



# Camp Twitch and Shout Medical Manual 2025



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# OVERVIEW

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The Camp Twitch & Shout (CTAS) Medical Team implements strategies of medical support aimed at improving and enhancing the campers' experience during the week of camp by giving direct medical care as needed in a manner that is non-intrusive to the camp experience. This includes direct medical care, medication management and dispensing of all medications, and upkeep of medical records for all campers and volunteers.

While access to an emergency medical system is almost always less than 20 minutes away, the Medical Director and support nurses are either licensed physicians or registered nurses who are able to work in the state of Georgia and can sign off on records of medications dispensed and medical treatment provided. The CTAS Team must be certified in First Aid and CPR and/or carry professional medical licenses. They are licensed and able to work in the state of Georgia, available to check current health concerns and review health logs and incident reports, and will remain on the campsite throughout the entire camp session. The only exception to this is a Medical Director that is on-call for prompt consultation and a daily meeting with on-site staff.

The CTAS Medical Team will be responsible for taking possession of medication and, when possible, talking to parents about camper health concerns during registration. The CTAS Medical Team will inform counselors which children in their cabins need medication on a regular basis. Upon completion of the camp session, the Camp Twitch & Shout Medical Team will return medicine to parents as they pick up their child.

## Essential Position Functions:

- To assist in effectively training the volunteers, and integrating medical support for campers and staff by providing effective tools, techniques, strategies, and support that relate to the diagnosis and comorbidities that may be expressed by the Campers throughout the week of Camp Twitch and Shout.
- Apply basic youth development principles in working with campers through communication, relationship development, respect for diversity, involvement and empowerment of youth.
- Ensure that all Counselors have knowledge of what to do for any medical needs, allergies, or possible medical emergencies that might require immediate medical attention in their Cabin (such as seizures or allergies).
- To provide quality medical care to all campers and staff as needed and appropriate based on medical specialty. These services will include treatment of injuries and illnesses, and medication management.
- To collaborate with the Medical and Camp Director in determining the types of Medical support that may be necessary at Camp.
- Work with the Camp Staff concerning documentation and quality assurance measures that may be necessary regarding medical support.
- Follow and uphold all safety and security rules and procedures.
- Set a good example to campers and others in regard to general camp procedures and practices including sanitation, schedule, and sportsmanship.

#### Other Position Duties:

- To effectively communicate with everyone in their cabins, and foster a sense of fellowship, spirit, and community within the Cabin and Unit.
- To take advantage of scheduled breaks and relief when offered to ensure your personal health.
- To participate in planning meetings as needed, and organize documentation of incidents and any necessary action taken within the Unit.
- Provide administrative support to Camp Director(s) as needed.

#### Qualifications: (Minimum Education and Experience)

- Physicians, Physicians Assistance, RN, LPN, EMT- All Levels
- Appropriate certification for scope of practice in the state of Georgia
- Current liability insurance to cover license or certification for scope of practice at camp
- Must submit a health history record and examination form prior to the first day of work.
- Ability to interact with all age levels.
- Preferred Prerequisites: 2 years of volunteer work with Camp Twitch and Shout
- Complete and pass a background check
- Complete and pass reference checks
- Be able to commit to being at Camp Twitch & Shout 24/7 starting with training the Saturday before the campers arrive, through Friday, the last day of camp
- Have an interest in working with children with a diagnosis of Tourette Syndrome and the possible associated disorders such as anxiety, depression, ADD/ADHD, OCD, Autism Spectrum Disorder, sensory integration dysfunction, and learning disabilities.

#### Knowledge, Skills, and Abilities:

- Understand the development needs of youth.
- Ability to relate to youth and adults in a positive manner.
- Demonstrate knowledge and skill in program areas designated camp program areas.

#### Physical Aspects of the Position:

- Ability to communicate and work with groups participating (age and skill levels) and provide necessary instruction to fellow team members, campers, and volunteer staff.
- Visual and auditory ability to identify and respond to environmental and other hazards related to the activity.
- Physical ability to respond appropriately to situations requiring first aid. Must be able to assist campers and staff in an emergency (fire, evacuation, illness, or injury) and possess strength and endurance required to maintain medical care of campers.
- Willing to live in a camp setting and work irregular hours with limited or simple equipment and facilities; and with daily exposure to the sun, heat, and animals such as bugs, snakes, bats, etc.

## **MEDICAL POLICIES & PROCEDURES**

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### **Camp Twitch & Shout Medical Policies & Procedures**

The Camp Twitch & Shout Medical Team Policies and Procedures are reviewed every three years by a licensed physician or registered nurse knowledgeable in neurological disorders.

**Admitting paperwork:**

- ACA Physical Exam form or Physical Exam current within 1 year signed by a physician
- Copy of current immunizations
- Permission to treat document signed
- MAR
- Health screen at registration

**Pre-arrival:**

- The Nurse will review admitting paperwork. Parents will be notified if there are any questions, concerns, or more information is needed.
- One Nurse will be assigned a Cabin color group (Red, Blue, Green, Yellow, or Orange).
- Each Nurse will review their camper's medications and may call parents to confirm medication schedules.
- Nurses will notify the Medical Director to discuss if there is any more information that will be needed.
- Before the start of camp, each camper will have a medication administration record (MAR) completed by the nurse. This will include allergies and any PRN medications.

**Check-in:**

- The Nurse will perform a Health Screen with the parent/guardian present for general wellness and temperature and head lice checks. The Medical Director will be on-call during check in to address any questions or concerns. The screening will include the following evaluations and observations:
  - Head lice check
  - Ask about recent illness within the last week; including any fever, rash, cough, congestion, pink eye, or eye drainage.
  - Ask about any recent injuries.
  - If recent illness or injury – the Nurse will evaluate with consultation from the Medical Director as needed.
  - If a recent illness is reported, then a temperature will be taken.
- There will be 3-4 nurses stations during check-in. One nurse for each cabin grouping. Parents will be directed to the camper's respective station.
- The nurse at the nurse's station will review the medication schedule for each camper with the parent. Any adjustments will be made at that time. Any changes to a camper's medications and/or medication schedule will be corrected and the MAR will be revised. The parents will sign the medication schedule confirming that this will be the medication schedule while the camper is at camp.
  - All medications will be in their original containers, and should have a 7 day supply in each bottle.
  - All medication bottles received will be checked to make sure they are labeled properly with Camper's name, they are not expired, the indications and directions reflect parental explanation of need, and a sufficient quantity is available for the week. The parents will sign the MAR stating that they are in agreement with the medication schedule for their week with us.

- Each cabin color Nurse may be assisted by a Pharmacist or Pharmacy Technician with the intake of medications and dividing them up into baggies for distributing the medication by time for each camper in their group.
- Each cabin group will have their own accordion file with each camper's MAR and individual divider ready to document medication distribution for the week. We will be using the box system. This is a toolbox with dividers for each cabin.
- After check-in is complete, all medications and MARs will be taken to the locked camp pharmacy for medication distribution.

#### **Medical Protocols during the week of Camp:**

- We will be using the ACA Health Log to document all visits to the medical lodge during the week of camp.
- All campers and staff that require treatment will have a Health Record created for them – we will use the ACA Health Record. PRN medications will be documented on the Health Record and in the camper's MAR.
- The Nurse will bring any medical concerns beyond first aid to the Medical Director. General Standing Orders will be followed.
- The attending Medical Team Member will be responsible for calling the parent and the Camp Director and/or Medical Director may be involved in communication with the parent/guardian.
- Two medical staff members (or one and a Camp Director) should be present for all parent communication. All communication should be documented. Any changes to the camper's treatment plan or conditions should be documented in their file and communicated to cabin counselors as needed.
- Any illness or injury will be assessed by the Medical Director to determine the need for treatment, and if transfer to another facility is determined the MD or Nurse will communicate with parents prior to transport. Local EMS will be the transportation for any emergencies, and parents will transport their children for any non-emergency medical needs if possible.
  - If transportation to an Urgent Care facility is needed, minimally 2 staff members will accompany the camper in the Camp Vehicle. 1 must be a Medical Team member with CPR/First Aid training who will be responsible for all necessary documents.
    - Preferably, 3 staff members will accompany the camper (1 Support Team Member and/or Approved Driver, 1 Medical Team member, 1 Cabin Counselor)
  - If a camper is transported via ambulance, minimally 1 staff member will accompany the camper in the ambulance with their paperwork. 1-2 staff members should follow the ambulance in the camp vehicle.
    - 1 must be a Medical Team member with CPR/First Aid training who will be responsible for all necessary documents.

- Preferably, 3 staff members will accompany the camper (1 Support Team Member and/or Approved Driver, 1 Medical Team member, 1 Cabin Counselor)
- Only licensed medical professionals may administer medications.
  - If a change in medication administration (dosage, frequency, etc.) is reported by a guardian that is not reflected on the medication label, the prescribing physician must be called to verify the change prior to administration.
- Any non-routine/emergency medications provided must be administered in accordance with General Standing Orders or under the direction of the Medical Director. Any non-routine medications (non-emergency) should only be administered with consent of the camper's parent/guardian.

### **Emergency and non-routine health care (from CTL Camp Director Manual)**

- Role of CTL Staff members during an emergency:
  - Camp Twin Lakes staff is trained to handle emergency procedures that may occur while leading program activities or otherwise at camp. They are aware that their roles may include providing first aid or CPR as permitted by their certifications and training until someone with more advanced training arrives on scene.
  - Camp Twin Lakes staff is responsible for dispatching someone to notify the Partner Group's medical personnel that further assistance is needed and to notify the Camp Twin Lakes Manager and Medical Liaison as necessary.
- Camp Twin Lakes recommends that campers or staff with the following illnesses or injuries be referred to a local physician's office or emergency room. This list is not exclusive and the decision to use off-site medical care lies with the Partner Group's on-site medical personnel.
  - If the extent of the injury cannot be determined without further tests or in-depth examination, including head or neck injuries, possible broken bones or possible internal injuries.
  - If the injury or illness is preventing participation in daily activities.
  - If the injury requires more than basic first aid or more than first aid supplies stocked in the Medical Lodge.
  - Any injury resulting from a fall.
  - Any injury or illness resulting in the loss of consciousness or change in level of consciousness.
  - Any illness or injury which requires treatment outside the scope of the Partner Group's Medical Plan.
  - Any illness that is potentially contagious through day-to-day interactions that may present a threat to other campers or staff.
- Local emergency medical transportation and support teams are aware of CTL emergency procedures. In the event of an emergency, please dial 911.
  - Tell the dispatcher details of the emergency, advise them of the seriousness of the situation, ensure that they know the gate code and how to access the facility

(please be clear in stating which CTL site they should be directed too), and inform them to turn off lights and sirens when entering the facility (this is to keep the other children safe and calm).

- Be prepared to send luggage, copies of health information (including insurance), a copy of the signed permission to treat, and all medications.

#### **Check-out:**

- All medications will be returned to parent/guardian
  - Any left over medication will be in the camper's original containers, and sealed in a bag with the camper's name on it.
  - 3-4 nursing check out tables will be set up, one for each cabin grouping (red, blue, green, and yellow).
- The Nurse will review any medical concerns at the time of discharge
- Parent/guardian will sign and acknowledge that they have spoken to the Nurse and have received all medications left over from the week on the MAR.
- Nurses will fill out forms for any campers who received PRN medications or treatment during the week. These forms will be given to the parents.

## **CTAS Medical Team Communication Plan**

#### **Communication with Med Lodge:**

- The CTAS Medical Team can be reached anytime during camp through the CTL walkie system. Each cabin will have a walkie, in addition to access to Call Boxes at each camp program area. The CTAS Medical Team will be contacted when:
  - Presented with an immediate medical concern
  - Camper is unable to be transported to the Med Lodge for treatment
  - Emergency has occurred
  - Camper needs daily medication
- At Pre-Camp Training, the CTAS Medical Team will let other staff know of the walkie codes for camp to help them understand the response that is needed.
  - Ex. Code Explorer - Tic that require immediate medical attention
  - Ex. Code Ocean - Medical staff needed for waterfront response

#### **Communication On-Site at CTAS**

- All locations at Camp Twin Lakes (CTL) are equipped with a two way radio for communication within Camp Twin Lakes property. This includes, but is not limited to boating, archery, the pool, the gym, etc.
- All CTAS Leadership Staff, Cabin Leaders, Medical Staff, also carry radios at all times. In case of emergency, the staff member present at the emergency would call the Medical Team on the radio. All other radios, including those managed by CTL would hear the conversation. The medical professional would go immediately to the incident site.



- If emergency care is needed, the presenting CTAS Volunteer will gain the attention of the supervising CTL staff, who will then initiate the CTL On-Site Accident Plan outlined below.
- If an accident/injury has occurred and a CTL Staff is not present, CTAS Volunteer will use a call box or cabin walkie talkie to immediately contact the CTAS Medical Team in addition to the CTAS Camp Director as needed.

### **CTL On-Site Accident Plan**

- CTL Staff will activate the closest call box and contact the health hut to notify the medical staff of CTAS. The medical staff will decide whether to call 911, and will do so WITH Camp Twin Lakes.
- If the counselor cannot get in touch with anyone in the infirmary and the injury requires immediate attention, OR if the responding Medical Staff is unable to immediately get in contact with CTL, the responding individual should call 911 and then immediately notify CTL Manager and the CTAS Camp Director.
- A responsible adult should remain at the scene of the accident with the injured party.
- While waiting for help, provide First Aid/CPR as is assessed to be important and appropriate.
- Incident report should be completed by all responding individuals with the CTAS Camp Director.

### **Parent/Guardian Contact**

- In case of medical emergencies involving a camper, the assigned Camp Nurse will communicate directly with the parent/guardian of the camper. This expectation is documented for the CTAS Medical Team in the CTAS Medical Handbook. The corresponding incident report can also be provided as needed per the CTAS Camp Director.
- In case of camp-wide emergencies (such as a tornado, wind storm, power outage or other natural disaster), parent communication will be handled by the CTAS Camp Director. An email will be sent to all parent/guardians utilizing our camp registration system (Active), and other pertinent information will be posted on our Facebook page as needed.

### **Media Contact**

- In the case of an emergency that warrants communication from media or media requests, the TICS Executive Director will be the sole designee for media communications unless otherwise determined by the TICS Board of Directors.

## **Tic Guidelines & Procedures**

At CTAS, it goes without saying that tics and related symptoms are a typical and expected daily experience for the majority of our campers. Tics are our campers' "normal" - so we should strive to normalize tics. While we trust and support campers in managing their tics as they do in their day-to-day, there are times where additional support and oversight from CTAS Volunteers and

Staff is required. This especially applies to tics that can result in injuries to self/other, cause damage to property, and may lead to the potential of falling or loss of body control. In the case that injurious or risky tics continue to escalate, CTAS Volunteers and Staff are obligated to seek assistance and consultation from CTAS Leadership and the CTAS Medical Director for tics outside of a camper's "normal" and/or tics that pose current or imminent risk of harm.

It is the responsibility of the CTAS Volunteers and Staff to uphold the dignity of each camp participant, which includes responding to tics with respect, professionalism, and consistency. This includes responding appropriately to maintain safety, without overreacting or over-responding. Keep in mind that CTAS campers live with tics daily, and often know what works best for them in terms of interventions and support. When supporting campers by responding to tics, CTAS Volunteers and Staff should partner with campers every step of the intervention to involve them in the process, obtain consent whenever possible, and collaborate on solutions.

It is essential to note that campers may develop new tics over the course of the camp week. CTAS Volunteers and Staff should monitor and document tics that may pose a change in daily living or current/imminent risk, as in certain cases these developments need to be communicated to parents during the camp week.

#### INJURING OTHERS/PROPERTY

1. Assess safety of the area.
2. Consider what the camper is attempting to do/the purpose of the tic.
3. Intervene if immediate risk of danger or imminent damage is observed.
  - a. Safely move the camper to a more open space.
  - b. Begin brief distractions/engage the camper in another activity (mental stimulation).
  - c. Practice regulation and grounding exercises.
  - d. Collaborate with camper to find a peaceful/restful and safe location (ex. Fishing Dock, Beach, Teepee, etc). Maintain the Rule of 3 at all times.
  - e. Encourage the camper to brainstorm other ways to release the tic that would not cause injury to others or damage to property. Work to identify triggers and ways you can avoid triggers if possible.
4. If escalation continues, contact Leadership Team staff.
5. If injury occurs, report to Med Lodge or request medical assistance.
  - a. If an individual is significantly injured, follow emergency procedures.
6. Complete Incident Report with Cabin Leader and/or Leadership Team staff member.

#### INJURING SELF

1. Assess child safety and the safety of the area, as well as getting curious about what the camper is attempting to do/purpose of the tic.
2. Intervene if immediate danger is observed.
  - a. Move the camper to a more open space.
  - b. Begin brief distractions/engage the camper in another activity (mental stimulation).
  - c. Practice regulation exercises.

- d. Collaborate with the camper to find a peaceful/restful location (ex. Fishing Dock, Beach, Teepee). Maintain the Rule of 3 at all times.
  - e. Encourage the camper to brainstorm other ways to release the tic that would not cause injury to themselves. Work to identify triggers and ways you can avoid them.
- 3. Consider methods to increase camper safety:
  - Prevent injury (ex. utilize pillows/blankets for camper experiencing non-epileptic spells or falling tic)
  - a. Ask the camper what would help them feel more safe and relaxed to decrease intensity of tic/urge.
- 4. If escalation continues, contact Leadership Team staff.
- 5. If injury occurs, report to Med Lodge or request medical assistance.
  - a. If an individual is significantly injured, follow emergency procedures.
- 6. Complete Incident Report with Cabin Leader and/or Leadership Team staff member.

#### ATONIC TICS (Falling, Paralysis, etc.)

- 1. Assess the safety of the surrounding area.
  - a. Check for hard objects.
  - b. Reduce the likelihood of the camper to hit something hard or yourself.
  - c. Check to see if the camper is alert/responsive.
  - d. Create a barrier between the camper and others to reduce risk.
  - e. If in water, move the camper to dry land (shore, pool edge, boat).
    - i. Support the camper's head while in the water.
    - ii. Signal CTL staff in the area (lifeguard or activity leader) for further assistance and supervision.
- 2. Isolate to the fewest number of counselors (and campers, if helpful/necessary).
  - a. Assign one counselor to stay with them until they recover, keep one at a distance to observe and help if needed. Keep campers away if possible. Maintain the Rule of 3 at all times.
  - b. Since tics can be suggestable, these tics can lead to others developing them as well. Keep the other campers away for the safety of the camper and to prevent others from possibly developing the tic as well.
- 3. If the camper is unresponsive or not fully alert, check the Camper's Profile to verify if this is a documented tic of the camper. If it is not, contact the Medical Team. Time the tic and inform the Medical Team.
- 4. If and/or when the camper is responsive, begin brief distractions including a number of sensing words or activity engagement ideas (Ex. discussion of lunch and how it tastes, using legs for climbing, deep breathing, grounding, etc). Inquire as to what the camper has movement of and encourage the continuation of this movement in a gradual progression to increase overall movement.
  - a. Gradual progression of movement can proceed as such fingers to palm to wrist to forearm to "lifting a weight" with the bicep. Once progression has been established, utilize movement to touch other places not currently able to be moved.
  - b. Assistant can point to an area, make a light touch, inquire as to whether the camper can feel this and encourage movement there. Areas this can be done are limited to fingers, palm, forearm, toes, feet, and shins.

- c. Once standing stability may be compromised. Note that this tic appears to be contagious visually and has an auditory component. At this time you could try to “dance with the individual”
  - i. “Dancing” includes placing the individual’s hands on your shoulders and specifying the individual’s next steps.
  - ii. First establish balance by asking the individual to rotate the foot/ankle in the air
  - iii. Repeat steps on the other foot.
  - iv. Begin taking individual steps while focusing on the support.
  - v. Utilize this time to avoid making contact with retriggering stimuli.
5. Avoid restraining them or moving them until they are ready to move. Do not give them water or food until they are fully alert.
6. If escalation continues, contact a Leadership Team Member to assist.
7. If injury occurs, report to Med Lodge or request medical assistance.
  - a. If an individual is significantly injured, follow emergency procedures.
8. If the tic is beyond what is reported on their camper profile as a typical experience for that camper or medical attention was required, complete an Incident Report with Cabin Leader and/or Leadership Team Member.

#### NON-EPILEPTIC SPELLS

1. Assess the safety of the surrounding area.
  - a. Check for hard objects.
  - b. Reduce the likelihood of the camper to hit something hard or yourself.
  - c. Check to see if the camper is alert/responsive.
  - d. Create a barrier between the camper and others to reduce risk.
  - e. If in water, move the camper to dry land (shore, pool edge, boat).
    - i. Support the camper’s head while in the water.
    - ii. Signal CTL staff in the area (lifeguard or activity leader) for further assistance and supervision.
2. Isolate to the fewest number of counselors (and campers, if helpful/necessary).
  - a. Assign one counselor to stay with them until they recover, keep one at a distance to observe and help if needed. Keep campers away if possible. Maintain the Rule of 3 at all times.
  - b. Since tics can be suggestable, these tics can lead to others developing them as well. Keep the other campers away for the safety of the camper and to prevent others from possibly developing the tic as well.
3. Check the Camper’s Profile to verify if this is a documented tic of the camper. If it is not, contact the Medical Team. Time the tic and inform the Medical Team.
4. If and/or when the camper is responsive, begin brief distractions including a number of sensing words or activity engagement ideas (Ex. discussion of lunch and how it tastes, using legs for climbing, deep breathing, grounding, etc). Inquire as to what the camper has movement of and encourage the continuation of this movement in a gradual progression to increase overall movement.
5. Avoid restraining them or moving them until they are ready to move. Do not give them water or food until they are fully alert.
6. If escalation continues, contact a Leadership Team Member to assist.

7. If injury occurs, report to Med Lodge or request medical assistance.
  - a. If an individual is significantly injured, follow emergency procedures.
1. If the tic is beyond what is reported on their camper profile as a typical experience for that camper or medical attention was required, complete an Incident Report with Cabin Leader and/or Leadership Team Member.

*CTAS (and Camp Twin Lakes) maintains the ability to request the dismissal of any camper if behavioral/tic related needs extend beyond the scope of camp practice as it relates to the safety of the camper, others, and property.*

## Camp Twin Lakes Communicable Disease (CD) Plan

### GUIDING PRINCIPLES

- Develop simple, easy to follow guidelines, informed by the most current public health guidelines/procedures available and applicable to our camp setting
- Provide a clean, safe, and quality program
- Reduce the risk of entry and spread of infectious diseases
- Create clear and open communication policies to ensure expectations are fully understood and met, changes or issues are addressed immediately, and all parties feel fully informed

### GENERAL TERMS AND DEFINITIONS

- **Close Contact/Direct Contact:** Anything within 6 feet of another person (limited to 15 minutes).
- **Masks/Masking:** A well-fitting and comfortable mask or respirator that your child can wear properly. Please see [CDC Mask Guide](#) for information on mask wearing.
- **Socially Distanced:** Anything between 6-10 feet from another person
- **CTAS Leadership:** Camp Directors, Medical Director, Unit Leaders, Assistants, or other CTAS staff designated by the Camp Directors
- **CTAS Medical Team:** Headed by the CTAS Medical Director, can include CTAS Nurses, EMTs, PAs, and support staff
- **CTL Leadership:** Camp Manager, Program Coordinator, Medical Director
- **CTL Program Staff:** CTL Summer Staff (facilitate daily programming activities)
- **CTL Support Staff:** Kitchen, Maintenance, and Housekeeping staff
- **COVID Polymerase Chain Reaction (PCR) Test** – a test used to check genetic material of the virus (SARS-CoV-2). Traditionally more reliable. Has roughly a 72-hour turnaround time.
- **COVID Antigen Test** – a test used to detect certain proteins in the virus (SARS-CoV-2). Less reliable than the PCR test. Quicker turnaround time, traditionally less than 1 hour.
- **CTAS/Camp Participants** - Any individual who will be participating in the camp session to include: volunteers, staff, and campers.

### COVID-19 SYMPTOMS MAY INCLUDE:

- Fever of 100.4 F or greater\*
  - New Cough\*
  - Difficulty breathing/shortness of breath\*
  - Loss of taste and/or smell\*\*
  - Body ache
  - Excessive fatigue
  - Sore Throat
  - Diarrhea
  - Vomiting
  - Congestion
  - Runny nose
  - Headache
- \*Common among children  
\*\*Common among adults

## TESTING AND SCREENING POLICIES

- **CTAS CONTINUES TO STRONGLY ENCOURAGE VACCINATION FOR COVID-19, though CTAS does not require COVID-19 vaccination at this time.**
- All camp participants will complete a Medical Check-In Screening upon arrival to camp. All staff, volunteers, campers, and guests must be physically and/or verbally screened for COVID-like symptoms immediately prior to or as entering the camp facilities that includes at a minimum:
  - Fever
  - Nasal Congestion
  - Sore Throat
  - Cough
  - Muscle Aches
  - Headaches
- Any person experiencing COVID-like symptoms must be tested by an FDA approved COVID test and receive a negative result before returning to camp programming or engaging with the camp community.
- Positive test results will require additional testing of any persons sharing the same living quarters or may have had prolonged close contact with the individual.

## EXPECTATIONS IN CAMP SETTING

- CTAS 2025 will continue to follow [recommendations of the CDC](#) as it relates to mask wearing in the camp setting.
- Any camper presenting with symptoms related to COVID-19 or any other suspected illness will be immediately isolated and evaluated by the CTAS Medical Team. The Communicable Disease Response Plan may be initiated, which could include on-site testing for COVID-19, or transport to a medical facility for FDA approved COVID testing.
- Camp Twin Lakes and Camp Twitch and Shout maintain the authority to release any camper due to concerns of illness. Sick campers **must** be picked up from camp within 12 hours of notification from the CTAS Medical Team.

## TRANSPORTATION TO-AND-FROM CAMP

### CAR DROP OFF/PICK UP

*CTAS strongly encourages parents/guardians to transport their children to-and-from camp.*

- CTAS will continue to utilize a car drop off model - all of camper check-in will be completed from the car.

- Campers and volunteers must complete a Medical Check-In Screening upon arrival to camp.
- Parents/guardians may get out of the car to assist with luggage, but should plan to complete the majority of check-in from the car at this time.
- Please pay attention to updates in the [CTAS 2025 Camper, Parent, and Caregiver Manual](#) and email for ongoing updates to camper drop off and pick up.

## AIRPORT TRANSPORTATION

*CTAS plans to offer transportation to-and-from the airport in the form of a charter bus from Atlanta's Hartsfield Jackson Airport (ATL) for campers and volunteers who plan on flying.*

- Campers and volunteers must submit a Pre-Camp Screening Form and complete a Medical Check-In Screening before departing the airport.
- Should a camper be unable to complete Medical Check-in, including providing prescribed medications and completing a medical check-in screening, they will be unable to continue to camp. In this circumstance, parents/guardians must arrange transportation or alternative arrangements for the camper immediately.
- Any camper or volunteer flying to Atlanta and utilizing the charter bus **MUST** complete the **Transportation Information Form** by 5/15/25.
- Campers utilizing the shuttle to and/or from the ATL airport will be charged a fee (~\$100 Total)
- 

## ADDITIONAL TRANSPORTATION CONSIDERATIONS

- Any camper displaying symptoms concerning communicable disease **MUST** be picked up within 12 hours of the CTAS Medical Team or CTAS Camp Director attempting contact with that camper's parent/guardian. Parents/guardians are solely responsible for each camper's departure from camp in the context of illness (or behavioral concerns).
- Parents/guardians are solely responsible for each camper's departure from camp in the context of illness (or behavioral concerns).
- Any volunteer displaying symptoms concerning communicable disease **MUST** arrange departure within 12 hours of the CTAS Medical Team evaluation.

# COMMUNICABLE DISEASE PLAN

## PREVENTION

Responsibilities of Camp Twitch and Shout, prior to arrival at camp:

- Ensure all customary medical forms and procedures are in place. Includes Health History Form, Medication Administration Record, Immunization Policy, Emergency Plan (including needlestick policy and biohazard waste removal plan), Check in/Out Procedures, signed copy of General Standing Orders, and signed copy of CTL Anaphylaxis Standing Order.
- Provide all campers, volunteers, and staff with a Pre-Camp Screening Form that, at a minimum, meets the standards of the form created by Camp Twin Lakes.
- Direct ill people to **NOT** come to camp until they are healthy.



- Describe actions that camp will take should an outbreak of any communicable disease occur.
- Communicate with guardians that they must be available to pick up their child within 12 hours of receiving a phone call that their child is ill or has been exposed.
- Provide name/contact info of a Camp Twitch and Shout Representative (Olivia Boudwin, [olivia@camptwitchandshout.org](mailto:olivia@camptwitchandshout.org)) should questions arise in the days prior to camper/volunteer arrival.
- Ensure health histories are reviewed by the healthcare provider (CTAS Medical Team) who will be directly responsible for the individual in advance, to allow time for the provider to learn more about the individual's baseline health status.
  - Example – If a camper has a cough at baseline, what is the quality and frequency of this cough? It is important to be clear on baseline symptoms, as these symptoms will be considered daily during the Symptom Screening).
- Education of Camp Twitch and Shout Medical Team: All frontline Medical Team personnel must be knowledgeable and able to recognize signs and symptoms associated with reasonably anticipated communicable diseases, such as pink eye, strep throat, and the common cold.

## RESPONSE PLANNING

### Communicable Disease Response Team

- **Plan Coordinator** – Anna Glover, in partnership with CTAS Camp Directors (Olivia Boudwin, and CTAS Medical Director (Dr. Jacklyn Martindale)
  - Bears overall responsibility for response plan, holds final decision-making power, camp official spokesperson.
- **Communication Liaison** – Dan Mathews (Rutledge) and Josh Sweat (Will-A-Way)
  - Develops communication messaging to internal and external audiences. Works in collaboration with the CTL Development Team for pre, during, and post exposure communication.
- **Health Center Lead** – Camp Twitch and Shout Medical Director (Dr. Jacklyn Martindale), and Lead Nurse (Sarah Cargile)
  - Cares for patients, manages Health Center staffing, manages supplies.
  - It is essential that this individual is knowledgeable of the CD and Reopening Plans
  - Develops a plan to optimize use of well-ventilated areas to distribute medications and provide medical triage.
  - Responsible for working with Camp Twitch and Shout Camp Directors to determine the process for off-site antigen testing.
- **Food Service Liaison (CTL)**
  - Provides nutritional support of ill and well campers; implements risk-reduction strategies used by the food service staff.
- **Business and Records Oversight** – Dan Mathews (Rutledge) and Josh Sweat (Will-A-Way)
  - Oversees office processes, maintains financial records and insurance paperwork.



- **Day to Day Camp Management** – CTL Camp Manager (Anna Glover), in partnership with Camp Twitch and Shout Director (Olivia Boudwin)
  - Operates ongoing camp programming for healthy campers and staff.
  - Ensures adequate disinfection of programming facilities between use.
- **Facilities** – Rick Lanier (Rutledge) and Mark West (Will-A-Way)
  - Assess need to augment facility resources while considering potential CD exposures.
- **Mental Health Maintenance** – CTAS Director (Olivia Boudwin) in collaboration with CTAS Medical Director (Dr. Jacklyn Martindale)
  - Assesses and supports the resilience of the responding team, campers, and staff.
- **Parent Contact** – CTAS Camp Director (Olivia Boudwin), CTAS Medical Director (Dr. Jacklyn Martindale), and CTAS Medical Team
  - Supports caregivers of ill and healthy campers. Determines how parent communication will take place in the event of an exposure to an ill individual.
  - Anticipate needs and coordinate getting a sick child home.
  - Responsible for contract tracing within the Partner and CTL communities
- **Representative from the local community** – Leigh McManus, Dan Mathews, Josh Sweat
  - Responsible for contacting the local health department, in the event of an exposure

## COMMUNICABLE DISEASE RESPONSE TEAM MEETINGS

- One week prior to camp arrival, a Zoom call will be held with members of the CD Response Team (CTL and Partner members) to ensure all parties are aligned on execution of the CD Plan.
- In the event of a possible or known exposure, the CD Response Team will meet at least daily for the remainder of camp.
  - These meetings will focus on caring for ill people and protecting those who are not.

## INITIATE AND SUSTAIN THE RESPONSE PLAN

- When an individual presents with a symptom, their counselor will immediately escort them to the Med Lodge/Health Hut.
- The Partner Medical Team will utilize appropriate PPE (including mask, gloves and eye protection) and isolate individuals with questionable symptoms until CD can be ruled out.
- It is paramount that the individual is isolated so that normal operations can continue in the Med Lodge/Health Hut, without further exposing others.
- The Partner Medical Team will coordinate to identify the illness. Out-of-camp Physicians or Nurse Practitioners should be consulted if one is not on site.
- The Health Center Lead will communicate with CTL and Partner Plan Coordinators to determine next steps, including off-site antigen testing.
- The CTL and Partner Plan Coordinators will activate any other needed CD Response Team Members.

- When the illness has been identified, adjust the CD Response Plan to focus on that illness' profile. Consider the route of transmission and that illness' incubation period.

## **RECOVERY & MITIGATION**

- The CTL and Partner Plan Coordinators will determine the need to quarantine or dismiss other individuals from camp based on their exposure to the CD.
- The Communications Liaison will collaborate with the Plan Coordinators to develop internal and external messaging regarding the potential/known exposure.
- Process records of the CD event, including Health Center records, copies of communications, and any pertinent insurance forms.
- Evaluate and update the CD Response Plan based on lessons learned from the CD event.

# **MEDICATION STORAGE & ADMINISTRATION**

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## **Medication Storage**

- Medications (prescriptions and over the counter) for all campers, staff, and volunteers must be stored in the Medical Lodge;
  - If a medication is stored outside of the Medical Lodge, it must be approved by the Medical Director.
  - Counselors should communicate with co-counselors to ensure there is appropriate supervision of campers when they need to leave to take medication.
- All medications (campers and volunteers) must be stored in a locked room within the Medical Lodge; if medical personnel are not present in the Medical Lodge, the key must stay with the medical personnel.
  - Volunteers will be able access their medications from 7:30am-10:00pm. If access is required outside of these hours, it must be communicated with Medical Team Staff and/or Camp Director(s).
- A refrigerator is supplied within the lockable medication rooms in the Medical Lodge for any medications requiring refrigeration.

## **Medication Administration**

- The CTL Medical Lodge will be the main area for all medical care, including the storage of medication. All meds will be located in the Med Lodge for distribution under guidance of the CTAS Medical Team.

- If a medication is administered outside of the Medical Lodge, it must be kept securely in the possession of a Medical Staff Member until it is administered.
- Cabin Leaders will have a list of medication times for their group along with Name Tags with medication times identified on them for each camper.
- Only licensed medical professionals may administer medications.

## **FACILITIES & SUPPLIES**

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### **Medical Lodge**

Layout is TBD

# APPENDIX

## Appendix A: Healthcare Supply Checklist

### HEALTH-CARE SUPPLIES

The following are lists of suggested supplies to have for your potential health-care needs:

#### In the Health Center

|                            |                                     |   |
|----------------------------|-------------------------------------|---|
| adhesive strips            | bleach (disinfecting, 1:10 sol.)    | eye pads  |
| adjustable wooden crutches | cardboard box splints               | iodine skin cleanser                                  |
| alcohol                    | chemical cold packs                 | nonadherent pads (assorted)                           |
| analgesic ointment         | conforming bandage rolls (assorted) | paper towels  |
| antibiotic ointment        | cotton-tipped swabs                 | safety pins (large)                                   |
| antifungal cream           | decongestant                        | sealable bags (infectious waste disposal or ice bags) |
| anti-diarrhea treatment    | dental rolls (nose packing)         | slings  |
| antihistamine              | disposable gloves                   | sponge rubber rolls                                   |
| anti-inflammatory cream    | ear drops                           | sterile gauze pads (4x4, 2x2)                         |
|                            | elastic bandage rolls (assorted)    | tongue blades   |

#### In First-Aid Kits

|                             |                         |                             |
|-----------------------------|-------------------------|-----------------------------|
| absorbent cotton            | elastic bandage         | roll of adhesive tape       |
| alcohol/swabs               | emergency phone numbers | safety pins                 |
| antibacterial soap          | gauze pads              | sanitary napkin             |
| adhesive strips (assorted)  | gauze rolls (2-inch)    | scissors                    |
| butterfly bandages (lg, sm) | Insect-sting kit        | sealable plastic bags       |
| change for phone            | instant cold pack       | sterile dressing (4x4, 2x2) |
| CPR mask                    | moleskin                | triangle bandage            |
| disposable gloves           | needles                 | tweezers                    |
|                             | nonstick pads           | zinc oxide                  |
|                             | note pad                |                             |
|                             | pencil                  |                             |

Plus, for out of camp trips, a first-aid kit should include:

|  |                               |                  |
|--|-------------------------------|------------------|
| emergency meds (Epi-pens®, pain relievers, antihistamines) | individual camper medications | insect repellent |
| thermometer  | inflatable splints            | steri-strips     |
|  | water-purifying tablets       | sun block        |

First-aid kits are stocked and available at the following activity areas:

|                |              |             |
|----------------|--------------|-------------|
| archery range  | dining area  | pool        |
| cabin clusters | horse stable | sports area |
| crafts         | lake         | vehicles    |

***Each time you use a first-aid kit, check the supply level. It is the counselor's responsibility to turn in a note (with information for the health log on treatment details) and a list of needed supplies to the health supervisor. This person will restock the first-aid kits, as advised.***

## Appendix B: Medication Inventory List

### Medication Inventory List

| OTC Meds     |             |
|--------------|-------------|
| Glucose Tabs | 1 bottle    |
| Miralax      | 1 bottle    |
| Pepto Bismol | 100 tablets |
| Benadryl     | 1 bottle    |
| Tylenol      | 1 bottle    |
| Motrin       | 1 bottle    |

| Emergency Medications    |             |
|--------------------------|-------------|
| Skin Antibiotic Ointment | 1 tube      |
| Antifungal Cream         | 1 tube      |
| Anti-Inflammatory Cream  | 1 tube      |
| Burn Gel or Spray        | 1 bottle    |
| Aloe Vera                | 1 bottle    |
| Calamine Lotion          | 1 bottle    |
| Lice Shampoo             | 1 container |
| EpiPen & EpiPen Jr.      | 1 of each   |

| EENT                |          |
|---------------------|----------|
| Swimmer's Ear Drops | 1 bottle |

|                     |                      |
|---------------------|----------------------|
| Throat Lozenges     | 50-count bag         |
| Saline Eye-Drops    | 20 small vials       |
| IV Supplies         |                      |
| PIV Start Kit Sets  | 3                    |
| Primary IV tubing   | 3                    |
| 1000mL Bags of NS   | 3                    |
| NS Flushes          | 10                   |
| Oxygen Supplies     |                      |
| Oxygen Tank         | 2                    |
| Oxygen Tubing       | 2                    |
| Non-Rebreather Mask | 1 adult,1 pediatric  |
| Ambu Bag/Masks      | 1 adult, 1 pediatric |
| Nebulizer           | 1                    |

| Basic First Aid/Wound Supplies |                       |
|--------------------------------|-----------------------|
| Alcohol                        |                       |
| Iodine                         |                       |
| Band-Aids                      |                       |
| Mole Skin                      |                       |
| Kerlix Rolls                   |                       |
| Gauze pads                     | 4x4 & 2x2 100 of each |
| Adherent Pads                  | ABD or Telfa          |

| Other First Aid |
|-----------------|
|-----------------|

|                             |    |
|-----------------------------|----|
| Dental Rolls (Nose Packing) | 10 |
| Eye Pads                    | 2  |
| Ace Bandages                | 2  |
| Adjustable Crutches         | 2  |
| Finger Splints              | 2  |
| Arm Slings                  | 2  |

|                              |     |
|------------------------------|-----|
| <b>Miscellaneous</b>         |     |
| Plastic Medicine Cups        | 100 |
| Bleach                       |     |
| Needles for Splinter Removal |     |
| Tweezers                     |     |
| Scissors                     |     |
| Tongue Blades                |     |
| Safety Pins                  |     |
| Re-Sealable Bags             |     |
| Q-Tips                       |     |
| Sugar Icing                  |     |

*\*Please keep in mind we cannot guarantee that all medications provided are gluten and/or allergen free. Unless specifically marked on the bottle or box please assume that they have not been checked and contact the manufacturer in order to verify if a med is gluten/allergen free.*

## Appendix B: Healthcare Center Communication Log

### Health Center Communication Log

Use this record to log the phone calls made to camper parent/guardians



| Camper Name | Contact | Phone Number | Date/Time Notified | Reason | Outcome/ Notes | Initials of Caller |
|-------------|---------|--------------|--------------------|--------|----------------|--------------------|
|             |         |              |                    |        |                |                    |
|             |         |              |                    |        |                |                    |
|             |         |              |                    |        |                |                    |
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|             |         |              |                    |        |                |                    |
|             |         |              |                    |        |                |                    |

Any changes to ongoing treatment, medications, monitoring should also be documented in the camper's MAR

#### HEALTH CENTER COMMUNICATION LOG



# Appendix C: Incident Report Form

## Accident/Incident Report Form

Developed by the American Camp Association®

(Fill out 1 on each incident or person)

Camp Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number City State Zip

Name of Person Involved \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ ☐ Camper ☐ Staff ☐ Visitor  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area/Number

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

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area/Number

Name/Addresses of Witnesses (You may wish to attach signed statements.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Type of Incident ☐ Behavioral ☐ Accident ☐ Epidemic Illness ☐ Other (describe)

Date of Incident/Accident \_\_\_\_\_ Hour \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Day of Week Month Day Year

Describe the sequence of activity in detail including what the (injured) person was doing at the time \_\_\_\_\_

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Where occurred? (Specify location, including location of injured and witnesses. Use diagram to locate persons/objects.)

Was injured participating in an activity at time of injury? ☐ Yes ☐ No If so, what activity? \_\_\_\_\_

Any equipment involved in accident? ☐ Yes ☐ No If so, what kind? \_\_\_\_\_

What could the injured have have done to prevent injury? \_\_\_\_\_

---

---

---

Emergency procedures followed at time of incident/accident \_\_\_\_\_

---

---

By whom? \_\_\_\_\_

Submitted by \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_

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**INCIDENT REPORT FORM**

## Appendix D: Camp Medication Administration Record



### PRN & ONE TIME MEDICATIONS CAMP MEDICATION ADMINISTRATION RECORD (MAR)

CAMPER NAME: \_\_\_\_\_ CABIN: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PARENT NAME/CONTACT INFO: \_\_\_\_\_

DO NOT GIVE: \_\_\_\_\_

CAN GIVE THE FOLLOWING:

- |   |   |
|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)          | <input type="checkbox"/> Sore throat spray          |
| <input type="checkbox"/> Guaifenesin (Robitussin)         | <input type="checkbox"/> Aloe Vera/Burn Treatment   |
| <input type="checkbox"/> Dextromethorphan (Robitussin DM) | <input type="checkbox"/> Lice Shampoo               |
| <input type="checkbox"/> Diphenhydramine (Benadryl)       | <input type="checkbox"/> Bismuth (Pepto-Bismol)     |
| <input type="checkbox"/> Ibuprofen 200 mg                 | <input type="checkbox"/> Calamine lotion            |
| <input type="checkbox"/> Phenylephrine (Sudafed PE) 5 mg  | <input type="checkbox"/> Melatonin                  |
| <input type="checkbox"/> Generic cough drops              | <input type="checkbox"/> Laxatives for constipation |
| <input type="checkbox"/> Cough suppressants               | <input type="checkbox"/> Benadryl                   |
| <input type="checkbox"/> Pseudoephedrine (Sudafed)        | <input type="checkbox"/> Claritin                   |
| <input type="checkbox"/> Antibiotic Cream                 |   |

| Date | Time | Medication | Dose | Reason | By | Observed Side Effects |
|------|------|------------|------|--------|----|-----------------------|
|      |      |            |      |        |    |                       |
|      |      |            |      |        |    |                       |
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|  |  |           |          |           |          |  |
|  |  | Signature | Initials | Signature | Initials |  |
|  |  |           |          |           |          |  |
|  |  |           |          |           |          |  |
|  |  |           |          |           |          |  |

BLANK MAR

Camp Twitch and Shout  
2024

# Appendix E: Universal Precautions

## Information on Universal Precautions

As part of an overall exposure control plan, mandated by the OSHA Bloodborne Pathogens Standard, "universal precautions" are part of infection-control practices. They are specific guidelines which must be followed to provide every person protection from diseases which are carried in the blood. Since blood can carry all types of infectious diseases, even when a person does not look or feel ill, knowledge of universal precautions is essential for anyone who might come into contact with blood or other body fluids.

The following are sample guidelines, recommended by the Centers for Disease Control, to prevent cross-contamination from bloodborne pathogens:

1. All health-care providers should use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or body fluid of any person is anticipated. Personal protective equipment such as latex or vinyl disposable gloves should be readily available in health-care, housekeeping and maintenance areas, in all first-aid kits, and in vehicles.
2. Any person giving first aid should **always** wear latex or vinyl disposable gloves if blood is visible on the skin, inside the mouth, or if there is an open cut on the victim. Gloves should be changed after contact with each person.
3. Gloves should **always** be worn when handling items or surfaces soiled with blood or bloody fluids. Such areas (floor, counter, etc.) should be flooded with bleach solution (1 part bleach to 10 parts water), alcohol, or a dry sanitary absorbent agent. However, routine cleaning practices are all that are needed if blood is not visible or likely to be present. With regard to the requirement to wear gloves, these items should always be worn when cleaning up blood from a counter after a cut finger, but gloves do not usually need to be worn to handle urine-soaked bedding, unless blood is obvious. Disposable towels and tissues or other contaminated materials should be disposed of in a trash container lined with plastic. Biohazard bags ("red bags") are to be used for dressings or other materials used to soak up blood or other infectious waste.
4. Remove gloves properly – pulling inside out. Place gloves in bag with waste. Hands and other skin surfaces should be washed with soap and water immediately and thoroughly if contaminated with blood or other body fluids.
5. Masks, protective eye wear, gowns or aprons should be worn during procedures that are likely to generate droplets or splashes of blood or other body fluids.
6. Needles should NOT be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After use, disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture-resistant "sharps" containers for disposal.
7. Mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
8. Health-care workers who have draining lesions or weeping dermatitis should refrain from all direct care and from handling equipment until the condition resolves.



All procedures should be specific to the staff and clientele served. All persons who might come into contact with blood or other body fluids must be trained to follow appropriate procedures.

## ACA UNIVERSAL PROCEDURES

## Appendix E: CTAS Health Screening Form

| Camp Twitch and Shout 2023  |                                 |           |  |  |  |
|---|---------------------------------|-----------|--|--|--|
| Name:<br>DOB:<br>Age:<br>Allergies:   |                                 |           | Any OTC meds can be given: 0 Yes 0 No<br>Meds you <b>DO NOT</b> want given:<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Tylenol<br/> <input type="checkbox"/> Ibuprofen (Motrin/Advil)<br/> <input type="checkbox"/> Antihistamines<br/> <input type="checkbox"/> Benedryl<br/> <input type="checkbox"/> Decongestants         </div> <div> <input type="checkbox"/> Antibiotic/antibacterial cream<br/> <input type="checkbox"/> Peptobismal<br/> <input type="checkbox"/> Melatonin<br/> <input type="checkbox"/> Cough Drops<br/> <input type="checkbox"/> Laxatives         </div> </div> |  |  |
| Medical Screening   |                                 |           |  |  |  |
| Date Screened: _____<br>Time: _____<br>Screened by: _____<br>Meds received : o Y o N<br>Current health needs identified? o Y o N<br>Updates/additions to health history o Y o N o None<br>Has the camper had complaints ( within the last 7 days) with:<br><input type="checkbox"/> Rash/Bug Bites <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Vomiting<br><input type="checkbox"/> Pink Eye <input type="checkbox"/> Night Sweats <input type="checkbox"/> Unexplained Weight Loss<br><input type="checkbox"/> Open Sores <input type="checkbox"/> Diarrhea <input type="checkbox"/> Head Lice <input type="checkbox"/> Other<br><input type="checkbox"/> None of the above<br>Have you been exposed to anyone with known communicable disease or any of the above symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                 |           | Comments/Needs:  |  |  |
| Have you been diagnosed with Covid-19 in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                 |           |  |  |  |
| TREATMENT RECORD  |                                 |           |  |  |  |
| Date/Time   | Nature of Illness or Injury     | Treatment | Initials   |  |  |
|   |                                 |           |  |  |  |
|   |                                 |           |  |  |  |
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|   |                                 |           |  |  |  |
| Initials  | Care Provider Signature & Title | Initials  | Care Provider Signature & Title  |  |  |
| 1   |                                 | 5         |  |  |  |
| 2   |                                 | 6         |  |  |  |
| 3   |                                 | 7         |  |  |  |
| 4   |                                 | 8         |  |  |  |

# CTAS HEALTH SCREENING FORM

## Appendix F: CTAS Permission to Treat Form

### CAMP TWITCH AND SHOUT PERMISSION TO TREAT

The following acknowledgement is required at time of camper registration via Active, and is also physically signed at time of arrival at CTAS:

The information given in this online application is correct and accurately reflects the health status of this Camper to whom it pertains. The person described (the Camper) has permission to participate in all camp activities except as noted by me and/or by an examining physician on the Physical Exam form that will be submitted prior to July 1, 2024. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine and emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with Camp Staff. I give permission to photocopy and/or print the application. In addition, Camp Twitch & Shout has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status. If there are any changes in this child's health status between now and camp, I will contact the Camp Director immediately.

---

Camper Name

---

Date

---

Parent/Guardian Name

---

Parent/Guardian Signature

**[CTAS PERMISSION TO TREAT](#)**

# Appendix G: CTL/CTAS Standing Orders

## CTL/CTAS STANDING ORDERS

The Camp Twin Lakes General Standing Orders (GSOs) are reviewed on an annual basis by the Camp Twin Lakes Medical Committee. Any Camp who wishes to use the CTL GSOs are required to provide a physician signature, indicating they approve of and will adopt these guidelines for campers under their care.

Please note that some of these orders recommend the use of over-the-counter medications not provided by Camp Twin Lakes. Other orders recommend the use of prescription medications, which should be prescribed by the camp physician. If a camp physician is not available to prescribe these medications, the camper should be sent home so their primary physician can prescribe the medication.

**By signing this form, I adopt the Camp Twin Lakes General Standing Orders for the medical team for Camp \_\_\_\_\_.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| General Standing Orders for Camp |  |
|----------------------------------|--|
| Abdominal pain:                  | <ul style="list-style-type: none"><li>• If abdomen is tender or pain is associated with nausea, vomiting or elevated temperature, call physician. Give nothing by mouth and keep comfortable.</li></ul>  |
| Abrasions/lacerations:           | <ul style="list-style-type: none"><li>• For all skin wounds, initial intervention is copious irrigation.</li><li>• <u>Minor cuts</u> - Wash with soap and water. Apply antibiotic ointment and cover with clean dressing. Observe daily.</li><li>• <u>Moderate to severe cuts</u> - Apply direct pressure until bleeding is controlled. Transport if necessary. Check the status of tetanus toxoid which is good for 5-10 years. No sutures will be applied at camp.</li></ul>   |
| Anaphylaxis:                     | <ul style="list-style-type: none"><li>• Administer EpiPen or EpiPen Jr. Auto-Injector. Administer Oxygen (O<sub>2</sub>) and maintain airway. Begin IV.<ul style="list-style-type: none"><li>o EpiPen is intended for patients who weigh 30kg (~66 lbs) or more.</li><li>o EpiPen Jr. is intended for patients who weigh 15-30kg (33-66 lbs).</li><li>o EpiPen &amp; EpiPen Jr. Auto-Injectors should only be injected into the anterolateral aspect of the thigh. Do not inject into buttock, and do not inject intravenously.</li></ul></li><li>• <u>Transfer to hospital as soon as possible.</u></li></ul> |
| Asthma:                          | <ul style="list-style-type: none"><li>• If camper presents with new-onset asthma, transfer to hospital.</li><li>• If not new-onset asthma, give the camper his or her own medication as prescribed. If no relief, notify physician.</li><li>• Treatment of asthma will be according to the treatment plan. Mild or mild moderate asthma will be treated at camp. Moderate to severe asthma will begin with treatment at camp and if poor response, transfer to hospital.</li></ul>   |
| Bites:<br><u>Animals:</u>        | <ul style="list-style-type: none"><li>• Wash thoroughly with soap and water. Apply antibiotic ointment and cover with clean dressing. Check on last tetanus toxoid, which is good for 5-10 years. Identify and capture animal if appropriate. Watch for signs of infections. All bites, regardless, should be seen by a physician.</li></ul>   |

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| <u>Insects:</u>   | <ul style="list-style-type: none"> <li>• Little or no swelling: wash thoroughly. If able to remove the stinger, do so. Ice for pain. Hydrocortisone cream for itching.</li> <li>• Severe swelling: as above. May use Diphenhydramine 1 mg/kg p.o. every 4-6 hours as needed to control swelling &amp; itching. Reassess.</li> </ul>   |
| Bumps/bruises:  | <ul style="list-style-type: none"> <li>• Apply ice or cool compress. Acetaminophen or Ibuprofen for pain. Reassess as necessary. If pain is severe or persists, and there is a question of fracture or structural damage, refer to a physician and transport as soon as possible.</li> </ul>  |
| Burns:<br><br><u>1<sup>st</sup> and 2<sup>nd</sup> degree:</u><br><br><u>Major burns:</u> | <ul style="list-style-type: none"> <li>• Consider all burns as serious injury and the areas burned as open wounds.</li> <li>• For 1<sup>st</sup> and 2<sup>nd</sup> degree burns: Flush the area with cold water for 10-15 minutes. May apply burn ointment/gel to affected areas as directed by medical staff. Cover with a clean sterile bandage. Check on tetanus. May give Acetaminophen or Ibuprofen for pain relief. Do not put ice on the burn. Do not break blisters.</li> <li>• For major burns, Transport via local EMS to emergency room. Until EMS arrives, cover burn with a clean, moist, sterile bandage; elevate the burned area; only remove clothing on the burned skin if it is still smoldering; do not immerse large severe burn in cold water.</li> </ul> |
| Conjunctivitis:   | <ul style="list-style-type: none"> <li>• Treat with antibacterial eye drops or ointment. Camper must remain quarantined in the med lodge for 24 hours and until no longer symptomatic.</li> </ul>   |
| Common Colds:   | <ul style="list-style-type: none"> <li>• Acetaminophen or Ibuprofen for discomfort. Encourage liquid and rest. If patient is febrile, must remain away from other campers in the med lodge until afebrile for 24 hours.</li> <li>• May also use Dimetapp, Actifed, or Sudafed as appropriate. The use of antihistamines and decongestants in the treatment of the common cold is not recommended in young children.</li> </ul>  |
| Communicable Disease  | <ul style="list-style-type: none"> <li>• If any symptoms are thought to be related to Communicable Disease, the Medical Director should be notified.</li> <li>• The camper must be placed on isolation. Healthcare providers must wear appropriate PPE while interacting with camper until the Medical Director deems the camper can return to camp, or the camper is dismissed from camp.</li> </ul>   |
| Diarrhea:   | <ul style="list-style-type: none"> <li>• Standard therapy would include initially clear liquids, then increasing diet to include yogurt blends, soft foods, &amp; soups. Use OTC meds such as Pepto-Bismol as appropriate. Place camper on isolation for 24 hours.</li> </ul>   |
| Earache:  | <ul style="list-style-type: none"> <li>• All complaints of earache should be seen by a member of the medical staff. For swimmers ear, drops will be recommended. For otitis media, review patient's current medication and allergy profile and consider administration of appropriate antibiotics</li> </ul>  |
| Fever:  | <ul style="list-style-type: none"> <li>• Fever is described as increased temperature above 101°F. Campers experiencing fever will be removed from activities and evaluated. Camper must remain afebrile for 24 hours prior to returning to camping activities. The Medical Director or designee will determine and record management strategy.</li> <li>• If an immunosuppressed patient develops a fever, notify an MD or NP immediately!</li> </ul>   |
| Foreign body in eye:  | <ul style="list-style-type: none"> <li>• Remove, if possible, by first flushing with normal saline and then by using sterile gauze as necessary. May utilize warm moist soaks. If pain persists, refer to MD for evaluation. If the conjunctiva is pink with</li> </ul>   |



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|                                      | <p>matter, suspect conjunctivitis and treat appropriately.</p>  |
| Fractures:                           | <ul style="list-style-type: none"> <li>Splint and stabilize the extremity and transport as soon as possible.</li> </ul>   |
| Hayfever/Allergies:                  | <ul style="list-style-type: none"> <li>May use Diphenhydramine 1 mg/kg or another antihistamine such as Dimetapp p.o. every 4-6 hours for hay fever symptoms. For severe wheezing, refer to asthma.</li> </ul>  |
| Head injuries:                       | <ul style="list-style-type: none"> <li>All head injuries should be assessed by a physician. Check pupils and vital signs. Check for loss of consciousness. Any severe head injury, and any head injury involving loss of consciousness, will be transported via EMS to emergency room.</li> </ul>   |
| Heat illness:                        | <ul style="list-style-type: none"> <li>Provide fluids, rest and cool soaks. Acetaminophen or Ibuprofen per dosing schedule on bottle as needed for discomfort. If symptoms worsen, transport via local EMS to emergency room.</li> </ul>  |
| Infections:                          | <ul style="list-style-type: none"> <li>Any obvious external site of infection, such as an open wound, should be treated appropriately with antibiotics as necessary and would need to be seen by a physician.</li> </ul>  |
| Muscle cramps:                       | <ul style="list-style-type: none"> <li>Usually seen as "Charlie Horses" in heat illness. Treatment consists of rest and p.o. water or other approved oral rehydration liquid. Treatment goal includes returning to full activity within 24 hours.</li> </ul>  |
| Nausea/vomiting:                     | <ul style="list-style-type: none"> <li>Give nothing by mouth for a few hours. Gradually increase diet to include clear liquids, soups, and bland foods. Avoid milk products. May give Pepto-Bismol. If symptoms persist, consider ondansetron. Place child on isolation for 24 hours. Physician to evaluate and recommend further treatment.</li> </ul>   |
| Nosebleeds:                          | <ul style="list-style-type: none"> <li>Sit the patient upright and lean forward. Have the camper use the thumb and forefinger to pinch the nostrils so they are totally occluded. Instruct camper to breathe through their mouth. Continue to pinch for 10 to 15 minutes. May also apply cold compress to constrict blood vessels. If the bleeding does not stop, repeat above. Neo-synephrine nose drops may be applied after a nosebleed to constrict the blood vessels.</li> </ul> |
| Poisoning:                           | <ul style="list-style-type: none"> <li>For contact dermatitis such as poison ivy, poison oak or poison sumac, clean affected area thoroughly. Apply Hydrocortisone cream. Topical steroids may be applied as necessary. Diphenhydramine p.o. may be given as necessary every 4-6 hours.</li> <li>Ingested poisoning, call <b>POISON CONTROL CENTER</b> at <b>(800) 282-5846</b>.</li> </ul>   |
| Seizures:                            | <ul style="list-style-type: none"> <li>Maintain the patient's airway and oxygenation and prevent injuries. Provide supplemental oxygen and suction to remove secretions. For prolonged seizures activate emergency intervention by contacting local EMS.</li> </ul>   |
| Snake Bites:<br><u>Non-Poisonous</u> | <ul style="list-style-type: none"> <li>Wash with hydrogen peroxide. Check site frequently.</li> </ul>   |
| <u>Poisonous</u>                     | <ul style="list-style-type: none"> <li>Current basic instructions include: immobilize the extremity, apply ice, and transport via local EMS. Also, contact the Poison Control Center for immediate intervention.</li> </ul>   |
| Sore throat:                         | <ul style="list-style-type: none"> <li>Check temperature. Evaluate if temperature is over 100°F. Utilize Acetaminophen or Ibuprofen as needed for temperature. Chloroseptic or Cepacol lozenges may be given as necessary. If indicated, rapid strep test should be done. Treat with antibiotics if rapid strep test is positive.</li> </ul>  |

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| Splinters/fish hook: | <ul style="list-style-type: none"> <li>For splinters, clean with hydrogen peroxide. Attempt removal with tweezers. If unable to remove, refer to a physician.</li> <li>For fish hook, remove if possible. Check tetanus.</li> </ul>   |
| Strains/Sprains:     | <ul style="list-style-type: none"> <li>RICE: Rest, Ice, Compress (with ace wrap) &amp; Elevate. May give Acetaminophen or Ibuprofen per dosing schedule on bottle. Rest extremity as much as possible.</li> </ul>   |
| Sunburn:             | <ul style="list-style-type: none"> <li>Apply cool moist packs and Aloe Vera or Zinc Oxide to affected areas. Pain related to sunburns is best managed with Ibuprofen. Camper may also take Acetaminophen if Ibuprofen is contraindicated. Encourage fluids. Prevent by using sunblock.</li> <li>If second degree burn is suspected, any area with blisters should be covered and rechecked twice a day for breach in skin integrity.</li> </ul> |
| Swimming accident:   | <ul style="list-style-type: none"> <li>Resuscitation and immobilization to be administered by qualified person. Transport via ambulance.</li> </ul>   |

Over the counter medications included in standing orders:

| <u>Generic:</u>                    | <u>Brand:</u>        |
|------------------------------------|----------------------|
| • Acetaminophen                    | Tylenol              |
| • Ibuprofen                        | Advil, Motrin        |
| • Diphenhydramine                  | Benadryl             |
| • Phenylephrine, etc.              | Dimetapp             |
| • Bismuth Subsalicylate            | Pepto-Bismol         |
| • Chlorpheniramine & Phenylephrine | Actifed              |
| • Pseudoephedrine                  | Sudafed              |
| • Phenylephrine Nasal              | Neo-synephrine Nasal |
| • Phenol                           | Chloraseptic         |
| • Benzocaine                       | Cepacol              |

### [CTL/CTAS STANDING ORDERS](#)

## Appendix H: Standing Order for Treatment of Anaphylaxis

### Standing Order for Treatment of Anaphylaxis at Camp Twin Lakes

In case of anaphylaxis:

- Administer EpiPen or EpiPen Jr. Auto-Injector. Administer Oxygen (O<sub>2</sub>) and maintain airway. Begin IV.
  - EpiPen is intended for patients who weigh 30kg (~66 lbs) or more.
  - EpiPen Jr. is intended for patients who weigh 15-30kg (33-66 lbs).
  - EpiPen & EpiPen Jr. Auto-Injectors should only be injected into the anterolateral aspect of the thigh. Do not inject into the buttock, and do not inject intravenously.
  - EpiPen & EpiPen Jr. can be administered through clothing.
- Transfer to hospital as soon as possible.
  - If needed, re-administer x1 dose if needed while waiting for the ambulance to arrive.

By co-signing this standing order for the treatment of anaphylaxis, I release Camp Twin Lakes and the prescribing physician from any liability related to the use of EpiPen/EpiPen Jr. at Camp Twitch and Shout.

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**Camp Physician's Signature**

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**Date/Time**

[CTL Standing Order for Treatment of Anaphylaxis](#)

## Appendix I: CTL 2024 Inventory List

### Medication Inventory List

| Category                      | Item                            | Quantity                | Location         |
|-------------------------------|---------------------------------|-------------------------|------------------|
| First Aid and Wound Supplies: | Rubbing alcohol                 | 1 bottle                | Skin & Misc. bin |
|                               | Iodine                          | 1 bottle                | Skin & Misc. bin |
|                               | Band-aids                       | NA                      | Skin & Misc. bin |
|                               | Mole skin for blisters          | 1 sheet                 | Supply Shoebox   |
|                               | Kerlix rolls (rolled gauze)     | 10                      | Supply Shoebox   |
|                               | 4x4 gauze                       | 100 pads                | Supply Shoebox   |
|                               | 2x2 gauze                       | 100 pads                | Supply Shoebox   |
|                               | Ace bandages                    | 2                       | Supply Shoebox   |
|                               | Finger splints                  | 2                       | Supply Shoebox   |
|                               | Arm slings                      | 2                       | Supply Shoebox   |
| Skin:                         | Antibiotic ointment             | 1 tube                  | Skin & Misc. bin |
|                               | Antifungal cream                | 1 tube                  | Skin & Misc. bin |
|                               | Hydrocortisone cream            | 1 tube                  | Skin & Misc. bin |
|                               | Burn gel or spray               | 1 bottle                | Skin & Misc. bin |
|                               | Aloe Vera                       | 1 bottle                | Skin & Misc. bin |
|                               | Calamine lotion                 | 1 bottle                | Skin & Misc. bin |
|                               | Lice shampoo                    | 1 container             | Skin & Misc. bin |
| Ears, Eyes, Nose and Throat   | Throat lozenges                 | 1 bag                   | Supply Shoebox   |
|                               | Saline eye drops/eye irrigation | varies based on product | Supply Shoebox   |
|                               | Nosebleed plugs                 | 10                      | Supply Shoebox   |
|                               | Eye pads                        | 2                       | Supply Shoebox   |
| Emergency Meds and Supplies:  | EpiPen                          | 1 syringe               | Emergency bin    |
|                               | EpiPen Jr                       | 1 syringe               | Emergency bin    |
|                               | Glucometer                      | 1                       | Emergency bin    |
|                               | Glucometer strips               | 10                      | Emergency bin    |

| Category         | Item                     | Quantity             | Location                 |
|------------------|--------------------------|----------------------|--------------------------|
|                  | Lancets                  | 10                   | Emergency bin            |
|                  | Insulin syringes         | 10                   | Emergency bin            |
|                  | Tub of sugar icing       | 1                    | Emergency bin            |
| Oxygen supplies: | Oxygen tanks             | 2                    | Exam room                |
|                  | Oxygen tubing            | 2                    | O2 bin                   |
|                  | Non-rebreather mask      | 2 adult, 2 pediatric | O2 bin                   |
|                  | Ambu bag/mask            | 1 adult, 1 pediatric | O2 bin                   |
| IV Supplies:     | PIV start kits           | 3                    | IV bin                   |
|                  | Primary IV tubing        | 3                    | IV bin                   |
|                  | T-connectors             | 3                    | IV bin                   |
|                  | 1L bag of NS             | 3                    | IV bin                   |
|                  | NS flushes               | 10                   | IV bin                   |
|                  | IV catheters             | 3                    | IV bin                   |
| Misc:            | Plastic medicine cups    | 100                  | Supply Shoebox           |
|                  | Bleach                   | 1 bottle             | Under sink               |
|                  | Tweezers                 | 1                    | Cart/drawer in exam room |
|                  | Scissors                 | 1                    | Cart/drawer in exam room |
|                  | Small Gloves             | 1 box                | Counter                  |
|                  | Medium Gloves            | 2 boxes              | Counter                  |
|                  | Large gloves             | 1 box                | Counter                  |
|                  | Tongue blades and Q-tips | NA                   | Exam rooms               |
|                  | Safety pins              | NA                   | Exam rooms               |
|                  | Resealable bags          | NA                   | Counter                  |
|                  | Q-tips                   | NA                   | Exam rooms               |

Items in red will be provided in "Partner Supply Shoebox"

Items in black will be stocked in the Med Lodge/Health Hut and cleaned between camps.

*\*Please keep in mind we cannot guarantee that all medications provided are gluten and/or allergen free. Unless specifically marked on the bottle or box please assume that they have not been checked and contact the manufacturer in order to verify if a med is gluten/allergen free.*