Greater Tampa Bay Area Council

Camp Health Lodge Standard Operating Procedures

March 15, 2021 Version

Policy

All Greater Tampa Bay Area Council ("GTBAC" and the "council") short-term, long-term and day camps will operate a health lodge in accordance with the most current version of the national camp standards. The health lodge will be managed by a camp health officer appointed or hired by GTBAC. All procedures, medication/equipment/supplies, and camp property/program treatment procedures 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-505; HS-506**

Authority, Limits, and Responsibilities of Medical Care Providers

The council's health supervisor has established the following levels of authority, limits, and responsibilities of medical care providers based on levels of training and expertise.

- **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, 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**: May administer basic and advanced first aid. May administer prescription medications according to council policies. May not administer oral OTC medications without approval by parent/guardian or physician.
- **EMT—Basic:** May administer basic and advanced first aid (consistent with training). May administer prescription medications according to council policies. May not administer oral OTC medications without approval by parent/guardian or physician.
- **Military-Trained Medic:** May administer basic and advanced first aid (consistent with training). May administer prescription medications according to council policies. May not administer oral OTC medications without approval by parent/guardian or physician.
- **First Responder Training:** May administer basic and advanced first aid (consistent with training). May administer prescription medications according to council policies. May not administer oral OTC medications without approval by parent/guardian or physician.
- **Designated Camp Health Officer:** May administer basic first aid (consistent with training). May administer prescription medications according to council policies. May not administer oral OTC medications without approval by parent/guardian or physician.
- **Camp Staff/Leader/Adult and Youth:** May administer basic first aid (consistent with training). May administer prescription medications according to council policies. May not administer oral OTC medications without approval by parent/guardian or physician.

Responsibilities of the GTBAC Camp Health Officer

The camp health officer is responsible to the camp director for working to maintain the overall health and safety of the staff, campers, and leaders in camp. The camp health officer must possess a strong background in emergency care. The camp health officer should also understand or be willing to learn the basic procedures to be followed in the program and service areas of the camp in regards to the protection of the health and safety of those in camp.

The camp health officer will:

1. Be a minimum of 21 years of age (preferably 25).
2. Be currently registered in the Boy Scouts of America.
3. Possess valid credentials in emergency care from a nationally recognized certifying body. These credentials must be the minimum specified by the current National Camp Standards set forth by the Boy Scouts of America. The minimum preferred in the Greater Tampa Bay Area Council is certification as an EMT, LPN, RN, or other first responder.

The camp health officer is responsible for:

1. Providing emergency and non-emergency medical care to Scouts, leaders, and staff.
2. Maintaining the camp health lodge in a clean and orderly manner.
3. Maintaining a stock of first aid supplies in program and service areas.
4. Keeping detailed and accurate records of all medical care provided in camp through the camp health lodge.
5. Maintaining adequate infirmary space in the health lodge for sick or injured persons.
6. Following the standing orders issued by the Council Medical Director.
7. Assisting in the instruction of First Aid and Emergency Preparedness Merit Badges.
8. Forwarding patients to the local clinic or emergency room as needed.
9. Assisting the camp director in regular health and safety assessments of the camp.
10. Reviewing the records of all medical care provided through the camp health lodge with the camp director each week.
11. Reviewing accepted first aid procedures with staff members during Staff Week.
12. Keeping physical forms for Scouts, leaders, and staff members on file in the camp health lodge in an orderly manner.
13. Performing a medical recheck of Scouts, leaders, and staff members as they arrive in camp and informing appropriate staff members of limitations of specific campers as necessary.
14. Keeping adequate inventory records of medical supplies and equipment so that the camp health lodge can be adequately stocked in following years.
15. Reporting the need for additional medical supplies and equipment to the camp director as the need arises.
16. Submitting a report on the operation of the camp health lodge to the camp director at the end of the season.
17. Abiding by all Camp Staff rules and policies, Council Medical Standard Operating Procedures, Council Treatment Protocols and Council Policies.

Staff Hierarchy

- Council Medical Supervisor
- Camp Lead Health Officer
- Camp Health Officers
- Camp Director

General Guidelines

- All health officers should follow Red Cross guidelines when engaging in patient care.
- If an incident, illness, or injury is above the health lodge staff member's approved level of care, the staff member is to request a staff member or volunteer who has the appropriate level of care. If none are available, the patient is to be transported to the nearest appropriate medical facility or to the facility of the patient's or patient's parent's/legal guardian's choice. In an emergency, 911 procedures should be initiated.
- All health lodge staff members are to use appropriate personal protective equipment (PPE) while giving patient care.
- All sharps are to be disposed of in an approved sharps container. Once sharps containers are full, they are to be sealed with tape and taken to the local hospital for proper disposal.
- If a patient has a break in the skin and does not have an updated tetanus shot record, health lodge staff should suggest that the patient go to the nearest appropriate medical facility or to the facility of the patient or patient's parent's/legal guardian's choice for a tetanus booster.
- In the event a situation is not covered by these SOP's, the staff members are to contact the council medical supervisor. If the council medical supervisor cannot be reached, the camp director is to be contacted.

911 Procedures

- The senior health lodge staff member on scene is responsible for calling 911 in appropriate situations.
- The senior health lodge staff member on scene can designate a specific person to call 911 if the situation does not allow for the senior health lodge staff member to make the call.
- All pertinent patient information should be given to the dispatcher including what level of care is being requested (ALS, BLS, etc.) and the camp location to which EMS is to respond.
- Immediately after calling 911, the camp director is to be notified that EMS has been called to camp. The ranger is then to be notified so that staff members can be gathered and placed to block traffic and direct the EMS crews to the location of the incident.

GTBAC Standard Operating 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 camp health officer. Participants with serious illnesses (those that can't be managed with common over-the-counter medications) or injuries (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 the participant's privacy. **HS-505 (C)**

2. **Opening:** When campers are present for a short-term or long-term camp, the camp health lodge will be open and a qualified individual authorized to serve as camp health officer will be present on-site, continuously on call, and able to reach the health lodge promptly as needed to render care. The camp health officer will open (and close) the health lodge according to an opening/closing checklist. Opening procedures 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 (C); HS-506 (A)**

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 (C); HS-506 (A)**

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 regulation. Additionally, the camp health officer will ensure that the completed health log is given to the camp director or professional scouter for return to the council's service center for review by the council's enterprise risk management committee. **HS-505 (C); HS-506 (A)**

5. **Camp Property/Program Treatment Procedures:** The camp health officer will use camp property/program treatment procedures (standing orders) developed by the council's health supervisor in conjunction with the council's enterprise risk management committee for minor illness and injury that may routinely occur in camp. 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 serious illness or injury will not be treated at camp and will be referred to a higher level of care and 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 and the individual administering the procedure/treatment is trained and qualified to provide the emergency care/procedure. **HS-505 (C); HS-506 (A, B)**

6. **Emergency Medical Services:** There should be a written letter from the local EMS provider

agreeing to provide service to the camp. 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 including a tour of the camp. **HS-505 (B1); HS-506 (C)**

A. **Council Properties** - The camp ranger, director of camping, and council medical officer will develop procedures for use of local EMS providers. The camp ranger or director of facilities is responsible for ensuring that the contact information for all available emergency medical services, local emergency departments/hospitals, physicians, and other providers who serve as medical control/support are prominently posted in the camp health lodge or designated area. If air EMS is available in the area, the camp ranger or director of facilities will ensure that specific locations for landing and procedures required by the service are known. **HS-506 (C)**

B. **Non-Council Properties** - The camp director and camp health officer will develop procedures for use of local EMS providers. The camp health officer is responsible for ensuring that the contact information for all available emergency medical services, local emergency departments/hospitals, physicians, and other providers who serve as medical control/support are prominently posted in the camp health lodge or designated area. 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. **HS-506 (C)**

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 conducting health-related program hazard analyses to assist in preventing or mitigating health risks. **HS-505 (B3, D)**

8. **Authority of Council Health Supervisor:** The council's health supervisor is a licensed physician practicing medicine in the state of Florida. 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 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), and to provide for additional physicians and other professionals 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 (A, C); HS-506**

9. **Qualifications of Camp Health Officer:** The camp health officer must be at least 21 with a preference for those over the age of 25. He or she must be registered with the BSA, have completed Youth Protection training, be currently certified in CPR/AED/first aid (or equivalent), and have completed the BSA's training for camp health officers. **HS-505 (B2, B3, B4, D); HS-506 (D, E)**

10. **Identification of Others in Camp with Medical Expertise:** The camp health officer should identify other medical 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.

11. **Medical Control/Backup:** The council health supervisor should arrange for the provision of a physician (or physicians) to serve as a primary "on-call" adviser to assist in the treatment provided by the camp health officer in the event that the camp health officer is not experienced, has questions, or faces a situation not covered by standing orders. **HS-506 (D)**

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 (K); HS-510**

    C. 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*.

    D. 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.

    E. 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.

    F. 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); and (3) other specialized kits for use on treks, carried in vehicles, etc.

    G. 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.

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 camps. **HS-506 (B, F); HS-509 (B)**

    A. One AED must be available for use in the camp health lodge at all times.

    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. The camp ranger will be responsible for placing, checking, and maintaining AEDs at camp.

    C. The 9-1-1 emergency system 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 at all possible.

14. **Annual Health and Medical Record (AHMR):** All participants in camp—campers, adults, and staff—must have a current Annual Health and Medical Record completed and signed as directed on the form and as appropriate to the activity. The completed 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**

    - **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 that of 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 and must be provided to adults or EMS personnel responsible for transporting an injured participant to an offsite treatment facility. **HS-503; HS-504**

15. **Consideration for Guests and Parents in Camp Less Than 72 Hours:** Guests and others who are in camp less than 72 hours and who are not participating in programs with risk (boating, swimming, COPE, etc.) are not required to complete or submit an AHMR. **HS-503**

16. **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, and 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 (B3); HS-506 (G)**

17. **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. Daily records of all first-aid and medical treatments (written in ink) are kept in the 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 guarded. **HS-503; HS-505 (B6); HS-507 (A, A1)**

    - **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 (A1a, A1b)**

18. **Review of the First-Aid Log:** The log is reviewed each week 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 and are stored in a secure site at the local council service center, to be retained for 18 years or longer as required by applicable law. **HS-507 (A2, E)**

19. **Incident Reporting:** All injuries, illnesses, and incidents requiring the intervention of a medical provider beyond basic Scout-rendered first aid are 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. **HS-507 (B)**

20. **Reporting of Catastrophic Incidents:** Fatalities or other major incidents, including multiple serious injuries or illnesses, are immediately reported using BSA protocol. 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 including notification (1-800-321-6742) to federal OSHA or state plan OSHA office if it involves a staff member or other council employee. **HS-507 (C, D)**

21. **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. This list can be found in Appendix A. **HS-505 (B5); HS-506 (A, F)**

22. **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 (B6); HS 506 (I)**

23. **Management of Regulated Medical Waste:** All medical waste (red bagged contaminated waste and sharps) will be managed by the camp health officer in accordance with local law and arrangements made by the camp director/camp ranger. OSHA standards, as they apply to camps, shall be followed. See www.osha.gov for further guidance. The council will contract with a local hospital or medical waste provider to appropriately dispose of any regulated medical waste. **HS-506 (I)**

24. **Health Lodge Facilities:** The camp health lodge is a clearly identified (with adequate signage) facility (or tent/tarp/pavilion for day camps) with 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 when he or she is not present in the health lodge. **HS-509**

25. **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. Medication shall be checked at the open and close of camp for expiration date. Any expired medication shall 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 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 (B6); HS-506 (H); HS-508 (A, B)**

26. **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, including epinephrine injector, heart medication, and inhalers, or a limited amount of medication approved for use in a first-aid kit. Any administration of any emergency/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 (A1)**

27. **Medications for Trek Camps:** In trek situations, trek adult leaders must 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 (A2)**

28. Medication Administration—HS-508 (C, D):

A. For prescription medications, medication should only be given in accordance with the prescribing health care provider's directions or a parent/guardian's signed instructions and only by the camp health officer or other qualified/designated adult.

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, and only by the camp health officer or other qualified/designated adult.

C. Camp-supplied medications must be administered in accordance with preapproved medical procedures approved by the council health supervisor and only by the camp health officer or other qualified/designated adult. When there is question, the camp health officer should request assistance from medical control, the council health supervisor, and/or the parent.

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 instructions and possible allergy.

29. Prescription and Over-the-Counter (OTC) Medications Brought from Home: All meds brought from home are to be managed using one of the following three methods. **HS-508 (A, C1, C2)**

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.

30. Camp Property/Program Treatment Procedures (Standing Orders)—HS-505 (C); HS-506 (B, D); HS-508 (C3) The Council Standing Orders are found in the document: **GTBAC Standard Medical Treatment Protocols**. These standing orders are to be printed and located in the health lodge of each camp and with the primary camp health officer first aid kit for any council programs.

A. When anything is in question, contact medical control (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 or other medical professionals.

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

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

Appendix A

Minimum Equipment Needs for a Camp Health Lodge or Primary Camp Health Officer First Aid Kit. Generic or comparable brand may be substituted

Bleeding and Wounds
- ❑ Various size regular bandages - 50
- ❑ Butterfly bandages - 10
- ❑ Steri-strips - 10
- ❑ Liquid Bandage
- ❑ Finger/knuckle bandages - 10
- ❑ Gauze dressing pads (2x2, 4x4, 8x8) – 12/8/6
- ❑ Trauma pads – 5x9 - 10
- ❑ Triangle bandages - 6
- ❑ Hemostatic agent (such as Celox or QuickClot) – 1 container
- ❑ Gauze rolls various sizes – 3 rolls at least half full
- ❑ Surgical scissors - 1
- ❑ Eye wash (NS) – 1 bottle

Fever/Pain
- ❑ Thermometer
- ❑ Aspirin
- ❑ Tylenol
- ❑ Excedrin
- ❑ Ibuprofen/Motrin
- ❑ Oral pain gel
- ❑ Pain relieving gel
- ❑ Icy Hot/ Bengay/ Aspercreme (one of them)
- ❑ Instant Hot Packs – 3
- ❑ Instant Cold Packs - 3

Topical Supplies
- ❑ Sting/bite relief
- ❑ Hydrocortisone
- ❑ Triple antibiotic ointment
- ❑ Antiseptic pads
- ❑ Antiseptic spray
- ❑ Chapstick (petroleum jelly)
- ❑ Sunscreen
- ❑ Bug spray
- ❑ Listerine
- ❑ Spray bottle
- ❑ Poison ivy wash

OTC Meds
- ❑ Allergy meds
- ❑ Nausea diarrhea
- ❑ Heartburn/antacid
- ❑ Cough drops
- ❑ Benadryl

Sprain/Break
- ❑ SAM Splints
- ❑ Finger SAMs
- ❑ ACE bandages

Dehydration
- ❑ Pedialyte or equivalent

Burns
- ❑ Water Jel Burn Dressing – 4 x 4 - 3

Other
- ❑ Eye pad - 2
- ❑ CPR Shield - 2
- ❑ Nitrile gloves (m,l,xl) – at last half a box each
- ❑ Trauma shears
- ❑ Waterproof tape – 1 roll
- ❑ EMS tape
- ❑ Tweezers
- ❑ Moleskin
- ❑ Blister bandages
- ❑ Pink eye relief
- ❑ Ziploc bags – quart at least 20
- ❑ Pliers (to remove fishhooks)
- ❑ Needle (to remove splinters)
- ❑ Personal protection (masks, paper gown, face shield)
- ❑ Biohazard kit
- ❑ Sharps container
- ❑ AED somewhere on camp
- ❑ Adult and Peds C-Collars Razors (for AED)
- ❑ Pen light
- ❑ Blood pressure monitor
- ❑ Backboards
- ❑ Box of facial tissues
- ❑ Disposable vomit bags/bucket
- ❑ Pads and tampons for females