

Emergency Response Plan

Native American Adventure

Revised for 2021

INTRODUCTION

The best defense against any emergency is preparedness. Being prepared and understanding the policies and practices of ZBASE is everyone's responsibility. This plan is designed to minimize injury, loss of human life, and camp resources. This is achieved by predicting and maintaining necessary safety procedures and training staff members. The safety and well-being of each staff member and participant is our primary concern, and therefore, these procedures are not optional.

The scope of this document is the identification of and response to emergencies. Please see the Program Hazard Analysis and Emergency Action Plan for policies and procedures for mitigating and preparing for emergencies.

Each Adventure Area at ZBASE will follow this plan but may have additions according to their location and the nature of their program offerings.

A copy of this plan will be kept at each adventure area alongside a first aid kit and camp radio.

The crew guide will brief the crew on emergency procedures for their trek at base camp and on the trail.

ANYONE CAN, AND SHOULD, REPORT EMERGENCIES TO THE NEAREST STAFF MEMBER

THE BUDDY SYSTEM IS ALWAYS IN EFFECT

EVERYONE HAS THE RESPONSIBILITY TO BE PREPARED AND NOT TO PUT THEMSELVES OR OTHERS IN DANGER

ANIMAL ENCOUNTERS

INDICATIONS:
- Snakes or other poisonous insects are seen in the sleeping areas or high-traffic areas.
- Visually noting an animal staggering, lying still (not trying to flee), seems sickly, foaming at the mouth, etc.
- A person shows signs/symptoms of coming into contact with wildlife. (e.g., bite marks or scratches)

RESPONSE – STAFF
- Move all individuals to safety and secure the area to prevent further encounters.
- Contact the Health Lodge if injuries are present.
- Contact the Base Director.
- Perform first-aid until the Health Officer arrives.

RESPONSE – ADULTS/ PARTICIPANTS:
- Respect wildlife at all times and do not attempt to pick up or come into contact with them.
- Be clean in the outdoor setting as not to attract wildlife into sleeping areas.
- Report any injuries to the nearest staff member
- Perform basic first aid until relieved by a Staff member

.COMMUNICATION:
- Contact the Health Officer
- Contact the Base Director

FOLLOW-UP:
- Review the causes leading to the wildlife encounter or exposure and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP's as needed.



The Evacuation Staging Area is the Native American area sign marked by an “X”

The Extraction Point is the intersection of County Road 1475 and New Prue Road. Use the evacuation route marked above.

The Rock Fire Department Parking Lot is the Evacuation Assembly Area.

EVACUATION ROUTES

INDICATIONS:
- Notification from Base Camp to evacuate.
- Imminent danger or an event where evacuation is deemed necessary by a responsible adult leader, camp staff, or base director.
- Severe Weather or wildfire as outlined later in the Emergency Response Plan.

RESPONSE – STAFF
- Program area staff will relay information and gather all adults and participants at the evacuation staging area.
- Program area staff will collect a total headcount of staff, adults, and participants.
- If time allows, program area staff will attempt to secure equipment and buildings.

RESPONSE – ADULTS/ PARTICIPANTS:
- Everyone will meet at the evacuation staging area.
- Each crew will conduct a headcount.

COMMUNICATION:
- The Base Director will notify all program areas to stage for an evacuation and give a maximum timeframe allotted to breaking down camp, if appropriate.
- The Base Director will then verify a headcount and confirm the evacuation route and extraction point.

FOLLOW-UP:
- Review the conditions leading to the evacuation and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP's as needed.

HAZARDOUS MATERIALS EXPOSURE

INDICATIONS:
- A hazardous material is noted or suspected.
- A person comes into contact with a suspected dangerous material.
- A person shows signs/symptoms of coming into contact with hazardous material (e.g., burning, skin irritation, skin discoloration, etc.)

RESPONSE – STAFF
- Move everyone uphill and upwind from the hazard.
- Verbally direct any affected subjects to move away from hazard while maintaining distance to prevent exposure to yourself or others.
- Secure the area to prevent further exposure.
- Reference the Safety Data Sheet located in the appendix.
- If safe to do so, direct the victim to start First Aid Treatment.

RESPONSE – ADULTS/ PARTICIPANTS:
- Report any contact with suspected or known hazardous material to the nearest staff member or ZBASE Emergency Line.
- If safe to do so, direct the victim to start First Aid Treatment.

COMMUNICATION:
- Contact the ZBASE Emergency Line
- If warranted, the Base Director or Health Officer will contact emergency personnel and begin evacuation procedures.
- See “Evacuation Routes” for the procedure.
- If appropriate, the Base Director will give the all-clear signal.

FOLLOW-UP:
- Review the causes leading to the exposure and take immediate corrective actions.
- Review the incident area for residual hazardous materials that may require specialized disposal.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP’s as needed.

FIRE EMERGENCIES

INDICATIONS:
- High wind and low humidity.
- No rain for several days or weeks.
- The program area is under a burn ban or increased fire danger.
- Heavy smoke is seen or smoke smell present.

RESPONSE – STAFF
- Relay information to adults and participants of potential danger.
- Do not allow campfires and warn of the dangers, including backpacking stoves.
- If a fire alarm is sounded, staff will follow “emergency evacuation” procedures.
- Trained individuals should only use fire extinguishers if the fire is small, there is a safe path of egress, and a second person is available to assist.

RESPONSE – ADULTS/ PARTICIPANTS:
- Along with staff, directs participants to assemble in the evacuation staging area.
- Conduct a headcount and await instruction from the onsite staff.
- If it is a small controllable fire, contain and extinguish it immediately and report it to staff.

COMMUNICATION:
- Report fires, regardless of size, to staff and ZBASE Emergency Line immediately.
- The Base Director sounds the fire alarm via radio, gives program staff directions, and informs of the urgency.
- If appropriate, the Base Director will give an all-clear signal.

FOLLOW-UP:
- After the all-clear signal is given, the ZBASE Staff will conduct a brief visual inspection of the area to ensure safety.
- Staff completes an incident report and submits it to the Base Director.
- Review the causes leading to the fire and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP’s as needed.

BASIC MEDICAL CARE

AIRWAY

- Reposition the patient's head.
- Remove foreign objects from the airway.
- Place the patient on their side if vomiting.
- Is the patient able to move air in and out of their mouth/nose?

BREATHING

- Give rescue breaths through a barrier device if breathing ineffectively.
- Is the patient breathing fast (>29 BPM) or slow (<8 BPM).

CIRCULATION

- The best way to first check a patient's circulation is their level of consciousness and mental status. -Is the patient awake and responding appropriately.
- Check for a pulse rate, rhythm, and quality.
- Look for uncontrolled bleeding.
- If bleeding, place clean adsorbent material (e.g., gauze or t-shirt) and press hard until help arrives. DO NOT REMOVE THE ADSORBENT MATERIAL TO CHECK IF BLEEDING IS STOPPED.

FIRST AID KIT

First aid kits are available in each program area next to the radio and this emergency response plan.

ADVANCED MEDICAL CARE

Under no circumstances shall an employee or camper provide advanced medical care and treatment. These situations shall be left to emergency services professionals, or Health Lodge Team Members, who have the necessary training, equipment, and experience. Untrained individuals may endanger themselves or those they are trying to assist.

MINOR INJURIES

INDICATIONS:
- Noted signs and symptoms: light bleeding, skin discoloration, minor lacerations, abrasion, contusion, sprain, etc.
- Participant complains or indicates symptoms to an adult leader or staff member.

RESPONSE – Staff:
- Responding staff provides support and basic first aid as necessary.
- Record any first aid treatment in the program area first-aid log.
- Staff should contact the Health Officer for injuries that require more attention than immediate first aid.
- The Health Officer will triage the patient over the phone and advise of the subsequent actions.

RESPONSE – ADULTS/ PARTICIPANTS
- Perform basic first aid and contact Staff member if needed.
- Log any first aid rendered in the crew first aid log.
- If the injured person is not ambulatory, staff will be directed to secure the injured person's gear or any paperwork and escort them to the onsite Health Officer.

COMMUNICATION:
- Contact Health Officer 918-609-2511
- When in doubt, if further help is necessary, please err on the side of caution and contact a staff member or health officer.

FOLLOW- UP
- Staff completes an incident report and submits it to the Base Director.
- Review the causes leading to the injury and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP's as needed.

COMMUNICABLE DISEASES AND INFECTION OUTBREAKS

INDICATIONS:
- Participant has a fever, cough, sore throat, vomiting, diarrhea, purulent sores, pink eye, severe muscle soreness, or severe fatigue.
- Multiple participants show similar signs and symptoms.

RESPONSE – STAFF
- Ensure proper hand washing is occurring, especially before meals or when handling food.
- Ensure there is hand sanitizer available at the adventure area and with the crew.
- Quarantine participants with any symptoms found in the pre-event screening checklist until released by Health Officer, Physician, or sent home.
- Disinfect areas often and as required.
- Follow the recommendations for the prevention of communicable diseases in the appendix.

RESPONSE – ADULTS/ PARTICIPANTS:
- Ensure proper hand washing is occurring, especially after restroom use, before meals, or when handling food.
- Self-report to staff and seek treatment if becoming symptomatic.

COMMUNICATION:
- Reports of symptoms are sent to the Health Officer to be discussed and treated.
- Health Officer will reference the Council Health Physician if a communicable disease is thought to exist.

FOLLOW-UP:
- Filing a BSA Incident Information Report if a communicable disease is thought to exist or result in hospitalization.
- Disinfection of the entire area if a communicable disease is thought to exist.
- Review of procedures and adjustments made to the EAP or SOP's as needed.
- Review the causes leading to the illness and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP's as needed.

UNAUTHORIZED PERSON

INDICATIONS:
- A suspicious vehicle or person is in camp and does not have the authorization to be present.
- Entered camp without gate code.
- Did not sign in and receive a visitor wrist band.

RESPONSE – STAFF
- Calmly approach and polity ask their business in camp.
- Direct them to the Administration Office to sign in.
- If non-compliant, contact the Base Director but DO NOT confront.
- While keeping your distance, watch the person and record any details until the Base Director or authorities arrive.
- Move all adults and participants to a safe area away from the individual if possible.

RESPONSE – ADULTS/ PARTICIPANTS:
- Inform Staff of visitors and direct known visitors to Administration for check-in.
- Inform Staff of the person in camp without visitor wrist band or repeated signs of a suspected unauthorized person.
- Inform Staff of any known custodial issues with a youth member.

COMMUNICATION:
- Call the Emergency number or Radio the Base Director if a visitor refuses to sign in at the administration office.
- Contact Osage County Sherriff if needed.
- If a participant is taken without authorization, law enforcement will immediately be contacted. If possible, detailed descriptions of the person and vehicle (license plate number, color, make, etc.) need to be provided.
- Complete all necessary incident documentation.

FOLLOW-UP:
- Daily review of the sign-in sheet by the Base Director
- All visitors on-site need BSA Health Form Parts A & B on file.
- All visitors on-site for more than 72 hours need BSA Health Form Parts A, B, & C on file.
- Review the causes leading to the incident and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP's as needed.

ACTIVE SHOOTER

- **DO NOT APPROACH**
- **SEEK COVER IN BUILDINGS**
- **LOCK DOORS AND MOVE AWAY FROM THE LINE OF FIRE**
- **CONTACT 9-1-1 IMMEDIATELY**
- **CONDUCT A HEADCOUNT AND REPORT ANY INJURIES**

MISSING PERSON

INDICATIONS:
- A participant has not been seen and not with their buddy.
- After a reasonable search staff is informed of the missing person.

RESPONSE – STAFF
- Check obvious areas first: tents, campsite, restrooms, showers, health lodge, trading post, dining hall, pool complex, docks, Base Camp buildings.
- Contact the Base Director and authorities
- Ask questions: “Who saw them last?”, “Where-which way did they go?” “When did they leave?”, “Did they leave with anyone?”,
- Ask questions: “What mood were they in….angry, homesick, normal?” “What were they wearing?”
- If located, radio the all-clear to the Base Director.

RESPONSE – ADULTS/ PARTICIPANTS:
- Inform staff of missing persons after checking the obvious locations.
- Gather the crew and do a headcount.
- Place adults in the campsite in case the missing person comes back.

COMMUNICATION:
- Radio Base Director if there is a suspected missing person.
- Contact authorities.
- If located, radio the all-clear to the Base Director.
- Complete all necessary incident documentation.

FOLLOW-UP:
- Enforcement of the Buddy System at all times.
- Enforcement of the Triple Buddy System while on the trail (3 people together at all times, if something happens, one person stays with the victim and the other gets help)
- Review the causes leading to the incident and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP’s as needed.

THE BUDDY SYSTEM IS ALWAYS IN EFFECT AND IS ENFORCED AT ALL TIMES!

THE BUDDY SYSTEM APPLIES TO ALL PARTICIPANTS (ADULT AND YOUTH)

EARTHQUAKE

At the first sign of an earthquake, individuals should move away from the danger of falling rocks, electrical lines, trees, and other debris. If inside a building, move to a secure location under a doorway arch, heavy table, or other structure. If it is possible to move quickly from a building to an open area, do so.

Keep aware of aftershocks. After the main shock, account for all campers, staff members, and guests. Report injuries and property damage to the Scout Executive or professional in charge.

FLOODING

Flash floods result from rains filling drainage systems – streams, ditches, valleys – with possible debris and raging water overflowing. Do not attempt to cross flowing streams where water is above the knees. Do not camp on low ground, and always be prepared to move out fast to higher, safer ground.

SEVERE COLD

Be prepared for the cold by using the C-O-L-D system. Keep Clean by keeping out dirt, grime, and perspiration. Avoid Overheating by adjusting clothing to meet outside temperature and exertion rate. Wear loose layers of clothing so blood flow is not restricted and so dead air spaces between layers will trap warm air. Keep Dry by keeping damp clothing away from the skin. Avoid situations that cause perspiration. Always wear a hat as about 80% of heat loss can be through one's head. Limit time individuals are exposed to severe cold. Watch for signs of hypothermia.

BLIZZARD / SNOWSTORMS

Be prepared for snowstorms and blizzards by dressing warmly and wearing multiple layers of clothing, scarves, mittens, and hoods. Keep the head and mouth covered. Carry adequate shelter, high-energy food, heat sources, and a first aid kit. Seek shelter in buildings or vehicles, if available. If in the backcountry, make camp in a sheltered area, and wait out the storm.

TORNADOES

INDICATIONS:
- Severe Thunderstorms.
- Extremely high winds.
- The area is under a Tornado Watch (i.g. Conditions are right for a tornado to form. Keep apprised of weather conditions and be ready to take shelter.)
- The area is under a Tornado Warning (i.g. A funnel cloud or tornado has been spotted in the area. Take shelter immediately in case a tornado approaches.)
- Radio communication from Base Director indicating Tornado Watch or Warring.

RESPONSE-STAFF:
- If a tornado watch is advised
  - Prepare the shelter area. (Adirondack “lean-to” structures, just like tents, are not considered safe shelters.)
  - Seek out a ditch or ground depression where you can lay face down and cover your head. If possible, take your sleeping bag, camp pillow, or a small backpack with you; you can use these items as padding to cover and protect your head from flying or falling debris. Consider using the program areas personal protective equipment (i.g., helmets and gloves).
  - Communicate to all adults and participants the potential danger and revisit the emergency plan.
  - Secure equipment.
- If Tornado Warning is sounded
  - Staff will guide participants to the tornado shelter area.
- Complete all necessary incident documentation.

RESPONSE – ADULT LEADERS/ PARTICIPANTS:
- Along with Staff, direct youth participants to remain calm and seak shelter.
- Go to a place of safety and do a headcount.
- Await instruction from the Base Director.

COMMUNICATION:
- Headcount is taken and, when requested, given to the Base Director.
- The Base Director gives an all-clear signal.
- After the all-clear signal is given, the ZBASE staff will do a brief visual inspection of the area to ensure safety.

FOLLOW-UP:
- Review the causes leading to the incident and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP’s as needed.

SEVERE THUNDERSTORMS/LIGHTING / HIGH WINDS

INDICATIONS:
- Thunderstorms
- Visual lighting seen
- High winds (sustained winds of 20+ MPH and gust 30+ MPH)
- Cumulus Clouds (“towering” clouds that grow vertically upward)
- Observed distant lighting or hear thunder
- Observed high wind affecting conditions
- Dark clouds
- The area under severe thunderstorm watch/warning
- Radio communications from Base Director indicating storms, lighting, strong winds.

RESPONSE-STAFF:
- Communicate to all participants and adults of the potential danger
- Escort adults and participants off program areas to covered areas.
- Staff in the area secure equipment and do a final walkthrough of each area.
- After 30 minutes from the last lighting seen or thunder heard, normal programs can resume.
- After 30 minutes of dangerously high winds, normal programming can resume.
- Lake activities may be modified to accommodate winds.

RESPONSE – ADULT LEADERS/ PARTICIPANTS:
- Secure area and equipment
- Along with staff, directs youth participants and observers to go to a place of safety.
- For rain/lightning/thunder, the area under cover is enough until the storm passes.
- On the trail, find low areas away from the tallest areas, but not out in the open - crouching down.

COMMUNICATION:
- No program or activity in the lake or the pool until the all-clear signal is given by the Base Director or the Adventure Area Director onsite.

FOLLOW-UP:
- After the all-clear is given, the ZBASE staff will do a brief visual inspection of the area to ensure safety.
- Staff reports any medical incidents to the Health Officer or damage to the Base Director.
- Review the causes leading to the incident and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP’s as needed.

SEVERE HEAT

INDICATIONS:
- Temperatures exceed 95+ degrees F
- Heat Index exceeds 100+ degrees F
- Heavy dew in the mornings indicating a high humidity day.
- Little to no clouds during the day.
- Radio Communications from Base Director indicating high heat index.

RESPONSE-STAFF:
- Staff encourages water consumption and monitors closely to deter dehydration.
- If indicated, programs will be slowed or halted and participants sent to shaded areas.
- Adjust program to evening times.
- Encourage to cool off in the pool, or lake (if accessible and following Safe Swim Defense and ZBASE lake rules)
- In Base Camp, in extreme situations (to prevent heat-related illnesses), have participants take short breaks inside the Dining Hall, Trading Post, or Zarrow Education Room to cool off.

RESPONSE – ADULT LEADERS/ PARTICIPANTS:
- Along with Staff, directs youth participants to drink water and find shade.
- Decrease strenuous activities

COMMUNICATION:
- Report any heat-related illnesses to the Health Officer.

FOLLOW-UP:
- Staff reports any heat-related incidents to the Health Officer.
- Review the causes leading to the incident and take immediate corrective actions.
- The Health Lodge Supervisor and Base Director will review procedures and adjust the EAP, ERP, and applicable SOP's as needed.

ZBASE STATEMENT ON VEHICULAR SAFTEY

The fastest and easiest way to travel at ZBASE is through vehicles (Truck, UTV, Motor Boats, etc.) In the clear majority of cases:

ZBASE staff are the only authorized people to operate vehicles to and from Adventure Areas and off any paved roads unless authorized by the Base Director (including base camp)

The following guidelines apply to ALL persons operating motor vehicles while on Zink Scout Ranch.

AUTOMOBILES / SUVS / VANS

Effective September 1, 2015, the use of 15-passenger vans manufactured before 2005 will no longer be allowed in connection with Scouting programs and activities. However, any 2005 or later 15-passenger vans may be used if equipped with Electronic Stability Control and seat belts for all passengers, including the driver. This applies to all vehicles, regardless of ownership.

- General guidelines are as follows:
  - Seat belts are required for all occupants.
  - All drivers must have a valid driver's license that has not been suspended or revoked for any reason. If the vehicle to be used is designed to carry more than 15 people, including the driver, the driver must have a commercial driver's license (CDL).
  - The drivers must be currently licensed and at least 18 years of age. Scouting youth (under age 18) are not insured under the Boy Scouts of America commercial general liability policy.
  - Trucks may not be used for transporting passengers except in the cab.
  - All vehicles must be covered by automobile liability insurance with limits that meet or exceed the requirements of the state in which the vehicle is licensed. It is recommended, however, that coverage limits are at least $100,000 combined single limit. In addition, any vehicle designed to carry ten or more passengers should have limits of $1,000,000.
  - Obey all laws, including the speed limit.
  - SPEED LIMIT ON ZINK ROADS IS 25 MPH – NO EXCEPTIONS
  - SPEED LIMITS ON COUNTY ROADS IS 45 MPH – NO EXCEPTIONS
  - SPEED LIMITS OFF ROADS IS 20 MPH – NO EXCEPTIONS

- Drivers must refrain from using hand-held cell phones while driving—text messaging while driving is prohibited. Hands-free units are acceptable but must be used sparingly while driving.
- The commercial general liability policy is excess over any insurance, including local council-owned, non-owned, hired, or leased automobile liability insurance, which may be available to a volunteer for loss arising from ownership, maintenance, or use of a motor vehicle while engaged in an official Scouting activity.

CAMPERS, TRAILERS, AND TRUCKS

- Trucks are designed and constructed to transport materials and equipment, not people. Under no circumstances are passengers to be carried in the bed of or towed behind a pickup truck. Trailers must never be used for carrying passengers.

- Use caution in towing trailers or campers, as a vehicle's performance, steering, and braking abilities will be altered. Consider these safety tips:
- Get the correct trailer for the vehicle and the correct hitch for the trailer. Distribute and anchor the load.
- Allow extra time to break. Changing lanes while braking can jackknife a trailer.
- Add safety equipment as dictated by common sense and state laws (mirrors, lights, safety chains, brakes for heavy trailers, etc.).
- Park in designated areas.

UTV / ATV / PWC

- ATV's are not intended to be used outside the ZBASE ATV program.
- ZBASE Staff trained as an ASI Instructor must be onsite conducting the program.
- All safety procedures are followed per the ATV Standards and SOPs.
- ATV's may be used for maintenance purposes, but only approved ZBASE Staff may use and only after they have been properly trained and follow all safety rules and regulations.

- PWC (Personal Water Craft) are not intended to be used outside the ZBASE PWC Program.
- ZBASE Staff trained in the use of the PWC must be onsite conducting the program.
- All safety procedures are followed per the PWC Standards and SOP's.

- UTV's are only to be driven by approved ZBASE Staff.
- Manufacture safety rules apply.
- All local and state regulations are in effect.
- Seatbelts must be worn!
- Intended for off-road use only.
- Speed limits while off-road depend on the terrain but should not exceed 20 MPH.
- Do not exceed the passenger load limit.
- Motor Boats are only operated by approved ZBASE Staff.
- Manufacture safety rules apply.
- All local and state regulations are in effect.
- All passengers must wear PFD while on the boat.
- Do not exceed the passenger load limit.

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

ZBASE Emergency Reporting Procedures

In the event of an emergency contact the nearest ZBASE Staff member.
The Base Director or Helth Office can be contacted by radio or ZBASE Emergency Line
Emergency Contact list is in every building at Base Camp and Adventure Areas.

1. CONTACT APPROPRIATE EMERGENCY SERVICE PERSONNEL (9-1-1) IF EMERGENCY HELP IS NEEDED.

9-1-1

ZBASE 911 Address
8607 Zink Ranch Rd
Skiatook OK 74070

2. CONTACT ZBASE EMERGENCY PERSONNEL by radio or phone:

918-609-2511 ZBASE Emergency
918-892-9132 Scott Thiessen
918-638-6854 Daniel Holcomb
918-639-1442 Dustin Melton
918-639-9445 Zink Ranch

3. If the above cannot be reached

918-500-3795 Michael Gullion
918-798-5352 Maryann Edgington

918-287-9400 Osage County Sheriff
918-245-1155 Rock Fire Department
918-596-3000 Emergency Medical Services Athority

4. KEEP YOUR PHONE LINE OPEN AS MUCH AS POSSIBLE FOR RETURN CALLS.

5. ALL PUBLIC / MEDIA COMMENTS ARE TO BE REFERRED TO BASE DIRECTOR.
DO NOT ISSUE ANY PUBLIC STATEMENTS.