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Association Retreat Center Adult Health Leader Requirements

The A.R.C. is committed to guest health, safety and wellness. The ARC will also follow requirements as set forth by the Wisconsin Department of Health in HFS 175.14. The attached procedures are required for all healthcare done at the A.R.C.

Any special requirements for healthcare or nursing will first be cleared with the Director or his designee.

I have read and understand the attached procedures. I understand that I am responsible to carryout only first aid procedures and dispensing of medication. I understand that if a true medical emergency exists I will contact an ARC first responder to assist in the situation. I certify that I do meet the requirements of Wisconsin Administrative Code HFS 175.14(5)(b) and 175.14(6)for performing on site health services to campers.

Dates of service at ARC: _____ to _____

Today's date: _____

Adult Health Leader(print): _____

Adult Health Leader(signature): _____

Director or designee signature: _____

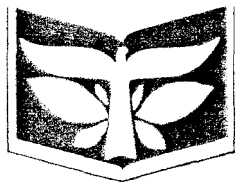
****Please attach records of qualification as RN, LPN or First Responder to this sheet and return to the Director of Safety. This healthcare form must be submitted to the ARC before your retreat begins. Thank You.**

MEDICAL EMERGENCY

- In case of a medical emergency the following are to be contacted
 1. On duty nurse; (if applicable)
 2. ARC First Responders;
 - Pat Flanders
 - Jim Keller
 - Dave Anderson
 3. The appropriate authorities will be contacted by ARC First Responders team Member.

Medication Dispensing Procedure

- Each child must come with a release form signed by a parent or legal guardian. This form must include any medication and its dosage.
- All medication should be brought in its original container with medication type, dosage and patient's name.
- The adult health leader must be present at registration. At registration each camper will turn in his or her medication to the adult health leader.
- The adult health leader will explain to each child when they are expected to come to the registration station for medication.
- At the appropriate time the on duty adult health leader will place each child's single dosage in a medication cup labeled with the child's name, time, type of medication and dosage.
- The same information will be recorded on each child's individual record sheet.
- If after a reasonable time a child has not shown up for their required medication the on duty adult health leader will track down the child to administer their medication.
- At the end of the camp empty medication containers and any unused medication will be returned to the campers. The adult health leader will be responsible to turn in each camper's record sheets to the Camp Director or his designee.



Member

Christian Camping
International
United States Division

AFLC RETREAT CENTER - 2372 30th Ave. & Kings Way • Osceola, WI 54020
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Standing Orders For Over The Counter Medications

Residents Name _____

The Following list of medications may be given to the residents on a PRN basis. If any of these medications are contraindicated for the resident, the physician will note that fact in the residents record. The Nurse Consultant is to be notified according to the directions for each problem listed. The medication is to be documented on the medication record with the time and initials of the person giving the medication. A note is to be made in the resident's health progress notes and on the back of the medication record as to the reason for administering the medication, and the response to the medication.
Generic or store brands may be substituted only if equivalent

Athlete's Foot

Refer to MD if not improved in 2 weeks. Use both cream and powder. Client is to wash feet twice a day, dry well and wear clean, white, cotton socks.

1. Tinactin Cream (T), apply between toes at HS
2. Tinactin Powder (T), apply between toes and in corks in A.M.

Burns

REMOVE FROM SOURCE OF INJURY IMMEDIATELY.

If area is red, and the skin is intact, flush the area with cool water for at least 10 minutes. Loosely cover area to protect it. **DO NOT** apply any type of ointment to the area! If the skin is broken, call nurse for directions.

Colds

Notify nurse at onset of the symptoms. Report temperature greater then 2 degrees above daily normal temperature for that resident, or temperature one degree less than normal for that resident. Notify nurse of persistent cough that is productive of green or yellow sputum, green drainage from the nose, any drainage from the ear, ear pain, chest pain, chest congestion, skin rash, or any symptoms lasting greater then 3 days.

1. Robitussin DM (O), 10cc (2 Tsp.) every 4 hours as needed for cough, not to exceed 60 cc (12 Tsp.) in 24 hours.
2. Sudafed (O), 30 mg tabs, 2 tabs q.i.d. PRN for congestion not to be given for more then 3 days in a row

Constipation

Bowel movements will be monitored. If the resident has gone 2 days without a bowel movement, M.O.M. will be given per order. Notify the nurse if the resident does not have a significant bowel movement within 24 hours of receiving M.O.M.

1. Milk of Magnesia (M.O.M.), (O), 30 cc.at bedtime
2. Bisacodyl Suppository for no B.M. for 3 days. Contact nurse before giving suppository.
3. Fleets Enema for no B.M for 4 days. Contact nurse before giving enema.

Dandruff

Notify nurse at next visit of possible condition.

1. Use resident's supply of dandruff shampoo. Selsun Blue or Neutrogena T-Gel are examples of effective shampoos.

Diarrhea

Notify nurse. Give clear liquids for 24 hours, and then advance to a diet with bananas, rice, applesauce, toast. And yogurt, then advance to a regular diet if diarrhea has stopped.

1. Imodium, 2mg caps (O), 2 caps after first loose stool, and then one cap after each additional loose stool. Not to exceed a total of 6 caps in 24 hours.
2. Imodium Liquid, 1 mg/10 ml (O), give 40 ml after first loose stool, and the 20 ml after each additional loose stool. Do not exceed 120 ml in 24 hours.

Dry Skin / Lips

1. Use residents supply of hygiene and or personal grooming products. Avoid the use of products containing high concentrations of alcohol.
2. Carmex Lip balm (T), apply to lips 2-4 times per day for chapped lips, fever blisters, or cold sores. Each resident should have his or her own supply of Carmex. Carmex should not be used more then 7 days in a row without contacting the nurse.

Ear Wax Build-up

Contact nurse before administering

1. Debrox, 2-3 drops for 5 days.
2. Ear wash PRN.

Indigestion/ Heartburn

Notify nurse of vomiting. Notify nurse of indigestion not relived by medication, or accompanied by sweating, cool and clammy skin, shortness of breath, and or cyanosis (blue colored lips and skin).

1. Maalox – regular strength – 30 cc (O) every 2-3 hours. Not to exceed 6 doses in 24 hours.

Insect Bite Prevention

Use resident's supply of insect repellent (preferably lotion) as directed on the container.

Itching/ Allergy Symptoms

Notify the nurse if the condition is not relived within 24 hours of initiating treatment, or if condition worsens.

1. Calamine Lotion (T), apply 2-4 times per day.
2. Benadryl Cream (T), apply according to the directions on the package
3. Benadryl 25 mg (O), every 4 hours as needed for symptom relief.

Minor Wounds

Notify the nurse if the area appears to be infected (red., weepy, yellow, or green drainage), if there is a question if the wound needs stitches, or if the area is blistered, has a broken blister, the skin appears white of black, is swollen, or has a bad odor.

1. Initially cleans the wound with a mixture of ½ hydrogen peroxide, and ½ tap water. Rinse well with plain tap water. Gently dry with a clean towel (pat dry don't rub). Apply a thin layer of antibiotic cream such as Biacitracin to the area.
2. Cleanse wound daily with soap and water, rinsing area well, and patting area dry. Apply antibiotic 4 times daily until healed.

Pain/ Discomfort from colds or fever

Notify nurse if pain is not relived in 1 hour, or seems extreme. Notify the nurse for temperature greater then 2 degrees above daily normal temperature for that resident that is not relived by environmental measures such as removing heavy clothing or blankets. Notify nurse if symptoms last more then 3 days, or sever symptoms develop.

1. Tylenol (Acetaminophen) (O) 325 mg tabs, 2 tabs every 4 hours, not to exceed 12 tabs in 24 hours.
2. Tylenol Elixir (Pediatric) 160 mg/5 cc every 4 hours, not to exceed 100 cc in 24 hours.
3. Advil (Ibuprophen) 200 mg tabs, 2 tabs every 6 hours, not to exceed 6 tabs in 24 hours. **NOT TO BE CRUSHED.**

Poisoning

CALL POISON CONTROL IMMEDIATELY. CALL 911 IN THE RESIDENT STOPS BREATHING. Follow directions given by poison Control. Administer Syrup of Ipecac **ONLY IF YOU ARE DIRECTED.** Notify the nurse *AFTER* the resident has been cared for.

Poison control number is 1-800-815-8855

Pressure Sores (Stage 1 or 2) or reddened skin over pressure areas.

1. Laniseptic skin antiseptic, apply to affected area 2-4 times daily. May also be used for dry, cracked, and chapped skin or excoriated skin.

Rashes/ Skin Irritation/ Skin Inflammation

Notify RN/MD prior to use. Notify MD if condition worsens of symptoms persist after 7 days.

1. Hydrocortisone Cream (T), apply 3-4 times a day PRN. Do not apply to an area larger the 10" by 10" unless directed by MD. Avoid eye contact.
2. Lotrimin Cream (T), apply to rash in skin folds 3-4 times per day PRN

Sore Throats

Notify nurse of resident that has been exposed to a strep infection. If sore throat is accompanied by a fever, the resident refuses to take foods and fluids orally (and this is a change in behavior), or the symptoms last for 3 days.

1. Chloraseptic Gargle (Spray) (O), follow directions on bottle, not to exceed use every 2 hours.

Sunburn Prevention/ and Treatment

Prevention: Apply sunscreen with a sun protection factor of 15-30, and it should be applied 15-30 minutes prior to sun exposure to the sun. It should be applied to all areas of the skin that will be exposed to the sun, and used all year round. Follow directions on the bottle or tube, for reapplication. Be aware that many medication cause photosensitivity, and increase the risk of sunburn.

Treatment: Aloyera Gel applied to the burn 2-4 times daily until sunburn is gone.

PHYSICIAN'S SIGNATURE _____

DATE _____

Parent or Guardian Notification Procedure

- Parent or Guardian will be notified by ARC Director, designated ARC staff or on duty nurse in the event of:
 1. Off-site medical care;
 2. Persistent fever of 100 degrees or more;
 3. Initiation of any medication;
 4. Any questions or doubts, contact the ARC Director or designee.

Association Retreat Center MEDICATION LOG

Name _____

Group: _____

Week of: _____

MEDICATIONS & INSTRUCTIONS	Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	AM							
	AFT							
	PM							
	AM							
	AFT							
	PM							
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	PM							
Additional Notes								

A copy of this form must be submitted to the ARC at the end of your retreat.

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inhalers, an insulin syringe or other medication or device used in the event of life-threatening situations may be carried by a camper or staff member. Each camper or staff member 18 years of age or older may take responsibility for the security of his or her personal medication.

(c) When a camp's facilities are used for a program of 3 nights or less, an adult leader of the group shall keep all medications brought to camp by a camper or staff member under 18 years of age in a locked unit. The adult leader shall be responsible for the administration of the medications.

(7) HEALTH AND TREATMENT RECORDS. (a) A camp's health supervisor shall keep available the health history required under sub. (2) for each camper and staff member.

(b) When a medication is administered or treatment provided to a camper or staff member, health services staff shall make a record of the action in a bound book with pre-printed page numbers, indicating the following information: name of the person receiving the medication or treatment; ailment; name of the medication or treatment; quantity given; date and time administered; by whom administered; and comments.

(c) The camp shall retain health history and treatment records for at least 2 years.

(d) The camp operator shall maintain camper and staff health history and treatment records, except that an organized group using a camp's facilities for fewer than 3 nights when no camp staff are present may maintain its health histories and treatment records. Health history and treatment records shall be accessible, upon request, to the camp operator and public health officials.

History: Cr. Register, January, 2001, No. 541, eff. 2-1-01.

HFS 175.15 Register. (1) A camp shall maintain a camp register that contains the names, home addresses and phone numbers of all campers and staff and the names and phone numbers of persons to notify in case of an emergency. The register shall be retained for a minimum of 2 years.

(2) A camp shall have a method for tracking campers that shall be used to monitor persons entering and leaving camp during the program session.

History: Cr. Register, January, 2001, No. 541, eff. 2-1-01.

HFS 175.16 Sleeping quarters. (1) **FIRE SAFETY.** Sleeping quarters at a camp shall comply with the fire safety requirements in s. HFS 175.13 (4) (c).

(2) **SPACE.** Sleeping quarters shall provide a minimum of 400 cubic feet for each occupant over 12 years of age and 200 cubic feet for each occupant 12 years of age or under and shall have a ceiling height of at least 7 feet. Adequate space shall be provided for wheelchair access to bedsides.

(3) **FLOOR SPACE BETWEEN BEDS.** There shall be at least 3 feet horizontally between the sides of beds and at least 6 feet horizontally between the heads of sleepers.

(4) **BUNK BEDS.** When campers sleep in upper bunks, guardrails shall be installed to prevent occupants from rolling out. The top of the rail shall be at least 5 inches above the top of the mattress and the bottom of the rail shall be no more than 3.5 inches above the top of the bed frame. No more than 2 beds may be stacked vertically and there shall be a vertical separation of at least 2.5 feet measured from the top of the lower mattress to the bottom of the frame of the upper bed. A free space of at least 2.5 feet shall be provided above the mattress of the upper bed.

(5) **VENTILATION.** Sleeping quarters shall be adequately ventilated.

Note: See ss. Comm 64.05, 64.06 and 64.07.

(6) **BEDDING.** Pillowslips, sheets, towels and washcloths, when provided by the operator, shall be washed at least once a week and before being assigned to a different camper or staff member. Blankets, spreads, mattresses and pillows shall be kept clean and free of insect infestation. Mattresses shall be covered with a non-absorbent cover or other approved protection and shall

be maintained clean and in good repair. The cover, pad or mattress shall be cleaned for each incoming camper and staff member and more often if necessary.

(7) **SEPARATION.** A camp shall provide separate sleeping quarters for each sex, except when the sleeping quarters are occupied by a family.

History: Cr. Register, January, 2001, No. 541, eff. 2-1-01.

HFS 175.17 Primitive camping. (1) **GENERAL.** The operator of a camp shall maintain each primitive camping area in a safe, clean and sanitary manner conducive to public health.

(2) **WATER SUPPLY.** Drinking water taken on hikes and trips away from a primitive camping area shall be from a water supply that is safe for human consumption.

(3) **TOILETS.** A primitive camping area not provided with approved toilet facilities shall have separate designated areas for each sex for toilet use. At minimum, toilet usage in these areas shall comprise a slit-trench with earth backfill. The toilet areas shall be located at least 50 feet from a stream, lake or well and at least 75 feet from a camp, tent or other sleeping or housing arrangement.

(4) **SOLID WASTE.** Garbage and refuse generated in primitive camping areas shall be carried back to the central camp area for proper disposal as required under s. HFS 175.10.

History: Cr. Register, January, 2001, No. 541, eff. 2-1-01.

HFS 175.18 Enforcement. (1) **ACCESS.** An authorized employee or agent of the department, upon presenting proper identification, shall be permitted to enter any camp at any reasonable time to inspect the camp to determine compliance with this chapter. The department's authorized employee or agent shall be permitted to examine the records of the camp, including camp registration records.

(2) **ENFORCEMENT POLICY.** (a) *Notification.* If upon inspection of a camp the authorized employee or agent of the department finds that the camp is not planned, operated or equipped as required by this chapter, the employee or agent shall, except as provided under par. (b), notify the operator in writing and shall specify the changes required to make the camp conform to the standards established in this chapter and the time period within which compliance shall take place. If the order to correct violations is not carried out by the expiration of the time period stipulated in the order, or any extension of time granted for compliance, the department may issue an order suspending or revoking the permit to operate the camp. The suspension or revocation order shall take effect 15 days after the date of issuance unless a request for a hearing has been received under sub. (3).

(b) *Order to deal with an immediate danger to health.* Where there is reasonable cause to believe that any construction, sanitary condition, operation or method of operation of the premises of a camp or of equipment used on the premises creates an immediate danger to health, an authorized employee or agent of the department may, pursuant to s. 254.85, Stats., acting as the designee of the administrator of the department's division of public health, and without advanced written notice, issue a temporary order to remove the immediate danger to health. That order shall take effect on delivery to the operator or other person in charge of the camp. The order shall be limited to prohibiting the continued operation or method of operation of specific equipment, requiring the camp to cease other operations or methods of operations, or a combination of these, except that if a more limited order will not remove the immediate danger to health, the order may direct that all operations authorized by the permit shall cease. If before scheduled expiration of the temporary order, the department determines that an immediate danger to health does in fact exist, the temporary order shall remain in effect. The department shall subsequently schedule and hold the hearing required under s. 254.85 (3), Stats., unless the immediate danger to health is removed or the order is not contested and the operator and the

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department mutually agree that no purpose would be served by a hearing.

Note: Under s. 254.85, Stats., the temporary order is effective for 14 days and may be extended for another 14 days to permit the department to complete its examination. The order expires at the end of the 14-day or 28-day period unless it is terminated by the department by notice to the operator within that period, or is kept in effect beyond that period, pending a hearing, by department notification to the operator. The hearing is to be held by the department no later than 15 days after the notice is served on the operator unless the department and the operator agree on a later date, and the department must issue a final decision on the matter within 10 days after the hearing.

(3) APPEAL BY THE OPERATOR. Any operator aggrieved by an order of the department under this chapter, except for an order issued pursuant to s. 254.85, Stats., and sub. (2) (b), may request a hearing under this subsection to challenge the order. A request for a hearing under this subsection shall be submitted in writing to the department of administration's division of hearings and

appeals and shall be received by that office within 15 days after issuance of the order. Procedures for the hearing shall be in accordance with ch. 227, Stats. After the hearing, the division shall affirm, set aside or modify the order. The final decision of the division may be appealed to the circuit court as provided in ch. 227, Stats.

Note: The mailing address of the Division of Hearings and Appeals is P.O. Box 7875, Madison, Wisconsin 53707. An appeal may be delivered to the Division of Hearings and Appeals at 5005 University Ave., Room 201, Madison, Wisconsin.

(4) LOCAL GOVERNMENT. Notwithstanding subs. (2) and (3), if an agent issues permits directly under this chapter, the agent shall create enforcement and appeal procedures in accordance with ss. 66.0417 and 254.69 (2) (g), Stats., which shall supersede subs. (2) and (3).

History: Cr. Register, January, 2001, No. 541, eff. 2-1-01; correction in (4) made under s. 13.93 (2m) (b) 7., Stats., Register May 2002 No. 557.