

Prevention of Communicable Diseases in Scouting: Recommendations for Unit and Council Event Leaders

Introduction

Communicable diseases, both acute and chronic, exist everywhere. An awareness of the medical approach to these problems will help Scouting leaders plan and conduct safer events.

Common Ways Communicable Diseases Are Spread

Communicable diseases are infections that can spread from one person to another by direct contact, by contact with blood or bodily fluids (e.g., saliva, feces), airborne droplets from coughing or sneezing, or 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 participant 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 MEDICAL 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 medical questionnaire by all unit leaders is strongly recommended before any participant leaves the unit's 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. If a participant is immunocompromised or has not received all of the recommended vaccines, it is recommended that they stay away from anyone who is ill.

IMMUNIZATION: The most effective method of preventing many infectious and life-threatening childhood diseases is, unquestionably, immunization. Many states and the American Academy of Pediatrics recommend mandatory immunization prior to enrollment in school. Immunization is effective in treating many, though not all, serious infectious diseases. Examples of diseases prevented by immunization are chicken pox, measles, mumps, and influenza. Tetanus immunization is required for all participants. Prescreening is suggested for potential infectious symptoms. Note that there may be additional state or local laws which supersede any Boy Scouts of America requirement. Check beforehand with the camp or event you are planning to attend or with the local Council Health Supervisor.

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 clean 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, hands should be washed frequently. Hands should always be washed after using the restroom—even in a wilderness setting where there is no “restroom.”

COUGHING: When anyone coughs or sneezes, it should be “caught” in the bend of the arm or in a tissue. Always wash your hands after coughing or sneezing into a tissue. It is also essential to disinfect surfaces after someone has coughed or sneezed over them because droplets of infected material may contain viruses or bacteria that remain alive for many minutes or even hours.

DISINFECTION: Disinfection of contaminated areas is a critical 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 disposable gloves should be used 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 all first-aid kits.

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: Participants with any of the symptoms found in the Pre-Event Medical Screening Checklist should not participate in a Scouting event. A previously asymptomatic participant who develops symptoms during an event should be sent to a health-care worker for evaluation if possible. If a communicable disease is thought to be present and a professional evaluation is not possible, the participant should be isolated from the rest of the group until he or she can be removed from the event and sent home.

INCIDENT REPORTING: If a participant requires medical care beyond Scout-rendered first aid, an incident report must be completed to notify the council. This is extremely important. The incident reporting tool and additional information can be found at www.scouting.org/health-and-safety/incident-report/.

WHEN TO NOTIFY THE COUNCIL HEALTH SUPERVISOR: An outbreak of a communicable disease has occurred when the number of cases is beyond the usual rate of occurrence for that particular disease. Many communicable diseases require notifying the local or state public health department. A unit leader should notify the council health supervisor if

- Multiple cases of an infectious illness occur, leading to an increased risk of others getting the disease
- The infection results in a participant being hospitalized

Requirements for reporting to public health officials vary by state. Contact the Council Health Supervisor and camp director if a suspected or known communicable disease occurs at a Scouting event.

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 participant is infectious or a disease is communicable, a physician should be consulted.

- Isolation from the rest of the group is recommended until the ill participant can be evaluated or observed long enough to assure that he or she does not need to be sent home.
- A participant with fever (100.4 F or higher) 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 participant with diarrhea should not participate until the diarrhea has subsided for at least 24 hours.
- A participant 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 Tool: www.scouting.org/health-and-safety/incident-report/
- *Scouts BSA Handbook for Boys/Scouts BSA Handbook for Girls*—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? https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/B/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 & How to Wash Your Hands: www.cdc.gov/handwashing/when-how-handwashing.html
- Centers for Disease Control and Prevention—Coughing & Sneezing: www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html