building.

**WINTER CAMP:** In emergencies involving the whole camp during the day:

1. The bell will ring continuously
2. Get your cabin together and account for each cabin member.
3. Send an adult to Martin's Commons (Dining Hall) for instructions.

#### **Medical and Leadership Responsibilities**

- Camp K leadership team will contact Camp directors.
- Camp director will reach out to doctors and lead nurses.
- Lead nurse/or directors will reach out to cabin nurses.
- Give directions as needed.

#### **Camper Responsibilities**

In this time, campers are to quickly:

- Use the restroom
- Wear appropriate clothing – dry, warm, shoes, etc.
- Bring a full water bottle, flashlight, book, etc.

#### **Counselor Responsibilities**

Counselors are to think about putting kids first and ensuring the cabin's safety. When in cabin buildings, keep one counselor with the campers, and send the other counselor to close windows, bring things in from

clotheslines, check the bathroom, and turn off lights. Take things to entertain a group, i.e., cabin tub, games, etc. All counselors should have on clothing to handle the given emergency.

### **Missing, Lost or Runaway Camper**

1. Upon realizing a camper is missing from an activity, check with Camp K staff if they are aware of the location of the camper.
2. Determine when and where the camper was last seen. Stay calm so you don't frighten the other campers.
3. Collect an adequate description of camper (hair, eyes, height, and clothing). Determine the state of mind of the camper.
4. Do a search of the immediate area with available staff.
5. Odayin Leadership team will send out a text message to Camp Knutson leadership.
6. Camp K Staff will stay in their current location/activity and will look around given space for the camper. If there are more than one K-Staff at a location, one staff will stay with the group of campers while the other staff reports to the bell tower to assist in search.
7. Odayin leadership meets one designated K staff at the bell tower to lead/direct searches in assigned areas. Ask Camp K to get location checklist from the Camp Director or Program Director offices.
8. Determine which adults will stay with the cabin and who will search. Cabin nurse will stay with campers.
9. Once K and Odayin staff have checked the designated area, they are to report back to the bell tower to be assigned to their next responsibility.
10. If it becomes more than 25 minutes of not finding the camper, the lead designated staff, at the bell tower, will coordinate with Knutson & Odayin Leadership to discuss the need to enlist additional resources such as EMS, Search and Rescue, and Law Enforcement.
11. Once an individual has been found, a staff member is to call designated staff at the bell tower. A text alert will be issued that the search is over.
12. Once the individual is found, support is given, and they are brought back into the camp program as naturally as possible without other campers knowing that there was a problem in some cases.
13. The staff member (who initiated the search) and Odayin leadership will complete an incident report and any other reports requested. Work with Camp K to complete any paperwork.
14. Staff debrief will occur if deemed necessary.

### **Mental Health Support**

Any concerns about a camper should be reported to Camp Leadership/Health Team. Concerns for safety or well-being include:

- Expressing suicidal/self-harm thoughts
- Statements like "things will be better when I'm gone."
- Severe/overwhelming emotional pain or distress.

Camp leaders will meet with the camper and assess any immediate safety concerns. If the camper does not have any plans or intentions for self-harm, a safety plan will be created, and the camper's family will be included (see attached document for template).

If the camper is expressing plans or intentions for self-harm, or is unable to contract for safety, Camp Leadership will call for support (see below). If the camper is in any immediate danger of hurting themselves or others:

- CALL 911
- Explain the situation to the dispatcher - if not a certain emergency, but requiring their assistance, it can be requested as a "wellness/safety check."
- You can request the police arrive quietly with no lights or sirens if appropriate for the situation.

If deemed appropriate, fill out the "Patient Safety Plan Template" located in the Red Binder in the health center.

### **How to Talk About Mental Health with a Camper**

Try leading with these questions, and actively listen to the response:

- Can you tell me more about what is happening? How are you feeling?
- Have you had feelings like this in the past?
- Sometimes you need to talk to an adult about your feelings. I'm here to listen. How can I help you feel better?
- Do you feel like you want to talk to someone else about your problem?
- I'm worried about your safety. Can you tell me if you have thoughts about harming yourself or others?

### **How to Talk to a Camper About Mental Health Concerns**

- Communicate in a straightforward manner.
- Speak at a level that is appropriate to a child or adolescent's age and development level (preschool children need fewer details than teenagers)
- Discuss the topic when your camper feels safe and comfortable.
- Watch for reactions during the discussion and slow down or back up if your camper becomes confused or looks upset.
- Listen openly and let your camper tell you about their feelings and worries.

### **Mental Health Resources**

- Warmlines MN from [mentalhealthmn.org](http://mentalhealthmn.org) Call 651-288-0400 or 877-404-3190, or text "support" to 85511
- 988 Suicide & Crisis Lifeline: Call, chat, or text 988.
- Call \*\*CRISIS (274747) from a cell phone
- Text 741 741
- Crow Wing County Children's Mental Health Support - 1-800-462-5525

## **Horseback Riding Procedure**

### **Safety Concerns**

- Physical injury from falls or accidents on horses – all campers will wear helmets when riding.

- Risks associated with taking campers in a vehicle outside of camp – all drivers will be licensed drivers and will follow all of the rules/laws of the road.
- Dehydration and overheating - be cautious during hot weather and take frequent water breaks.
- Exposure to germs and allergens that could be harmful – all personnel/campers will use antibacterial hand gel on site and wash their hands upon return to camp and before eating.
- Sun exposure/sun burn – campers/staff will use sunscreen.
- Spooking or scaring of an animal – All items that could potentially fall off or come loose during a ride and dangle or flap around will be secured or left back at the stable (i.e., a sweatshirt tied around your waist, a baseball hat, etc.)
- Each MD and RN carries a spreadsheet with camper name, age, weight (for emergency medication distribution) and cardiac diagnosis. Camper files including insurance information, health history and permission to treat are kept back at camp. Information can be dropped off or faxed to a clinic if needed.
- Camp Knutson will determine the route to Pine River Riding Stables and all vehicles will follow in a convoy.
- All medical personnel at horseback riding will bring their personal cell phone and share numbers.
- Grab a fanny pack for your camera/phone

### **Medical Personnel Required**

One Doctor and a minimum of two Nurses attend all riding sessions.

### **Emergency Procedures**

- 1 RN or MD accompanies each group on the trails with two-way radio. The radio will remain OFF and turned ON only for the purpose of reporting an emergency. Store in fanny pack or backpack.
- 1 RN or MD remains at the stable for the duration of this activity with two-way radio turned ON to accept emergency calls. A cell phone will also be used and left on for the purpose of communication in emergencies.
- MDs always keep their cell phone on (turn to vibrate when on a horse).
- Medical team at horseback riding chooses their primary means of communication (walkie and/or cell phone if there is an emergency).
- If additional medical assistance is needed on the trail, stable staff will direct that activity and escort the MD to the location needed.
- Medical personnel will determine if the ride continues for the cabin group or if they need to go back to the stable.
- MDs should be called for the following reasons:
  - Shortness of breath
  - Syncope
  - Defibrillator firing
  - Loss of consciousness
  - Falls
  - Bleeding/lacerations
  - Whenever an RN requests
- If external transport is required, contact Odayin cell phone immediately.
- Follow all applicable safety procedures pertaining to vehicles.

- Campers will ride in the rain unless severe weather or lightning happens. In that event, they will head back to the stable to check radar and either wait out the storm or head back to camp. Camp Knutson will make the weather decision.
- Counselor role in an emergency – emotional support and supervision of other campers in partnership with stable employees and K staff.

### Camp Vehicle Accident

Care for the injured, K staff members who drive vehicles with campers have had training for emergency action. A clipboard with the following information and form is in each vehicle used for camper transportation.

Emergency procedures in case of accident or injury:

- a. Calm, cover, quiet victim - administer first aid as needed.
- b. Call 911 if necessary.
- c. Gather uninjured campers/passengers out of the accident or injury area and help keep calm until help arrives.
- d. Contact the Camp Director and nurse to notify them of the incident. They will also locate any needed health information or consents from the nurse/medical team (ACA forms). Information will be relayed as needed to provide for emergency care for the victim.
- e. Collect insurance information
- f. Write down any information pertaining to the emergency.

### **Serious Injury or Death**

Follow accident procedures, giving priority attention to providing all possible care to the injured. Odayin staff contact doctor, ambulance, and Odayin leadership. Camp K staff will contact Sheriff who must be notified in case of death. Do not leave the victim unattended. Call Odayin leadership and follow emergency procedures.

### Evacuation Plan

1. If an evacuation is deemed necessary, all people will be evacuated to the Crosslake Lutheran Church.  
Address: 35960 County Road 66, Crosslake, MN 56442
2. Camp K will contact church personnel to inform them of the evacuation plan.
3. The Camp K Crisis Coordinator will deem appropriate meeting points to organize transport (example: pavilion). Transport will happen with Camp Knutson vehicles and possible personal vehicles. Accountability and rosters of who has been evacuated will be completed by the camper coordinators, Odayin leadership, and security.
4. Camp K Food Service staff and community volunteers will ensure food and water is supplied for campers and staff at the church.
5. If evacuation occurs, all camper parents will be called to pick up camper during a designated time frame from the Crosslake Lutheran Church. Based on the situation, Odayin leadership will work with parents and guardians on luggage/belonging pick up.

## Stranger or Aggressive/Dangerous Intruder

Generally, unknown individuals at camp are there out of curiosity or to see a camper. Those people will gladly go to the office if dealt with politely and directed to the office. Venders and service individuals should be in areas that are appropriate for their task. It is generally assumed that people in camp during daylight hours are visitors and those at camp from dusk to breakfast are truly intruders. Be aware of unauthorized persons in the following areas: parking lot, ballfield field, waterfront, swim dock, in any cabin areas, and along the entrance to camp. Deal with strangers at camp in the following manner:

1. Identify yourself and ask if you can be of help. If they are visiting or need assistance direct them to the office
2. Never lead an unknown individual to a camper they request to see
3. Always accompany these individuals to the office, or, if you are busy with campers, visually ascertain that these individuals do go to the office
4. Try to keep these people in “neutral” camp areas, like the center of camp
5. Discourage unknown people from moving into cabin areas. Do not allow ANYONE (stranger or known) to remove a camper from camp
6. If you encounter unknown people after dark, assess the situation before you act. Think about your location, how many people there are, how close help is, your physical strength and size. Remember that a firm voice and shining your light in their eyes can be beneficial to the situation
7. Try not to leave intruders alone, if possible
8. Get help, there is greater safety in numbers
9. If individuals refuse to identify themselves, leave the property, or go to the office, notify a member of Odayin leadership or camp staff. Even if they do the above, you should notify leadership immediately
10. On-site staff will determine if the sheriff should be called, depending on the situation
11. The public is not allowed to use our restrooms or any other facilities unless approved by camp leadership

## Active Shooter

In these situations, common sense should be at the forefront of your mind. Gather all the campers in your area and proceed to Lock-down or Run & Hide, depending on your location. If an armed intruder is detected, call 911 and be prepared to give the following information:

1. Intruder description – clothing, race, how many (intruders), what type of weapon(s)
2. Location of intruder and location(s) of campers
3. Are there any injuries? What kinds?
4. Have there been any explosions?
5. Warn others of the threat whenever possible, using your judgment as to whether to take this risk.

Based upon the situation, decide to direct the group by shouting either:

*“Armed intruder, hide!” when indoors*

*“Armed intruder, run!” when outdoors*

### **Indoors: Hiding and Lockdown**

- Hide in the nearest building
- Lock the doors, close the shades or blinds, and turn off lights and electronic equipment that may draw the intruder's attention
- Silence cell phones
- Stay away from windows and glass
- Place heavy objects in front of doors if you have time and can do so quietly
- Remain silent
- Do not respond to voice commands to leave your place of hiding, unless you can be certain that it is the police or camp leadership stating "all clear"

### **Outdoors: Running or Escaping**

If you are caught in the open, your best course of action is often to flee the area and follow these steps:

- Run, and place as many objects/trees/buildings between you and the intruder as you can
- Ultimately lead campers away from the main camp area and to the closest place of safety – a neighboring house, in the woods, on a (fast) boat
- If you are injured by the intruder, and are unable to flee, play dead

### **Law Enforcement Arrival**

As law enforcement arrives, follow their directions precisely, stand still, and keep your hands in plain sight. Remain calm and quiet so instructions can be given and understood.

### **Tornado/Storm**

In the event of a tornado or storm, the designated storm shelters for camp. Proceed to these locations if it is safe to do so. If you do not have time to leave your location, these are the nearest/safest places to take shelter:

Summer camp:

- Primary shelters: basements of Husby and Hilltop.
- Health Center/Pauly's Place: An interior room with no windows
- Bear Hug Pavilion: Health Center/Pauly's Place in an interior room with no windows
- Timberlane: Unless you have access to the basement, proceed to the interior bathrooms
- Bazinet: Unless you have access to the back of Bazinet, proceed to Timberlane
- Dining Hall: Take shelter in either of the bathrooms or in the basement (access through the kitchen)
- Renner: Proceed to lower-level bathroom and/or interior bathroom. If overflow space is needed, proceed to Hilltop
- Fischer: Proceed to lower-level bathroom and/or interior bathroom. If overflow space is needed, proceed to Hilltop

- Waterfront/Downland: Proceed to the lower level of the Boathouse, away from any windows. Alternatively, you may take shelter in the Bathhouse sauna

Winter Camp:

- Primary storm shelter: Cross Fire
- Lower Anderson Hall

Camp leadership will give further instructions and signal the “all clear” when it is safe to leave.

## Fire

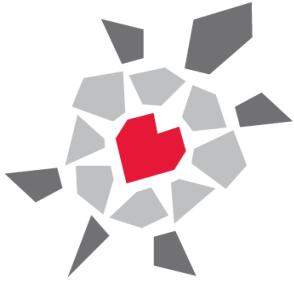
- Evacuate from threatened areas and seek a safe, open area out of the way from emergency vehicles
- Notify a Camp Director
- Keep campers and staff away from the scene of the fire

## Emergency Response and Communications

In the event of an emergency such as death, serious accident, child abuse, missing camper, or any other serious situation, the following steps will be taken:

1. Camp leadership calls the Executive Director.
2. The Executive Director will confer with legal counsel, insurance, and/or ACA.  
Legal Counsel: Andrew Holm, cell: 651-403-1845  
Insurance Agent: Karen Gillman at AMSKier Insurance: 570-226-4571  
ACA Crisis Hotline: 800.573.9019  
ACA Non-Emergency Hotline: 800.428.2267
3. Staff will not communicate with anyone outside of camp, including the press. They may not be in touch with outside contacts, including family, until a Director has given them permission to contact others.
4. All trips out of camp will be postponed. Trips already out of camp will be allowed to continue; however, the driver will be instructed to make no mention of the incident until a general announcement to the camp is made.
5. The people involved in the situation will be thoroughly questioned by the directors as soon as the incident occurs. Statements will be recorded, with the permission of all parties present. A written transcript will be drawn up from the conversation and all parties will be asked to sign it, verifying events, time, place, etc.
6. The people involved will be asked to make no comments to the media, other staff members, or the public. They will be informed that anything that they say may be held against them at some later date by a court of law.
7. Any statement to the media will be made by the Executive Director after the parents of campers involved in the incident are contacted.
8. Camp Odayin and Camp Knutson leadership will convene to discuss future steps and the best course of action.

9. The parents of campers (and emergency contacts of staff members) involved will be notified by the Camp Director, or appointed personnel, and apprised of the situation. This may be via email or phone call.
10. Documentation of all calls made (including time), procedures done, & actions taken
11. A meeting of the entire camp will be organized, and the entire camp community will be apprised of the facts. As soon as possible, campers will be given opportunities to ask questions and clarify their understanding of the incident.
12. No media or journalists will be allowed into camp.
13. The camp program will continue to the extent possible, and staff will be asked to try their best to remain as appropriate adult role models and be interested in the camp programs.
14. Odayin leadership team talks with Knutson leadership team to determine if Camp K Crisis team needs to be activated. Follow directions of Knutson team.
15. Appropriate authorities will be contacted immediately.



## WISCONSIN Emergency Procedures

MEMORIZE THIS ADDRESS:

**Lutherford  
N7891 US Hwy 12  
Elkhorn, WI 53121**

Definition of an Emergency: An emergency is a circumstance where a staff member, camper, or guest is faced with a danger that can threaten or cause injury or death, or which can damage or destroy property.

When calling 911 or other emergency numbers, check the following boxes as information is given:

Emergency is at (camp address and exact directions) and location in camp	What happened (be concise)
Telephone number that call is being made from	Number of people injured
Your name	Condition of patient(s)
Name of patient(s)	First aid being given

Wait for the other person to hang up first. After they ask any remaining questions and hang up, you may hang up the phone

### GENERAL RULES OF THUMB IN AN EMERGENCY:

- Staff will maintain a professional, calm and controlled presence.
- Staff will be listeners and refrain from making comments or statements.
- The Executive Director will determine when an emergency is over and camp can return to normal activities.
- Debriefing will occur with staff immediately following the emergency.
- Debriefing with campers will occur after staff debriefing.
- The Executive Director will handle communication between the emergency site and the Board of Directors.
- The Executive Director and staff involved will fill out an accident/incident report form together.

**\*Whenever 911 (or any emergency vehicles/personnel) are called - leadership of Lutherdale and Odayin will all be informed.**

## **CONTACT WITH THE MEDIA**

The Executive Director is the only person authorized to speak to the media on behalf of Lutherdale. Staff will maintain a professional, calm, and controlled presence.

- All phone lines must be kept open and accessed only by camp administration and assigned persons.
- The Facilities manager will act as or designate traffic controlled at the entrance(s) to camp.
- No one will be allowed into the camp unless given clearance by the Executive Director or Program Director, emergency personnel, or law enforcement.
- All media personnel on Lutherdale Property shall be escorted and restricted to the Camp Office unless authorized to other locations by the Executive Director.
- Staff will refrain from speaking to neighbors, the press, and other non-Lutherdale (excluding emergency personnel) people regarding the emergency. A staff member's response should be "You'll need to speak to the Executive Director"
- Staff shall ensure that no campers are interviewed by the media.
- At the appropriate time, the Executive Director will issue a statement to the media in writing or through an interview. Such a statement or interview will be issued only after consultation with the Executive Committee of the Board of Directors.
- Staff members must exercise confidentiality. Staff must refrain from speaking of the incident casually following the crisis. Some crises may require a resolution in a court of law.

**Odayin counselors:** N/A

**Odayin medical:** Will receive direction from Leadership if they are needed.

**Odayin leadership:** Connect with Odayin Executive Director to determine if/who will speak on behalf of Odayin

## **INDOOR FIRE**

1. Evacuate all people from the building. If the fire is small (i.e. wastebasket, rags), then use a fire extinguisher. If the fire is large or unknown, use walkie talkies to sound the alarm immediately. All campers, staff and participants report to the Bell tower. Do not attempt to retrieve personal belongings from the building.
2. Notify the Executive Director or Program Director who will:
  - Alert the Leadership Team
  - Call the fire department
  - Identify yourself as a staff member of Lutherdale Bible Camp, **N7891 US Hwy 12 Elkhorn, WI** and indicate what specifically is burning and where on camp.
  - Notify the facilities manager
3. A leadership team member will **ring the bell continuously**.
4. At the **continuous ringing of the bell**, all campers, staff and participants will report to the bell tower to receive further direction.
  - In the event the fire is in the Dining Hall, all participants will report to the Pavilion.
5. The Program Director will take the role of all campers and staff.
  - If a camper or staff member is missing, the Program Director will report this to the Executive Director via walkie-talkie.
    - The program director will assign a staff member to lead songs or games in the dining hall.

- The program director will interview staff and campers well known to the missing person regarding the last whereabouts of the missing person, clothing, and general description
- The program director will assign two staff members to search for the missing person. The staff members will take a first aid kit and walkie talkies with them before beginning the search.

6. A leadership team member will meet the emergency vehicles at the driveway of camp and will hand the emergency responders camp maps with the involved building highlighted. The leadership team member will remain until an emergency vehicle states that they are the last responders and then report to the location of all campers.

7. The Facility Manager / Executive Director will monitor the fire until the emergency vehicles arrive, then report to the camp office to monitor the phones in the office, keeping the line open, answering the phone, and relaying any important information to the leadership team via phone or walkie-talkie.

8. The health officer will report to the Bell Tower with first aid supplies in order to be available for medical needs of campers and staff.

9. If a full evacuation is necessary, directions will be given by the Executive Director.

10. When emergency personnel indicate safety, the Executive Director will announce to the camp when the emergency has ended

#### *Debriefing*

11. After the emergency, campers will go to the chapel with congregational leaders, or two staff members

12. Staff will meet for debriefing.

13. After debriefing, counselors will head to the Chapel to join their cabins.

#### *Parent Follow-up*

15. The Executive Director shall call the President of the Board to report the emergency.

16. Discussion will take place on the best way and in what timeframe to alert all parents.

17. The Executive Director and staff will fill out an accident/incident report form together.

**Odayin counselors:** Follow Lutherdale procedures

**Odayin medical:** Follow Lutherdale procedures

**Odayin leadership:** Connect with Lutherdale leadership to play a supportive role as needed. Notify Odayin Executive Director

## OUTDOOR FIRE

1. Evacuate all people away from the threatened area.
2. If the fire is out of control and cannot be contained while on an overnight, evacuate all campers from the campsite. do not attempt to pack up items or take down tents.
3. Notify the Executive Director who will:
  - Alert the Leadership Team
  - Call the fire department
  - Identify yourself as a staff member of Lutherdale Bible Camp, **N7891 US Hwy 12 Elkhorn, WI** and indicate what specifically is burning and where on camp.
  - Notify the Facilities Manager
4. A leadership team member will ring the bell continuously.

5. At the **continuous ringing of the bell**, all campers, staff and participants will report to the bell tower to receive further direction.
6. The Program Director will take the role of all campers and staff.
  - If a camper or staff member is missing, the Program Director will report this to the Executive Director via walkie-talkie.
  - The program director will assign a staff member to lead songs or games in the dining hall.
  - The program director will interview staff and campers well known to the missing person regarding the last whereabouts of the missing person, clothing, and general description
  - The program director will assign two staff members to search for the missing person. The staff members will take a first aid kit and walkie talkies with them before beginning the search.
7. A leadership team member will meet the emergency vehicles at the driveway of camp and will hand the emergency responders camp maps with the involved building highlighted. The leadership team member will remain until an emergency vehicle states that they are the last responders and then report to the location of all campers.
8. The Facility Manager / Executive Director will monitor the fire until the emergency vehicles arrive, then report to the camp office to monitor the phones in the office, keeping the line open, answering the phone, and relaying any important information to the leadership team via phone or walkie-talkie.
9. The health officer will report to the Bell Tower with first aid supplies in order to be available for medical needs of campers and staff.
10. If a full evacuation is necessary, directions will be given by the Executive Director.
11. When emergency personnel indicate safety, the Executive Director will announce to the camp when the emergency has ended.

#### *Debriefing*

12. After the emergency, campers will go to the chapel with congregational leaders, or two staff members.
13. Staff will meet for debriefing.
14. After debriefing, counselors will head to the Chapel to join their cabins.

#### *Parent Follow-up*

16. The Executive Director shall call the President of the Board to report the emergency.
17. Discussion will take place on the best way and in what timeframe to alert all parents.
18. The Executive Director and staff will fill out an accident/incident report form together.

**Odayin counselors:** Follow Lutherdale procedures

**Odayin medical:** Follow Lutherdale procedures

**Odayin leadership:** Connect with Lutherdale leadership to play a supportive role as needed. Notify Odayin Executive Director.

## SEVERE WEATHER

A "STORM WATCH" means only that conditions are right for severe weather. A "STORM WARNING" means that a storm has been sighted and is moving toward us.

In the event of a sudden storm, take cover immediately. Cabin leaders should stay with their campers. Non-cabin leading staff should assist in warning/finding other staff, campers, and guests to ensure that

they are safe and in shelters. SEVERE WEATHER MAY ARISE WITHOUT WARNING, STAFF SHOULD EXERCISE SOME INDIVIDUAL JUDGMENT IN REGARD TO SAFETY (BOTH PHYSICAL AND EMOTIONAL) OF CAMPERS WHEN SEEKING SHELTER AREAS AS OUTLINED ABOVE.

If it is not possible to take cover in proper storm shelter areas, then lay flat on the ground in a depressed area, behind a hill or along an embankment with the hill or embankment between you and the on-coming storm. STAY CALM!

1. Staff will be advised of the possibility of severe weather. campouts will be postponed to an evening without threat of severe weather.
2. The Executive director or program director will notify all staff over walkie talkie preceding a storm to be the signal to seek shelter.
3. If the storm warning occurs in the middle of the night, additional means may be necessary to wake people. Leadership team will be sent to buildings to knock on doors.
4. All campers and staff will seek shelter in the assigned buildings below. Staff will take a flashlight. During a night time storm, staff will leave the lights on in their cabin to alert the leadership team that they are awake.

In the event of a storm WARNING (tornado, severe thunderstorm), walkie talkies will be used to spread the word. All campers and staff are to move immediately to the following areas:

Watson Retreat Center / Upper field	Lower Hallway and Shower Restrooms
Canteen, DeBack, Arts and Crafts	Deback Lower Hallway/Shower Rooms
Wartburg, Lakeside, and Twin Cabins	Lower Dining Hall Restrooms/Showers
Kitchen and Waterfront	Lower Dining Hall Restrooms/Showers
Hope Conference Center	Lower Level Dining Hall Restrooms/Showers
Lower Commons/Office	Lower Commons Restrooms/Showers
Pole Shed / Lower field	East Staff House Basement (director house by road)

Radios or phones will be used in each area. If it is not possible to reach these assigned shelters, take cover in the nearest shelter.

During a storm warning, support staff and Coordinators will make sure that Grandparents and Pastors of the Week are in a shelter. All staff are to reassure the campers that all is well and occupy the time with singing, games, conversation, or any other method of keeping their minds off the outside conditions.

Staff are responsible for counting their campers and relaying the information to the Program Coordinators to account for all campers. All persons are to remain in the shelter until released by the Program Staff or the staff member present who is in charge.

In the event of a "Storm Watch":

1. Cabin leaders should inform their campers of the watch and reassure them that they will be taken to proper storm shelters if conditions worsen. Cabin leaders should keep their groups within the main building areas, and instruct campers to go to their assigned shelter if a "Storm Warning" is indicated.
2. Kitchen staff should close windows and doors in the kitchen and dining room. The Waterfront Coordinator will secure all beach equipment. Other support staff are responsible for alerting Grandparents, Pastors, and on-site Visitors to the conditions and pointing out the storm shelters.
3. The Health Care Coordinator will gather emergency First Aid equipment and place it in storm shelters. Then, if needed, listen to the weather radio, and watch for changing conditions.
4. Coordinators will spread the word concerning the storm watch and adjust activities as needed. In the absence of the Executive Director or Program Director, the On-Site Coordinators should sound the storm warning alert (continuous ringing of bell).

**Odayin counselors:** Follow Lutherdale procedures

**Odayin medical:** Follow Lutherdale procedures

**Odayin leadership:** Follow Lutherdale procedures. Contact parents if deemed necessary.

## **LIGHTNING**

Lightning is very dangerous and should be highly respected. Whenever thunder is heard or lightning is sighted, all camp residents are to take shelter in camp buildings. Windows and doors are to be closed, as lightning will easily travel through such openings. It is not sufficient to stand alongside the exterior of a building as a person can still be severely injured by a close lightning strike. NEVER STAND UNDER A TREE!

All staff members are to instruct campers to move indoors whenever thunder is heard. Cabin leaders are to be with their campers to deal with typical fears some young people have during a thunderstorm.

Whenever lightning is observed or thunder heard, the Waterfront Coordinator and/or lifeguards will immediately remove all swimmers from the water and call in or go after all camp watercraft that may be on the lake. A lapsed time of 30 minutes without lighting or thunder is necessary before allowing campers to return to the water.

If any staff member observes another staff member operating a power mower or other loud pieces of equipment when thunder is heard or lightning sighted, then that staff member is to immediately notify the staff member operating the equipment and alert them to the lightning.

REMEMBER LIGHTNING CAN AND DOES KILL OR INJURE. ALL CAMP RESIDENTS ARE TO TAKE IMMEDIATE COVER WHEN LIGHTNING IS OBSERVED OR THUNDER IS HEARD.

**Odayin counselors:** Follow Lutherdale procedures

**Odayin medical:** Follow Lutherdale procedures

**Odayin leadership:** Follow Lutherdale procedures.

## FULL CAMP EVACUATION

1. In the event of an out of control fire, large gas leak, bomb threat, or other threatening situations, the entire Camp will be EV.
2. Notify the Executive Director and Facilities Manager who will notify a member of the leadership team and then proceed to:
  - Call 911 and relay information about the event
  - Identify yourself as a staff member of Lutherdale Bible Camp, **N7891 US Hwy 12 Elkhorn, WI** and **directions to the front entrance.**
3. A leadership team member will **ring the bell continuously.**
4. At the **continuous ringing of the bell**, all campers, staff and participants will report to the bell tower to receive further direction.
5. The Program Director will take the role of all campers and staff.
  - If a camper or staff member is missing, the Program Director will report this to the Executive Director via walkie-talkie.
  - The program director will assign a staff member to lead songs or games in the dining hall.
  - The program director will interview staff and campers well known to the missing person regarding the last whereabouts of the missing person, clothing, and general description
  - The program director will assign two staff members to search for the missing person. The staff members will take a first aid kit and walkie talkies with them before beginning the search.
6. A leadership team member will meet the emergency vehicles at the driveway of camp and will hand the emergency responders camp maps with the involved area highlighted. The leadership team member will remain until an emergency vehicle states that they are the last responders and then report to the location of all campers.
7. The health officer will report to the Bell Tower with first aid supplies in order to be available for medical needs of campers and staff.
8. After all staff and campers have been accounted for, the program director will begin dismissing cabins two at a time. Cabins will walk on the left side of the road leaving room for and being alert to emergency and road vehicles.
9. The Youth Camps Coordinator will determine the best route - whether Lauderdale Ln or Jason Rd is appropriate.
10. The Waterfront Coordinator will lead the line down the chosen route towards the Chef's House on Jason Road, or the Facilities Manager's House on Lauderdale Ln, and take with them a walkie-talkie.
11. The Youth Camps Program Coordinator will continue to dismiss cabins until camp is clear.
12. The Healthcare Coordinator will join the line half way through.
13. The Youth Camps Program Coordinator will walk at the end of the line once all cabins have been dismissed.
14. The Specialty Camps Coordinator and Program Director will evacuate camp when all others are evacuated. They will take with them:
  - Master list of all camper's names, addresses, phone numbers, and any notes that refer to campers that have left due to homesickness, appointments, or other reasons.
  - Master Cabin List
  - Cell Phone and Walkie Talkie
15. At the meeting point, cabins will group together. The Youth Program Coordinator will take role.
16. The Youth Program Coordinator and staff will lead campers in songs and games and await further instruction or transportation elsewhere.

### *Debriefing*

17. The Youth Program Coordinator and Waterfront Coordinator will lead campers in songs and games.
20. Staff will meet for debriefing.
21. After debriefing, counselors will join their cabins.

### *Parent Follow-up*

23. The Executive Director shall call the President of the Board to report the emergency.
24. Discussion will take place on the best way and in what timeframe to alert all parents.
25. The Executive Director and staff will fill out an accident/incident report form together.

**Odayin counselors:** Follow Lutherdale procedures / their lead

**Odayin medical:** Designate medical person to bring transport packs / emergency supplies. Gather medications / med bins if safe to do so. Use golf carts as needed to transport campers/staff that need support to walk down the road.

**Odayin leadership:** Connect with Lutherdale leadership to support as needed. Support the medical team if possible. Contact Odayin Executive Director.

## **SEARCH AND RESCUE PROCEDURES**

At the first suspicion of a missing person on camp, staff members will do the following:

### **AT CAMP**

1. Notify the Executive Director, program director, and/or a member of the leadership team immediately.
2. Do not leave your group unattended.
3. Question the others in the group to determine the following:
  - Where was the person last seen?
  - Who saw the person last?
  - Was the person homesick?
  - Was there a fight or disagreement with others?
  - Did the person give any indication of their plans?
4. Check the person's cabin and bathroom.
5. The leadership team will notify the Executive Director.
6. The Executive Director shall:
  - Organize the Leadership Team to conduct a thorough search throughout the camp with special attention to the Waterfront, behind cabins, trails in camp and along roads. All members exploring trails and outer boundaries will take a First Aid kit from the Health Office with them. The Healthcare Coordinator will stay alert and ready for advanced care, and await further communication on the deck of the Health Office.
  - If the search continues for more than 15 minutes without locating the person, contact EMS officials for assistance.
  - Notify the person's parents.
7. Continue searching, as appropriate, cooperating with authorities in charge of the search.

### *Debriefing*

8. After the incident ends, the Leadership Team and any staff involved will debrief with the Camp Director. Campers are led and supervised by a staff member in a nearby program area.

**Odayin counselors:** Notify Odayin leadership and/or closest Lutherdale staff if someone is missing. Follow Lutherdale procedures.

**Odayin medical:** Pull file of missing camper or staff.

**Odayin leadership:** Connect with Lutherdale leadership for mutual support. Contact Odayin Executive Director. Notify parents/emergency contact of missing person.

## OFF-SITE

1. Notify the Executive Director, program director, and/or a member of the leadership team immediately.
2. Do not leave your group unattended.
3. Question the others in the group to determine the following:
  - Where was the person last seen?
  - Who saw the person last?
  - Was the person homesick?
  - Was there a fight or disagreement with others?
  - Did the person give any indication of their plans?
4. The Leadership Team will immediately notify the Executive Director and/or Program Director.
5. The Director shall:
  - Contact Law Enforcement Officials for assistance and cooperation in search efforts.
  - Notify the person's parents.

## *Debriefing*

6. After the incident ends, the Leadership Team and any staff involved will debrief with the Camp Director. Campers are led and supervised by a staff member in a nearby program area.

**Odayin counselors:** Notify Odayin leadership and/or closest Lutherdale staff if someone is missing. Follow Lutherdale procedures.

**Odayin medical:** Pull file of missing camper or staff.

**Odayin leadership:** Connect with Lutherdale leadership for mutual support. Contact Odayin Executive Director. Notify parents/emergency contact of missing person.

## DISTRESSED OR CAPSIZED WATERCRAFT ACTION PLANS

1. Lifeguard recognizes an emergency situation and blows their whistle three times, to alert other lifeguards and clear the waterfront so the situation can be effectively handled.
2. The Healthcare Coordinator reports to the Waterfront in the case of a possible medical emergency.
3. After all campers are checked out of the waterfront, the staff member at the buddy board relays the buddy tag number of the camper (s) in the capsized boat to the Healthcare Coordinator and Waterfront Coordinator, who relays the number to the Executive/Program Director.
4. The Waterfront Coordinator and head lifeguard (the "rescuers") notify the Executive/Program director that they are making a rescue and enter the rescue boat checking to make sure they have the following:
  - Both wearing PFD's securely attached

- Lifeguard tube
- First Aid Kit
- Emergency Blanket
- Extra Canoe Paddles
- Rope
- Reaching Pole
- Oars
- Walkie-Talkie

5. The Executive / Program director stays in the camp office and monitors phone lines, actively available to contact emergency personnel.

6. The Waterfront coordinator or Healthcare Coordinator will alert the director to call 911 if injuries or status of the campers in the capsized boat warrant it.

7. The staff member at the Buddy board takes the campers behind Lakeside cabin unless the situation warrants otherwise. If the situation escalates to a waterfront emergency, all of camp will gather at the dining hall.

8. The remaining lifeguard(s) stay at the waterfront, ready to assist if necessary..

9. The Waterfront Coordinator approaches the victim safely and cautiously in the rescue boat. Once close, the waterfront coordinator turns the motor off to prevent any entanglement and lifts the motor completely out of the water once it has stopped.

#### **IF CAMPERS ARE VISIBLE AND CALM**

1. The Waterfront coordinator calmly talks the campers through a canoe over canoe rescue. The Lifeguard uses the reaching Pole or their hands to hold on to the canoe from the rescue boat while the Waterfront coordinator explains the procedures. If the boat blows away from the campers as the rescue boat approaches, the priority of The Rescuers is to get the campers into the rescue boat and back to shore. The canoe will be retrieved later.

2. The Rescuers slide to the center of the rescue boat, keeping their gravity low and kneeling on the bottom of the boat.

3. The Rescuers instruct the campers to move to the end of the canoe, away from the rescue boat and roll the canoe bottom up.

4. The Rescuers position the swamped canoe so that one end is perpendicular, at right angles, to the center of the rescue boat (forming a "T")

5. When Rescuers are ready to receive the canoe, they instruct the campers to "push down and kick on 3". "1,2,3, push down and kick".

6. The Rescuers receive the raised end of the canoe and pull it the upside down canoe across the center of the boat until both ends are out of the water, maintaining the right angle

7. The Rescuers turn the canoe right side up on the gunwales of their boat. They instruct campers to move away from the boat and carefully slide the canoe back into the water. They will not release their hold on the canoe.

8. Align and hold the canoe and rescue boat side by side taking care to keep fingers from being pinched in between two boats.

9. The Rescuers instruct the campers on how to climb back into their watercraft.

- Move one at a time.
- Use your arms to lift yourself straight up, as though they are getting out of a pool.
- Lean forward. Pull your body across the boat so your head is all the way to the other side.
- Put your legs into the canoe.

- Kneel on the bottom of the canoe.

- If the campers are unable to climb back into their canoe after two tries, the Waterfront coordinator will report to the Executive/Program Director via walkie-talkie. See below, B.
- Both watercraft head immediately back to shore - the rescue boat following the canoe at a safe distance.

#### **IF CAMPERS ARE VISIBLE AND DISTRESSED (OR CANNOT GET INTO THEIR CANOE)**

- The Waterfront coordinator calmly talks the campers through a rescue. The Lifeguard uses the reach and throw method to rescue the victims. Once the campers are in the rescue boat, blankets may be used to warm and calm the campers.
- The Lifeguard addresses first aid concerns and the Waterfront coordinator reports to the Executive/Program director via walkie-talkie. The Executive/Program Director calls 911 if necessary.
- The rescue boat proceeds to the waterfront, leaving the canoe behind.
- At shore, the health officer takes over first aid as necessary, until the emergency personnel arrive.

#### **IF CAMPERS ARE NOT VISIBLE**

- The Waterfront coordinator notifies the Executive/Program Director via walkie-talkie. the Executive/Program Director calls 911.
- The Executive/Program director sends additional lifeguards to the Waterfront to assist in deep water dives.
- The Lifeguard who clears the Waterfront will visually Mark where the canoe capsized using their own placement, horizons, and other fixed landmarks to guide them. The Lifeguard relays directional signals to the Waterfront coordinator using the Healthcare Coordinator's walkie-talkie.
- The additional lifeguards secure PFDs and take a canoe to the rescue area to conduct deep water dives.
- The Waterfront coordinator remains in the rescue boat, scanning the water visually as assisting f-guard enters the water- first searching beneath the capsized canoe and then making deep water dives.
- If submerged campers are found, the lifeguards make a rescue. The Waterfront coordinator notifies the Executive/Program Director as to the status of the camper and the closest Shore access that the campers will be taken. getting the campers to shore to perform / continue first aid is the priority.
- Rescuing lifeguards continue first aid/CPR under the supervision and direction of the Healthcare Coordinator or Waterfront coordinator, unless the situation warrants either to step in.
- Emergency Personnel take over when they arrive.

The Emergency ends when:

- All campers are accounted for
- Rescued campers Who are paddling a canoe have returned to the beach and or checked out of the buddy board.
- Injured campers can walk with the Healthcare Coordinator to the health office. OR Injured campers have been removed from the site by emergency personnel.
- The Executive/Program Director announces to all of camp that the emergency has ended.

#### *Debriefing*

- After the emergency, two staff lead songs and play games in the dining hall

2. Staff meet for debriefing
3. After debriefing, staff join their cabins.

#### *Parent Follow-Up*

1. The executive director shall call the board president to report the emergency
2. Discussion will take place on the best way and in what time frame to alert parents and relatives.
3. The Executive/Program director and staff involved will fill out an incident / accident report form together.

**Odayin counselors:** follow Lutherdale procedures

**Odayin medical:** follow Lutherdale procedures, support responders as needed

**Odayin leadership:** follow Lutherdale procedures, support Lutherdale leadership as needed

## **WATERFRONT EMERGENCY ACTION PLAN**

### **MISSING SWIMMER OR PASSIVE VICTIM**

1. The Waterfront coordinator sounds the air horn at the waterfront and contacts the Executive/Program Director via walkie-talkie. The Waterfront coordinator leads all search and rescue procedures and notifies the camp director when the procedures are underway.
2. The staff member closest to the bell rings it continuously to notify all campers to report immediately to the bell tower / dining hall. The ringing stops when all campers are gathered. The program coordinator takes roll call and reports to the Executive/Program Director via walkie-talkie.
3. The leadership team reports to the dining hall and awaits possible camp wide search directions from the Program Director.
4. All lifeguards, other staff, and Healthcare Coordinator report to the waterfront. Staff begin a shallow water search from the shore to the dock.
5. Lifeguards begin a deep water search. The Waterfront coordinator supervises and assists lifeguards, but not as part of the diving lifeguards.
6. The staff member present at the Buddy board Encourages campers to move safely and swiftly to the dining hall after their body tag has been counted for and removed from the Buddy board.
7. The staff member at the Buddy board relays the Buddy tag number of the missing swimmer to the Healthcare Coordinator who relays the number to the Youth/Specialty Program Coordinator and Program/Executive Director.
8. The youth/specialty program coordinator checks the master buddy list to confirm whether or not the camper is with them in the dining hall. the coordinator then contacts the Executive/Program Director. The youth/specialty program coordinator sends a leadership team member to check the cabin of the camper. If the camper is still not accounted for, the Executive/Program Director calls 911.
9. If at anytime, the camper is found in the water, the Waterfront Coordinator alerts the Executive/Program Director to call 911. Lifeguards perform the appropriate rescue, extraction, and begin CPR. Lifeguards and Healthcare Coordinator continue until EMS arrives.
10. If the missing camper or other campers arrive to the Dining Hall late or through the efforts listed above, a full re-count is done by the youth/specialty program coordinators.

11. When ALL campers are accounted for (and EMS indicates safety), the Executive/Program director announces to the camp the emergency has ended. The Waterfront Coordinator announces to the lifeguards that the emergency has ended.
12. The Healthcare Coordinator follows medical personnel to the hospital if the needs arises.

#### *Debriefing*

13. After the emergency, campers will go to the chapel with congregational leaders, or two staff members
14. Staff will meet for debriefing at the Waterfront.
15. After debriefing, counselors will head to the Dining Hall to join their cabins.

#### *Parent Follow-up*

17. The Executive Director shall call the President of the Board to report the emergency.
18. Discussion will take place on the best way and in what timeframe to alert all parents.
19. The Executive Director and staff will fill out an accident/incident report form together.

**Odayin counselors:** follow Lutherdale procedures

**Odayin medical:** follow Lutherdale procedures, support responders as needed

**Odayin leadership:** follow Lutherdale procedures, support Lutherdale leadership as needed

### **WATERFRONT INCIDENT OR ACTIVE VICTIM**

1. The first lifeguard to recognize an incident **blows their whistle three times** to activate the action plan and responds appropriately to the incident (with the help of other lifeguards if necessary).
2. The Waterfront coordinator contacts the executive / program director via walkie-talkie to inform them of the incident. If special assistance is needed, the Waterfront coordinator requests this.
3. the executive / program director informs the Healthcare Coordinator and sends them to the waterfront to be available for advanced care, if needed.
4. Non-lifeguard staff at the waterfront help to clear the waterfront so the situation can be handled effectively.
5. The staff member at the buddy board encourages campers to move safely and swiftly to the back of Lakeside cabin after their buddy tag has been accounted for and removed from the buddy board.
6. If there is a victim, the staff member at the Buddy Board relays the buddy tag numbers to the Healthcare Coordinator who relays the number to the executive / program director.
7. The Staff member at the buddy board joins the campers behind the lakeside cabin until the incident is over. If the incident escalates to a missing swimmer or passive swimmer, the Waterfront Coordinator contacts the executive / program director and **sounds the air horn** to activate the Missing Swimmer Action Plan.

#### *Debriefing*

8. After the incident ends, the campers stay behind Lakeside cabin with staff members who lead campers in songs and games.

9. Lifeguards involved, meet on the Waterfront to debrief with the Waterfront Coordinator. If the Waterfront Coordinator feels that the lifeguards need more time to recover, the Waterfront Coordinator communicates with the executive / program director. Campers are led to a different program area.

#### *Parent Follow-Up*

11. The Executive Director shall call the President of the Board to report the emergency.

12. Discussion will take place on the best way and in what timeframe to alert all parents.

13. The Executive Director and staff will fill out an accident/incident report form together.

**Odayin counselors:** follow Lutherdale procedures

**Odayin medical:** follow Lutherdale procedures, support responders as needed

**Odayin leadership:** follow Lutherdale procedures, support Lutherdale leadership as needed

### **WATERFRONT INCLEMENT WEATHER PLAN**

1. If at any time lightning is seen or thunder is heard, the Waterfront Coordinator **blows their whistle 3 times** to clear the waterfront.
2. The staff member at the Buddy Board encourages campers to move safely and swiftly to the Dining Hall or to their Cabin, (depending on the forecast) after their Buddy Tag has been accounted for and removed from the Buddy Board.
3. Lifeguards will direct and supervise campers in moving towards an indoor space.
4. The Waterfront remains closed until there is a full 30 minutes without thunder or lightning.

**Odayin counselors:** follow Lutherdale procedures

**Odayin medical:** follow Lutherdale procedures

**Odayin leadership:** follow Lutherdale procedures

### **DOWNED POWER LINES AND OUTAGES**

1. Warn all groups of downed or threatening power lines due to windstorm, ice storm, tree falls, etc.
2. Do not approach downed power lines and keep campers away.
3. Report power outage to Program/Executive Director or Facility Manager.
4. Report the outage to the power company.
5. Avoid opening refrigerators and freezers and using restrooms until power is restored.

**Odayin counselors:** follow Lutherdale procedures

**Odayin medical:** follow Lutherdale procedures

**Odayin leadership:** follow Lutherdale procedures

### **LOCKDOWN**

In the event of the camp needing to go into a lock down situation (if there is someone on site that wishes to do harm to campers, staff, guest or the possibility of such) the staff will be notified via the radio and cell phone

system to go into a “lockdown”. Cabin leaders should stay with their campers. Non-cabin leading staff should assist in warning/finding other staff, campers and guests to insure that they are safe and in shelters.

All those near the south cabins (Lakeside, Wartburg, Twin, and The Hope Center) or at the waterfront should quickly and safely move to The Hope Center. All those near the north side of camp near Milwaukee, Canteen, Deback, and the Watson Retreat Center) should quickly and safely move to the Watson Retreat Center. Once into individual rooms, lock the doors, close blinds, and if possible use furniture to block windows. Staff will instruct all campers to stay away from windows and try to remain calm. Head counts will be taken by cabin leaders and Leadership staff. If a person is unaccounted for, notify or send word to the Program Director who will then initiate a search if appropriate and safe.

If possible and safe, a Leader or Year round staff will call 911. Radios or phones will be used in each area. All persons are to remain in the shelter until released by the Program Director, emergency personnel, or the staff member present who is in charge.

### **Stranger or Aggressive/Dangerous Intruder**

Generally, unknown individuals at camp are there out of curiosity or to see a camper. Those people will gladly go to the office if dealt with politely and directed to the office. Vendors and service individuals should be in areas that are appropriate for their task. It is generally assumed that people in camp during daylight hours are visitors and those at camp from dusk to breakfast are truly intruders. Be aware of unauthorized persons in the following areas: parking lot, ballfield field, waterfront, swim dock, in any cabin areas, and along the entrance to camp. Deal with strangers at camp in the following manner:

1. Identify yourself and ask if you can be of help. If they are visiting or need assistance direct them to the office
2. Never lead an unknown individual to a camper they request to see
3. Always accompany these individuals to the office, or, if you are busy with campers, visually ascertain that these individuals do go to the office
4. Try to keep these people in “neutral” camp areas, like the center of camp
5. Discourage unknown people from moving into cabin areas. Do not allow ANYONE (stranger or known) to remove a camper from camp
6. If you encounter unknown people after dark, assess the situation before you act. Think about your location, how many people there are, how close help is, your physical strength and size. Remember that a firm voice and shining your light in their eyes can be beneficial to the situation
7. Try not to leave intruders alone, if possible
8. Get help, there is greater safety in numbers
9. If individuals refuse to identify themselves, leave the property, or go to the office, notify a member of Odayin leadership or camp staff. Even if they do the above, you should notify leadership immediately
10. On-site staff will determine if the sheriff should be called, depending on the situation
11. The public is not allowed to use our restrooms or any other facilities unless approved by camp leadership

### **Active Shooter**

In these situations, common sense should be at the forefront of your mind. Gather all the campers in your area and proceed to Lock-down or Run & Hide, depending on your location. If an armed intruder is detected, call 911 and be prepared to give the following information:

1. Intruder description – clothing, race, how many (intruders), what type of weapon(s)
2. Location of intruder and location(s) of campers
3. Are there any injuries? What kinds?
4. Have there been any explosions?
5. Warn others of the threat whenever possible, using your judgment as to whether to take this risk.

Based upon the situation, decide to direct the group by shouting either:

- a. "Armed intruder, hide!" when indoors
- b. "Armed intruder, run!" when outdoors

#### Indoors: Hiding and Lockdown

- Hide in the nearest building
- Lock the doors, close the shades or blinds, and turn off lights and electronic equipment that may draw the intruder's attention
- Silence cell phones
- Stay away from windows and glass
- Place heavy objects in front of doors if you have time and can do so quietly
- Remain silent
- Do not respond to voice commands to leave your place of hiding, unless you can be certain that it is the police or camp leadership stating "all clear"

#### Outdoors: Running or Escaping

If you are caught in the open, your best course of action is often to flee the area and follow these steps:

- Run, and place as many objects/trees/buildings between you and the intruder as you can
- Ultimately lead campers away from the main camp area and to the closest place of safety – a neighboring house, in the woods, on a (fast) boat
- If you are injured by the intruder, and are unable to flee, play dead

#### Law Enforcement Arrival

As law enforcement arrives, follow their directions precisely, stand still, and keep your hands in plain sight. Remain calm and quiet so instructions can be given and understood.

**Odayin counselors:** follow Lutherdale procedures

**Odayin medical:** follow Lutherdale procedures

**Odayin leadership:** follow Lutherdale procedures

#### Odayin Emergency Response and Communications

In the event of an emergency such as death, serious accident, child abuse, missing camper, or any other serious situation, the following steps will be taken:

1. Camp leadership calls the Executive Director.
2. The Executive Director will confer with legal counsel, insurance, and/or ACA.
  - Legal Counsel: Andrew Holm, cell: 651-403-1845
  - Insurance Agent: Karen Gillman at AMSKier Insurance: 570-226-4571
  - ACA Crisis Hotline: 800.573.9019
  - ACA Non-Emergency Hotline: 800.428.2267
3. Staff will not communicate with anyone outside of camp, including the press. They may not be in touch with outside contacts, including family, until a Director has given them permission to contact others.
4. All trips out of camp will be postponed. Trips already out of camp will be allowed to continue; however, the driver will be instructed to make no mention of the incident until a general announcement to the camp is made.
5. The people involved in the situation will be thoroughly questioned by the directors as soon as the incident occurs. Statements will be recorded, with the permission of all parties present. A written transcript will be drawn up from the conversation and all parties will be asked to sign it, verifying events, time, place, etc.
6. The people involved will be asked to make no comments to the media, other staff members, or the public. They will be informed that anything that they say may be held against them at some later date by a court of law.
7. Any statement to the media will be made by the Executive Director after the parents of campers involved in the incident are contacted.
8. Camp Odayin and Camp Lutherford leadership will convene to discuss future steps and the best course of action.
9. The parents of campers (and emergency contacts of staff members) involved will be notified by the Camp Director, or appointed personnel, and apprised of the situation. This may be via email or phone call.
10. Documentation of all calls made (including time), procedures done, & actions taken
11. A meeting of the entire camp will be organized, and the entire camp community will be apprised of the facts. As soon as possible, campers will be given opportunities to ask questions and clarify their understanding of the incident.
12. No media or journalists will be allowed into camp.
13. The camp program will continue to the extent possible, and staff will be asked to try their best to remain as appropriate adult role models and be interested in the camp programs.
14. Odayin leadership team talks with Knutson leadership team to determine if Camp K Crisis team needs to be activated. Follow directions of Knutson team.
15. Appropriate authorities will be contacted immediately

### Medical Emergency

- Camp Odayin brings 2 AED's in our suitcase transport packs. Lutherford AED's are located in their main office and the Hope Center. All nurses, cardiologists and the leadership team at camp will have a walkie talkie. Nurses will keep them OFF and only turn them on when needed for an emergency.

### **In the Event of an Emergency**

1. Send a message via walkie talkie (or cell phone) stating there is an emergency and state your name and location. Be as detailed as you can (Cardiac or non-cardiac emergency? Mental health emergency?) while

preserving the camper or staff member's privacy as much as possible. Keep your walkie talkie on (and fingers off the buttons) until you get a reply from medical leadership.

2. Camp cardiologists and lead nurse with the transport pack will respond to the call.
3. The Lead Nurse will call 911 if necessary.
4. Upon medical team assessing the camper/staff member, transportation to the Health Center will be provided for all cardiac related issues.
5. Cabin nurse / counselor will stay with the camper until relieved.
6. Place on EKG monitor & obtain vital signs including saturations.
7. Pull camper file from crate - review for parent approval regarding prn meds, need for prophylactic antibiotics or other treatment with each bleeding injury.
8. Cabin counselors will take other campers to another location/back to the cabin/activity.
9. Camp Directors support cabin counselors as needed.
10. Camp Cardiologist and Lead Nurse will determine if transport off camp is necessary. If the camper needs to be transported to an outside medical facility, a Camp Odayin leadership staff member will remain with them.
11. Document all camper and staff visits into log and start treatment form.
12. Lead nurse calls parent/guardian of camper or staff member's emergency contact

## Mental Health Support

Any concerns about a camper should be reported to Camp Leadership/Health Team. Concerns for safety or well-being include:

- expressing suicidal/self-harm thoughts
- statements like "things will be better when I'm gone."
- severe/overwhelming emotional pain or distress.

Camp leaders will meet with the camper and assess any immediate safety concerns. If the camper does not have any plans or intentions for self-harm, a safety plan will be created and the camper's family will be included.

If the camper is expressing plans or intentions for self-harm, or is unable to contract for safety, Camp leaders will call for support (see below). If the camper is in any immediate danger of hurting themselves or others:

- CALL 911
- Explain the situation to the dispatcher - if not a certain emergency, but requiring their assistance, it can be requested as a "wellness/safety check."
- You can request the police arrive quietly with no lights or sirens if appropriate for the situation.

If deemed appropriate, fill out the "Patient Safety Plan Template" located in the Red Binder in the health center.

### How to Talk About Mental Health with a Camper

Try leading with these questions, and actively listen to the response:

- Can you tell me more about what is happening? How are you feeling?
- Have you had feelings like this in the past?
- Sometimes you need to talk to an adult about your feelings. I'm here to listen. How can I

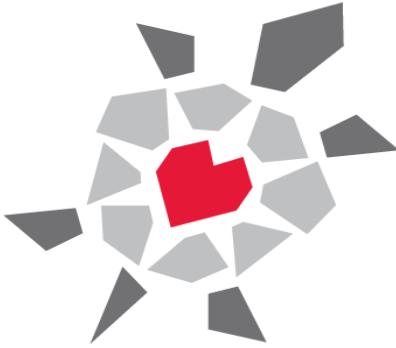
- help you feel better?
- Do you feel like you want to talk to someone else about your problem?
- I'm worried about your safety. Can you tell me if you have thoughts about harming yourself or others?

### **How to Talk to a Camper About Mental Health Concerns**

- Communicate in a straightforward manner.
- Speak at a level that is appropriate to a child or adolescent's age and development level (preschool children need fewer details than teenagers)
- Discuss the topic when your camper feels safe and comfortable.
- Watch for reactions during the discussion and slow down or back up if your camper becomes confused or looks upset.
- Listen openly and let your camper tell you about their feelings and worries

### **Mental Health Resources**

- 988 Suicide & Crisis Lifeline: Call, chat, or text 988.
- Call \*\*CRISIS (274747) from a cell phone
- Text 741 741



## Medical Resources

### MINNESOTA Medical Centers and Pharmacy

#### Emergency

St. Joes Hospital in Brainerd  
523 North 3<sup>rd</sup> Street  
Brainerd, MN 56401  
Phone-218.829.2861 – Fax-218.828.7514  
[www.sjmcmn.org](http://www.sjmcmn.org)

Cross Lake Ambulance & North Air  
(Advanced Life Support)  
763.581.9900

#### Pharmacies

Cross Lake Pharmacy  
Steve Kappes  
36072 County Rd 66  
Cross Lake, MN 56442  
Phone – 218.692.2502 Fax- 218.692.2507  
[pharmacy@crosslake.net](mailto:pharmacy@crosslake.net)

Brainerd Clinic Pharmacy  
2024 South 6<sup>th</sup> Street  
Brainerd, MN 56401  
Phone – 218.829.7455 Fax -218.855.5205

#### Clinics

Cross Lake Clinic  
35205 County Rd 3 / P.O. Box 470  
Cross Lake, MN 56442  
Phone- 218.692.1010 Fax – 218.692.1013

Central Lakes Medical Clinics  
Crosby Clinic- 218.546.8375  
Pequot Lakes Clinic – 218.568.4416  
Pine River Clinic – 218.587.4416

Brainerd Medical Center  
2024 South 6<sup>th</sup> Street  
Brainerd, MN 56401  
Phone- 218.828.7100 - Fax-218.828.7107  
[www.brainerdclinic.com](http://www.brainerdclinic.com)

## **WISCONSIN Medical Centers and Pharmacy**

Walgreens Store #10714  
939 N WISCONSIN ST  
Elkhorn, WI 53121  
262-723-5055

Aurora Lakeland Medical Center  
W3985 County Rd NN  
Elkhorn, WI 53121  
(262) 741-2000

Children's Hospital of Wisconsin  
8915 W. Connell Ct.  
P.O. Box 1997  
Milwaukee, WI 53226  
(414) 266-2000

ACH (Alliance for Camp Health) hotline: 502.830.8393  
Medtronic Patient Services- 1.800.929.4043 Device questions: 1.800.551.5544  
Abbott Customer Service- 800.681.9293  
Boston Scientific Device - (866) 484-3268

### **Camp Odayin Transport Pack Ingredients**

We have 2 suitcase/red duffle bag transport packs. One goes on each bus to and from camp. While at camp, one goes horseback riding each morning and one goes down to the waterfront. A 3<sup>rd</sup> set of emergency medications are kept in the health center.

#### **Per Kit**

2	Adenosine 6mg/ 2 ml
2	Amiodarone 150mg/3ml
1	Albuterol MDI & spacer
2	Epinephrine 1:10,000 1mg/10ml
3	Sodium Chloride inj, 10 mg USP 0.9%
1	Epi-Pen 0.3 mg
1	Magnesium sulfate – 1mg IV solution vial
1	Dextrose 50% 25g (0.5/ml)
1	Pepcid AC
1	Chewable Benadryl Pack

2/per	Gravity Infusion Sets
5/per	Blunt Needles

5/per	1 cc Syringes
5/per	3 cc Syringes
5/per	10 cc Syringes
	IV Start Box
2/per	20-gauge needles (BD Insite Autoguard 20GA)
2/per	22-gauge needles
2/per	24-gauge needles
3	Chloraprep
3	Tegaderm
3	Luer Lock Caps
2	Tourniquet
3	Extension Loop
3/per	10 cc NS Flush Syringes
	0.9% NS 1L Bag
3/per	Luer Lock Tip Cover
3/per	20 gauge x 1in IM needle
1/per	Stopcock
5/per	Alcohol prep pads
2/per	Medical silk/paper tape

- 1 AED
- 1 Stethoscope
- 1 Blood pressure cuff
- 1 Bag – rubber gloves, gauze pads, band-aids
- 1 Ambu bag and mask
- 1 IV starting kit and tubing
- 2 Instant ice packs
- 1 Pulse ox
- 1 KARDIA
- 1 ARIXmed (anti choking device)

Kleenex, Bug spray, Sunscreen, Emergency contact list, Medical Center & Pharmacy contacts, medical report forms & pens

## Recordkeeping Procedures

Document Name	Personnel that maintain	Where it is stored	How long it will be stored
Health Center Logs	Med Nurses, Lead Nurse, MDs	MN & WI Camp Odayin offices, electronic file by Nursing Director	Indefinitely

Medical Exam Forms	Med Nurses, Lead Nurse, MDs	MN & W Camp Odayin offices	Indefinitely
Safety Reports	Med Nurses, Lead Nurse, MDs	MN & WI Camp Odayin offices	Indefinitely
Equipment Check Logs	Lead Nurse	Mn & WI Camp Odayin offices	Indefinitely
Diagnosis spreadsheet	Pre-populated for use at camp.	Kept with emergency equipment and given to all medical staff for their reference	Used for one camp session only
Staff Applications and Health History	Executive Director and Camp Odayin office staff	MN & WI Camp Odayin Offices	Indefinitely
Camper Applications and Health History	Executive Director and Camp Odayin office staff	MN & WI Camp Odayin Offices	Indefinitely

## Forms and Documentation

- Emergency Assessment Form – to be filled out when a camper or staff member is being monitored in the health center for a medical issue.
- Incident Report Form – to be filled out when a camper or staff member is injured, in a conflict.
- Health Center Log – every visit, every medicine given needs to be entered into the log. Pages of the log are numbered to ensure no pages are missing.
- Current Medication form – Parent/guardian brings this to camper registration and cabin nurse reviews with the parent/guardian as medications are turned over.
- Patient Safety Plan Template – to be used if deemed appropriate in a mental health crisis.

## Medical Emergency Assessment Form

CAMPER NAME \_\_\_\_\_

TIME	T	P	R	BP	02 Sat	Assessment

TIME	Intervention	MD/RN	Assessment

Diagnosis

: \_\_\_\_\_

Plan:

\_\_\_\_\_

Date/Time

Notified Parents: \_\_\_\_\_

: \_\_\_\_\_

Notified PMD: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Returned to Camp: \_\_\_\_\_

Transported to: \_\_\_\_\_

Condition at DC \_\_\_\_\_

### **Incident Report Form**

**Name of Person(s) Involved:** \_\_\_\_\_

**Gender (Circle one)**

Age: \_\_\_\_\_ M / F / Non-Binary

**Camper/Staff/Visitor (Circle one)**

**Phone**

**numbers:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Name of Parent/Guardian (if minor):** \_\_\_\_\_

**Time of**

**Date of Incident:** \_\_\_\_\_ **Day:** \_\_\_\_\_

**Description of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Witnesses:** \_\_\_\_\_

**Result of Incident (action taken):** \_\_\_\_\_

**Persons notified:** \_\_\_\_\_

**Follow up Needed:** \_\_\_\_\_

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**Submitted by**

**Phone #**

## Camp Odayin Health Center Log

Page \_\_\_\_\_ of \_\_\_\_\_

- Please fill out this form listing the medications/vitamins/supplements your child will be taking during camp and bring it to camper registration (DO NOT MAIL to Odayin office in advance) with medications in original prescription bottles together in a large zip lock bag.
- You will meet your child's nurse and check in all medications/vitamins/supplements.
- Parents, please only fill out the left column with medication name, dose and frequency (meaning what time of day is the med given).
- Your child's nurse will fill in the other boxes as they distribute the medication throughout the week of camp.

**Camper Full Name:**

**Weight (lbs):**

<b>Parent to complete:</b>		<b>Nurse to complete:</b>					
<b>Medication/Vitamin/Supplement</b>		<b>Time</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>
Name							
Dose							
Y or N dosage different than the bottle?							
Frequency							
Name							
Dose							
Y or N dosage different than the bottle?							
Frequency							
Name							
Dose							
Y or N dosage different than the bottle?							
Frequency							
Name							
Dose							
Y or N dosage different than the bottle?							
Frequency							

Specific instructions for the medications listed above:

Special dietary needs/restrictions:

Allergies (Medication, food and/or environmental)

Allergy:

Reaction:

Allergy:

Reaction:

---

The following medications are available at the health center to be given out by our medical staff if needed. Please CIRCLE medications that your child CANNOT take. Please bring any other over the counter medications your child takes in a zip lock bag to review during camper registration (examples: Zantac, Claritin, albuterol inhalers, etc.).

Bacitracin , Benadryl , Ibuprofen, Cortaid Cream, Cough drops, Milk of Magnesia, Robitussin, Tylenol, TUMS

Reason for inability to take medication:

## **Patient Safety Plan Template**

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1.

2.

3.

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1.

2.

3.

Step 3: People and social settings that provide distraction:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Place \_\_\_\_\_

Step 4: People whom I can ask for help:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Step 5: Making the environment safe:

1. \_\_\_\_\_

2. \_\_\_\_\_

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The one thing that is most important to me and worth living for is:

## Signature

This Medical Manual is reviewed annually by the Camp Odayin Executive Director, Medical Director, and Nursing Director.

Date Printed Name      Signature      Title

Date Printed Name      Signature      Title

Date Printed Name      Signature      Title