

# EMERGENCY PROCEDURES

## Medical Emergency

Contact the head nurse or delegated person in charge. Contact camp physician on duty. Never leave the child unattended. If external medical assistance is required, follow the emergency plan (see below).

## Non-Medical Emergency

For non-medical emergency problems such as a runaway, contact the Program Director, Behavioral Specialist or the Head Nurse.

## EMERGENCY PLAN

### Hospital visit (ambulance not needed):

The physician on-call will make the decision about which hospital or clinic the child will be taken to and if necessary, to accompany the child on the transport. If permitted legally, and if there is back-up physicians' coverage for the camp, the physician, with an appropriate assistant, will transport the child. Time permitting; s/he will be in communication with the camper's personal physician. Bring child's chart and parental consent form for treatment off campsite. Contact the medical director, camp director, and the parents.

- A list of area hospital addresses and telephone numbers should be readily available.
- A list of area clinic addresses and telephone numbers should be readily available.

### Hospital visit (ambulance needed):

1. Dial 911.
2. Request the paramedics.
3. A designated staff member will meet ambulance in parking lot.
4. A staff person will direct ambulance personnel to injured or sick person.
5. Appropriate camp health care professional will accompany injured or sick person to hospital.
6. Appropriate camp health care professional will maintain contact with camp concerning condition of injured or sick person.
7. Bring chart and accident or illness form.

### Poison Information:

Keep the poison control center telephone number readily available.

### Pharmacies:

Keep a list of area pharmacies readily available.

## CAMP CRASH CART LIST

Camp emergency equipment should be available and accessible for use by members of the medical staff. There should be at least one provider on site at all times who knows how to use all the equipment. Legally speaking, the medical staff is liable for providing the level of emergency care that the equipment can support i.e., if ET tubes are available, the medical team should know how and when to use them. Store equipment and medications in a large portable container (e.g. tackle box) to facilitate easy transfer to site of emergency.

The following are suggested emergency medications and materials to have available at camp. The completeness of this list depends on the staff (and their level of ability to deliver emergency care), camp location, camp resources and other factors.

**EQUIPMENT** (to be used only if familiar with proper application)

- Oxygen tank (2 tanks, E-cylinders preferably)
- Life-Pac 6 Defibrillator\*
- Ambu bag with mask
- Intubation tray (includes oral airways)
- Portable suction with catheters\*

\*This equipment is optional, and to be used only if medical staff is familiar with its proper application.

**MEDICATIONS** (to be used only if familiar with proper administration and dosing)

[Note: I think this list is too long, and some items should be deleted. Need to discuss. MW]

- Epinephrine 1:1000 (bottle, ampule, or autoinjector)
- Epinephrine 1:10,000 (10 ml syringe)
- Atropine sulfate 0.1 mg/ml (10 ml syringe)
- Dextrose 25% (10 ml syringe)
- Sodium Bicarbonate 8.4% - 1 mEq/ml (50 ml syringe)
- Calcium Chloride 10% (10ml syringe)
- Isoproterenol 1:5,000 (5 ml syringe)
- Lidocaine 1% (10 ml syringe)
- Phenobarbital 130 mg/ml (1 ml vial)
- Diazepam (Valium ®) 5 mg/ml (10 ml vial)
- Vecuronium (Norcuron®) 10mg vial
- Pancuronium (Pavulon®) 1mg/ml (10ml vial) [IN REFRIG]
- Succinyl Choline (Quelicin®) 20mg/ml (10ml vial) [IN REFRIG]
- Magnesium Sulfate 500 mg mgso4/ml (2ml vial)
- Methylprednisolone (Solumedrol ®) 40 mg/ml vial
- Diphenhydramine (Benadryl ®) 50 mg/ml
- Cimetidine (Tagamet ®) 150mg/ml
- Albuterol inhalation solution
- Normal saline

## **MISCELLANEOUS**

- Emergency Pediatric Drug Dosage Guidelines
- Bacteriostatic sodium chloride 0.9% (30 ml vial)
- Bacteriostatic water for injection (30 ml vial)
- Dextrose 5% Lactated Ringers (500 ml bag)
- Normal saline 0.9% (500 ml bag)
- 32 inch IV extension set with 2 injection sites
- IV arm board
- 60 ml syringe
- 12 ml syringe
- 3 ml syringe
- 22g jelco
- 18g needle
- 23g needle
- Butterflies 23g X 3/4 inch
- Vacutainer tubes
- Tape
- Sterile alcohol preps
- Tourniquet
- Sterile and non-sterile gloves
- Stethoscope
- Flashlight