



**Beverly Recreation Department  
Health Care Policy  
105 CMR 430.159(B)**

**A. Health Care Consultant:**

**Dr. Suzanne Graves**  
Garden City Pediatrics  
85 Herrick Street  
Beverly, MA 01915  
(978) 927-4980

Ask A Nurse  
1-800-544-2424  
For questions  
and/or service  
referrals

**Medical Director:**

Hailee Monies  
(978)210-6525  
medicaldirector.bevrec@gmail.com

**B. Emergency Phone #s:**

911

Fire: 922-4000

Police: 922-1212

Ambulance: 921-1261

Poison Control Center: 1-800-682-9211

**C. Hospital(s) Utilized for Emergencies:**

Beverly Hospital                      922-3000  
Herrick Street  
Beverly, MA 01915

**D. Emergency Procedures (on-site):**

1. Child is stabilized (isolated and immobilized if necessary), emergency treatment is taken to administer First Aid and/or CPR by certified employee.
2. 911 is called – as is health care consultant, if necessary.
3. Staff moves other campers to another location.
4. Camp Director calls parent(s) or guardian(s) at all available numbers (home, business, pager, cell) to meet at hospital or camp location. Camp Directors will leave messages if/when voice mail is encountered.
5. All children are transported to hospital by ambulance accompanied by a designated staff member unless parents arrive and take responsibility of child themselves (sign them out). **MEDICAL CONSENT AND EMERGENCY INFORMATION ACCOMPANIES ALL TRIPS TO THE HOSPITAL.**

#### **E. Emergency Procedures if Parents Cannot be Contacted:**

1. Follow steps 1 – 4 above.
2. If there is no response from the parent(s)/guardian(s) contact numbers, the emergency contact on the application is called.
3. If there is no answer at the emergency contact, repeated calls are made to the parent(s)/guardian(s) and emergency numbers and voice mail messages are left until someone is reached. A record of each call is logged chronologically for the injury report.
4. If no one can be reached and the child is transported to the hospital, every effort is made to delay invasive procedures until a parent/guardian arrives.
5. If the child's life is in danger, medical treatment will not be denied him/her under any circumstances.

#### **F. Emergency Procedures When Off the Premises (including field trips and participation at off-site facilities):**

1. When children are away from the main site a cell phone is taken to be in contact with emergency personnel and the Recreation Office.
2. Upon arrival at a site (whenever possible) the Director makes contact with the emergency First Aid station and gives that information to the rest of the staff (emergency personnel at each location will be utilized whenever necessary).
3. Steps D & E will be followed utilizing the cell phone.

#### **G. Procedures for Utilizing First Aid Equipment (gloves are to be worn by anyone administering First Aid):**

1. Location of First Aid Kits:
  - a) Camp First Aid kits with the camp at all times.
  - b) First Aid kit/supplies in the Recreation Office.
  - c) First Aid kit with each Lifeguard (Beverly staffed beaches).
2. Location of First Aid Manual:
  - a) Manual in each camp director's notebook.
  - b) Manual in Recreation Office.
3. First Aid is Administered By:
  - a) Child's Group Leader (minor cuts, scrapes and abrasions)
  - b) Medical Director (serious injuries)
4. First Aid Kits are Maintained By:
  - a) Camp Directors
  - b) Medical Director
5. Contents of First Aid Kits:

First Aid Kits shall meet American National Standards Institute Z308.1-2015 requirements including, at a minimum, one Class B Kit and one or more Class A Kits, as necessary.

Kits will be assembled as such:

<b>ANSI Z308.1-2015, TABLE 1: CLASSES OF FIRST AID KITS &amp; REQUIRED SUPPLIES</b>				
<b>First Aid Supply</b>	<b>Minimum Quantity</b>		<b>Minimum Size or Volume</b>	
	Class A Kits	Class B Kits	(U.S.)	(Metric)
Adhesive Bandage	16	50	1 x 3 in.	2.5 x 7.5cm
Adhesive Tape	1	2	2.5 yd. (total)	2.3m
Antibiotic Application	10	25	1/57 oz.	0.5g
Antiseptic	10	50	1/57 oz	0.5g
Breathing Barrier	1	1		
Burn Dressing (Gel Soaked)	1	2	4 x 4 in.	10 x 10cm
Burn Treatment	10	25	1/32 oz.	0.9g
Cold Pack	1	2	4 x 5 in.	10 x 12.5cm
Eye Covering (with Means of Attachment)	2	2	2.9 sq. in.	19 sq. cm
Eye/Skin Wash	1 fl. oz. total			29.6 mL
		4 fl. oz. total		118.3 mL
First Aid Guide	1	1	N/A	N/A
Hand Sanitizer	6	10	1/32 oz.	0.9 g
Medical Exam Gloves	2 pair	4 pair	N/A	N/A
Roller Bandage (2 inch)	1	2	2 in. x 4 yd.	5 cm x 3.66 m
Roller Bandage (4 inch)	0	1	4 in. x 4 yd.	10 cm x 3.66 m
Scissors	1	1	N/A	N/A
Splint	0	1	4.0 x 24 in.	10.2 x 61cm
Sterile Pad	2	4	3 x 3 in.	7.5 x 7.5 cm
Tourniquet	0	1	1 in. (width)	2.5 cm (width)
Trauma Pad	2	4	5 x 9 in.	12.7 x 22.9 cm
Triangular Bandage	1	2	40 x 40 x 56 in.	101 x 101 x 142 cm

#### H. Plan for Injury Prevention and Management:

1. Every morning the staff inspects the field areas and playground structure for dangerous objects and debris.
2. All items are removed and disposed of in an appropriate receptacle.
3. Dangerous large items (i.e. picnic benches, swing seats, etc.) are roped off or taken apart and the Department of Public Works is called for repair or removal.

4. In circumstances beyond our control, every effort is made to restructure the camp day to keep campers away from danger.

**I. Plan for Reporting Serious Injury, In-Patient Hospitalization, Death of a Camper or Staff Person to the Department of Public Health:**

1. An injury report is completed in all cases of injury and kept on file in the Recreation Office.
2. In the case of serious injury, in-patient hospitalization or death of a camper or staff person, a second form as required by the Department of Public Health is completed.
3. Both forms are sent to the Massachusetts Department of Public Health and the local Board of Health in no more than 7 days from the time of the accident.
4. Injuries that require DPH and BOH reporting include but are not limited to: those needing suturing, resuscitation, and admission to the hospital or one where bones are broken.
5. In the interest of safety and compliance, staff members are encouraged to send in an injury report to the Department of Public Health and local Board of Health when there is a question as to the severity of the injury.

**J. Procedures for Informing Parents/Guardians When First Aid is Administered to Their Children Including Time Frame and Documentation:**

1. For all injuries, a written report is filled out and placed in the child's file.
2. For minor cuts, scrapes and abrasions, a verbal report is given at the end of the day.
3. For cuts, falls, collisions, etc., where emergency personnel are not called, a verbal report is made and copy of the injury report is given to the parent/guardian at the end of the day.
4. For injuries in which emergency personnel is required, immediate verbal report is given to the parent(s)/guardian(s) followed by written report within 24 hours.

**K. Plan for Infection Control and Monitoring:**

1. Staff members identify potential hazards and report them to the camp director.
2. Immediate consultation between the Medical Director and/or Health Care Consultant takes place.
3. Upon confirmation, child is brought to the Recreation Office and quarantined.
4. Parent(s)/Guardian(s) are notified and child is removed from premises.
5. Campers and staff are monitored for similar symptoms.
6. If infection is confirmed by child's physician, parent(s)/guardian(s) are notified in writing as to the condition, symptoms to look for, likelihood of further infection and any additional information (vaccination, camp cancellation, etc.) deemed necessary by the department.

**L. Procedures for the Clean-Up of Blood Spills:**

1. Designated cleaner will wear medical examination gloves at all times.
2. A bleach to water solution of 1 part bleach to 10 parts water will be applied to the spill and will be paper toweled off of surface areas (ground areas will be rinsed with the solution).
3. Paper towels will be disposed of in double plastic bags and placed in a trash receptacle.
4. Massive blood spills will be contained with the assistance of the Fire/Police Departments.

#### **M. Emergency Plan for the Evacuation of the Program or Facility:**

1. Separate evacuation plans are posted next to each exit. A copy of the evacuation procedure is on file in each camp director's notebook.
2. At the start of each session, the children are informed as to the emergency procedure and a practice drill is conducted.
3. Individual group leaders gather and lead their groups out of the building and to the designated meeting spot.
4. Camp Directors and support staff (CITs, Recreation Director, Program Supervisor) check for stragglers.
5. Each group leader is responsible for making sure their group is accounted for.
6. The camp director is responsible for making sure each group leader has their assigned group.
7. Practice drills are conducted at least once each session.
8. The Assistant Recreation Director/designated co-Camp Director, camp assistant director is responsible for documenting the date, time and effectiveness of each drill.

#### **N. Describe Plans for Administering Medication (prescription and non-prescription), Self-Administration of Medication, Recording the Dispensing of Medication, Storage of Medication, and Return & Disposal of Medication:**

##### **Plan for administering medication (prescription and non-prescription)**

1. Parent(s)/Guardian(s) are instructed to ask their child's physician to prescribe a course of medication that circumvents the camp day.
2. Non-prescription medications are administered by the Medical Director.
3. Non-prescription medications must have the following information:
  - Written specific authorization from the parent/guardian each time medication is to be administered.
  - Written authorization from physician including dosage and side effects.
4. Prescription medications are administered by the Medical Director.
5. Prescription medication will be applied only with the following:
  - Medication must be in original child-proof container
  - Child's name must be on original label.
  - Name of drug, dosage and # of pills in container.

- Instructions for administration and any cautionary statements.
- Date of filling, pharmacy name and address, filling pharmacist's initials.

### **Plan for self-administration of medication**

6. Camp staff who need to know about the camper's condition and the need to self-carry and self-administer medication will be notified by the Medical Director.
7. Children with epinephrine auto injectors (EpiPens) and/or asthma inhalers who want to carry this medication around with them, rather than store it in the camp's first aid kit, and self-administer this medication, must get written permission from their parent or guardian and the health care consultant. Campers, guardians, the Medical Director, and the health care consultant must read and sign our Contract for Camper to Self-Carry & Self-Administer an EpiPen/Asthma Inhaler.
8. Campers whose families have elected to have the child self-carry and self-administer EpiPens and asthma inhalers must demonstrate to the Medical Director the correct technique for use, and an understanding of the physician's order for the emergency use of the EpiPen and/or asthma inhaler medication.
9. Diabetic children who require that their blood sugar be monitored, or need insulin injections will be allowed to self-monitor and/or self-inject with written approval from their parent or guardian and the camp health care consultant. Campers, guardians, the Medical Director and the health care consultant must read and sign our Contract for Camper to Self-Monitor Blood Sugar & Self-Inject Insulin.
10. Blood monitoring activities such as insulin pump calibration, etc. and self-injection will take place in the presence of the Medical Director, who may support the child's process of self-administration.
11. The health care consultant will train health care supervisors on the signs and symptoms of hypo or hyperglycemia, and appropriate diabetic plan management.

### **Plan for recording the dispensing of medication**

12. Medication is logged in each time given in both medication log and log sheet.

### **Plan for storage of medication**

13. All medications are kept in a secured, locked cabinet. Medication that requires refrigeration will be kept in a locked box in the Recreation Office refrigerator at a temperature between 38 and 42°F.

### **Plan for return and disposal of medication**

14. Any unused medication is returned to a parent/guardian. If this is not possible, the medication is destroyed per 105 CMR 430.160(I)(1).
15. Beverly Recreation shall dispose of hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: *Minimum Requirements for the Management of Medical or Biological Waste*.

## **O. Describe Plan for the Care of Mildly Ill Campers:**

1. Any camper who complains of malaise will be instructed to rest in a shady area and their complaints will be further evaluated.
2. All medical complaints are logged in the medical log.
3. Parent(s)/Guardian(s) with children who exhibit the following symptoms are encouraged to keep their children home:
  - Rash
  - Severe Cold
  - Diarrhea
  - Fever
  - Sore Throat
  - Vomiting
  - Fatigue
  - Inflammation of the Eyes
  - Lice/Knits
4. Children who exhibit these signs during the day are moved away from other children and supervised independently.
5. Parent(s)/Guardian(s) are notified to take the child home.
6. Children may return to camp when the symptoms are no longer present or with a doctor's note.

## **P. Procedures for Identifying and Protecting Children with Allergies and/or Other Emergency Medical Information:**

1. The Medical Director submits a list to each Camp Director before the start of each session listing those in attendance with allergies and other emergency information.
2. Emergency medical stickers are filled out and applied to each registration sheet on file in the camp director's notebook.
3. An additional medical sticker is filled out by the child's group leader and placed on each staff member's camper card.
4. In the case of emergency medical treatment, verbal report of the allergy is made to the paramedics and noted on the accident report.
5. Severe allergies with relation to foods in which the child might be affected by other campers is noted (with full confidentiality) to each participating family as to which foods to avoid.

## **Q. Procedures for Promoting Allergy Awareness**

1. All camp staff members including counselors and counselors in training (CITs) must be aware of allergies within the camp.
2. All campers with severe allergies must be under careful supervision at all times, especially during snack and lunch periods.
3. Campers are not allowed to share food and should only eat the food that is packed by their parent/guardian. This rule must be strictly enforced by all camps.
4. Meals and snacks are not provided to campers courtesy of Beverly Recreation. On Jacob Brower Day, to celebrate the end of a session, or during special events when some campers remain in our care through the dinner hour (i.e. Lip Sync Extravaganza), campers may be provided with a meal or pizza party. Participation in a pizza party or consumption of a Beverly Recreation provided meal is certainly not mandatory and guardians will be informed ahead of time

when instances like this will occur. Guardians must provide an alternate meal on pizza days, if their campers require or want one.

5. Campers with severe allergies will be assessed by the Medical Director to determine their knowledge and understanding of their allergy.
6. Children with epinephrine auto injectors (EpiPens) and/or asthma inhalers who want to carry this medication around with them, rather than store it in the camp's first aid kit, and self-administer this medication, must get written permission from their parent or guardian and the health care consultant. Campers, guardians, the Medical Director, and the health care consultant must read and sign our Contract for Camper to Self-Carry & Self-Administer an EpiPen/Asthma Inhaler.

#### **Q. Exclusion Policy for Serious Illnesses, Contagious Disease, Reportable Diseases to the Board of Health:**

1. Any child who displays symptoms of a serious illness, contagious disease, or other reportable condition to the Board of Health are immediately isolated from other campers and parent(s)/guardian(s) are called.
2. Immediate report is made to the Board of Health by the Recreation Director or Assistant Director.
3. Outbreaks or unusual prevalence of those symptoms in Section O will also be reported immediately to the Board of Health by an authorized employee.
4. Notices to parents/guardians will be sent out if deemed necessary by the Health Care Consultant and the Board of Health, outlining symptoms to watch for and preventative measures.

#### **R. Location of Staff Smoking Area:**

1. Smoking is prohibited by Recreation Department employees during hours of their employ while they are in the presence of children.
2. Smoking is prohibited in public buildings.
3. A staff smoking area is not applicable.

#### **S. Policy and Procedures for Use of Insect Repellent, Sunscreen, Lip Balm and Reducing Exposure to the Sun**

1. Parents/Guardians must provide insect repellent/sunscreen/lip balm for their camper. The repellent bottle(s) must be labeled with the camper's full name and shall only be used on that camper. Always follow the product label instructions.
2. The Centers for Disease Control and Prevention suggest wearing EPA-registered insect repellents that contain DEET, Picaridin, IR3535, oil of lemon eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone. Treating clothing and gear with permethrin is also recommended. Using natural insect repellents that are not registered with the EPA and therefore, whose effectiveness is not known, is not recommended. The CDC suggests using sunscreen with an SPF of 15+.
3. We recommend in our Parent Camp Handbook that guardians apply sunscreen before the start of the day.



4. Whenever the re-application of sunscreen, lip balm, or insect repellent is necessary, modeling is used to encourage the child to self-apply to the needed areas. Camp staff may spray the campers with the repellent/sunscreen. Staff are not allowed to help apply repellent/sunscreen through touch. Staff will not spray repellent on the skin under clothing.
5. Insect repellent should not be applied to head, neck, or face, and should be concentrated around ankles and knees. Apply sunscreen first and then apply insect repellent.
6. Beverly Recreation will continually remind and encourage campers to protect themselves from the sun and insects by wearing appropriate, loose clothing including wide brim hats, long sleeved shirts, and long pants; and by staying in the shade during midday hours.
7. Time each day will be spent in the shade and no child will be denied access to shady areas for rest or respite from the sun.