

Tall Pine Council
Boy Scouts of America
Policy Statement

Section: Health and Safety
Policy 2
Subject: Health Services Policy
Date Adopted: December 15, 2010
Issued By: Council Executive Board
Responsibility: Camp Director
Review: Annually
References: Department of Human Services
Division of Child Welfare Licensing
Children's and Adult Foster Care Camps
Part 1 - General Provisions
R 400.11119 (Rule 119)

Rule 119. (1) A camp shall have and follow a written health service policy that is appropriate to the population served and the environment of the campsite.

(2) A camp shall establish the health service policy in consultation with, and reviewed annually by, a licensed physician.

(3) A camp's health service policy shall cover all of the following subjects:

(a) Procedures for camper health screening.

(b) Arrangements for on-call health care consultation services.

(c) Arrangements for emergency health care services and emergency transportation to an emergency health care facility.

(d) Standing health care orders that are defined as written instructions from the camp's consulting physician for the handling of injuries and illnesses of campers.

(e) First aid and health care supplies.

(f) The storage and administration of prescription and nonprescription drugs and medications.

(g) Medical procedures for camper trips away from a campsite.

(h) Procedures for daily observation of each camper's physical state.

(i) Procedures for prompt and responsive notification of the camper's authorized person.

(j) Health officer staffing.

(k) Procedures for preventing disease transmission/universal precautions equivalent to the procedures in the American Red Cross manual number 655109, which is adopted by reference in R 400.11103.

Boy Scouts of America
2010 Camp Accreditation Cub Scout\Boy Scout Resident Camps
Methods and Procedures
BSA Publication Camp Health and Safety No.19-308
BSA Publication Camp Program and Property Management No. 90-920

1. All Tall Pine Council campers shall have and shall follow a written health service policy, which shall be established in consultation with a licensed physician. This publication will be the handbook for camp health officers. The handbook shall be reviewed yearly prior to the beginning of the camping season by the physician medical director. A letter shall be placed on file stating their review and approval. The most current copy of the handbook shall follow this policy.

2. The handbook shall cover the following subjects.

A. Procedure for camper screening.

All campers arriving on Saturday or Sunday shall be screened as a part of the check in process. The health screening shall be conducted by the health officer or their designee. The screening process shall be documented in writing and shall be consistent for all campers. It shall be approved yearly by the physician medical director. Campers arriving too late for formal check-in procedures shall be screened by the health officer before they may participate in any camp program. Under no circumstances shall a camper be allowed to spend the night without a medical review. Minimal requirements for screening are as set forth in the current edition of the National BSA publication Camp Health and Safety, No. 19-308.

MEDICAL SCREENING

Identifying significant circumstances arising after completion of the health history is critical, but flexibility is allowed in how this information is obtained and documented. Pertinent information includes (1) any visit to a doctor or clinic since the last exam; (2) any recent illness, injury, rash, or allergic reaction; (3) any ongoing treatment or medication; (4) any medication taken 30 days prior to camp; and (5) if the person feels and looks fine at present. Generally, face-to-face screening of individual participants should be done by a health-care professional or other adult designated and trained by the camp health officer. In some circumstances, it may be sufficient for screening purposes for the unit leader or other adult familiar with the individual participants to identify anyone needing special health or medical consideration or limitation of activities. To be sufficiently informed for this assessment, the adult leader should personally observe and talk to each participant. If the unit leader or camp leadership is not confident with the assessment, the camp health officer should designate an adult to interview and assess the participants.

B. Arrangements for on-call health care consultation services.

The physician medical director shall be available 24 hours a day. It shall be the camp director's responsibility to assure coverage has been arranged on those days that the physician medical director is not available. Currently our Camp Holoka physician is Timothy Piontkowski, M.D. at 944 Baldwin Road, Suite A, Lapeer, Michigan. His phone number is 810-245-5562. Our Camp Tapico physician is Marc A. Frick, M.D. at 419 South Carol Street, Kalkaska, Michigan. His phone number is 231-258-9777.

C. Current educational and work related requirements for the position of health officer may be found in the job description and current Camp Accreditation Cub Scout/Boy Scout resident Camps and the

State of Michigan Department of Human Services Bureau of Children & Adult Licensing Rules for Children's Care and Adult Foster Care Camps.

- D. Arrangements for emergency health care services and emergency transportation to an emergency health care facility.

Yearly, the camp director shall be responsible for obtaining letters of understanding from the ambulance service and hospital serving the camp. These letters will acknowledge receipt of a copy of our current authorization of emergency medical treatment and willingness to treat based on that authorization if parental consent can not be obtained.

- E. Standing health care orders.

All standing orders shall be contained in the handbook for camp health officers approved by the camp physician.

- F. First aid and health care supplies.

All required supplies shall be listed in the handbook for camp health officers. Substitutions of similar items shall be allowed as necessary. The physician medical director shall be notified in writing of any material not available and which a suitable substitution could not be found.

- G. Storage and administration of prescription and non-prescription drugs and medications.

All medications except those required to be in the campers personal possession (inhalers, nitroglycerin, and self administered epi-pen) shall be collected by the health officer during the health screening process. Medications shall be stored in a locked container except during administration. Tall Pine Council camps shall maintain a locked medication cabinet and locked medication refrigerator. Keys shall be kept by the health officer and a back up set kept by the camp ranger. Medication administration schedules shall be determined individually between the camper requiring the medication and the health officer. All camper medication schedules will be accommodated and will be in writing. All medications disbursed will be written in the medical log book. All medication must be in original containers.

- H. Medical procedures for camper trips away a campsite.

Campers leaving Tall Pine Council camp property on camp sponsored activities will always be accompanied by a staff member. The staff member will have a written copy of all appropriate telephone numbers. Telephone numbers on the list shall include the camp health officer, physician medical director

and the appropriate ambulance services.

I. Procedures for daily observation of each camper's physical state.

Each unit leader shall make a daily check of each camper's physical state. A list of those items that the physician medical director feels should be observed will be included in each year's unit leader guide. This list will be reviewed and approved yearly by the physician medical director.

J. Procedures of prompt and responsive notification of the camper's parents or legal guardians.

Campers will be given the opportunity to contact their parent or legal guardian following treatment for all injuries or illnesses. Campers will be encouraged to use the camp telephone at no charge when possible. The health officer or their designee will immediately attempt to contact the parent or legal guardian at the telephone(s) listed on the Tall Pine Council Personal Health and Medical Record when treatment for medical condition is required outside of the camp. Except when contradicted, parents will be contacted prior to leaving camp. Contradictions would include but not limited to any situation that would threaten the camper's life or cause permanent disability if not addressed without delay.

K. Disease Prevention:

Blood Borne see policy statement numbers 17, 17.1, 18, 19, 20, 21, and 22.

Food Borne see policy statement number 5.

Tall Pine Council
Boy Scouts of America
Policy Statement

Section: Health and Safety
Policy 3
Subject: Child Abuse Policy
Date Adopted: December 17, 2008
Issued By: Council Executive Board
Responsibility: Camp Director
Review: Annually
References: Department of Human Services Division of Child Welfare Licensing
Children's and Adult Foster Care Camps
Part 1 - General Provisions
R 400.11115 (Rule 115)

Boy Scouts of America
Youth Protection Policies

Rule 115. (1) A camp shall develop and follow a written plan to assure compliance with 1975 PA 238, MCL 722.621, and known as the child protection law, and sections 11 to 11f and 14 of 1939 PA 280, MCL 400.11 to 400.11f and 400.14, and known as the adult protection law.

(2) The plan shall cover all of the following areas:

(a) Reporting responsibilities.

(b) Confidentiality.

(c) Separation of an alleged perpetrator from campers until the incident is resolved, until the threat is removed, or as long as necessary to protect the safety and welfare of the campers.

It is the policy of Tall Pine Council camps that staff member(s) or volunteer leader(s) shall report to his/their Director who will in turn report to the Camp Director any actual or suspected case of child abuse or neglect immediately. The Camp Director shall immediately contact the Scout executive. If after an investigation the Scout executive finds the suspected abuse or neglect occurred at Tall Pine Council camps, the Scout executive or his/her designee shall notify the Camp Consultant of the Michigan Department of Human Services with an oral report within eight hours of discovery and a written report to the County Child Protective Services within 72 hours. If the actual or suspected abuse occurred off camp property the County Child Protective Services and/or the County Law Enforcement Authorities shall be notified by telephone and a written report filed within 72 hours. "THIS IS THE RESPONSIBILITY OF ALL STAFF MEMBERS AND VOLUNTEER LEADERS."

Tall Pine Council
Boy Scouts of America
Policy Statement

Section: Health and Safety
Policy 38
Subject: Medications in Campsite Policy
Date Adopted: December 15, 2010
Issued By: Council Executive Board
Responsibility: Camp Director and Camp Health Officer
Review: Annually
References:

The camp health officer will oversee the dispensing of medications in the campsite. Troops that choose to administer medications in their campsites must follow the guidelines listed below.

Non-compliance could result in a troop losing this privilege at camp.

1. An adult leader in charge of your unit for the week will be designated to administer medications in the campsite according to the **Troop Medications Log**.
2. This individual will track the dispensing of medications and any first aid treatments performed in the campsite.
3. All medications must be kept under lock and key with only the designated adult dispensing the medications.
4. Scouts may keep inhalers and sting kits, as these are usually required at the time of an incident or episode. Scouts need to be seen by the health officer if these are used.
5. All documentation will be turned in Saturday morning at checkout.
6. A record sheet for first aid and other medical treatments, distributed by the camp health officer, will be available to record any other medications dispensed or first aid treatment given.
7. The camp health officer must record all first aid or other medical treatments, which were performed, daily.
8. Any first aid and other medical treatments record sheet, which has a new record, must be turned in to the camp health officer daily.
9. For information on first aid treatment refer to the Boy Scout Handbook and/or the First Aid Merit Badge Pamphlet.
10. All emergencies must be reported to the camp health officer immediately.
11. All situations that involve blood-borne pathogens, involving blood or other bodily fluids, must be treated in the following manner:
 1. Latex gloves should be worn by approved personnel during any treatment
 2. The area must be cleaned by approved personnel afterwards with a chlorine bleach/water mix: of one part bleach to ten parts water (one quarter cup bleach to one gallon of water)