



CAMP HEALTH OFFICER TRAINING

Day Camp & Short-Term Camps





Outline

- ◎ Introduction to this Training
- ◎ Who you will work with as the Camp Health Officer (CHO) at a Day Camp or Short-Term Camp.
- ◎ Overview of your role
- ◎ Qualifications, duties and expectations
 - Managing the health area
 - Duties before camp
 - Duties during camp
 - Duties when closing camp
- ◎ Quiz





Introduction: Why take this training?

- All Boy Scouts of America camping is conducted using carefully written standards. These standards are revised annually and published as the National Camp Accreditation Program's *National Camp Standards*, (BSA No. 430-056). They guide camps in their participation in the National Camp Accreditation Program (NCAP) conducted by the Boy Scouts of America.
- These standards establish the basis for a safe and healthy camp.
 - **NCAP Standard SQ-405 requires you to take this CHO training.**
- These standards have a number of critical policies and procedures that direct your work and that of all those involved in all types of Scout camping.





Introduction: What you will learn

- When “camp” is referenced, it refers to either your day camp(s) or short-term camp(s), depending on the camp type you will work with.
- This training course will introduce you to the camp environment and to your role as the Camp Health Officer—one of the most critical roles in camp.
- This course will help you understand some of the important steps in providing adequate health and safety in the camp environment.





Objectives of Camp Health Officer Training

At the end of this training course, you should:

- Understand the duties and responsibilities of the camp health officer—before, during, and after camp.
- Be able to implement the policies, procedures, and reference materials you need to fill your role.
- Understand the requirements for recording and reporting injuries and illness, which are also part of your role.





Who you may work with as the Camp Health Officer

- ◎ Council Enterprise Risk Management Committee
- ◎ Council Health Supervisor
- ◎ Camp Director or Event Coordinator/Chairperson
- ◎ Camp or Event Staff / Volunteers
- ◎ Short-Term Camp Administrator (this person may also be serving as the camp director/ event coordinator/ chairperson)





Council Enterprise Risk Management Committee

- The **Council Enterprise Risk Management committee** (ERM) works with council staff to provide guidance, oversight, policy, and procedures for the operation of all types of camp health operations at Day Camps and Short-Term Camps.
- *How the ERM helps the Camp Health Officer:*
 - The ERM committee is a vital resource for the Camp Health Officer and may be called upon for assistance.





Council Health Supervisor (CHS)

- Medical care and health supervision at the camp is under the direction of the **Council Health Supervisor (CHS)**. The CHS is a licensed physician and is a member of the ERM committee. *Refer to NCAP Standard SQ-405.*
- *How the CHS helps the Camp Health Officer:*
 - The CHS is available to support the needs or concerns of the Camp Health Officer throughout the camp/event.
 - The CHS provides written instruction (standing orders) for the Camp Health Officer to follow. *See NCAP Standard HS-505.*
 - The CHS will have approved all policies, procedures, and supply/equipment lists before camp begins.





Camp Director or Event Director/ Chairperson

- ◎ Like the CHS, this individual will be available to support the needs or concerns of the Camp Health Officer.

Short-Term Camp Administrator

- ◎ This individual will be available as a resource to support the Camp Health Officer. This person may also be service as the camp/event chairperson.

Camp / Event Staff

- ◎ Camp/Event Staff/Volunteers support camp health & safety.
- ◎ But you are ultimately responsible for tracking their health and safety (such as with pre-camp medical screening) and encouraging them to assist with maintaining overall camp health and safety.

Everyone is responsible for camp health and safety!





Overview: Qualifications of the Camp Health Officer (CHO)

- All medical care is under the direction of the Council Health Supervisor.
- At the minimum, the CHO must be CPR and AED certified from a nationally recognized provider, have completed this Camp Health Officer's Training course, be at least 18 years of age, is on the camp property when staff or participants are present, and is on call at all times. *Refer to NCAP Standard SQ-405.*
- The CHO **scope of practice** depends on their qualifications (EMT, RN, MD, etc.). These qualifications must be appropriate for the nature of the camp and its proximity to an emergency medical system (EMS).
 - When access to EMS is **less than 10 minutes**, the CHO must be certified in American Red Cross Standard First Aid and CPR/AED for Professional Rescuers and Health Care Providers, or equivalents from a nationally recognized provider.
 - When access to EMS is **greater than 10 minutes**, the CHO must be licensed as a physician, nurse practitioner, nurse (RN, LPN, or LVN), physician assistant, paramedic, emergency medical technician (basic, intermediate, or paramedic), licensed or registered emergency medical responder. Nurse's aides, Certified Nursing Assistants (CNAs), and assistants do not qualify.
 - When access to EMS is **greater than 60 minutes**, the Camp Health Officer must also have current certification in American Red Cross Wilderness and Remote First Aid, or equivalent.





Overview: Preparing to serve as the Camp Health Officer (CHO)

- This training is the first step to being prepared as a CHO.
- At the end of this training, review the items on the resource lists at the end of this presentation, including the relevant National Camp Standards.
- Review policies, procedures, and other documents or checklists that have been developed for your camp.
- Review the standing orders (signed by the Council Health Supervisor) prior to the start of camp. *Refer to NCAP Standard HS-505 and HS-506.*





Overview: Duties and Expectations

- This role has a number of critical responsibilities:
 - As the CHO, your overarching focus must be on the prevention of injuries and the promotion of health and safety.
 - You need to ensure that all the camp/event staff/volunteers are ready to respond to an emergency.
 - Your role throughout the camp will be to:
 - Meet the immediate medical needs of those in camp
 - Maintain health logs
 - Maintain appropriate records of care
 - Assist with filling out incident reports (if any)
 - Perform medical screenings following the procedures outlined in NCAP standard HS-504.





Duties and Expectations, cont.

- No one person can ensure that a camp is run in a healthy and safe manner.
- Consequently, health and accident prevention takes a *team* effort: every leader, volunteer, professional, and council employee needs to be part of this team.
- ***As the Camp Health Officer, work with everyone to make this happen!***





Duties and Expectations, cont.

- **One of your most important duties will be to ensure that your team—other camp/event staff and volunteers—is ready to respond to an emergency.**
- Pay close attention to the safety elements of each area leader's role and to situations that affect the welfare of the camp.
- **Everyone** should model safety practices and skills to the youth and adult leaders at camp. You should be prepared to support them in these activities.
- General camp safety practices are a concern of all staff members, and **you are key to the team that will evaluate risks, provide training, and assist in enforcing health and safety rules that will affect everyone in camp.**





Duties and Expectations, cont.

- Depending on state laws and your qualifications, below are some activities that may be part of completing these duties.
 - **Camp health operations** include scope of care; procedures for the health lodge/first-aid station; operating practices (such as hours of service, emergency care, standard orders, and provision of first-aid kits, AEDs, etc.)
 - **Camp treatment procedures (standing orders)** should delineate what is treated at camp and how, when EMS should be used, and procedures for any emergency medications and equipment that may be used by qualified staff.
 - **EMS services** procedures for calling, contact information, and providing orientation to the EMS services providing service to the camp.
 - **Equipment and supplies** needed for camp including verifying expiration dates, discarding expired medications and supplies, maintaining medications at camp, and maintaining AEDs.
 - **Health screening** for participants and staff.
 - **Medication management** including administering, storing, and securing them.
 - **Sanitation of health facilities** with procedures for dealing with contaminated waste and sharps.
 - **Selection and maintenance** of camp first-aid kits.





Duties and Expectations, cont.

- **Maintain daily records** of all first-aid and medical treatments (written in ink)—kept in the First Aid Log for Council/District Activity or Event, No. 680-127WB, maintained separately for campers and for staff members. See NCAP Standard HS-507.
- **Review the First Aid Log with the Camp Director/Event Director or Chairperson** at least once during the camp, to determine trends to be analyzed and any corrective actions to be taken.
- **All injuries, illnesses, and incidents** beyond basic Scout-rendered first aid are reported promptly following BSA incident reporting requirements. The Camp Health Officer should immediately inform the Camp Director of all such occurrences. The CHS should also be notified as soon as possible. In the event of a fatality, communicable disease outbreak, or other serious incidents the Scout Executive must report the event as soon as reasonably possible. Protocols are outlined in NCAP Standard AO-808. *In the event of a fatality or catastrophic injury or illness*, the Camp Director is generally the incident commander with the Camp Health Officer providing emergent care until help arrives.
- **At the close of the camp**, all First Aid Logs are submitted to the council for record keeping; and incident reports are made available to the Enterprise Risk Management committee for review.





Duties: Managing the Health / First Aid Area

- Depending on the camp, you may be responsible for the management of the camp's health / first aid area.
- Typical expectations for managing a camp health / first aid area are on the following slides.
- **Because every camp is unique, be sure to discuss with the CHS what your responsibilities for the health / first aid area will be.**





Managing the Health / First Aid Area, cont.

- ***If you are responsible for the management of the health/first aid area, this will be one of your most important duties.***
- The purpose of the camp health/first aid area is to provide a comfortable, quiet, private, and properly equipped place to give temporary care to ill or injured campers.
- The health/first aid area should be located conveniently near the central part of camp but far enough away from other facilities to provide privacy. It should be located so that transport from a remote area or transport by EMS out of camp is possible.
- A health/first aid area with good signage that is conveniently located helps encourage campers and others to report promptly for first-aid treatment.

Refer to NCAP Standard HS-509.





Managing the Health / First Aid Area, cont.

- The health/first aid area should be neat and clean and as attractive as camping conditions will permit.
- The surroundings should be pleasant for those who are in the health/first aid area.
- Depending on the facilities available, you could have a building, or it may be only a good tent with a canopy. Refer to NCAP Standard HS-509 for a list of requirements for your health/first aid area. These should include available toilets, washing water, and drinking water; proper lighting; cots/beds and space for medical treatment; and protection from outside elements. *Refer to NCAP Standard HS-509.*
- *Whatever the physical arrangements, your job is to provide the best of care within those facilities.*





Managing the Health / First Aid Area, cont.

- **Youth protection requirements must be followed.**
 - For example, if overnight care is anticipated, 2 deep observation, toileting, food and laundry must be provided.
- The equipment and supplies found in your camp health/first aid area were carefully chosen and approved by the Council ERM and the Council Health Supervisor based on their experience and feedback from prior camp health officers. Your feedback at the end of the camp will help guide them to make improvements based on your experiences.





Managing the Health / First Aid Area, cont.

- **Avoid bringing and leaving unauthorized supplies, medications, and equipment or allowing others to do so.** Well-intentioned “donated” supplies or equipment may encourage and support a level of care inappropriate for future camp health officers or others.
- However, you might consider bringing your own personal stethoscope and blood pressure cuff if you are qualified to use them. The camp should provide you with a back-up, as well as personal protective equipment and other items as needed.
- As you arrive and begin opening the health/first aid area, familiarize yourself with the equipment provided and examine it often to ensure it remains in working condition.





Preparing for the Opening of Camp

- Now that you've read about the duties and expectations of the CHO, it's time to get ready for your service in camp.
- Your **personal preparation will be key** to being prepared for what you may be asked to do beginning your first day in camp.





Before Camp Opens

- ⦿ If possible, take a tour of the camp and be sure you can find your way around—even in the dark. Begin your hazard and health surveillance before campers are present.
- ⦿ Issue or update (such as checking for expired medications) any first-aid kits that will be utilized by the camp. *Refer to NCAP Standard HS-510.*
- ⦿ If the camp has one, place (or verify the location of) the camp's AEDs and ensure that they are working and complete (e.g., unexpired pads and batteries).





Before Camp Opens, cont.

- You may have several tasks to complete to make sure the camp health/first aid area is ready.
- This could include:
 - Organizing and setting up the health/first aid area
 - Inventorying and cleaning the health/first aid area—inside and around the grounds
 - Ensuring that all forms, policy manuals, phone lists, and other resource materials are in place and current.
- Know and be able to implement the camp's written emergency procedures (described next). *Refer to NCAP Standard AO-805.*





Before Camp Opens, cont.

Your camp has **emergency action plans** specific to the camp and the hazards that have been identified. Emergency action plans include detailed instructions for dealing with fires, serious illnesses, accidents, and fatalities. *Refer to NCAP Standard AO-805.*

- You are an important part of these plans.
- Before the first day of the camp, review the plan and understand your role as the Camp Health Officer so that you can move quickly when faced with an emergency situation.
- Review common health threats present at your camp, such as sprained or broken bones, poisonous plants, heat/cold injuries, drowning and concussions.





Before Camp Opens, cont.

- You should specifically review the camp plan on how to handle serious accidents and situations including:
 - Evacuation of possible back or neck injuries
 - Serious illnesses
 - Fatalities
 - Camp crises such as active shooters, food poisoning, fire, flood, windstorm, search for a lost person, and outbreak of an apparent contagious disease
- This plan and your planned response should be known and maintained in the camp health/first aid area and included in your policies and procedures.





Before Camp Opens, cont.

- Check with the camp organizers to ensure that contact has been made with off-camp referral agencies such as the local nonresident camp physician, council health supervisor, referral emergency rooms, local ambulance service, paramedics or EMTs, and local police and fire departments.
- Work with local hospitals and ambulance services for the care and treatment of patients, including their rules and who the backups will be if they are unable to provide service.





Before Camp Opens, cont.

- Find, update, and verify the emergency phone list including the Scout Executive, Camp or Event Director and Council Health Supervisor. *Refer to NCAP Standard AO-807.*
- As a minimum, the list should include the following:
 - Firefighters
 - Police (state, county, and local)
 - Hospital (Specify which local hospital is preferred by the council.)
 - Emergency medical services (rescue squads and ambulances)
 - Physicians (More than one listing is advised.)
 - Mental Health Professionals





Before Camp Opens: Understand How to Manage Medication Use

The BSA's guiding principles for the safe use of medications include *(Refer to NCAP Standards HS-504-508):*

- All medications are the responsibility of either the individual taking the medication or that individual's parent or guardian.
- An adult leader, after obtaining all the necessary information and permission, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so.
- *Your council will have specific policies regarding the administration of medications. Be prepared to follow the plan for your specific council and camp type.*
- State or local laws that are more limiting than camp policies supersede any BSA guidance and must be followed.





Managing Medication Use, cont.

- All prescription and nonprescription medications kept in the health/first aid area (including those needing refrigeration) must be stored in accordance with the state laws applicable to your camp location. *Refer to NCAP Standard HS-508.*
- **The health/first aid area should have provisions for lockable storage, including refrigerated medications (required for day camps, suggested for short-term camps).**
- Prescription medications stored outside the health/first aid area with the unit leader or other adult must be stored either under lock and key at the unit's site or under direct observation by the adult.
- The only **exception** is for a limited amount of medication for life-threatening conditions, such as epinephrine auto injectors, heart medications and inhalers. These may be carried by a youth or adult member for personal use.





Managing Medication Use, cont.

- Read and understand the council's policies and procedures for medication management.
- The procedures for medication management in camp should be reviewed with the adult leaders in camp during leader orientation.
- Review NCAP Standard HS-508.





Before Camp Opens:

- You may have a role in pre-camp planning.
- You may help the camp organizing committee to provide:
 - Information on the importance of operating the camp so that the number of accidents and illnesses is minimal and that positive mental health practices are promoted. *Risk assessment and prevention is essential.*
 - General operating rules of the health/first aid area (hours, how and when first aid should be rendered at the site of injury vs. having it performed in the health/first aid area etc.)
 - ***Remember: health and safety takes a team effort!***





Before Camp Opens:

- You may identify and train selected staff members to assist in the staff medical screening process as needed.
- Know who else in camp has knowledge or skills that may be needed in an emergency.





Duties During Camp

- ⦿ Now that you've prepared for camp, it's time to deliver the best camping experience possible.
- ⦿ Camp will be busy, and you will find your days filled with several specific tasks and opportunities to create a safe and healthy experience for everyone in camp.
- ⦿ Your day-to-day activities and duties will include those tasks discussed on the next few slides.





During Camp: Overview

- During camp, your duties may include any and probably all of the following:
 - Depending on council policy for your camp,
 - You might conduct medical screenings. *Refer to NCAP Standard HS-504 for day camp versus short-term camp guidelines.*
 - You might set up a medication dispensing plan. Dispense medications daily and maintain records. *Refer to NCAP Standard HS-508.*
 - Treat in-camp injuries and illness. *Refer to NCAP Standard HS-506.*
 - Meet with the camp coordinators and adult leaders in camp.





During Camp: Screenings

- At day camps, each participant is given a medical screening by a qualified adult. At short-term camps, this medical screening can either be done by the unit or the camp health officer. If the screening is done by the unit leader, they must inform the camp health officer or designee of campers with limitations, special needs or life-threatening circumstances. Reasonable steps are taken to maintain privacy. *Refer to NCAP Standard HS-504.*
- **The screening must follow the established medical screening checklist provided by the Council Health Supervisor.**
- **Regardless of who does the screening:** The screening will generally seek to identify whether the individual is healthy enough to participate in camp activities and how his or her health needs may alter either their ability to participate or require some special attention by leaders or camp staff.





Screening, cont.

- Screening also serves to identify any health condition that is present on arrival that may affect others (e.g., communicable diseases, rashes) and to provide a general health status (e.g., feeling and looking well).
- Be careful to assure that:
 - Youth Protection guidelines are followed during screening.
 - The confidentiality of the health information of each camper and staff member is protected.
- Annual Health and Medical Records:
 - *At Day Camp*, at the conclusion of the screening, the CHO (you) takes possession of the participant's Annual Health and Medical Record and maintains them according to established policies. *Refer to NCAP Standard HS-503.*
 - *At Short-Term camp*, participants' Annual Health and Medical Records can be stored with their unit leader; or with the camp health officer depending on the pre-determined policy of the camp. Health forms and permission forms must be kept in a secure location accessible to the unit leader and camp staff while the camper or adult leader is in attendance.

Refer to NCAP Standard HS-503





Screening, cont.

- The camp health officer may need to call upon the unit leader or other adult familiar with the individual participants to identify special health needs, medical considerations, or limitations of activities.
- The screening process is an ideal time to identify other medical resources who are in camp for the camping period and to obtain their agreement to contact (for example, a camper who is a RN).





During Camp: Informing

- After screening, the Camp or Event Director must be informed about campers *with limitations* so that the appropriate staff members can be alerted if required.
- This information is ***shared only*** with the camp staff members ***who need to know***, and they are instructed to handle this important information in a discreet and proper manner.





During Camp: Deliver Care

- Open the health/first aid area and deliver care, both when needed and during regular predetermined timeframes.
- Identify those who need care beyond what can be provided at camp and arrange for transportation and off-site treatment.
- It is critical that everyone practices within their scope of practice (e.g., EMT, RN, MD, etc.).
- All care must be within the scope of the written council/camp medical care policies and procedures. (These policies should be reviewed by the CHS and ERM annually.) *Refer to NCAP Standard HS-506.*





During Camp: Deliver Care

Other related responsibilities include:

- Maintaining the First Aid Log by entering all treatments. *Refer to NCAP Standard HS-507.*
- Maintaining the system for using and protecting the health records that allows for easy access and privacy. *Refer to NCAP Standard HS-507.*
- Assisting campers who have stored their medication at the health/first aid area.





During Camp: Review and Analyze

- On an ongoing and constant basis, review the First Aid Log for trends. **Immediately notify the Camp Coordinator or event chairperson if issues such as outbreaks of illness or repeated injuries in an area are identified.** Depending on the issue, you may need to notify others, such as the Council Health Supervisor or the local health department.
- **At least once during the camp (or more frequently if needed),** review the camp First Aid Log in depth and discuss it with the Camp/ Event Director. *Refer to NCAP Standard HS-507.*
 - This review should include an analysis of incidents and accidents to determine if any special attention, program changes, or training is needed.
 - Share this analysis on request with the rest of the staff. *Be sure to maintain camper and staff confidentiality when discussing incidents or accidents.*
 - Ensure that corrective action items are established as a result of this review.





During Camp: Look, Listen & Talk

- Follow up with the unit leaders on reporting cases of injury or illness in their units. While maintaining privacy as much as possible, be sure they are being notified of injury/illness—especially if follow-up or observation is needed.
- Attend adult leader meetings to provide feedback, encourage healthy behaviors, and communicate known trends in camp.
- As you live and work in camp, **make it a daily habit to move about the camp.** Perform routine health and safety surveillance of the camp and the programs to include food, water, and facilities.





Look, Listen & Talk, cont.

- As you move about camp, look for processes and situations that can be made better and may require intervention by you or others. These may include:
 - Overall sanitation
 - Proper hand washing by kitchen staff and campers
 - Personal health and cleanliness
 - Safety of equipment and grounds
 - Availability of first-aid kits and protective equipment





During Camp: Document and Report

- Proper recording and reporting is critically important!
- The **First Aid Log** for Council/District Activity or Event, No. 680-127WB may be used for day camp and short-term camps.
- Each entry should be **printed clearly**, including the date, the time of day, the legal name of each person seen, a brief summary of the injury or complaint of illness, any contributing factors causing the injury or illness, and management plan.





Document and Report, cont.

- Each treatment (such as "bandaging a wound") or disposition (such as "Sent to hospital" or "Sent home") must be entered on the same line and initialed by the person authorizing or handling the disposition or treatment.
- The logbook must also reflect situations in which an accident victim is taken directly from an accident scene to a hospital or private clinic rather than to the health/first aid area.
- An entry that an Incident Information Report was completed and that it was transmitted to the camp /event director or other authorized employee for reporting should also be made.





Document and Report, cont.

- Specific examples of how to make correct entries are shown on the next slide.
- Because of employee reporting requirements, there must be **two separate logbooks: one for camp staff and one for campers.**





Document and Report: Sample entries in the First Aid Log

Examples of SOAP Documentation

DATE: ___ / ___ / ___
Day / Month / Year

All entries should be made in ink.

Time (24:00)	Unit No.	Print Name Last	First	Age	Subjective: Patient complaints and what happened. Objective: Observations and exam findings.	Assessment: What you think is the problem.	Plan: How the problem was treated.	Treated by
					Example of minimal injury			
08:45	200	Brown	Thomas	12	(S) Fell, scraped left knee on trail near rifle range. (O) Exam—3 small abrasions, left knee, minimal bleeding, no swelling. No pain with motion. No other complaints.	(A) Abrasions, left knee.	(P) Washed and bandaged wound, tetanus vaccine up to date. Patient instructed to return tomorrow for reassessment and bandage change.	R.H.
					Example of intermediate injury			
11:42	928	Jones	Robert	34	(S) Fell, hit left knee against a sharp rock on ground. (O) Minor bleeding, 1-inch laceration, dirt in wound. No joint swelling or loss of knee motion.	(A) 1-inch laceration with dirt in wound; right knee.	(P) Washed wound; applied sterile dressing. Referred to Dr. Marshall in Lawrenceville for evaluation and possible sutures. Patient instructed to return to the health lodge upon returning to camp.	S.S.
					Example of severe injury			
12:15	324	Gomez	Timothy	13	(S) Fell from tent platform 2 feet off ground; twisted right knee and heard it pop. Severe pain. Pain prevented walking. (O) Right knee very swollen, very painful to move. Unable to bear weight.	(A) Possible fracture.	(P) Knee splinted. EMS called for transport to hospital in Lawrenceville.	N.G.
					Example injury or problem requiring a follow-up entry			
13:00	928	Jones	Robert	34	(S) Follow-up: Return from Dr. Marshall's office. (O) 3 sutures in right knee.	(A) Follow-up for sutured laceration.	(P) Antibiotics (Keflex 4x per day; adult self-medicated.) No swimming. Wound check and dressing change daily in health lodge. Return to Dr. Marshall in 2 days.	T.T.





Document and Report, cont.

- Reporting and handling of a **fatality or serious injury or illness** are to be treated with the utmost of care by a team—not by the Camp Health Officer acting alone! *Refer to NCAP Standard AO-808.*
- Inform the Camp /Event Director as soon as possible after the injured person has begun receiving care.





Document and Report, cont.

- Because some camp staff maybe **employees**, **special reporting** requirements exist for employees.
- Any accident resulting in the death of an employee must be reported by the council (the employer), either verbally or in writing, to the nearest OSHA office or via 1-800-321-OSHA (6742) or online **within 8 hours** of the accident.
- Any accident requiring a work-related in-patient hospitalization, amputation or loss of an eye by an employee must be reported within 24 hours.
- **All of this special reporting will be done by your Scout Executive or their designee.** This is not the responsibility of the Camp Health Officer.





Document and Report, cont.

- If a **fatality or serious illness or injury** occurs during the camping operation, the Camp Health Officer should immediately contact the Scout Executive.
- The Camp Health Officer should retain a copy of the Annual Health and Medical Record of the affected person.
- A copy of the completed Incident Information Report should be attached to that form.
- The Incident Information Report and the Annual Health and Medical Record should be transmitted to the council office in accordance with the timelines outlined in NCAP Standard AO-808.





Document and Report, cont.

- The council office will maintain the records according to the approved BSA records retention policy.
- The First Aid Log and other records will be used by the Council Health Supervisor and the council Enterprise Risk Management committee to prepare for future camping events.
- Injury and illness logs for *BSA employees* and *camp staff* must be available when requested by the Bureau of Labor Statistics or a state agency.
- Again, **two separate logbooks** must be maintained:
 - one for camp **staff and BSA employees** and
 - one for **people attending camp**.





Duties at the End of Camp: Closing Camp

- As with opening the camp, the end of the camp brings another list of important activities:
 - Complete the checklist for closing the health/first aid area. The checklist will focus on storing the supplies and equipment, cleaning up for the next event/camp, and dealing with the paperwork you've accumulated.
 - **Prepare a brief report** that summarizes events, activities, and recommendations for future camps. The report should be submitted to the Camp/Event Director for transmittal to the Council Enterprise Risk Management Committee.
 - Give all incident reports, medical records, and logbooks to the Camp Director/ Event Director or the event's staff adviser.
 - Consult with the Camp Leadership team for any other tasks.



Review Questions

Take time to review the material we have covered.

Write down your answers to the following questions.





Review Questions

Question 1: True or false?

The camp health officer reports to the Camp / Event Director but operates under the direction of the Council Health Supervisor using approved policies and procedures.





Review Questions

Question 2:

What are some of the potential duties of the Camp Health Officer?

- A. Medical screening
- B. Administering medical care
- C. Maintaining medical records and reports
- D. All of the above



Review Questions

Question 3: True or false?

The Camp Health Officer may train others to assist in the administration of the medical screening process at camp.





Review Questions

Question 4: True or false?

Every camper and leader is required to have a medical screening prior to participating in any activity at camp.





Review Questions

Question 5:

Which document is used to record all injuries at camp?

- A. Annual Health and Medical Record, No. 680-001
- B. First Aid Log for Council/District Activity or Event, No. 680-127WB
- C. A lined legal pad
- D. *Guide to Safe Scouting*, No. 34416





Review Questions

Question 6:

What is the function of the camp health/first aid area?

- A. To provide temporary care to ill or injured campers
- B. To provide a place for temporary care of injured or sick campers
- C. Both A and B





Review Questions

Question 7: True or False

The camp must have a policy and procedure to ensure the proper storage, administration, dispensing and disposal of medications.





Review Questions

Question 8:

The camp emergency action plan should address which of the following items?

- A. Serious accidents
- B. Evacuation of a possible back or neck injury
- C. A crisis involving the entire camp, such as food poisoning
- D. All of the above





Review Questions

Question 9: True or false?

In the case of a fatality, serious injury, or illness, the Camp Health Officer should immediately contact the Camp / Event Director and the Scout Executive.





Review Questions

Question 10:

What procedure should be followed when treating a camper who comes to you with a cut finger?

- A. Have the patient report to their unit leader for treatment.
- B. Treat the patient, following bloodborne pathogens precautions, and then record the injury in the camp First Aid Log.
- C. Place a bandage on the cut and have the Scout return to their campsite.
- D. Have the patient rest in the camp health/ first aid area until emergency personnel arrive to treat the patient.





How did you do? Answers to Review Questions

1. True
2. D: All of the above
3. True
4. True
5. B: First Aid Log for Council/District Activity or Event, No. 680-127WB
6. C: Both A and B
7. True
8. D: All of the above
9. True
10. B: Treat the patient, following bloodborne pathogens precautions, and then record the injury in the camp First Aid Log.





Course Completion

***Congratulations! You have completed the
Camp Health Officer Training –
Day Camp and Short-Term Camp course.***

- It's important to document that you've completed the course:
 - Print the course completion form on the last slide.
 - Enter your name and date on the course completion form.
 - Print and sign a copy of the form.
 - Give a copy of the form to your camp coordinator and/or your short-term camp administrator and have him or her initial it.





Resources for the CHO

- ◎ Materials that will help in performing your duties include:
 - CPR website (check with council for preferred source)
 - First Aid Log
 - National
<https://www.scouting.org/outdoor-programs/camp-accreditation/>





Resources, cont.

- ◎ Many forms and resources can be found under “Health & Safety Forms” at the BSA **Scouting Safely** website (<https://www.scouting.org/health-and-safety/forms/>) such as:
 - Guide to Safe Scouting <https://www.scouting.org/health-and-safety/gss/>
 - Incident Reporting <https://www.scouting.org/health-and-safety/incident-report/>
 - Annual Health and Medical Record (<https://www.scouting.org/health-and-safety/ahmr/>)





Resources, cont.

- ◎ Other BSA Resources:
 - Bloodborne Pathogen Exposure Control Plan
(as developed <https://filestore.scouting.org/filestore/HealthSafety/doc/680-035.doc> <https://filestore.scouting.org/filestore/HealthSafety/doc/680-034.doc>)
 - Program Hazard Analysis <https://filestore.scouting.org/filestore/pdf/680-009.pdf>
 - Council Program Guidelines: Regarding Response to Adverse Heat and Humidity <https://filestore.scouting.org/filestore/doc/680-030.doc>
 - Camp Emergency Action and Fire Prevention Plans <https://filestore.scouting.org/filestore/doc/680-029.doc>





Resources, cont.

- ◎ Other resources that will help in performing your duties include the following:
 - OSHA Bloodborne Pathogens and Needlestick Prevention Regulations for Bloodborne Pathogens
https://www.osha.gov/SLTC/bloodbornepathogens/gen_guidance.html
 - OSHA First Aid Requirements <https://www.osha.gov/medical-first-aid>





HEALTH AND SAFETY
BOY SCOUTS OF AMERICA

Boy Scouts of America
**Camp Health Officer
Training**

Name

I have successfully completed the
BSA Camp Health Officer
Training program.

Signature

Date





**For the latest information and
resources, visit the *Scouting Safely*
website**

<https://www.scouting.org/health-and-safety/>

