



WILDERNESS TRIPS AND YOUR HEALTH CENTRE

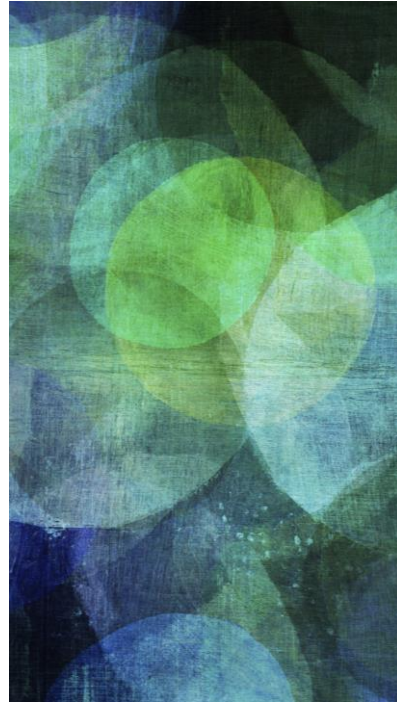
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OVERVIEW

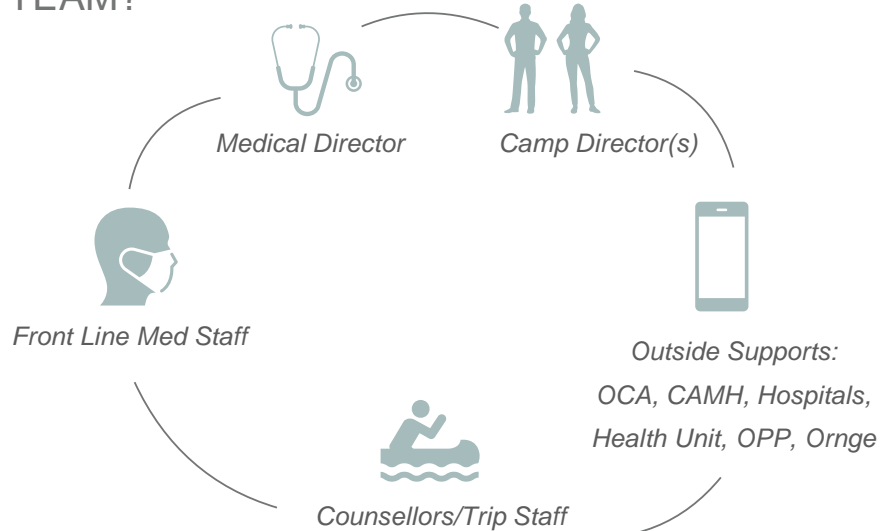
- > Who am I?
- > Staff Training
- > Preparing for Trips
- > On Trip - Managing the Day to Day
- > On Trip - Managing Medical Issues
- > Following Up
- > Questions?

WHO AM I?



STAFF TEAM AND TRAINING

WHO MAKES UP YOUR HEALTH CARE TEAM?



STAFF TRAINING

- > What certifications do trip staff have?
 - > Shorter trips: Standard First Aid
 - > Longer, more remote trips: Wilderness First Responder
- > Ways to support staff getting certifications
 - > Reimbursement programs (set amounts or percentage of fees refunded)
 - > Hosting courses on your site

IN CAMP TRAINING

- > Medical Information session during pre-camp run by our Medical Director
- > Review common trip ailments and injuries: wound care, skin infections, gastro, insect bites and stings
- > Hygiene protocols
- > Sharing opportunities for staff
- > Training includes epinephrine injection training for all leaders
- > Separate Mental Health session, focusing on identifying crisis signs
- > Review of the Staff Manual Medical section

PREPAR ING FOR TRIP



FROM FAMILIES

- > Consent and waivers from families
- > Medical forms ask for consent to administer commonly used medications:
 - > Ibuprofen
 - > Acetaminophen
 - > Anti-Nausea
 - > Antihistamines
 - > Loperamide (Immodium)
- > Waiver explaining that it will be trip leaders administering medications under the direction of camp medical staff.

WITH CAMPERS

- > Each camper meets with our on-site Medical staff (either nurse, doctor or paramedic) before they leave
- > Review present health status, medical form information, any medications.
- > Follow up with families if there are any inconsistencies between the form and the check

PRE-TRIP HEALTH CHECK FORM

Wanapitei Pre-Trip Health Check (revised 2017)

Trip Group:

Departure/Return Dates:

Leaders	Present Health Status	Allergies	Age	*Meds Reviewed	OTC Meds Consent
1.					
2.					
3.					
Campers					
1.					
2.					
3.					
4.					
5.					
6.					
7.					

WITH TRIP LEADERS

- > Reviewing medical conditions and medications
- > Handing off camper medications to leaders
- > Sign out first-aid kits



FIRST AID KITS

LEVELS OF KIT

- > One size does not fit all
 - > Kits vary depending on duration and type of trip
 - > Smaller, simpler kits for shorter trips and trips that have easy access points
 - > White water trips get sets of two, to be stored in different boats in case of dumps
 - > Every trip goes out with Ouch Pouches and Shower kits

LOCAL KIT CONTENTS

10 pairs	Pairs vinyl gloves	10	Q-tips
30	Band-aids (regular)	1	Syringe 60cc
2 packs	Steristrips	2	Splinter needles
5	Finger/toe anchor band-aids	1	Scalpel blade
1	Triangular bandages	1	Tweezers
1	Eye pad	5	Safety pins
6	Gauze 4 x 4 (non-sterile)	1 pair	Scissors
6	Gauze 2 x 2		
4	Sterile gauze 4 x 4		
4	Sterile gauze 2 x 2		
4	Tefla non-stick		
1	Gauze roll 3"		
1	Tensor bandage 3"		
1	Adhesive tape		
1	Waterproof tape		

12	Tylenol regular 325mg	1 bottle	Antibacterial soap
12	Advil/Ibuprofen 200mg	1 each	Sponges (per camper)
10	Benadryl 25mg	1	Mesh bag to hold contents
10	Gravel 50mg	1 each	Ziplock for each sponge
4	Immodium 2mg		
4	Tylenol #3 Codeine 30mg		
		1	Thermometer
1 tube	Polysporin ointment		
1 tube	Antifungal cream		
1 tube	Hydrocortisone		
1 tube	Zinc Oxide		
1 cont.	Aqueous Sol'n Chlorhexidine		



ADRENALINE KIT

3 ampoules	Epinepherine (3 doses per ampoule)		
3	1cc syringes		
3	1 inch needles		
6	Benadryl tablets (25mg)		
1 bottle	Liquid Benadryl		
10	Alcohol swabs		

OUCH POUCH

20	Band-aids	1	Baggie for garbage
1 pair	Tweezers	1	3cc syringe
10	Alcohol swabs		
4	2x2s		
2 pairs	Gloves		
1 tube	Polysporin		
12	Q-tips		

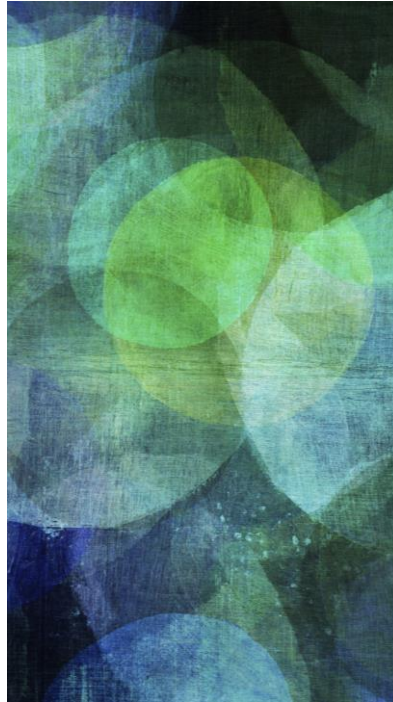
ANTIBIOTIC KITS

- > 4 Full courses of Keflex (250mg, 56 tablets per course).
 - > Skin infections such as staph
- > 2 Full courses of Biaxin (500mg, 28 tablets per course).
 - > Bacterial infections (commonly for respiratory)
- > 2 Full courses of Macrobid (100mg, 6 tablets per course).
 - > UTIs



TRIP PROOF YOUR KITS - KEEP THEM CLEAN, KEEP THEM DRY

ON TRIP: MANAGING DAY-TO- DAY



DAILY MEDICATIONS

- > Medications are kept secured with the leaders in a waterproof barrel at all times. They are given to the leaders by the medical staff when the trip leaves camp.
- > All medications are logged when given. This form starts in the Camp Hospital, goes on trip, and is brought back to the medical staff

SCHEDULED MEDICATION DISPENSING

TRAC Camp Wanapitei Scheduled Medication Dispensing Tracking Form

Camper Name: _____

Trip Group and Leaders: _____

Name of Medication: _____

Dosage (dose and frequency) _____

Description (please circle): Tablet Capsule Liquid Spray

Start Date: _____ End Date: _____

Time of Dosage (record am or pm)	Date: MM/DD/YY	Dosage Administered	Staff Initials

“DOCTOR’S OFFICE” AND HYGIENE

PROTOCOLS

- > Purell for bathroom stops
- > Handwashing at camp site
- > Scrub club
- > Dry clothing and shoes
- > Doctor’s office - daily, with skin checks
- > Head-to-toe sleeping at first sign of illness



ON TRIP: MANAGING ISSUES

INITIAL ASSESSMENTS - TRIP STAFF

- > -What is the severity of the issue?
- > -In case of illness, how long have the symptoms been present?
- > Does this situation require professional medical assistance, given the severity of the issue and/or the camp's medical directives.
- > Is this something my co-leader and I can deal with given our training and equipment available? Are we COMFORTABLE dealing with this?
- > When in doubt, CALL.

MEDICAL DIRECTIVES

- > Starting antibiotics (Biaxin, Macrobid, Keflex)
- > Pain management with narcotics (Tylenol 2 or 3)
- > Use of Imodium
- > Use of eye drops
- > Use of ear drops
- > Use of epinephrine in case of anaphylaxis*
- > Use of a scalpel blade
- > No Directive needed (parent consent given) for use of Tylenol, Advil, Benadryl, Gravol or topical creams

CONTACTING CAMP

- > Technology: Satellite phones, SPOT devices
- > Contact Protocol
- > Documentation - Medical Calls From Trip
- > Determining Next Steps
 - > Consultation with leaders, Med Staff and Directors
 - > Starting a new treatment plan (ex. further assessment, antibiotics, change in itinerary)
 - > Scheduling follow up communications
 - > Evacuation

CONTACT PROTOCOL

Contact Protocol Form For Use in Office	
Name of person receiving the call: _____	
Date: _____ Title: _____	
Name of caller	
Trip Group	
Map Name	
Grid Reference	
On Schedule (check one)	YES NO
Problem (check one)	YES NO
Describe Problem in detail: Medical Schedule Food Accident	

OVER

Plan of Action?	
Specific help needed from Wanapitei?	
Stay on the line or call back?	
Time of call back?	
Back-up call back time?	
Number to be reached at?	

Whoever takes this information must immediately inform the Director and/or Tripping Director that they are needed in the Office.
 None of this information should be passed on to anyone but the Director and/or Tripping Director
 As soon as Director and/or Tripping Director have been informed, the appropriate maps should be gathered

MEDICAL CALLS FROM TRIP

TELEPHONE MEDICAL CONSULTATION CALLS FROM TRIP	
Medical Staff Name: _____ Date: _____ Time: _____ Person with whom Medical Staff is speaking _____ Trip Group: _____ Leaders _____ Patient Name: _____ Camper / Staff (please circle) Allergy status: _____ Existing Medical Issue(s) _____ Was there an incident that lead to the medical complaint? Yes No Describe incident that lead to the medical complaint if applicable: _____ _____ _____ _____ Complaint: _____ _____ _____ Assessment: _____ _____ _____ _____	Treatment plan – Advice imparted to trip leader(s): _____ _____ _____ Follow-up and call back date/time if necessary: _____ _____ _____ Medical Staff Signature: _____ Date: _____ Medical Staff PRINT name: _____ Director's Signature: _____ Date: _____

EVACUATIONS

- > Automatic evacuation situations:
 - > suspected broken bones
 - > any injury that may need stitches
 - > suspected spinal injuries
 - > head injuries with loss of consciousness,
 - > anaphylactic reactions
 - > mental health emergencies (demonstrated risk of self harm or harm to others)
- > Other: prolonged illness or injury that does not respond to initial treatment efforts, emotional distress/extreme homesickness

HOME
AGAIN:
FOLLO
W UP



AT CAMP

- > Campers with any health issues meet with medical staff when they return from trip
- > Any forms (medication logs, incident reports) completed by leaders are collected as soon as possible and reviewed by a Director and Med Staff.
- > Any new issues are communicated with parents before the camper goes home. Med staff should be available for these calls.

CAMPERS AT HOME

- > Follow up with families of campers who went home early
- > Assess the summer
 - > What protocols need assessing?
 - > What do we need to train our staff on next year?
 - > Best feedback comes from the leaders and the medical staff.

