Camp Health Model Policy and Procedure Manual

Introduction: The following model policy and procedures are intended to provide councils with a starting point for the creation of written policies and procedures for the operation of a camp health lodge. Please note that not all aspects are required to meet the camp accreditation standard but represent best practices from other councils. Council enterprise risk management committees, camp directors, council professional staff, and the council health supervisor are encouraged to work together to make the policies appropriate to the type of camp, availability of resources (both human and physical), access to EMS and other medical facilities, and needs of the participants. Specific treatment protocols, medications formularies, and equipment supply lists were not generated in development of this document. These should be developed by the local council health supervisor and council enterprise risk management. A list of protocols that a camp might have is provided in Section 31 of this document.

Though efforts were made to be as complete and accurate as possible, these model policies are not a substitute for careful review of the standards and existing council policies and procedures to ensure compliance. More detailed explanations of these policies can be found in BSA National Camp Standards (document 430-056).

In addition to identifying the most appropriate policies and protocols for your camp, specific attention should also be paid to applicable state and local laws and regulations for such issues as Medical waste disposal (including sharps), stocking and use of emergency epinephrine injectors, administration of oxygen, and the like.

Prepared by members of the BSA National Safe Scouting Support Committee, Medical Subcommittee, Reviewed November 2021

Camp Health Operations Manual **_____ Council**

Approved by:

Council Health Supervisor: ___/___/___ _____, MD/DO

Council ERM Committee: ___/___/___ _____, Chair

Policy

Camp (insert council name here) will operate a health lodge in accordance with the most current version of the Boy Scouts of America National Camp Accreditation Program's National Camp Standards. The health lodge will be managed by a camp health officer appointed or hired by the (insert council name here) Council. In addition to specific camp staff training, the camp health officer will be appropriately licensed or certified in the state in which the camp resides and have completed basic Youth Protection Training for registration. All written procedures, medication/equipment/supplies, and camp property/program treatment procedures ("standing orders") will be approved by the Council's Enterprise Risk Management Committee and the Council's Health Supervisor and reviewed at least annually. All patient information and treatment records will be managed to preserve the individual's privacy. **HS-501; HS-503; HS-505; HS-506; SQ-402; SQ-405**

Procedures

1. **Scope of Care/Expectations/Management of Medical Care:** The camp health lodge will have a scope of care that meets at least the standard of basic first aid but may have additional services depending on the scope of practice of the on-site camp health officer. Participants with serious illnesses (e.g., those that can't be managed with common over-the-counter medications) or injuries (e.g., those that can't be managed with simple bandaging or simple first-aid measures) should be transferred to a higher level of care (hospital, clinic, physician's office) by a transport system/method that is most appropriate to the need. As with all programs in Scouting, Youth Protection policies must be followed while maintaining participant's privacy. **HS-505; HS-506**

2. **Opening:** During resident camps, the camp health lodge will be open when campers are present. A qualified individual who is authorized to serve as camp health officer will be present on-site, continuously on call, readily accessible (e.g., cell phone, walkie-talkie) and able to reach the health lodge promptly as needed to render care. Each week, the on-site camp health officer will open (and close) the health lodge according to an opening/closing checklist. Opening procedures will primarily include stocking of shelves and verifying that all needed supplies, medications, and equipment are present, not expired, and in good condition. Additionally, the camp health officer will ensure that a health log is available for use during the camping period. **HS-505; HS-506; HS-509**

3. **Hours of Operation:** The camp health lodge will be open after each meal and as needed during program periods to meet the needs of the campers and staff. The camp health officer will post specific hours of operation and instructions for reaching him or her when not physically present in the health lodge. **HS-505; HS-506**

4. **Closing:** The camp health lodge will be closed at the end of each camping period. The camp health officer will close the health lodge according to a closing checklist that focuses on inventory and securing supplies from temperature, potential misuse, or damage by vermin. Expired medications and supplies will be removed and discarded following appropriate regulations. Procedures for dealing with contaminated waste and sharps will be followed (see Section 24 of this document for more details). Additionally, the camp health officer will ensure that the completed health logs given to the camp director or professional Scouter for review by the council's enterprise risk management committee and storage at the council's service center. **HS-505; HS-506; HS-507**

5. **Camp Property/Program Treatment Procedures:** When responding to minor illnesses and injuries that commonly occur in camp, the camp health officer will use camp property/program treatment procedures (standing orders) which have been developed by the council's health supervisor in conjunction with the council's enterprise risk management committee. The standard treatment procedures will be based on the camp's formulary, available equipment and supplies, and the level of care that can be provided by the camp health officer. The camp treatment procedures will specify when a serious illness or injury will not be treated at camp, will be referred to a higher level of care, or when EMS should be called. Some emergency medications/equipment (oxygen, AEDs, epinephrine by autoinjector, and other treatments), as approved by the council health supervisor, may be available at camp for use when ordered by a physician or when serious risk to life exists. In addition, the individual administering the procedure/treatment is to be trained and qualified to provide the emergency care/procedure. **HS-505; HS-506; HS-508**

6. **Emergency Medical Services:** Because the EMS system is address driven, the Council should obtain and assign addresses to the various buildings, locations and campsites within the camp. The camp director and either the council health supervisor or the camp health officer will develop procedures for use of local EMS providers. There should be a written letter from the EMS provider agreeing to provide service to the camp. Information on which EMS provider to call as well as a written/preplanned set of instructions on the location of the camp and the location of the health lodge should be provided to the EMS provider. When possible, the camp health officer, camp director, or camp ranger should meet with local EMS providers and provide an orientation to the EMS provider. This should include a tour of the camp. The camp health officer is responsible for ensuring that the contact information for all available medical control/support, including emergency medical services, local emergency departments/hospital, physicians, dentists and other providers, is prominently posted on the camp health lodge bulletin board. If air EMS is available in the area, the camp health

officer and camp director will ensure that specific locations for landing and procedures required by the service are known and posted (e.g., landing zone). **HS-505; HS-506; HS-509**

7. **Authority of Camp Health Officer:** The camp health officer has authority to open and close the camp health lodge, provide for screening of participants and staff, render care according to the scope of his or her professional practice and the approved camp treatment procedures, and coordinate the emergency response/treatment for participants who are too ill or injured to be treated at camp. He or she may also be involved with the camp director and others in identifying medical or safety concerns based on health lodge visits as well as conducting health-related program hazard analyses to assist in preventing or mitigating health risks. **HS-505; HS-506**

8. **Authority of Council Health Supervisor:** The Council health supervisor for the camp is a licensed physician practicing medicine in the state where the camp is located. He or she is responsible for working with the camp director, camp health officer, council executive staff, and council enterprise risk management committee to develop medical care policies and procedures. These will include camp treatment procedures, a camp formulary (medication list), and a camp health lodge equipment/supply list (including the contents and makeup of first-aid kits). He or she should ensure that additional physicians and other professionals are available to support the camp health officer as medical control. He or she is also responsible for annually approving all policies and procedures and conducting an annual review of the camp health logs from all camps. **HS-505; HS-506; HS-510; PS-221; SQ-405**

9. **Qualifications of Camp Health Officer:** The camp health officer must be at least 18 with a preference for those over the age of 21. He or she must have completed Youth Protection training, be currently certified in Basic Life Support and First Aid (or equivalent), and have completed the BSA's Camp Health Officer's Training Course. They will provide proof of licensure and/or certification to the Council for verification. His or her required medical training may vary based on the expected response time of the local EMS to the camp. **SQ-405; HS-505; HS-506; RP-453**

   The council's health supervisor has established the following levels of authority, limits, and responsibilities of medical care staff based on the latter's levels of training and expertise. Health officer(s) with advanced training are expected to follow established protocols in rendering aid.

   Physician (MD or DO): No restrictions other than those imposed by licensure or training.
   RN or APN/Nurse Practitioner: No restrictions other than those imposed by law, practice act, or training. May administer prescription medications as authorized to do so by a parent/guardian or physician, by standing order, or as indicated on the medication's label.

EMT-Advanced/Paramedic, EMT-Basic, Military-trained Medic and First Responder Training: May administer basic and advanced first aid (consistent with training) but may not administer prescription or oral OTC medications without approval by standing order, parent/guardian, or physician.
Camp Staff/Leader/Adult and Youth Responsibilities for Providing First Aid and/or Medical Care: May administer basic first aid (consistent with training) but may also administer prescription or oral OTC medications if willing to do so.

10. **Identification of Others in Camp with Medical Expertise:** The camp health officer should identify other medical and behavioral health personnel in camp who could be called upon in the event of an emergency. The camp health officer should maintain a list for each camping period identifying the name, specialty, camp location, and contact information. **HS-506**

11. **Medical Control/Backup:** Prior to the opening of the camp, it is strongly recommended that the council health supervisor should arrange for the provision of physician(s) and behavioral health resources to serve as primary "on-call" adviser(s) to assist in the treatment provided by the camp health officer if the camp health officer is not experienced, has questions, or faces a situation not covered by standing orders. **HS-505; HS-506**

12. **Provision of First-Aid Kits:** The camp health officer will be responsible (via camp health lodge stock) for providing, maintaining, and checking all first-aid kits for the camp staff/other first-aid providers. **HS-506; HS-510**

    A. The location, contents, number, and type of first-aid kits to be provided will depend on the type of activities in the area and other factors including the risk of the area and the distance from the health lodge as approved by the council health supervisor and council enterprise risk management committee. The contents of the kits should be consistent with those described in various BSA publications including the *Guide to Safe Scouting*.

    B. All kits will be stored in a marked (e.g., with a red cross and/or with the words "First Aid Kit") container, such as a sealed box or package, that will preserve the contents. All kits will contain personal protective equipment (gloves at a minimum) to reduce the risk from blood-borne pathogens, etc.

    C. The supplies and equipment included in the first-aid kits must be inventoried, checked for expired medications/items, and restocked at the beginning of each camping period and as they are used.

    D. Generally, kits to be provided will include: (1) small kits for use by staff in program areas; (2) larger kits for areas of risk and where large groups may be present (pool, dining hall/kitchen); (3) other specialized kits for use on treks, carried in vehicles, etc.

E. Leaders of all offsite treks and excursions will be issued a kit—appropriate to the activity—and required to maintain and return the kit following the trek or excursion. These leaders should notify the camp health officer if there were items used so that the kit can be resupplied.

13. **Automatic Emergency Defibrillators (AEDs):** The council will provide AEDs to the council camps as available and in quantities to meet the needs of the camp. **HS-506; HS-509; SQ-402**

A. One AED must be available for use in the camp health lodge at all times. It is recommended that additional AEDs be placed at activity areas distant from the health lodge or with rangers.

B. Designated camp staff and other leaders will be trained in the correct use of the AED and procedures that must be followed if the device is discharged. Care should be taken to avoid discharging the device during training; if possible, an AED trainer should be used. The camp ranger will be responsible for placing, checking, and maintaining AEDs at camp.

C. Emergency medical services (a.k.a., EMS, 9-1-1, EMT) will be activated for any person requiring the use of rescue breathing/CPR or an AED at camp. The victim will be transported to the nearest medical facility. Additionally, the camp health officer shall be notified immediately.

D. Though only required for resident camps, an AED should be available for all camps (trek base camps, day camps, etc.) if possible.

E. **Operational Status of the AED should be monitored on a regular basis in accordance with manufacturer's recommendations and local laws and regulations.**

14. **Oxygen:** Some councils may provide a tank of oxygen and the tubing needed to administer it. The tank must be stored in a safe location and checked to determine that it is filled on a regular basis, including on opening and closing of the health lodge. Personnel training for oxygen administration should be in accordance with local laws and regulations. **HS-506**

15. **Use of EpiPens:** If allowed by the state in which the camp is located, the health lodge will stock emergency epinephrine. Camp health officers and designated camp leaders and staff will be trained in its use. Emergency medical services will be activated for any person requiring the use of emergency epinephrine whether it be already prescribed to that person or if the camp emergency kit is used. **HS-506; HS-508**

16. **Annual Health and Medical Record (AHMR):** All participants in camp—campers, adults, and staff—must have on-site a current Annual Health and Medical Record completed and signed as directed on the form and as appropriate to the activity. The forms are to be made available on an as-needed basis to anyone rendering care on-site or offsite in a medical facility, to adults responsible for transporting an ill or injured minor participant to offsite care, or to EMS providers. The camp health officer is responsible for ensuring that all participants and staff members who are in camp for 72 hours or more have a current AHMR on file in the camp health lodge with sections A, B, and C completed. Staff forms should be kept segregated from participant forms. All forms must be either returned to the participant at the end of the camping period or retained by the council if required by state law or council policy. Those retained must be stored in accordance with the council's record retention policy. **HS-503; HS-504**

    Note: For camps that are less than 72 hours in duration (day camps, COPE programs, or similar experiences), all participants should have in their possession (or be held by their adult leaders) the AHMR with sections A and B completed and signed as required. These may be made available to the camp health officer or kept by the adult responsible for the participant (leader, parent, or guardian). The form should be presented to the camp health officer for screening at the beginning of the event and before he or she renders treatment in the camp health lodge or first-aid station. It must be provided to adults or EMS personnel responsible for transporting an injured participant to an offsite treatment facility. **HS-503; HS-504**

17. **Consideration for Guests and Parents in Camp Less Than 72 Hours:** The camp shall have a written policy that addresses the health form requirements for parents and visitors who will spend less than 72 hours at the camp and not participate in activities with a risk element. It is recommended that people staying overnight should have an AHMR on file. The camp shall have a written policy setting forth how staff and participant privacy interests in their medical information will be protected. **HS-503**

18. **Screening of Campers/Staff:** On arrival for any camping period in excess of 72 hours, each participant (youth, adults, and staff) must be screened by the camp health officer or other designated and trained staff member using guidance in *Camp Health Officer Training*, No. 19-141. All such screenings shall be done in a way that protects the privacy of the participant or staff member being screened. At a minimum, the camp health officer shall follow a screening protocol that makes him or her aware of medications being taken by the participant, special health needs that limit participation (e.g., high body mass index, congenital heart conditions, recent surgeries), recent signs or symptoms that suggest a communicable disease (e.g., fever, vomiting, rash, cough, sore throat, open sore), allergies to food or medicine, as well as emergency medications that may be needed and maintained by the participant. Additionally, the camp health officer will ensure that the appropriate permissions for participation have been granted by both the parent/guardian and the examining physician. At the time of the screening, arrangements are made for the secure storage and dispensing of any medications.

During the screening, the camp health officer will prepare a list of special health needs (those that affect participation in camp activities or require medication or other attention) and review them with the camp director and appropriate staff members on a need-to-know basis only. The camp health officer will also verify that the appropriate unit leaders are informed of campers with limitations, special needs, or life-threatening conditions, should they not already be informed, and ensure that emergency medicine (epinephrine, asthma inhalers, etc.) is present and not expired. **HS-504; HS-505; HS-506**

19. **Medical Recordkeeping and Maintenance:** All health-related interactions and incidents must be promptly and appropriately recorded. Some incidents must be reported as described in Section 20 below.

    a. Daily records of all first aid and medical treatments (written in ink) are kept in bound first-aid log books, maintained separately for campers and for staff members. Except as provided below, the BSA First Aid Log, No. 33681, must be used for recording all first-aid and medical treatments as well as administration of all medications. The log book must be used according to the instructions provided in the log and signed by all those delivering care. The first-aid log books or other records—including the participant's health forms—shall be maintained in a secure location and read only by those with a need to know and those involved in the treatment of injury or illness. A participant's private health information must be protected. **HS-503; HS-505; HS-506; HS-507**

    b. **Note:** Day camps and family camps may use the First Aid Log for Council/District Activity or Event, No. 680-127WB, in lieu of the First Aid Log, No. 33681. Trek crews should keep daily documentation of all first aid performed during the trek to be recorded in the program's official first-aid log at the completion of the trek. **HS-507**

    c. **The camp shall have a written policy setting forth how staff and participant privacy interests in their medical information will be protected. HS-503**

20. **Review of the First-Aid Log:** The log is reviewed at least weekly during the camping period by the camp health officer and the camp director to determine if any trends can be observed and future injury/illness prevented. The camp health officer and camp director may use these findings to conduct a Program Hazard Analysis, No. 680-009, to mitigate health issues identified in the review. The camp director should sign or initial the book each week to indicate that the records have been reviewed. At the close of camp, all first-aid logs and incident reports are made available to the enterprise risk management committee and council health supervisor for review. They are to be stored in a secure site at the local council service center and retained for 18 years or longer as required by applicable law. **HS-507**

21. **Incident Reporting:** All injuries, illnesses, and incidents which required the intervention of a medical provider beyond basic Scout-rendered first aid are to be reported promptly

following BSA guidelines. The camp health officer or his or her designee should follow the procedures outlined in the first-aid log to report incidents involving the intervention of a medical provider beyond camp resources. The camp director should be immediately informed, and reports should be filed in accordance with the MyBSA/Resources/Incident reporting system. This reporting should occur after appropriate medical care has been rendered and after contacting the appropriate medical and legal authorities for assistance. **HS-507**

22. **Reporting of Catastrophic Incidents:** Fatalities or other major incidents, including multiple serious injuries or illnesses, are immediately reported using BSA protocol which includes notification of the council scout executive. In the event of a fatality or catastrophic injury or illness, the camp director is in charge, and the camp health officer supports the camp director in following BSA procedures and any applicable state or federal regulations. These include notification (1-800-321-6742) to federal OSHA or state plan OSHA offices if it involved a staff member or other council employee. This reporting should occur after appropriate medical care has been rendered and after contacting the appropriate medical and legal authorities for assistance. **HS-507; AO-808**

23. **Health Lodge Equipment and Supplies:** The council health supervisor with the council enterprise risk management committee will approve a list of equipment and supplies needed for the camp including procedures for verifying expiration dates and discarding expired medication. The list of medications maintained for use at camp must also be included; this section should also include procedures for the maintenance, use, and storage of AEDs. **HS-505; HS-506; HS-508**

24. **Sanitation:** The health lodge shall be maintained in a clean and sanitary way to prevent infection and to lessen the risk of cross-contamination. Appropriate hard-surface cleaning supplies will be available. OSHA standards, as they apply to camps, shall be followed. See www.osha.gov for further guidance. **HS 505; HS 506**

25. **Management of Regulated Medical Waste:** The camp will have procedures for dealing with contaminated waste and sharps. It is recommended that all medical waste (red bagged contaminated waste and sharps) be managed by the camp health officer in accordance with local and state laws with arrangements made by the camp director. OSHA standards, as they apply to camps, shall be followed. See www.osha.gov for further guidance. If required by local or state law, the council will contract with a local hospital or medical waste provider to appropriately dispose of any regulated medical waste. **HS-506**

26. **Health Lodge Facilities:** The camp health lodge is a clearly identified (with adequate signage) facility (or tent/tarp/pavilion for day camps) with an AED, running potable tepid water (for drinking and washing), electricity, and appropriate security to restrict access to medical records, supplies, and medications. The health lodge should provide protection from the outside environment and provide beds/cots or mats to provide a location for

temporary housing/rest and a treatment location with adequate lighting and the ability to be cleaned. A refrigerator, storage cabinet(s), and record storage cabinet must all be lockable with access granted to only those authorized access. Ideally, a separate restroom will be provided. If possible, the health lodge staff will have computer and internet access to be able to use reference information as needed or for the use of an approved electronic recordkeeping system. A workspace or desk/table for the camp health officer should be provided. Sleeping facilities (for resident camps) should be provided on-site or nearby such that the camp health officer can be easily located for emergencies. The name and contact information (phone, radio, location) for the camp health officer should be posted at the entrance of the health lodge when he or she is not present in the health lodge. **HS-508; HS-509**

27. **Medication Management—General Issues:** A supply of medication—primarily over-the-counter medications—will be stocked in the camp health lodge. All medications stocked in the health lodge will be approved by the council health supervisor. Medications shall be checked at the open and close of camp for expiration date. Any expired medications will be discarded in accordance with local or state law. A drug information resource should also be available for use by the camp health officer. All medications must be kept in either their original containers or labeled and maintained in a fashion approved by the council health supervisor. All prescription and over-the-counter (OTC) medications must be stored under lock and key (including those requiring refrigeration), except when in the controlled presence of the camp health officer or designee or other adult leader responsible for administration or dispensing of medications. **HS-505; HS-506; HS-508**

28. **Medications Maintained by Youth Participants:** A limited amount of medication may be carried by a camper, leader, parent, or staff member for life-threatening conditions (e.g., epinephrine autoinjectors, insulin infusion devices, heart medications and inhalers), or for a limited amount of medication approved for use in a first-aid kit. Any administration of any emergency or rescue medication must be reported to a responsible adult and the camp health officer as soon as possible. The camp health officer shall provide follow-up and document the administration in the first-aid log. **HS-508**

29. **Medications for Trek Camps:** In trek situations, trek adult leaders may assist in administering prescribed and OTC medications according to instructions provided by the participant's physician or parent/guardian, log the administration of medications, and ensure that the medications and log are stored in a secure, protected container/location under their control. **HS-508**

30. **Medication Administration—HS-508:**

    A. For prescription medications, medication should only be given in accordance with the prescribing health care provider's directions. Either the camp health officer or other

qualified/designated adult who is willing to provide the medication may assist in providing the medication to the participant.

B. For OTC medications, medications should be given in accordance with the original label, except as otherwise provided by the council's health supervisor, a prescribing health care provider's directions, or a parent/guardian's signed instruction. They should be provided only by either the camp health officer or other qualified/designated adult willing to provide the medication.

C. Camp-supplied medications must be administered in accordance with preapproved medical procedures approved by the council health supervisor.

D. All administration of medication must be recorded in a log (using standard forms) or noted in the camp health log.

E. No medication should be administered until the participant's health record has been screened for instruction and possible allergy.

31. Prescription and Over-the-Counter (OTC) Medications Brought from Home: All medications brought from home are to be managed using one of the following three methods. All local and state regulations and laws must be followed. **HS-508**

A. Managed by the unit's adult leader provided he or she maintains the medications under lock and key and records the administration on issued documents/forms.

B. Managed by the participant's parent/guardian provided he or she maintains control of the medication in a secure fashion under lock and key.

C. Managed by the camp health officer in conjunction with the participant and/or adult leader or parent. This option should be used only when the medication must be stored or prepared in the health lodge (refrigeration, clean countertop, etc.) or when the medication regimen is complex and may require assistance by a camp health officer (on prearrangement) who is licensed and/or trained to assist in the medication process.

32. Camp Property/Program Treatment Procedures (Standing Orders)—HS-505; HS-506; HS-508

Note: The following is a list of standing orders that councils may wish to develop with the council's health supervisor, camp health officer, camp leadership, and council enterprise risk management committee. The standing orders developed will vary with the abilities of the camp health officer; access to specific medications, equipment and facilities; as well as the type of camp program offered and local, state laws and

regulations. The proximity to medical care may also alter which standing orders are used.

A. Standing orders are to provide general guidance to the camp health officer.

B. When anything is in question, contact on-call physician, council health supervisor, local emergency department, local pharmacist, EMS, or anyone designated by the council health supervisor. EMS should be contacted for any medical emergency that cannot be safely managed by the camp health officer.

C. No treatment should be rendered without a review of the patient's medical form for pertinent history, allergies, current medications, etc.

D. If in doubt, contacting the participant's parent/guardian/primary care physician may also be considered.

Protocols/standing orders are available for the following (as needed):

- Participant/staff immunizations
- Treatment provided by those other than camp staff (visiting physicians, etc.)
- Notification guidelines—who to call and when
- Communicable diseases—screening, treatment and prevention
  - — Fever
  - — Infections
  - — Open sores
  - — Isolation procedures
  - — Hand washing procedures
- Use of emergency equipment/supplies
  - — AED
  - — Oxygen
  - — Epinephrine by autoinjector (EpiPen)
  - — Insulin
- Emergency transport procedures
  - — Ground transport by camp staff/vehicles
  - — Ground transport by private auto (adults/parents or guardians)
  - — Ground transport by EMS
  - — Air transport by EMS
- Treatment guidelines:

- Abdominal pain
- Allergic reaction/anaphylaxis
  - Mild
  - Moderate
  - Severe (EpiPen)
- Bites (animal and human)
- Common fungal infections
  - Athlete's foot
  - Jock itch
- Swimmer's ear
- Insect stings
  - Bees
  - Mosquitoes
  - Ticks
  - Other
- Breathing difficulties (asthma, shortness of breath)
- Burns
- Chest pain
- Constipation
- Contusions/bruises
- Cuts/lacerations/abrasions
- Diarrhea
- Musculoskeletal injuries
  - Fractures/dislocations
  - Strains/sprains
- Headache
- Head lice
- Heat-related illness
  - Heat cramps
  - Dehydration
  - Heat exhaustion
  - Heat stroke

- Poisonous plants

    - Poison ivy/oak
    - Nettles
- Seizures
- Snakebite
- Cough/cold/sore throat/upper respiratory illness
- Follow-up care
    - Stitches
    - Casts/splints/bandages
- Dental issues
    - Lost tooth
    - Toothache
    - Braces issue
- Nausea/vomiting/stomach upset

Appendix

Checklist of documents required for operation of camp health lodge:

1. Policy and procedure manual
2. Printed copy of *Camp Health Officer Training*, No. 19-141
3. Standing orders as approved
4. Medication reference book
5. *Guide to Safe Scouting*
6. First-aid logs—separate for participants and staff
7. Medication/equipment list (as approved)
8. Reorder/restock form for medication and supplies
9. Camp health lodge opening checklist
10. Camp health lodge closing checklist
11. Protocol/checklist for screening of campers/staff
12. Medication administration logs for use by adults/leaders
13. Incident report form
14. Phone list—EMS, local hospitals, council health supervisor, local pharmacy, camp ranger, etc.
15. User manuals for any equipment on-site (AEDs, etc.)
16. Form for collecting the names and contact information of health providers in camp
17. Program Hazard Analysis, No. 680-009, to assist staff in identifying and mitigating health-related risks identified before or during camping activities

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