



COURAGEOUS SAILING

Health Care Policies and Procedures

Staff Responsibilities

All Summer Youth Program staff have health-care responsibilities. All SYP program staff are to have a current CPR/First Aid/AED certification on file and as such have a “duty to act.” They are responsible for recognizing life threatening crises, to initiate the Emergency Action Plan, to provide basic first aid treatment within the scope of their training, to relinquish care of an injured person to the designated emergency response team, and to report suspected child abuse to their supervisor. Procedures are discussed during staff orientation.

The **Youth Program Director** is responsible for the overall health-care program through implementation of procedures and supervision of staff. This includes monitoring health and safety procedures throughout the site. The Youth Program Director is responsible for communicating with the parents and/or guardians of students when a medical incident occurs.

The **Officer in Charge** is responsible for implementing the Emergency Action Plan when a medical or other emergency occurs.

The **Front Desk staff** is responsible for providing basic first aid treatment, supervising students who are not participating in an activity, recording treatment and injuries in the log, and alerting the Officer in Charge to a major illness or emergency.

Instructors and Senior Staff are responsible for maintaining high standards of health and safety in all activities, for seeing that student health needs are recognized and met, to initiate the Emergency Action Plan if needed, for providing basic first aid within the scope of their training, and to report all treatment they provide for recording in the minor injury log. They are also responsible for making sure that students are physically and emotionally ready for the activity, monitoring self-care and personal hygiene, and that activity areas and equipment are in a safe and sanitary condition before use. They are responsible for stocking their safety boat with the appropriate equipment, including a first aid kit.

Maintenance staff is responsible for using safe practices and for being alert to environmental hazards and notifying program personnel appropriately.

Medical Consultation

A licensed health care provider is available for advice and consultation both in and out of season. This individual reviews and revises Youth Program health care policies and procedures

annually, and in-season on an “on-call” basis advises in situations that involve medication, serious injury or illness, hospitalization, fatality, or when there are parental concerns. This Massachusetts licensed health care provider shall be a Registered Nurse (RN), Physician's Assistant (PA), or Physician (MD).

Healthcare Policies

1. Written Health Forms
 - a. Staff may complete an optional Health Form during their onboarding process.
 - b. Student health information is collected online during the registration process. Providing health information is optional but encouraged. Information collected includes chronic ailments, disability, and allergies. Students who require medications are asked to complete an additional Health Information Form.
 - c. Health information is stored at the end of each season in that student's Youth Program Registration record in Salesforce.
2. Medical Waiver
 - a. A current medical waiver must be on file for a student to participate in Courageous programming. If a student arrives without their parent/guardian having completed the online registration confirmation form, the Front Desk staff member will contact their parents by phone or email to receive the necessary information. Students are unable to participate in Courageous YP activities without a completed waiver or emergency contacts on file.
3. Health information is provided to instructors and senior staff on a need-to-know basis. Staff are expected to treat disclosed information in accordance with HIPAA regulations.
 - a. It is YP policy that student's emergency contacts and essential medical information (ie. allergies, asthma, etc) accompany groups off-site with the responsible staff member in charge.
4. It is expected that students and staff arrive each day in good health. Management reserves the right not to admit an ill person.
5. The following are considered life-threatening and receive priority care:
 - a. Breathing emergencies; cardiac emergencies; severe bleeding; drowning; unresponsiveness
6. First Aid Care
 - a. The person designated to administer first aid is the Front Desk staff. However, it is expected that individual staff members will provide first aid care to the extent of their training when on the water or away from the Front Desk.
 - b. It is expected that the staff person with the most training will assume primary caregiver status in a given situation.
 - c. First-aid supplies are available at the Front Desk. Additionally, first aid kits are available at the front desk for safety boats, trips off-site, and as needed. Every safety boat on the water should have a first-aid kit on board. All trips off-site, including camping, should have a first-aid kit.
 - d. First-aid kits are checked and restocked annually prior to the first day of programming and whenever needed.

- e. A record of all injury, illness, and first-aid care administered is kept in the First Aid/Injury log at the front desk.
 - f. Staff are responsible for knowing how to activate the Emergency Action Plan, knowing their role in the Emergency Action Plan, and staying up-to-date on how to give care within their certification level.
7. Emergency Medical Care
- a. Emergency Medical Care is provided by local EMS ambulance services or the Coast Guard. Refer to the Courageous Sailing Emergency Action Plan for details regarding medical emergencies.
 - b. Situations in which the OIC may decide to call Emergency Medical Services are include but are not limited to: difficult/slow/rapid/infrequent or stopped breathing; suspected concussion; loss or change of consciousness; major chest pain or chest pain that radiates, returns, or is sustained for a more than a few minutes; persistent abdominal pain; severe bleeding; no pulse; vomit or passing blood; severe burn; suspected poison; seizure on land (if it is: their first, >5min, repeated, results in unconsciousness); stroke; heart attack; painful, swollen or deformed areas or fractures; head, neck or spinal injury or suspected injury; seizure in water, drowning/airway obstruction; choking; difficulty speaking or slurred speech; anaphylactic shock and/or use of epipen; loss of vision or blurred vision; inability to swallow; weakness on one side of face or arm, inability to move a body part; severe pain; confusion; injury is blue or pale; shock; eye injury; embedded object, severed body part; hypothermia or heat shock.
 - c. If the Officer-in-Charge is unsure if a call to 911 is warranted, it is policy that they immediately call 911.
 - d. Courageous Sailing, as an act of good gesture, will send a staff member 18 years of age or older with an injured student or minor staff member in the ambulance to the hospital. This person is not authorized to make any health care decisions for the student or staff member and is simply there for comfort and reassurance. It is expected that the person accompanying a minor to the hospital has access to a copy of the waiver, emergency contacts, and medical information provided in registration materials, along with information regarding any medication administered, as needed. This person cannot be the Officer-in-Charge. The emergency contact of the injured individual is notified immediately by the Youth Program Director or the Officer in Charge.
 - e. Under no circumstances should a student be transported by Courageous Sailing staff in personal vehicles. If an adult needs to be transported to the hospital, Courageous will order an Uber and send a staff member to accompany the individual to the hospital, if necessary. Once an Uber is order, Courageous will call them to notify the driver of what is going on and order another driver, if necessary.
 - f. Emergency Services phone numbers and the appropriate address to give Emergency Services is posted at the Front Desk.
8. Contacting Parents

- a. Phone contact with parent/guardian is established in an emergency. Each student's registration confirmation form contains emergency contact information, as well as designated alternates if the parent/guardian cannot be reached. This process is initiated by the Youth Program Director or Officer in Charge but can be delegated to an appropriate staff member.
- b. Since the program has no way of determining what each person considers an emergency, the general practice is to contact parents when there is a concern about a person's health and/or when a situation is not progressing as expected. If a parent/guardian is unable to be reached, it is expected that a message be left that appropriately communicates the need for them to call Courageous but that does not include details of the situation.
- c. All contact, successful and unsuccessful, is documented on the incident report.

Procedures

1. Review Health Information
 - a. Prior to the start of each session, the Youth Program Director, in consultation with the Health Care Consultant, will review health forms of all staff and students. The Youth Program Director will communicate serious health concerns to Site Management and appropriate Senior Staff in accordance with HIPAA regulations.
 - b. Health information shared includes but isn't limited to: allergies, asthma, sudden illness, past or current injury or illness, medication, activity modifications, and the student's action plan if available.
 - c. Health Information and Emergency Contact information is stored in the student's record in Salesforce.
2. Maintaining Good Health
 - a. Sailing is an activity which exposes students and staff to the elements, particularly sun, wind, heat, and cold.
 - b. Cooling Space: Students and staff who are in need of cooling will be brought to the Courageous office in Flagship..
 - c. Warming: Blankets for warming are located behind the front desk.
 - d. Resting Space: Students and staff who are in need of a rest, or who are unable to participate in their class' activities will remain at the Front Desk under the supervision of the Front Desk staff. If further rest is needed, the student is brought either to the trailer on Pier 4, the upstairs boathouse, or the Courageous Sailing office in Flagship.
 - e. It is Courageous policy that if a student is brought into an enclosed space (such as the office or trailer), there should be at least two staff members present. .
3. Medication
 - a. Administering medication is not within the authority of Courageous Sailing staff.. This includes epi-pens, inhalers, tylenol, and pain medication.
 - b. If medication needs to be administered by a student parents must provide:
 - i. Written directions for any medications that will be self-administered , OR written order of a physician which includes directions. .

- ii. Written record of treatment which includes the reason for the treatment, the dates and times of treatment, and the person giving treatment. When medications are given, the written record should show the medication, dosage, authority for giving it, and the name of the person administering the medication.
 - iii. Written information provided to the parent for anything that was done other than what was discussed in advance.
 - iv. Medications must be dispensed from the original, unexpired pharmacy container with instructions for use, and must refer to the individual being treated
 - c. Students who are able to administer their own prescription emergency medications are permitted to carry their prescription medication on their person. Courageous Sailing should be informed of students or staff that carry medication on their person via Health Information Form.
 - d. Storing medications for students: Courageous Sailing should be informed via the Health Information Form of students or staff for whom Courageous Sailing stores the medication.
 - e. It is policy that all medication that Courageous will store (stock meds and personal meds of both staff and students) is kept in a locked area under the Front Desk's supervision
 - f. Medication while on-the-water: With written parent/guardian authorization for Courageous Sailing to store their child's medication, emergency medications such as epipens and inhalers, will be carried in a watertight box on the safety boat when that student is on the water.
 - g. Medications during Off-Site Trips
 - i. When medications are administered away from Courageous and it is not reasonable to send the entire supply on the trip, the appropriate dosage may be put into a sealed package or vial (that has not been previously used), with the individual's name, name of medication, and complete instructions for when and how to give it. The package should be in the controlled care of the adult. A written record is required.
- 4. Suspected Neck or Spinal Injuries
 - a. Activate the EAP
 - b. Care for life threatening conditions first
 - c. Minimize movement of person and their head, neck, spine
 - d. OIC makes the following decision:
 - i. On Land: If the person is conscious, do not move the person! Stay where you are until EMS arrives.
 - ii. On a Boat: Stabilize the victim in location found - do not move them! OIC determines if the Coast Guard is called or if the person should be transported to shore for EMS.
 - iii. In the Water: call the Coast Guard
 - e. Comfort the victim and wait for EMS to arrive

5. Concussion

- a. Concussion may be caused by a sudden hit or jolt that causes the head to move back and forth quickly. Hard hits to the head, such as by the boom, should be treated as suspected concussions. A student saying they're fine should not prevent staff from following the procedures for a suspected minor concussion.
- b. If any of the following danger symptoms are present after a hit or jolt to the head, EMS will be called immediately: one pupil larger than the other; drowsiness or inability to wake up; a headache that gets worse and doesn't go away; slurred speech; weakness, numbness or decreased coordination; repeated vomiting or nausea; convulsions or seizures (shaking or twitching); unusual behavior, increased confusion, restlessness or agitation; loss of consciousness (even if brief). Citation: CDC Heads Up
- c. Concussion Action Plan
 - i. Immediately remove child from situation that may cause further injury
 - ii. Inform Front Desk or Officer in Charge of the incident
 1. Officer in Charge will be designated for off-site events
 2. Site Directors, Front Desk and other persons designated by the Youth Program Director will utilize the CDC Heads Up guidelines for concussion assessment
 - iii. For less severe head trauma, Youth Program Director or another designated staff member calls parents and inform them of the incident. Additionally, students take home a document describing the symptoms of concussion. Record of this contact should be recorded on the incident report. Staff then monitor the child's behavior and take further action if any of the above symptoms appear or worsen. The student will not participate in sailing or physical activities for the rest of the day.
 - iv. For more severe head trauma, OIC makes the call to contact 911 and the child's parents immediately.
 - v. Record incident in medical log
 - vi. The only thing that may be given to the child is clear liquids (water, clear juice, Gatorade).
- d. CDC recommends that a student with a suspected concussion (even a mild one) isn't allowed to return to activities until cleared by a medical professional. It is Courageous policy that if a student is taken to a doctor for care of a concussion, a doctor's note is required to return to boating activities.
- e. Given the absence of obvious signs of concussion, if a student not seen by a medical professional with documentation, may return to Courageous activities at the parent's discretion.
- f. Students who return to Courageous after a concussion may need: to ease back into sailing; sail on a keelboat if currently sailing on a dinghy; shortened sailing activities; additional breaks; and sailing with an instructor if currently sailing independently.

6. Record of Incident

- a. Courageous Sailing documents and records all injury, illness, or treatment provided, from a band-aid to Emergency Medical Services. It is the responsibility of the primary respondent and/or caretaker to complete the documentation. Incident Reports and Behavior Incident Reports will be kept on file for a minimum of # 7 years.
 - b. Logs include:
 - i. Minor Injury Log
 - ii. Incident Report, will be reviewed and signed off by the SYP Coordinator or Youth Program Director.
 - iii. Behavior Incident Report, will be reviewed and signed off by the SYP Coordinator or Youth Program Director.
7. Communicable Diseases
- a. Prevention
 - i. Courageous encourages all staff and students to practice good hand washing by using the handwashing stations or the sinks.
 - b. Exposure Control
 - i. Ask sick students and staff to stay home
 - ii. Use personal protective equipment when cleaning up body fluids or providing first aid
 - c. Communication
 - i. At the discretion of the Health Care Consultant, parents may be notified of communicable illness or the potential of at Courageous.
8. Treatment of major and minor wounds: cuts, scrapes, abrasions
- a. The person designated to administer first aid is the Front Desk staff. However, it is expected that individual staff members will provide first aid care to the extent of their training when on the water or away from the Front Desk.
 - b. It is expected that the staff person with the most training will assume primary caregiver status in a given situation.
 - c. Cleaning and bandaging of minor wounds to follow first aid training guidelines. Ensure standard precautions (handwashing, gloves, adequate disposal of body fluids). Do not give care beyond what you are trained to give.
 - d. Examples of major wounds include but are not limited to: Fractures, severe bleeding, shock, impalement, eye injury, amputation. Major wounds are considered an emergency and should enact the EAP
9. Heat Illness
- a. Heat illness includes dehydration, heat exhaustion and heat stroke. Heat stroke is a medical emergency, and should enact the EAP. Any changes to consciousness related to heat should be considered an emergency.
 - b. For dehydration and exhaustion, the person should be removed from the activity and brought back to the front desk, or to rest in a cool, shady spot. Provide with cool water, and if wanted, a cool wet cloth.
 - i.
10. Allergic Reaction and Anaphylaxis

- a. Anaphylaxis is a severe reaction to an allergen. When someone is having an anaphylactic reaction commonly seen symptoms are: swollen face, lips or tongue, or swollen hands and feet, difficulty speaking or swallowing, red and itchy skin, hives, difficulty breathing. It is common for people to present with a different combination of symptoms of anaphylaxis, not all of the symptoms.
- b. Anaphylaxis is a medical emergency and the EAP should be enacted. If the person has encountered a known allergen and has an epipen with Courageous, make every effort to get the person their epipen so they can self-administer it.

11. Mental and Behavioral Health

- a. While programming at Courageous, students may display several emotions such as anxiety, or fear, from the new situation of being on the water, or may exhibit signs of situational stress. It is important to differ from emotions that normally present during the course of new situations, and what may be a more significant behavioral health issue.
- b. Anything that poses a risk to the student or to others is a more significant issue. For example, suicidal thoughts, self injurious behavior, thoughts to harm others, or actually harming others or other unacceptable behavior. Always alert the OIC with these significant situations.
- c. Students may be able to remain in their activities with some closer supervision unless: their behavior is unmanageable or the student believes they are unsafe. At this point, please return student to front desk for further assistance.

12. Hypothermia

- a. If it is suspected that a person is at risk for, or is experiencing hypothermia, please remove them from activity and bring to front desk or appropriate location if off-site.
- b. Replace wet clothing with dry clothing, add layers, and utilize warming blankets. Persons with hypothermia must be re-warmed slowly, do not encourage direct heat to skin such as running hot water over hands. Lack of sensation and circulation can lead to injury from heat sources.
- c. Severe hypothermia with changes to consciousness, or significant loss of sensation are a medical emergency and EAP should be enacted.

13. Lightning

- a. Being struck by lightning is a medical emergency and the EAP should be enacted, even if person appears uninjured.
- b. Always check the scene first for safety. If person is located in a high-risk area such as an open field or near an isolated tree, it may be necessary to move them to a safer area (CDC, 2013, *Lightning: First Aid Recommendations*).
- c. Check for signs of life, and prioritize. Initiate CPR and first aid as needed. Someone struck by lightning does not carry an electrical charge and does not pose an electrocution risk to the treator (CDC, 2013 *Lightning: First Aid Recommendations*)

14. CPR

- a. A person requiring CPR is a medical emergency and the EAP should be enacted.

- b. CPR should be performed by a certified individual according to current standards.

Procedures for Reporting Suspected Abuse

Staff who suspect neglect, physical or emotional abuse, as defined below, should immediately report it to the Youth Program Director at Courageous Sailing:

Abuse means: The non-accidental commission of any act by a caretaker upon a child under age 18 which causes, or creates a substantial risk of, physical or emotional injury; or an act by a caretaker involving a child that constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting).

Neglect means: Failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).

Physical Injury means: Death; or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising, depending upon such factors as the child's age, circumstances under which the injury occurred and the number and location of bruises; or addiction to a drug or drugs at birth; or failure to thrive.

Emotional Injury means: An impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

Massachusetts law requires mandated reporters to immediately make an oral report to DCF when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect. A written report is to be submitted within 48 hours.

First Aid Kit Contents

First Aid Kits will be located at the Front Desk and in every safety boat. If any of the kit contents have been used, it is the responsibility of the instructor to ensure the kit is replenished before next class.

Refer to the First Aid Kit Content Cards for a detailed list of what needs to be in each kit.

Routine Injury and Illness Treatment

Staff should provide care to the extent of their certification and training.

Universal Precautions

The following are sample guidelines, recommended for the Center for Disease Control, to prevent cross contamination from bloodborne pathogens. This resource is from the American Camping Association.

1. All health-care providers should use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or body fluid of any person is anticipated. Personal protective equipment such as nitrile or vinyl disposable gloves should be readily available in health-care, housekeeping and maintenance areas, in all first-aid kits, and in vehicles.
2. Any person giving first aid should always wear nitrile or vinyl disposable gloves if blood is visible on the skin, inside the mouth, or if there is an open cut on the victim. Gloves should be changed after contact with each person.
3. Gloves should always be worn when handling items or surfaces soiled with blood or bloody fluids. Such areas (floor, counter, etc.) should be flooded with bleach solution (1 part bleach to 10 parts water), alcohol, or a dry sanitary absorbent agent. However, routine cleaning practices are all that are needed if blood is not visible or likely to be present.
4. Remove gloves properly – pulling inside out. Place gloves in bag with waste. Hands and other skin surfaces should be washed with soap and water immediately and thoroughly if contaminated with blood or other body fluids.
5. Masks, protective eye wear, gowns or aprons should be worn during procedures that are likely to generate droplets or splashes of blood or other body fluids.
6. Mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.