

Health Care

Purpose. Youth programs/activities benefit from having a well-thought-out health care plan to address the needs of minor participants for whom they have custodial care. Youth programs/activities should identify the type of healthcare provider and plan to serve participants based on factors such as location, access to higher levels of care, program/activity offerings, and types of participants expected and served. Potential health risks to participants need to be identified and evaluated. Plans for prevention and care need to be specified. Youth program/activity staff need to be aware of any particular health issues or needs of the minor prior to participation in a youth program/activity and account for the control of medications.

Scope. All youth programs/activities that have responsibility for custodial care of a minor as part of the youth program/activity.

Health History

All youth programs/activities with custodial care must receive a completed and signed health history for each minor prior to participation in a youth program/activity.

The “Health History Form” is an up-to-date record of the minor’s past and present health that is completed and signed by a minor’s custodial adult.

The Health History Form should include at a minimum the following:

- Identify allergies and/or dietary restrictions.
- Information to identify any medications (prescription and nonprescription) currently being taken by the participant.
- Details to any mental, physical or psychological conditions requiring medications or other special restrictions while at the youth program.
- A means of attesting that all immunizations are up to date and include the actual date (month/year) of the last tetanus shot.

Permission to Treat

A “Permission to Treat” clause is signed permission to provide routine healthcare, dispense medications and to seek emergency treatments. Refusal to sign the clause for reasons of religion or other requires a signed form specifying actions to be taken in the event the minor needs care or treatment and releases liability from the youth program if the parent or guardian cannot be reached in an emergency.

Health Histories Review

A designated “Health Officer” should do a health history review of every minor within 24 hours of the minor’s first arrival. The purpose of the review is to identify any health-related needs that may affect participation in activities. This Health Officer is also responsible for informing direct care youth program staff/volunteer of the health-related issues of minors. The designated Health Officer should have access to a health professional for consultation as needed.

Health Examination Report

The youth program/activity should consider the need for each minor to have a current health exam prior to participation. Considerations should include, among others, physical activity types and levels, proximity to EMS, and length of the youth program/activity. Some youth programs/activities may require a professional health examination that assesses the minor's ability to participate safely in program activities.

If the youth program/activity determines such a health exam is warranted, the youth program/activity should provide a health exam form to parents for completion by a licensed medical provider. (Health Examination Report Form B). This form **MUST ALSO BE REVIEWED IN ADVANCE**.

Medication Storage and Dispensing

All youth programs/activities with custodial care shall designate a Health Officer. The Health Officer may be a designated, accessible licensed healthcare provider or a staff member. He or she is responsible for maintaining all prescription and non-prescription medications in a locked and secure location such as a cabinet or storage box **at all times**. Staff members may secure their own medications in their own rooms.

Medication that requires refrigeration can be stored in a locked refrigerator or a locked box inside a refrigerator.

Exceptions may be made for medications for life-threatening conditions (e.g., EpiPen's or inhalers). These may, depending on circumstances, remain within the control of a minor or stored in another location such as a first aid kit.

Emergency and Nonemergency Medical Assistance

All youth programs/activities are required to have a plan for obtaining medical attention for minors in emergency and non-emergency situations. Plans should address how people, on- or off- site, can get emergency and non-emergency medical assistance.

Medical/Healthcare Provider

Each youth program/activity must have an appropriately certified or licensed person on duty at all times.

- If a youth program/activity is 30 minutes or less from Emergency Medical Services (EMS), it must have at least one program staff member trained in First Aid and CPR, storage and dispensing of medication (e.g., the use of EpiPen's) on duty at all times.
- If the youth program/activity is more than 30 minutes from EMS, the youth program/activity must have at least one program staff member(s) who are certified and trained in Wilderness First Aid, CPR, and the storage and dispensing of medication (e.g., the use of EpiPen's) on duty at all times.

Staff and participants shall receive information on how to contact the individual(s) trained in first aid and CRP.

First Aid Kits

Each youth program/activity must have first aid supplies available. The number and placement of first aid kits will vary by factors including availability to staff trained in first aid, the age and experience of participants, and distance to additional medical resources.

Parent/guardian Notification

Parent or guardian must have a clear understanding of the youth programs/activities policies for notifying them of illness or injury to a participant. All youth programs/activities are required to have written descriptions of the situations and when they will make the parent or guardian aware. This should include first-aid guidelines and identification of instances when professional medical advice/care should be sought. Care and treatment should be appropriate for the staff persons providing care for the youth program/activity and should take into consideration common camp/program/activity injuries and illnesses that could be reasonably anticipated.

Retention

Records must be maintained in accordance with the Program Participant Files records retention schedule.