

Girl Scouts of Northern California

HEALTH CARE PLAN FOR EVENTS



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FIRST AIDER REQUIREMENTS FOR EVENTS

Up to 200 Participants: For any multi-troop event of up to 200 participants, a Level 1 first aider is required. Level 2 is required whenever event is held more than 15 minutes away from an emergency medical responder or if specified by Safety-Wise in the specific activity checkpoints for the activities you'll be doing.

More than 200 participants: For more than 200 participants or whenever you will have an event more than 15 minutes away from an emergency responder, a Level 2 first aider is always required.

ROLE OF EVENT ADULTS IN HEALTH CARE

- Any situation requiring more than basic first aid must be referred to the designated first aider. The Event Director, First Aider, or Council representative will make the decision to seek professional medical assistance.
- Whenever a participant is treated by the first aider, the Event Director must be notified as soon as possible regarding the nature of the injury or illness and treatment given.
- Universal precautions **MUST** be followed including the proper use and disposal of latex gloves and bandages.
- All adults involved in the event share responsibility for prevention of injuries/illnesses.
 - Troop/group leaders and event staff members oversee basic sanitary/hygiene conditions. This includes but is not limited to washing before snacks and meals, after using the restroom, brushing teeth, keeping area clean, etc.)
 - Staff oversees the general well-being of event participants.
- Troop/group leaders and event staff members who are not serving as the designated first aider are limited in the type of first aid they can administer. A basic first aid kit provides the individual with the resources to treat minor cuts, bug bites, etc. The adult cannot go beyond her/his training and the scope of the first aid kit. At no time shall an adult who is not the designated first aider administer any medications, including over the counter remedies. The designated first aider holds this responsibility, and may only do so with the prior written permission of the girl's parent, guardian, or physician. [Note that if girls are attending with their troops/groups, the troop leader may hold and administer medications with prior written permission of the girl's custodial parent, guardian, or physician. If a troop/group leader administers medication at the event, this treatment should be entered into the health log and initialed by troop/group leader.]

PREVENTION: Before First Aid

The *first* first aid measure is prevention. Know the preventions, symptoms and treatment and watch for:

- Dehydration
- Heat exhaustion
- Hypothermia
- Frost Bite
- Fatigue
- Improper clothing
- Sunburn
- New shoes=blisters

The health and safety of each participant is every adult's responsibility.

ILLNESS/INJURY PREVENTION:

CLEANLINESS: Hand washing facilities will be located next to or in all restrooms. Girls should be reminded to wash their hands after using the restroom/latrines and before cooking or eating. Each troop/group is responsible for the cleanliness of the grounds around it. All areas at the event location shall be kept in a clean and orderly manner. Adult and girl kapers will be utilized to help ensure cleanliness. Those cleaning restrooms should be supplied with gloves and instructed in safe practices to avoid coming into contact with pathogens.

CLOTHING: Temperature and weather can change quickly, so always be prepared for rain, cool temperatures, wind, etc when participating in outdoor activities. Wear closed-toed shoes and socks. NO sandals. Remind girls of appropriate attire/establish a code of conduct (for example short shorts, inappropriate tops, etc.)

COOKING: Plan a nutritious menu. Cleanliness in handling food utensils is essential and must be stressed. Use ice chests for perishable foods.

DEHYDRATION: Encourage girls to drink plenty of fluids including water, sports drinks and diluted juice all day long, especially in warm or hot weather..

HEAT SOURCES: Be sure loose clothing or long hair is tied back before working with fire. When using a cook stove choose one that uses one of the following fuels: butane, propane, kerosene, ethyl alcohol or sterno. Gasoline, white gas, etc., should not be used due to its highly volatile nature. If you are cooking over an open fire, clear brush, vines, and debris from fire area. Keep fires small. Take special care in windy or dry weather and always watch for sparks. Never leave fires unattended. Have water and shovel nearby before the match is lit.

ILLNESS AND INJURY: All girl and adult participants should know the location of the first aid station. Girls should report all illnesses and injuries to their troop/group leader or other responsible adult. She/he will send them to the first aider if necessary.

KNIVES: Girls should be taught that knives are not toys and should be used only for specific activities under supervision. Girls should know how to use knives, that there is a safety circle, and how to clean & store knives.

GENERAL PRECAUTIONS:

#1—USE SAFETY-WISE: Consult Safety-Wise activity checkpoints for all planned activities.

BUDDY SYSTEM: It is recommended that girls use the buddy system at all times at any Girl Scout activity or event, and should be instructed to inform their leader when they will leave the immediate area or established boundaries.

CHECK IN/OUT PROCEDURES, EARLY DISMISSALS: Establish procedures for girls to check in and out of the event, and procedures for girls who leave early. No participant should leave early without written permission from their custodial parent or guardian. Such request must be submitted immediately upon arrival. Before leaving early, the participant must report to the appropriate responsible adult.

EMERGENCY COMMUNICATIONS: At least two weeks before event, ensure that CDD has emergency contact information (before and during event). Know emergency numbers, location and transportation routes of nearest hospital, police, fire, ambulance, etc. Maintain an emergency contact person who is not at the event. Contact fire and police prior to event if it will be in a remote area or there are special parking, traffic or safety concerns.

EMERGENCY PLAN: Girls and adults will receive group education concerning emergencies from the first aider or Event Director (or designee) at the beginning of the event. Emergency evacuation procedures should be noted. Events lasting more than one day must include a fire drill within the first 24 hours. Communicate GSNC alcohol (may not have) and smoking policies (out of sight of girls) to all adults. Design an emergency plan for the event: start with the Council Emergency Management Plan in the *Council Resource Guide* and then include consideration of site hazards, natural disasters, each program activity, injuries or medical emergencies, lost children, intruders, and communication with parents in the event of an emergency. The Council and Event Emergency Management Plans must be communicated with all event adults.

EMERGENCY CARDS: Responsible adults at the event should all carry copies of the council Emergency Cards (downloadable from the council website.)

SITE HAZARDS: Look for hazards in and around your location or site. Determine with the girls when and where it is safe to run, how to dress to avoid sunburn or unnecessary cuts and scratches, look for areas accessible by the public, traffic areas, areas where girls would be out of sight. Establish boundaries and off-limits areas. Everyone should understand that there are times and places for various activities. Establish a security plan to ensure girls are properly supervised by adults.

GSNC HEALTH CARE PLAN FOR EVENTS

I. Health Care Supervision

- A. An adult with a minimum of Level 1 first aid and CPR shall oversee the health care needs at the event. If more than 200 people are present, or the location is more than 15 minutes away from an emergency responder, or the girls will participate in activities for which a Level 2 first aider is required as specified in *Safety-Wise*, a Level 2 first aider or equivalent is required. The certification must be by an approved provider as outlined in the latest *Safety-Wise* updates as listed in the Girl Scouts of Northern California *Council Resource Guide*.
- B. Emergency plans for the event must include an off-site physician(s) or nearest hospital with emergency room to be identified to provide medical consultation or additional health care should it be required. Emergency phone numbers should also be maintained for ambulance, poison control, and police.
- C. For large or extended events, the designated first aider is assisted by other staff members currently certified in First Aid and CPR
- D. Instruct all adults present at the event that only an adult with current First Aid/CPR training certification should provide any medical care for a victim except in the case of extreme emergency until qualified help arrives.
- E. The Event Director must be notified as soon as possible after any girl or adult has been treated by the first aider.
- F. Decisions about when and how to contact parents should be made jointly by the first aider with the troop/group leader (if present) and the Event Director.

II. First Aid Station & Equipment

- A. Determine a suitable location for the First Aid Station that is visible and convenient. The First Aid Station should have a quiet area for patients, a clean place to lie down, adequate protection from sun or weather. An isolation area can be made available.
- B. The First Aid Station should be staffed at all times during the event.
- C. The location of First Aid Station should be announced to all adults and girls present; instruct participants to report all illnesses and injuries to their troop, unit, or group leader who will send them to the first aider if necessary.
- D. The first aid kit should include items as outlined in *Safety-Wise*. In addition, sealed bags should be included in which to safely dispose of medical waste.

- E. An inventory of First Aid Station supplies and equipment is taken at the opening and closing of the event.
- F. Supplies are stocked and resupplied as needed.

III. Arrangements for Emergency Medical Attention

- A. The 911 system is used for emergencies.
- B. In the event of a serious accident, injury, or fatality, the Council Emergency Management Plan (outlined in the Council Resource Guide) and the Event Emergency Plan shall be followed. Communications procedures with parents/guardians will be decided by the emergency management team.

IV. Health Records & Documentation

A. Health History Forms

Health History forms should be at the event for all girls (and adults for overnight events). If emergency medical care is needed, the patient's Health History form should accompany the patient. For extended events or where location is remote, consider asking girls to provide their troop leaders with a copy of their medical insurance card.

1. Health History Forms—girls: Health History forms for all girl participants should be kept at the event.
 - If girls will be participating in any overnight activity, Health Histories are updated (signed and dated by custodial parent/guardian) within 2 months.
 - Parent permission for emergency and basic health care, or waivers from emergency health care due to religious reasons, shall be obtained from each girl's custodial parent or guardian on the health form. Event staff who are minors also require parent permission for emergency care.
 - A special Health History form including a physical exam is required when girls will participate in any activity longer than three nights or in organized competitive sports.
 - If girls will participate with their troop/group, the troop/group leader maintains responsibility for the Health History forms for the girls in the troop/group.

- If girls will participate in the event as individuals, the designated first aider maintains responsibility for Health History forms. The first aider must review the Health History for completeness and check for appropriate signatures and other important information such as:

1. Current medications and/or treatment procedures.
2. Dietary restrictions for notification.
3. Allergic reactions and physical limitations.
4. Any activity limitations or restrictions.

- Information from the forms should only be shared with other adults, and only on an as-needed basis (such as information about allergies or activity limitations).

2. Health History forms—adults: Health History forms for all adult participants should be kept at any overnight event.
 - A special Health History form including a physical exam is required when adults will participate in any activity longer than three nights or in physically demanding activities.
3. Health History forms—retention after the event: A copy of the Health History forms for any participant who required treatment from the first aider must be turned in to the service unit with the health log after the event. For all participants who were not treated, the forms should be returned to the troop/group leader or destroyed.

B. Health Log

1. The Health Log will be maintained at the First Aid Station for keeping accurate records. The Health Log must:
 - Be a bound book with page numbers
 - Lines and numbers must be filled out in ink with no lines skipped
 - All records must be kept in pen
2. All medical procedures, and/or any visit to the First Aid Station or contact with the designated first aider shall be recorded in the health log. If no treatment was given during the visit, this shall also be recorded. Documentation must include:
 - Name of patient
 - Complaint or type of injury
 - Treatment
 - Name of person administering treatment
 - Date and time of treatment
3. The Health Log shall include a record of all medications taken by any girl or adult during the event. Disbursement of medications shall be recorded in ink. If routine medication was not taken, an explanation of the reason shall be listed.
4. After event, Health Log should be returned to service unit.

C. Accident/Injury Report Forms

1. A written Accident/Injury Report Form must be completed for any accident or injury that occurs during the event. Accident/Injury Report Forms must be turned in within 24 hours to your Area Director or your local council office.

D. Mutual of Omaha Insurance Claim Forms

1. Mutual of Omaha Girl Scout insurance claim forms should be kept at the first aid station. For any accident where a claim will be made, the first aider and Event Director should work together to gather the information to complete the form and turn in with the Accident/Injury Report Form to the Area Director or your local council office within 24 hours of the accident.

V. General Medical Procedures for Extended Events

- A. For extended activities where girls will attend as individuals, and they have ongoing medical needs: (NOTE: Where girls attend the event with their troops/groups, girls' ongoing health issues and treatment are the responsibility of the troop/group leader.)
 1. First aider should have written instructions from custodial parent, guardian, or physician for required treatment and medications on file.
 2. First aider will organize a system of managing daily or as needed medications, in consultation with the Event Director. Medications must be in their original container with instructions from the physician (if prescription).
 3. All medicines, including those used by adults, are kept in locked boxes at the first aid station. Medications are dispensed to girls and adults per physician's instructions.
- B. Girls exhibiting prolonged symptoms will be sent home. The first aider, in consultation with the troop/group leader (if present) and the Event Director, makes the decision to send a girl home.
- C. Procedures for Epidemics:
 1. If more than five people at the event exhibit the same symptoms, the first aider is instructed to consider the situation as an epidemic and to contact the Area Director (or phone your local council office to be put in touch with her). The Area Director will then contact the Public Health Department for consultation
 2. In the event of an epidemic situation, parents will be contacted and instructed to take their children home.
 3. The council is required to report any actual or suspected food-borne, water-borne or unusual illness outbreaks to the Health Department Communicable Disease Unit immediately upon detection.

NOTE: ALL TREATMENT OF FIRST AID OR MEDICATIONS (INCLUDING OVER THE COUNTER REMEDIES) MUST BE RECORDED IN THE FIRST AID HEALTH LOG BOOK!

TREATMENT PROTOCOL FOR INJURIES:

1. Abrasions, Lacerations, Scratches, and Cuts:

Inspect and cleanse with soap and water. Apply a sterile dressing, if necessary. If bleeding is severe or laceration extensive, apply a sterile pressure dressing and seek additional medical attention at once.

2. Bleeding:

a. Arterial, venous - First use pressure with sterile dressing over wound (not tourniquet) to stop bleeding. If bleeding is on an extremity, elevate that extremity. If bleeding is severe, call 911 or seek additional medical attention at once.

b. Nose Bleeds - Sit patient erect with head forward, gently and firmly compress nostrils with thumb and forefinger against nasal septum for 5-10 minutes. May use cold compress to forehead or to back of neck.

3. Bruises and Bumps: Apply cold compresses or ice bag. Consider possibility of fracture or deep injury if tenderness or pain is severe and treat as sprain, strain or fracture until additional medical attention is available.

4. Burns: All burns should be treated with cool water. Consider extensive second degree and third degree burns as serious injuries and the burned areas as open wounds. If possible remove clothing that might come in contact with the wound. Seek additional medical attention at once. If help cannot be contacted, cover with sterile compress and bandage loosely. Give the patient an abundance of fluids.

5. Eyes (Foreign Objects): First allow natural tearing to wash out the object. Next, use saline (preferred) or water wash. If the object is still in the eye, small items in the white of the eye can be gently flicked out with the edge of a sterile gauze pad or cloth. If irritation persists or foreign object is not easily removed, apply dry protective covering to both eyes and seek additional medical attention. Never try to remove something from the colored part of the eye or anything stuck into the eye.

6. Head Injuries: Severe head and neck injuries should be treated by the Emergency Response

Team (911). For walk-in injuries, if any head injury is accompanied by loss of consciousness (even brief), dizziness, vomiting or nausea, headache, blood or clear fluid from the nose or ears, changes in vision or neck pain, call 911 to arrange to have patient transported to nearest medical facility.

7. Insect bites and stings: Remove stinger if still present. Do not use tweezers. Use flicking motion of thumb and finger. Apply ice or cold wet compresses. Observe for signs of an allergic reaction.

8. Neck injury: Anyone who sustains a fall from greater than their own height, or has a blow to the head or neck and complains of neck pain should not be moved, and the first aider should supervise head immobilization and call 911 to arrange to have the patient transported to the nearest medical facility.

9. Poison oak: Prevention: Teach adults and girls to know and avoid the plants. After exposure, wash all exposed areas with soap. Assess severity of reaction and cause. If area is extensive with weeping areas, contact parents to send patient home.

10. Splinters: Clean with soap, water and add dressing if necessary.

11. Sprains, Strains, and Fractures: Sprains and strains: use crushed ice in ice bag or plastic bag on injured area for 20 minutes every 1-2 hours. Use cold water soaks if ice is not available. Do not pack in ice. If necessary, apply firm bandage (ace bandage or triangular muslin bandage). If pain or swelling is severe, keep foot elevated and do not allow patient to walk on it and seek additional medical assistance. Fractures and Dislocations: Splint to immobilize any suspected fracture in an approved manner with the least possible disturbance. Seek additional medical assistance at once. **MAKE NO ATTEMPT TO RESET FRACTURES AND DISLOCATIONS**

12. Sunburn: Prevention: Warn girls and adults to avoid long exposure of skin and to wear head coverings. Recommend that lotion containing sunscreen ingredients be used freely before long exposure. Girls may only use sunscreen that has been sent to the event with them. Treatment: Give an abundance of fluids containing salt. If severe extensive sunburn is received and seek additional medical assistance.

13. Ticks: Notify girl's parents. Do NOT attempt to remove—this should only be done by a professional health care professional.

TREATMENT PROTOCOL FOR ILLNESSES:

1. **Communicable diseases:** The following diseases should be suggestive of cotmmunicable disease: fever of 101.5 F degrees or more, severe sore throat, vomiting, rash, inflamed eyelids, fluid running from ears, skin lesions. Isolate the patient. Contact parents to send patient sent home. .
2. **Diarrhea:** Responsible adults should be notified to watch for other cases. If problem persists, patient should be sent home.
3. **Ear Ache:** Do not allow swimming. Monitor condition and check for fever. If problem persists contact parents to seek additional medical attention or send patient home.
4. **Fever, Elevated Temperatures:** Rest and monitor in first aid station; if possible isolate patient from others. If temperature persists for more than a few hours, patient should be sent home.
5. **Local Infections:** Apply hot wet packs. Observe for signs of increasing inflammation. Take temperature and vital signs. If temperature is elevated, contact parents to seek additional medical attention. Handle infections in such a way so as to eliminate the spread of illness to others.
6. **Pediculosis (Head Lice):** Patient must be sent home. Girl/adult may not return until evidence is provided that patient is clean of lice.
7. **Sore Throat and Flu:** Assess and treat symptomatically, with rest, fluids. If symptoms persist, contact parents to send patient home.

Seek additional medical assistance for conditions beyond those listed within this document. Do not exceed the scope of training for a first aider.

TREATMENT PROTOCOL FOR EVENTS:

Girl or adult participants exhibiting any of the following symptoms will be sent home.

- Diarrhea
- Vomiting
- Oral Temperature over 101.5 F
- Sore throat accompanied by fever
- Unusually dark, tea-colored urine
- Unusual rash or spots
- Yellowish skin or eyes
- Infected skin patches
- Grayish or white stools
- Inflamed, bloodshot eyes with discharge
- Severe itching of body or scalp
- Severe headache accompanied by still neck

If more than five people at the event exhibit the same symptoms, the first aider and Event Director are instructed to consider the situation as an epidemic and to contact your Area Director (contact information is on the Emergency Cards which can be downloaded from the council website). The Area Director will then contact the Public Health Department for consultation.

Event first aiders are instructed to follow the procedures listed below for each identified situation or condition. .

