

Prevention of Communicable Diseases in Scouting: Recommendations for Unit and Council Event Leaders

Educational Statement of the BSA Health and Safety Committee

Introduction

Communicable diseases, both acute and chronic, are common problems in Scouting. An awareness of the medical approach to these problems will help Scouting leaders plan and execute safer events.

Common Ways Communicable Diseases Are Spread

Communicable diseases are infections that are spread from one person to another by direct contact, by contact with blood or bodily fluids (e.g., saliva, feces), by airborne droplets (as in coughing), or by a “vector” like a mosquito or a tick.

Examples of Common Communicable Diseases

There are many communicable diseases. The table below has examples of these and shows that some diseases may be spread in multiple ways.

Direct Contact	Airborne Droplets (Respiratory Spread)	Fecal-Oral	Blood, Mucous Membrane Contact	Vector Spread (Mosquito, Tick)
Influenza	Influenza	Hepatitis A	Hepatitis B	Lyme disease
Common cold	Common cold	Norovirus	Hepatitis C	Rocky Mountain spotted fever
Hepatitis B	Whooping cough (pertussis)	Giardia	HIV	Ehrlichiosis
Conjunctivitis (pink eye)	Diphtheria	Pinworms	Zika virus	Zika virus
Chicken pox	Tuberculosis	Salmonella		West Nile virus
Lice	Measles	Polio		
Cold sore	Mumps	Food poisoning		
Ringworm				
Strep throat	Strep throat			
Impetigo				

Not all infectious illnesses are communicable. An ear infection is one such example.

Symptoms

Common signs and symptoms that may indicate a Scout or adult Scouter has a potentially infectious and communicable illness are fever, cough, sore throat, vomiting, diarrhea, sores with pus on them, pink eye (conjunctivitis), myalgia (muscle soreness), and fatigue.

Prevention: The Key to Successful Control of Infectious Diseases

PRE-CAMP QUESTIONNAIRE: Scouting occurs in groups and often in remote areas. Neither setting is appropriate for a person with a potentially communicable disease. Use of a pre-camp/pre-event questionnaire by all unit leaders is strongly recommended before any Scout or Scouter leaves their home base. An example would be the BSA Pre-Event Medical Screening Checklist, No. 680-102. Riding in a car or bus with an individual who has certain infections (for example, norovirus) may be risky.

IMMUNIZATION: Unquestionably, the most effective method of preventing many infectious (and life-threatening) childhood diseases is immunization. Many states and the American Academy of Pediatrics recommend mandatory immunization prior to enrollment in school. This practice is effective in treating many, though not all, serious infectious diseases. Examples of some diseases prevented by immunization are chicken pox, measles, mumps, and influenza. Tetanus immunization is required. Inclusion of unimmunized Scouts in group events should be determined on a case-by-case basis, and prescreening is suggested for potential infectious symptoms in the Scout and close family members (see above).

HAND WASHING: Careful hand washing prevents many infections. Hands may be washed with an alcohol-based solution containing at least 60 percent alcohol if the solution stays on the skin for about 20 seconds. If the hands are visibly dirty, soap and water should be used for at least 20 seconds until the dirt is gone from the hands and from under the fingernails. When handling or preparing food, the hands should be washed frequently. Hands should always be washed after using the restroom—even if the Scouts are in a wilderness setting where there is no “restroom.” A bottle of alcohol-based sanitizer should be in the Scout’s daypack and available for use.

COUGHING: When a Scout or a Scouter coughs, the cough should be “caught” in the bend of the arm or in a tissue. Always wash your hands after coughing. Droplets of infected material from a cough may contain viruses or bacteria that remain alive for many minutes or even hours. Disinfecting of surfaces that someone has coughed over is essential.

DISINFECTION: Disinfection of contaminated areas is an essential part of disease prevention. While there are many commercially available products for disinfecting surfaces, one effective method is to use at least 5.25 percent hypochlorite (bleach-based household cleaner) and water. For most surfaces, 1½ teaspoons of bleach per gallon of water is adequate. However, if a surface is contaminated with blood or feces, use ¼ cup of bleach-based cleaner in a gallon of water to wipe down the surface.

GLOVING: Nonlatex gloves should be used, if possible, when touching blood, stool, vomit, or bodily secretions from another person. Hand washing is essential after removing the gloves. Several pairs of these lightweight gloves should be carried in a Scout’s first-aid kit or pack.

INSECT REPELLENTS: While many repellents are available, those with at least 10 percent and no more than 30 percent DEET are considered the best defense against biting insects by the American Academy of Pediatrics. Apply and reapply these repellents according to the directions on the container. Treating clothing with permethrin may also reduce insect bites.

QUARANTINE: Scouts or Scouters with any of the symptoms found in the Pre-Event Medical Screening Checklist should not participate in a Scouting event. If a previously asymptomatic Scout develops symptoms during the event, send the Scout to a health-care worker for evaluation if possible. If a communicable disease is thought to exist and a professional evaluation is not possible, the Scout should be isolated from the rest of the group until he or she can be removed from the event and sent home.

INCIDENT REPORTING: Filing a BSA Incident Information Report, No. 680-016, is extremely important to let your council know of a problem that may warrant BSA insurance coverage in the future, or if review and assistance is needed to resolve the problem. Complete this form anytime a Scout or Scouter must be seen by a physician or other health-care provider for any care beyond Scout-rendered first aid.

WHEN TO NOTIFY THE COUNCIL PHYSICIAN: An outbreak of a communicable disease has occurred when the number of cases is beyond the usual rate of the occurrence for that particular disease. Many communicable diseases require notifying the local or state public health department. A unit leader should notify the council physician if

- Multiple cases of an infectious illness occur, leading to an increased risk of others in the unit getting the disease
- The infection results in hospitalization of the Scout or Scouter

Requirements for reporting to public health officials vary by state. Becoming familiar with state laws regarding reporting is encouraged.

OBSERVATION SUGGESTIONS: When is it safe to return to “play” if a communicable disease is diagnosed or suspected? The following are some general guidelines to reduce the incidence of spreading communicable diseases. If there is any uncertainty about whether a Scout is still infected or is “communicable,” a physician should be consulted.

- Isolation from the rest of the group is recommended until the ill Scout can be evaluated or observed long enough to assure that he or she does not need to be sent home.
- A Scout with fever (100.4 F) should not participate in group events until he or she is without fever for at least 24 hours without the use of medicines (e.g., acetaminophen, ibuprofen, etc.).
- A Scout with diarrhea should not participate until the diarrhea has subsided for at least a day.
- A Scout with pink eye (conjunctivitis), cough, or sore throat should be evaluated and should not return to the event until symptoms have resolved.

References

- BSA Pre-Event Medical Screening Checklist: www.scouting.org/filestore/HealthSafety/pdf/680-102_PreEventChklist.pdf
- Boy Scouts of America—Incident Reporting (Tutorial and Forms): <https://www.scouting.org/health-and-safety/incident-report/>
- *Boy Scout Handbook* (13th edition)—Personal First-Aid Kit, p. 108
- American Academy of Pediatrics, healthychildren.org—Choosing an Insect Repellent for Your Child: www.healthychildren.org/English/safety-prevention/at-play/Pages/Insect-Repellents.aspx
- American Academy of Pediatrics, healthychildren.org—Immunizations: www.healthychildren.org/English/safety-prevention/immunizations/Pages/default.aspx
- Mayo Clinic Patient Care & Health Information—Infectious Diseases: www.mayoclinic.org/diseases-conditions/infectious-diseases/home/ovc-20168649
- North Carolina Child Care Health and Safety Resource Center—Cleaning and Sanitizing: What’s the difference and how are they done? http://ncchildcare.nc.gov/pdf_forms/bleach_solution_fact_sheet.pdf
- World Health Organization—Glove Use Information Leaflet: www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf
- Centers for Disease Control and Prevention—Recommended Immunization Schedule for Children and Adolescents: www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf
- Centers for Disease Control and Prevention—When and How to Wash Your Hands: www.cdc.gov/handwashing/when-how-handwashing.html
- Centers for Disease Control and Prevention—Cover Your Cough: www.cdc.gov/flu/protect/covercough.htm

