

# **2017 Jamboree Medical Guide**



## **For Unit Leaders**

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## **Contents**

<b>1. Purpose</b>	<b>3</b>
<b>2. Overview of Medical Services</b>	<b>3</b>
<b>3. Prior to the Jamboree</b>	<b>5</b>
<b>4. Arrival at the Jamboree</b>	<b>6</b>
<b>5. At the Jamboree</b>	<b>6</b>
<b>6. Medications</b>	<b>7</b>
<b>7. Prevention and Protection</b>	<b>11</b>
<b>8. Common Jamboree Medical Conditions</b>	<b>17</b>
<b>9. Summit Critters and Vegetation</b>	<b>22</b>
<b>10. Special Medical Conditions</b>	<b>27</b>
<b>11. Good General Guidelines</b>	<b>28</b>
<b>Jamboree Unit First Aid Kit</b>	<b>29</b>
<b>REFERENCES</b>	<b>30</b>
<b>ASSISTANCE IN PREPARING THIS MANUAL</b>	<b>30</b>

# 1. Purpose

Let's "Live Scouting's Adventure" and make this a safe, fun-filled, memorable jamboree. This *Jamboree Medical Guide for Unit Leaders* has been written to help accomplish that goal.

The purpose of this guide is to provide leadership at the basecamp and unit levels with information to help prevent medical ailments and issues from developing at the Jamboree. If ailments do develop, following the guidelines should minimize time spent in jamboree medical facilities and away from jamboree activities.

We ask that you read the entire guide carefully and begin now to make plans for keeping your unit safe and healthy before, during, and after the jamboree. The entire Jamboree Medical Services team and EMS team hope that you and your participants will enjoy the jamboree and do your best to avoid needing our services!

## 2. Overview of Medical Services

The Jamboree Medical and EMS services are made up of several types of medical services and facilities as well as a fully functional EMS response and transport system staffed by more than 500 professionals. They have been working hard to **Be Prepared** for what they hope will not be needed—relief of injury and illness.

Medical support in the residential areas of the 2017 National Scout Jamboree is organized by basecamp. Each basecamp medical facility provides primary medical support for the residents of that camp.

All basecamp medical facilities are open 24 hours daily during the entire jamboree. The locations and chief medical officer of each facility are as follows:

1. AB Medical: Along Alpha/Bravo Road, ½ the distance between Alpha and Bravo towers; CMO Charlie Goodwin, M.D.
2. Basecamp C: Located at Basecamp C headquarters; CMO Craig Brasher, M.D. Basecamp C also has medical "sick call" clinics located in Subcamp C1 HQ, Subcamp C3 HQ, and Subcamp C4 HQ.
3. Basecamp D: Next to Basecamp D headquarters; CMO John Sucher, M.D.

4. Basecamp E: In the midsection of the west side of Basecamp E; CMO Mike Parmer, D.O.
5. Basecamp F: In Basecamp F headquarters; CMO Scott Strenger, M.D.

Services available at each basecamp medical facility will include:

1. Triage by a health care professional
2. Treatment and discharge back to the participant's unit
3. 23-hour observation unit
4. Rehydration and cooling tent
5. Self-help station
6. Transport to another medical facility for a higher level of care:
  - a. Non-emergency patient transport van
  - b. Emergency transport—EMS ambulance

There are program medical facilities in the Summit Center and adventure areas, and medically staffed aid stations in areas where the jamboree program is delivered. These facilities are open during program hours to meet the needs of those who are injured or become ill. These will be operated similar to "acute care facilities" and will not provide the ongoing or follow-up care available at the basecamp medical facilities.

Medical support in the program areas is divided into three geographic sections.

1. Summit Center / Adventure Valley - Stadium Medical located in the back of AT&T Stadium (located at back of house) is the base medical facility. Aid stations are located at Water Reality, Action Point, The Rocks, and Low Gear. The Gateway First Aid Station for visitors is in the Summit Health Lodge.
2. Thrasher Mountain Medical is between The Park and The Trax. Aid stations in this area are located at The Pools, The Oasis, The Bows, and The Barrels East.
3. Garden Ground Mountain is supported by 2 Aid Stations; one located along the east ridgeline of the mountain and one located along the west ridgeline.

The Jamboree Health Center (JHC), located in Subcamp D1, is a full-service diagnostic, treatment, and triage center with on-site X-ray services. Adjacent to the JHC are the dental, ophthalmology, mental health, and multidisciplinary clinics.

### 3. Prior to the Jamboree

To be successful at keeping your unit safe and healthy, there are some things you can begin doing now. Please make it your job to ***Be Prepared***.

#### 3.1 Contingent Unit Leaders

1. **Each Unit MUST HAVE AND MAINTAIN a UNIT FIRST AID KIT.** This will be valuable to the unit during pre-Jamboree training as well as pre- and post-Jamboree travel and activities. Suggested minimum contents for a unit first aid kit are on page 29.
2. Unit leaders must maintain a file with a minimum of 3 copies of each member's (leaders and participants) BSA Annual Health and Medical Record (AHMR, aka jamboree health form). Never allow your last copy of the AHMR to leave the leader's possession; request that a copy be made and the original returned to you.
3. For check-in purposes, put one copy of each participant's AHMR in a file that you can make available upon arrival at the jamboree check-in site. This will speed your processing should a form be needed.
4. With special attention to privacy, read each participant's AHMR, looking for special health issues, medications taken, and anything else that might pose a medical or health-related issue. Do this early in your planning to allow time for asking questions of the participant and/or their parent(s) or guardian(s) regarding medical issues.
5. When leaving for jamboree, make sure that each participant has his or her needed medication in properly labeled containers in a quantity sufficient to last through the jamboree experience (including travel **PLUS five days' additional medication for travel delay**). Be sure to verify that any emergency supplies (asthma inhalers, diabetic medications, EpiPens, etc.) are with the participant and that you or someone on your adult leadership team knows how and when to use them.

#### 3.2 Contingent Participants

1. Prepare yourself for the physical demands of walking long distances—properly fitting boots/shoes, foot care, etc. Additional information is provided below.
2. Each contingent member (leader and participant) must maintain a PERSONAL FIRST AID KIT and 10 SAFETY ESSENTIALS (see page 14 for basic minimum contents). Each

PERSONAL FIRST AID KIT must contain moleskin, blister pads, or a similar product.

3. Pack adequate personal water containers. Hydrate and remain hydrated at all times. Dehydration will wreck a jamboree experience faster than any malady.
4. Prepare for sun exposure—pack sunscreen of at least SPF 30.

### **Eyeglasses or Contacts**

The medical staff recommends that anyone who uses corrective lenses bring a copy of their current prescription with them. This will come in very handy if their glasses or contacts are misplaced, lost, or broken.

## **4. Arrival at the Jamboree**

You should find the check-in process more streamlined than at previous jamborees as long as **each member of your unit has submitted the BSA Annual Health and Medical Record *online* prior to arrival at the Jamboree site.** The AHMR for each Jamboree participant will be prescreened prior to arrival, which will eliminate the medical check-in at the Basecamp medical facility. Each unit will be asked to fill out a health questionnaire as they arrive at their off-site check-in location. This includes public health screening questions and any individual health issues that may have occurred since submitting their AHMR. After satisfactory completion of the health questionnaire, the contingent will be escorted to its subcamp at the Summit.

Hot, humid weather is frequently a problem at the jamboree. Let's get started on the right foot! Upon arrival at the unit's site, everyone departing the bus should be so well hydrated that they are looking for a bathroom. In addition, as contingent members depart the bus, hand them a one-quart bottle of Gatorade to drink!

## **5. At the Jamboree**

The basecamp medical facility associated with the contingent member's subcamp will be their primary medical facility. However, contingent members may go to *any* jamboree medical facility for medical assistance. Basecamp medical facility staff will keep unit leaders informed regarding the disposition of individuals referred to the facility.

Ailments should be evaluated by the unit leaders. **Minor issues should be resolved in the campsite by applying simple BSA first aid.** For any participant referred to a basecamp medical facility, a short note from a unit leader regarding the participant's illness, symptoms, and medications taken would be helpful. The basecamp medical facility will have sick call daily from 8 a.m. to 10 a.m. and 4 p.m. to 5 p.m. The facility is staffed 24 hours/day.

### **Special Needs Individuals**

Jamboree contingent members with special needs and their caregivers will be identified on a list provided to their primary medical facility, their basecamp chief, and their subcamp chief. Contact information for the contingent member and the caregiver should also be supplied, to be used in case the two individuals become separated. Jamboree Special Needs, under the direction of subcamp operations, will work to ensure they have a meaningful Jamboree experience.

## **6. Medications**

Before leaving for jamboree, unit leaders need to become familiar with any pre-existing medical conditions and medications of contingent members.

Each contingent or staff member should bring his or her own medications for pre-existing conditions in sufficient quantity to last the entire length of time away from home plus an extra five days in case their travel is delayed.

All routine or daily use medications, which are usually self-administered, should be used at the unit site under the supervision of the Unit adult leadership. Unit leaders should keep non-refrigerated medications under lock and key at the unit site, and clear and concise instructions should accompany each Scout's medication supply. Medications can then be distributed daily to the Scouts by unit leaders.

Any medications requiring refrigeration or the assistance of medical personnel to administer will be kept at the basecamp medical facility. The facility will provide locked storage and refrigeration. These medications should be brought to the basecamp medical facility where they will be logged in, stored, and tracked. Arrangements will be made at that time

for administration of these medications. Remember to come to the medical facility at the end of the jamboree to retrieve any medications that may be stored there. It will be impossible to return medications that are left at the jamboree.

**MEDICATION USE IN SCOUTING**—from the *Guide to Safe Scouting*, current edition

The following guidance on medication use in Scouting has been developed for Scouts, parents or guardians, and adult leaders. Planning ahead is a key component.

All medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. An adult leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so.

### **Guidance—Eight Elements of Safe Medication Use**

#### **1. Annual Health and Medical Record**

- All participants in the BSA are required to complete an Annual Health and Medical Record (AHMR).
- Participants must list all medications in the Health History section of the AHMR. There should be no "secret medications."
- A parent or guardian completing the form may authorize the administration of over-the-counter (nonprescription) medications.

#### **2. Plan**

- Before an adult Scouting leader becomes involved in medication management for any youth member, there should be a pre-event discussion between the youth, the parent or guardian, and the adult leader. This should include medication that is self-administered or kept by the youth member.
- Parents are cautioned against using a Scouting event as a "drug holiday" (temporarily suspending administration of medications taken regularly) for their youth member unless specifically instructed by a health-care provider.
- Plans may be simple or more complex based on the length of the outing, the maturity of the youth, and the complexity of the medications being taken.
- Plans may include agreement on the participant's competency to self-administer, medication quantity, labeling, storage,



accountability, and emergency situations. Administration information including any specialized equipment or medication (e.g., insulin injections, insulin pumps, emergency medications) needs to be provided to leaders.

- Special arrangements may be needed for events such as Order of the Arrow weekends, Jamborees, contingents, and other non-unit-based events.

### **3. Supervision of Medication Administration**

- Based on agreement and capacity for self-care, a decision is made on who is responsible for supervision of the medication administration.
- If the participant has the capacity for self-care, the best person to manage his or her own medication may be the youth participant.
- There should be agreement on supervision of the participant taking his or her own medication.
- If a parent or guardian is present, he or she should assume responsibility.
- If a parent or guardian isn't available during the event, a willing adult leader may take responsibility for medication administration to any youth who can't administer his or her own medication.
- The identified leader must be informed by the youth and the parent or guardian as to any special circumstances that might exist.
- Special care must be given by the responsible adult to identify the youth and assure that he or she is getting the right medication at the right time in the right amount.
- A process should be developed for handing off the responsibility should a change in adults be needed (e.g., a leader rotates home or must leave due to an emergency).
- *No adult leader should assume the responsibility unwillingly.*

### **4. Labeling**

- Medication sent on an outing should generally be in the original container and labeled with the name of the participant, medication, dose and strength, prescribing health-care provider's name, date of prescription, current instructions for use, special storage, etc.
- In the event that a prescription label is missing or placed on an external package, the internal item (such as a tube or inhaler) should be, at a minimum, labeled with the participant's name, name of medication, and directions for use.

## **5. Storage**

- Medications must be stored securely—under “lock and key” (e.g., a locking bank bag) or direct observation.
- This is especially important for controlled substances.
- Most medications should be kept by an adult with some or full control of the process.
- Special medication storage requirements by the manufacturer, such as protection from light or the need for refrigeration, should be discussed during the planning stage. Storage containers or coolers should be provided by the parent or guardian if possible.
- Be sensitive to providing storage for medications in a controlled environment (avoid a hot car or an environment where liquid medications might freeze) to protect the medication.

## **6. Emergency Medication**

- Medications that may be needed on an emergent or urgent basis may be carried by the youth participant. A buddy or the responsible adult should be sure the Scout has the emergency medication.
- The youth participant must notify the adult leader immediately if he or she self-administers the emergency medication.
- In many cases, an evaluation or further treatment by a health-care provider may be needed after the use of some emergency medications (such as epinephrine) even if the youth member feels OK. It may also be necessary to obtain an additional supply if no additional doses are available.
- Leaders must understand how emergency medication is administered (e.g., how to use an epinephrine auto-injector) and be comfortable with that responsibility.
- Leaders must also contact the parent or guardian after the use of an emergency medication. Leaders may use some discretion in reporting the use of an asthma inhaler if that use is somewhat typical for the youth and presents no real risk for continued activity.

## **7. Nonprescription (OTC) Medication**

- Those nonprescription medications taken routinely or authorized to give should be listed on the AHMR.
- Nonprescription medications may be kept by youth with the capacity to self-medicate.
- Limited supplies of similar medication (safe, common, use approved by parent) may be kept by the adult leader.

## 8. Accountability

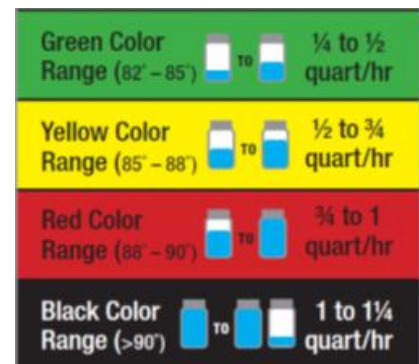
- The pre-event discussion should include an agreement between the parent or guardian, leader, and participant on some method of keeping track of medication administration.
- Accountability could range from none (although this may not be the best practice) to the use of a medical administration form (see [www.scouting.org/HealthandSafety/Forms.aspx](http://www.scouting.org/HealthandSafety/Forms.aspx) for an example).
- No specific form or process is mandated, but some approach is needed.

## 7. Prevention and Protection

The National Scout Jamboree is a once-in-a-lifetime experience for most participants and unit leaders. It is especially important to take extra efforts to avoid injury or illness prior to and during the jamboree. Missing out on all or part of the jamboree experience due to illness or injury can be avoided by following some simple precautions and taking extra care to avoid situations or environments that may cause problems. Please take some time to read and review this information, and keep it in mind throughout your trip.

### REMAIN HYDRATED

Though often repeated, it can't be stressed enough that drinking adequate amounts of water every day is essential for good health and avoidance of dehydration. See the sections below that explain more.



Water Intake Guide

## MAINTAIN GOOD PERSONAL HYGIENE

### A Scout Is Clean

1. Remind your participants to **wash hands often**. There are three important things you can do to keep yourself healthy before, during, and after the jamboree—"WASH YOUR HANDS, WASH YOUR HANDS, and WASH YOUR HANDS." Most diseases are spread by hand contact with food and by touching your eyes, nose, and/or mouth. Keeping your hands clean will help keep you healthy!

2. Hands should be washed:

- a. Before food preparation and meals
  - b. After using the toilet
  - c. After contact with a person who is not feeling well
  - d. When hands are obviously soiled
  - e. Before and after changing a bandage on yourself or someone else
3. **SHOWER DAILY:** Take a shower at least once each day and change into clean, dry clothes. Launder soiled clothes often. Remember that cotton clothing dries very slowly in humid climates and should be avoided if possible. Noncotton fabrics are preferable. Rapidly drying and wicking synthetic fabrics are encouraged for all participants.
4. **CHAFING:** Chafing is caused by sweaty clothing or skin rubbing against skin, usually near the groin area. Wearing noncotton, boxer-style underwear made from polyester or textured nylon can prevent chafing. Athletic running shorts or compression/biking shorts also minimize rubbing and wick moisture away. If you experience chafing you may find that using a drying powder such as talcum powder or cornstarch, or a skin care cream will help. Additionally, skin protectant balms designed for use by distance runners may help prevent chafing during activities. Some of these products will be available for purchase in the jamboree trading post.
5. **HEAT RASH:** “Heat rash” is usually an outbreak of pimples or zits on pores and hair follicles, typically on the chest, back, and legs, which occurs when sweating heavily in a humid and hot climate. It can best be prevented by daily showering. Using an antibacterial soap containing triclosan to help control bacterial growth can help. Encourage participants to avoid breaking or picking at pimples to prevent the spread of the lesions or the risk of more serious infection.
6. **FOOT CARE:** Washing and drying feet—see Foot Care, page 18

### **REST, SLEEP, AND TAKE NAPS**

It is very important for every participant to get a good night’s sleep to keep his or her energy and immunity at a high level. As leaders, it’s important to enforce lights out and a reasonable “wake up” time. It’s also a good idea, when the program will allow, to encourage all participants to take a brief rest or a short nap of 60 to 90 minutes at midday or late afternoon before dinner. Teenagers need at least eight hours of sleep each night to maintain health and energy. If you allow

youth to cut short their sleep, they will build up a “sleep deficit” that leaves them tired, grouchy, and irritable. Encouraging rest and naps while traveling on buses or during your flights is also a good idea. Make every attempt to have your unit in your campsite and in bed by taps.

## **USE SUN PROTECTION**

Serious sunburn can make you very sick and cause permanent skin damage, which can result in skin cancer. **REMINDEVERYONE TO PUT ON SUNSCREEN EARLY IN THE MORNING BEFORE GOING OUT.** (See page 21 of this guide for additional information.) Remember that you will be exposed to the sun for up to 10 or more hours each day. It is very important to put on a waterproof sports-type silicone-based sunscreen rated at least SPF 30. Be sure to cover sensitive areas such as the nose, lips, face, ears, neck, backs of knees, arms, and any other areas not protected by your clothing. Even though some people have a good tan, their skin will still burn with long daily exposures. Fair skin burns more quickly. Allowing anyone to wait until they feel burned before applying sunscreen will only ensure a burn! Sunburn is a failure to pay attention and a failure of leadership. Take an aggressive position to prevent this common problem and help all participants enjoy the jamboree without sunburn!

For sun protection, remember:

1. Sunscreen SPF 15 or greater (SPF 30 for fair or sensitive skin)
2. Wide-brimmed hat
3. Lip balm containing sunscreen
4. Sunglasses

## **PREPARE AND CARRY A PERSONAL FIRST AID KIT and 10 SAFETY ESSENTIALS—Be Prepared**

This is a basic minimum list of recommended items. The list should be increased if you have specific needs for allergies, asthma, or other medical conditions.

### **10 SAFETY ESSENTIALS**

1. Water bottle
2. Sunscreen
3. Hat
4. Hand sanitizer
5. Lip balm with sunscreen
6. Rain gear/poncho
7. Personal first aid kit
8. Flashlight (after dark)
9. Jamboree site map
10. Jamboree ID

### **PERSONAL FIRST AID KIT**

1. Moleskin or blister pads
2. A small tube of triple antibiotic ointment
3. Tweezers
4. Scissors
5. Adhesive bandages
6. Two or three gauze pads
7. Tape
8. Aloe vera lotion
9. Sunscreen
10. Hand sanitizer
11. Acetaminophen or ibuprofen pain relievers

### **EAT NUTRITIOUS FOOD**

Participants will be provided a selection of healthy foods to help them remain healthy and active. Everyone should be encouraged to minimize snack foods, candy, and high-fat fast foods in their diet. They should be encouraged to eat fresh fruits and vegetables each day. Everyone's body needs high-fiber foods to stay healthy and remain "regular." Be careful not to eat stale or unrefrigerated foods that may cause food poisoning. ***If in doubt, don't eat it—throw it out!***

### **BE FOOD SAFE**

Gastrointestinal (GI) illnesses are the most commonly encountered infectious diseases in camp. The vast majority of these diseases are transmitted through contaminated food or water. With a few simple common-sense practices, most GI illnesses can be avoided.

The U.S. Department of Agriculture suggests the following steps:

1. **Clean**—Wash your hands, cooking utensils, and food preparation surfaces often.
2. **Separate**—Keep meat separate from other foods. If you use a cutting board to prepare meat, wash the board and utensils before other foods touch them. Wash containers and plates that have touched meat before using them as containers for other foods.
3. **Cook**—Cook food thoroughly.
4. **Food storage**—Since there is no provision for refrigeration in the troop/crew sites, make sure to plan the size of meals so that there won't be many leftovers. Leftovers should be placed in the composting and recycling bins.
5. **Storage of cooking equipment**—Plates, cups, eating utensils, and cookware should be stored cleanly between meals or re-sanitized before use.

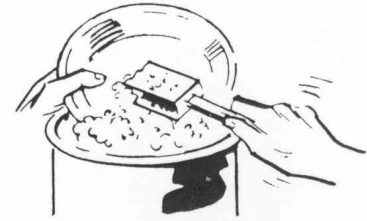
## Cleaning Up After Meals

Begin cleanup by setting out three pots:

1. Wash Pot—Use a large pot containing hot water with biodegradable soap.



1. Each person cleans his own eating utensils.



2. Wash utensils in a pot of wash water.

2. Clear, hot water—Use hot-pot tongs to dip plates and utensils in the hot rinse.



3. Remove cleanser (soap or detergent) by immersing utensils in warm rinse water.

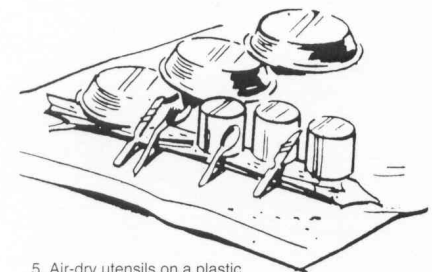
3. Sanitize—Use either boiling water or a cold-rinse pot—cold water with a sanitizing tablet or bleach to kill bacteria. If using a tablet, **soak at least 30 seconds** and air dry. If using bleach (1 tablespoon of bleach per gallon of water), soak two minutes and air dry.



4. Sterilize utensils by dunking them in a pot of boiling water.

**Note.** Rinsing and sanitizing are two steps, not one.

4. Lay clean dishes, pots, and utensils on a plastic sheet on a table or hang them in a mesh dish bag to let them air dry.



5. Air-dry utensils on a plastic sheet. Store in a flyproof container.



## 8. Common Jamboree Medical Conditions

### Gastroenteritis

Gastroenteritis is the most common infectious disease encountered when camping. The vast majority of cases are transmitted through contaminated food and water.

Acute gastroenteritis is characterized by acute onset of nausea, severe vomiting, mild diarrhea, and abdominal cramps. Symptoms occur within one to six hours after ingestion of contaminated food or water. It is caused by a toxin, which is produced by staphylococcus aureus bacteria. Staph food poisoning is self-limited, and symptoms usually resolve within 24–36 hours.

Prevention:

- Proper hygiene—**HAND WASHING**
- Proper sanitation
- Proper food preparation (includes cleaning surfaces, using appropriate refrigeration, and washing dishes—not simply wiping them clean)

Treatment:

- Treatment should be based on the symptoms, with fluid and electrolyte replacement as the primary goal.
- Anti-emetic medications may be useful.
- Antibiotic therapy is ineffective and unnecessary because the toxin is preformed and cannot be neutralized.

### Poison Ivy

Poison ivy is common in the jamboree area. It can be identified by three-parted, variable, bright green, waxy leaf clusters, and sometimes grayish-white or amber berries. Don't touch these plants or get them on your clothing. If you are exposed to them, remove clothing that may have the poison ivy oil on it. Wash with soap and water, and apply a skin cleanser made for poison ivy, taking care to not expose other skin surfaces.

### Dehydration

Know the symptoms of dehydration. Muscle cramps, dizziness, fatigue, and loss of coordination signal that you need to drink more. Prevention is the key. **Following the Water Intake Guide on page 11 is highly recommended.** You may also run the risk of drinking too much water and developing overhydration. A 50 percent water/electrolyte mix will help you keep hydration in balance. In an area with a high heat index,

four to six quarts of water/electrolyte mix at least once a day may be required. Flavored drink mixes will also help.

Although rare, the symptoms of overhydration and hyponatremia (low sodium from too much water consumption) can include nausea and vomiting, confusion, lethargy, fatigue, and muscle cramps.

Prevention: The key to prevention is hydration, heat dissipation, and adjustment to the climate.

### General Hydration Guidelines

- Drink four to six ounces of water or sports beverage every 15–20 minutes during mild to moderate exertion.
- **Commercially available sports drinks may be diluted by 50 percent for ideal electrolyte and carbohydrate concentrations.**
- Hydrate with a goal of clear urine instead of a set amount of intake (see chart to the right)

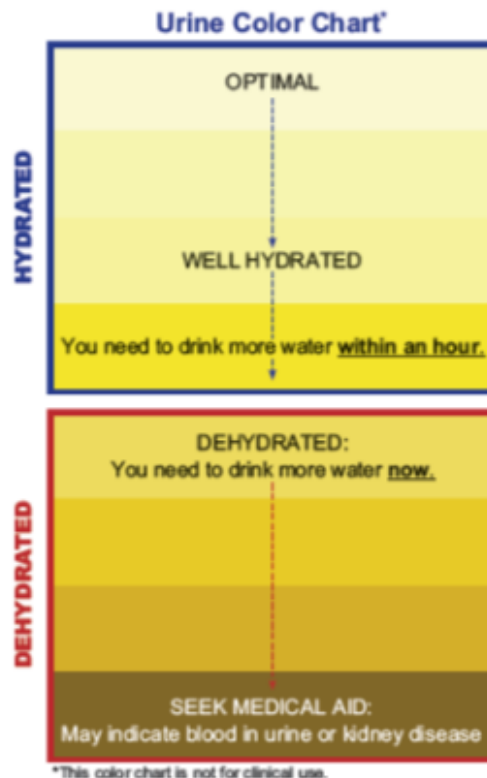
### To help dissipate heat

- Wear loose-fitting clothing that allows air circulation and sufficient evaporation.
- Avoid direct sunlight when possible, and wear light-colored clothing.
- Frequently douse skin with cool fluids and misting spray.

**Acclimatization** to heat can decrease heat-related illnesses and improve performance in hot environments. Allow your exposure and activity in a hot environment to gradually increase over a period of five to 10 days.

### Foot Care

Foot injuries can turn a Scouting adventure into a painful memory. The 2017 National Scout Jamboree will be an experience with hills and uneven



terrain. If your feet are comfortable, chances are that you will have a great time. Jamborees involve a lot of walking, both on the pre-jamboree tours and at the jamboree itself. Most participants arrive in good physical condition, but very few are conditioned to begin walking miles each day. Often the result is sore feet and blisters. However, these maladies are largely preventable by taking good care of your feet. Here are some of the best ways to do that.

**Wear comfortable walking shoes.** The footwear you choose must fit well. Your heels should not slip much when you walk, and your toes should have a little wiggle room. Don't bring new shoes or boots to the jamboree; break them in first until they adjust to the shape of your feet. Hiking boots are generally not as good due to the high heat and humidity at the jamboree.

Take comfortable, well-fitted, broken-in athletic shoes or walking shoes. Many campers carry a pair of lightweight shoes so they can change out of their walking shoes at the end of the day. Closed-toe shoes help protect your feet from injury.

**Sandals and other open-toe shoes are only allowed in the shower areas.**

**Wear synthetic sock liners.** Buy four to six pairs of athletic polypropylene socks to wear under your regular socks each day. The liners will wick moisture away from the skin and limit the friction caused when your feet perspire.

**Wear a padded wool, wool blend, or synthetic outer sock.** Cotton socks cannot wick away moisture, and will cause blisters.

**Trim your toenails** at least one week prior to leaving for the jamboree.

**Keep 'em dry, keep 'em clean.** Water and sweat can soften the skin until it tears away or blisters. Put on clean, dry socks each day and wash your socks frequently. Wash your feet regularly, too; dry them before putting on socks and shoes. At night, remove your socks and let your feet air-dry.

If you have an **athlete's foot infection**, be sure to bring a small bottle or tube of antifungal powder or ointment such as Micatin, Lotrimin, or Tinactin.

**Red-hot spots and blisters**—Pay attention to how your feet feel. A hot spot is an area of skin that becomes tender and red as a blister starts to form. It is a signal to stop and treat the hot spot immediately before it becomes a blister. Cover the area with a piece of moleskin larger than the hot spot.

Until a blister breaks, it is safe from infection. Apply moleskin around the blister to prevent further injury. If the skin tears, carefully disinfect and bandage the area.

## **Additional Foot-Care Information**

### **Boot/Shoe Fitting**

1. Since each shoe or boot fits differently, be sure to try them on at the store. Sizing can vary by manufacturer.
2. Try the right and left shoe on at the same time, and fit to the larger foot.
3. When you shop for the footwear, make sure to have on the same socks you will be wearing at the jamboree.
4. Place your foot into the shoe or boot while it is unlaced, and slide your foot forward. You should be able to place one finger inside, behind your heel, with the toes touching the inside front.
5. Lace up the whole pair, double-locking the lace halfway, above the eyelets and before the hooks. (Shoes may not have hooks.)
6. You should be able to stand on a 30-degree incline without touching your toes to the front of the shoe or boot.
7. Walk around the store for a while to ensure that your toes are not cramped and that your heels do not slip.
8. Wear the shoes or boots around the house **for at least a week** to break them in before the jamboree.

**Exercise before the jamboree.** Your feet and your body will need to be in shape. The jamboree is a strenuous wilderness experience in the mountains of West Virginia.

**Foot and ankle problems.** If you have ingrown toenails, athlete's foot, or pain in your heels, see your family podiatrist before coming to the jamboree.

**Watch for blisters.** Before the jamboree, know where to apply moleskin to areas that are prone to blisters.

**Minor cuts, scrapes, abrasions,** and other openings in the skin can allow bacteria to enter the body and cause infection. Wash the affected

area with soap and water. Apply triple antibiotic ointment, and apply a dry gauze bandage to prevent infection and protect the wound. Redress the wound as needed—at least once each day.

***TETANUS—Remember that each participant’s tetanus immunization must have been received within 10 years prior to arrival at the Jamboree.***

### **Sunburn**

Sunburn is generally easy to diagnose with redness in the sun-exposed areas. Symptoms can vary from mild redness and warmth of the skin to severe pain, blistering, and superficial skin peeling. **The condition heals within a few days, but the best treatment for sunburn is prevention.**

- **The best treatment for sunburn is prevention, and the way to do it is simple: Limit your exposure to the sun and wear sunscreen.**
  - Avoid the sun between 10 a.m. and 4 p.m., if possible.
  - Use waterproof sunscreen. Sunscreens are rated according to their Sun Protection Factor (SPF). The American Academy of Dermatology recommends using a waterproof sunscreen with an SPF of at least 30. (*Consumer Reports* in 2012 recommended the following SPF 30 sunscreens: All Terrain AquaSport, Coppertone Sport High Performance Ultra Sweatproof, and ecō All Natural Sunscreen.
  - Sunscreens must be reapplied after two hours, or sooner if you have been swimming or perspiring heavily. Even waterproof sunscreen loses its effectiveness after about 80 minutes.
  - Additional sunscreen may be purchased in the jamboree trading post. Being without sunscreen is not an acceptable alternative or excuse.
  - It is encouraged that all participants wear wide-brimmed hats.
  - Participants should find and use shade when available.
- **Treatment for sunburn is based on controlling the pain and caring for the skin.**
  - Acetaminophen and ibuprofen may be taken for pain control.
  - Soak with cool water and moisturizers such as aloe vera.
  - Topical products such as Aveeno, Prax, or Sarna lotions may also provide pain relief.

## 9. Summit Critters and Vegetation

Unless you have camped in West Virginia previously, you may not be aware of the wildlife challenges common at the Summit. Some you will probably expect, others you might not. The potentially dangerous ones can be summarized in five groups. Here's the lowdown on each:

### **Reptiles**

The two dangerous reptiles in the area are both snakes: copperheads and eastern timber rattlesnakes. The best policy with snakes is to avoid them. Stay away from areas of tall grass, and stay on established trails.

### **Mammals**

The Summit hosts lots of mammals, a few of which could be dangerous; among them are bears, bats, raccoons, and many small animals. The danger with bears is obvious. With bats and terrestrial mammals, there is always the chance they could be carriers of rabies. A person may be exposed to rabies if saliva or central nervous system tissue from the rabid animal enters an open, fresh wound or mucous membrane (eye, mouth, or nose). It's best to avoid all contact and any activity that could attract the animals, such as leaving food in your campsite or tent.

If there is concern about potential rabies exposure—that is, if an animal has bitten someone—the encounter must be reported to the local health department by West Virginia state law. Ensure that the area of the bite is well-cleansed with warm, soapy water.

Bats have small teeth that do not leave obvious marks, so medical advice should be sought in certain situations such as awakening to find a bat in your tent. Prompt wound care and post-exposure vaccinations and immune globulin are highly effective in preventing human rabies from animal bites. Immediately report animal bites to your basecamp medical facility.

### **Plants**

Poison ivy, oak, and sumac are all lurking in the jamboree area. There is also a toxic plant with which you may not be familiar: mountain laurel. This plant is unique in that toxins are found in its pollen as well as in the berries and green parts, so even honey made from mountain laurel would be toxic and life-threatening if ingested. To make sure you can recognize it, here are a couple of photos:



Mountain laurel leaves



Mountain laurel flowers

### **Arachnids**

Watch out for these three species: black widow spiders, brown recluse spiders, and ticks. If you're not familiar with them, do some research and familiarize yourself before arriving at the Summit (see photos of the two spiders below).

Black widows are shiny black medium-sized spiders (up to half an inch in body length) with red markings on the underside of the belly. They are often found in tangled webs in dark, undisturbed places close to the ground, or occasionally indoors. Brown recluse spiders have not been recorded in West Virginia but have been seen in bordering states (Kentucky, Ohio); they are characterized by the violin-shaped marking on their back and their unique clustering of eyes (three pairs). As the name implies, this spider builds its web in undisturbed areas. Both of these spiders can bite without you ever seeing them, unlike ticks. Plan to check for ticks daily at a minimum, and anytime you are in tall grass or the woods.



Black widow spider



Brown recluse spider

## **Insects**

The Summit's insect inhabitants should not surprise you: Bees, hornets, wasps, and mosquitoes are the primary culprits. We're sure you know to avoid them.

Mosquitoes are capable of transmitting diseases, and the Summit is in an area known for La Crosse encephalitis. In addition, mosquitoes carrying West Nile encephalitis have been found in Fayette and Raleigh counties; human cases have been recorded in Fayette and Kanawha counties. Both diseases can cause inflammation of the brain. Since there are no vaccines available to prevent either disease, jamboree participants are encouraged to protect themselves against mosquito bites. Participants should apply mosquito repellent on exposed skin, and wear pants and long-sleeve shirts (weather permitting) while hiking in wooded areas and in the evening.

Like any camping trip, it pays to be aware of the potential dangers in the area so you know what to watch for—and what to do if you have an encounter.

## **Stings and Bites**

A severe allergic reaction is one of the true medical emergencies. All unit leaders should identify any contingent member who is allergic to stings.

## **Wasps, Bees, and Ants**

- The most common sign of a sting is a small red patch that burns and itches.
- General symptoms include diffuse red skin, hives, swelling of the lips or tongue, wheezing, abdominal cramps, and diarrhea. (If these occur, you should proceed quickly to a medical facility.)
- One sting, for a person who is allergic, can be fatal in minutes to hours.
- A nonallergic person can withstand a multitude of stings (500 to 1,400) before experiencing a life-threatening reaction.

## **Treatment**

1. Scrape away the stinger in a horizontal fashion with a card or other flat surface. Do not use your hand.
2. Do not grasp the stinger sac because this can empty its contents into the skin.
3. If you are unable to remove the stinger horizontally, it should be removed as soon as possible by any means available.
4. Wash the site with soap and water.



5. Place a cold compress on the site.
6. If hives occur with wheezing and respiratory difficulty, go immediately to the nearest medical facility.
7. A person who knows he is allergic may have epinephrine auto-injector on hand. If this is the case, it should be administered immediately.

## **Ticks**

Ticks can transmit many illnesses including Lyme disease and Rocky Mountain spotted fever. They are common in areas with weeds, shrubs, and trees, and at forest boundaries where deer and other mammals are found. Ticks sit on low-hanging shrubs with their legs outstretched until an animal or human passes. Once on your body, they may take up to several hours to find a suitable spot to attach by their mouthparts.

### **Prevention**

- **Stay out of the trees and underbrush.**
- Check clothing and exposed skin twice daily.
- Check your bedding often for ticks.
- Tuck shirts into pants.
- Spray clothing with permethrin.
- Wear DEET (no more than 30 percent concentration) insect repellent.

### **Treatment**

- When a tick is removed within 48 hours, the victim rarely contracts Lyme disease.
- For this reason it is very important to check for ticks often and to remove them immediately upon discovery. To remove a tick,
  - Use thin-tipped tweezers to grasp the tick as close to the skin surface as possible.
  - Pull the tick straight upward with steady pressure.
  - Wash the bite with soap and water, then wash hands after the tick has been removed.
  - Watch for local infection and symptoms of tick-borne illness, especially fever, headache, and rash. (The incubation period can be from three to 30 days.)

### **The “DO NOTS” of Tick Removal**

- Do not use petroleum jelly, fingernail polish, rubbing alcohol, hot matches, or gasoline.
- Do not grab the rear end of the tick. This expels gastric contents and increases the chance of infection.
- Do not twist or jerk the tick, as this will most likely cause incomplete removal.

## **Mosquitoes**

Mosquito-borne diseases include arboviral encephalitis (La Crosse, West Nile, St. Louis, eastern and western equine, etc.), dengue, malaria, yellow fever, and some parasitic diseases. All are transmitted through the bite of an infected mosquito.

**The most commonly reported mosquito-borne illness in West Virginia is La Crosse encephalitis.** Mosquito-borne diseases are most common during the summer and fall months when mosquitoes are active. Prevention of mosquito-borne illness includes removing containers that collect water (where mosquitoes lay eggs) and the regular use of mosquito repellants.

## **Mosquito-Borne Infection Prevention Checklist**

- Be aware of peak mosquito hours.
- For many mosquitoes, peak hours are dusk and dawn.
- Peak hours for mosquitoes that transmit La Crosse
  - encephalitis virus are during the daytime
- Wear protective clothing such as long sleeves, pants, and socks when weather permits.
- Use insect repellant that contains DEET, picaridin, IR3535, or oil of lemon eucalyptus on exposed skin and clothing when outdoors.
- Always follow package directions.
- Apply sparingly to children, avoiding hands and face, and wash them with soap and water when they come indoors.
- Permethrin is a repellant that can be applied to clothing. It provides protection through multiple washes. Do not apply permethrin directly to skin.
- Mosquitoes can lay eggs in small amounts of water. Remove breeding sites around the home:
  - Empty standing water from flowerpots, buckets, barrels, and tires
  - Empty standing water from canoes and boats

## 10. Special Medical Conditions

### 1. In emergencies, call 911.

### 2. Asthma

Asthma may be aggravated at the jamboree due to increased dust, pollen/plant matter, and dehydration. It is essential that all participants who have asthma or other breathing disorders bring with them enough of their oral or inhaled medication for the duration of the jamboree. An extra inhaler, or brand-new one, is recommended if possible. Asthma is especially a problem during arena shows when the dust is stirred up by many thousands of participants and visitors. Like all participants, those with asthma should keep well hydrated. **Participants should make sure to keep their asthma medications with them at all times, and not hesitate to use them when needed.** If a participant is having problems with asthma or a severe reaction, go to a jamboree medical facility right away.

### 3. Diabetes

Diabetics should make sure to have an adequate supply of their medications and testing supplies when they leave home. Generally, diabetic participants should be able to provide adequate self-care. If a participant in your unit is in poor control or seems ill, he or she should check in with the basecamp medical facility for evaluation. Diabetics may have insulin shock if their blood sugar drops too low too quickly. If conscious, they should be given oral glucose (which they should have with them) or sweetened drinks such as fruit juice with sugar added. Get medical help right away—especially if the victim is unconscious or unable to safely ingest sugar orally.

### 4. CPAP Machines

If an individual requires a CPAP machine, it is their responsibility to obtain and take care of the machine. The individual assumes responsibility for the equipment. **All CPAP machines must be battery-powered since no electricity will be available in the subcamps or staff sites. There will be battery-charging stations available in select locations.** However these charging stations will be in high demand. They will be used for all devices requiring recharge—phones, tablets, cameras, etc. Therefore, bringing an extra CPAP battery as backup is recommended.

## 11. Good General Guidelines

**Buddy System**—Always travel with a buddy or in groups as a patrol, both on tour and at the jamboree. Stay together, especially in public restrooms. Have a plan if you get separated.

**Watch**—Have your own watch and wear it. Know where to be and when. Don't be late, and don't hold up your unit!

**Day Pack**—Always carry a day pack with emergency supplies: extra water bottles, personal first aid kit (bandages, moleskin or foam, etc.), personal medications such as asthma inhalers, maps of the area, and jamboree pocket guidebook.

Jamboree Unit First Aid Kit		
Item		Quantity
<b>Dressing Supplies</b>		
Adhesive tape, 1-inch		1 roll
Assorted adhesive bandages		1 box of 50
Elastic bandages, 2-inch		3
Elastic bandages, 4-inch		3
Gauze roller bandage, 1-inch		2
Gauze roller bandage, 2-inch		2
Moleskin, 3 x 6 inches		4
Sterile gauze pads, 3 x 3 inch		12
Triangular bandages		4
Q-Tips or other cotton-tipped applicators		1 small package
Tincture of benzoin		1 small bottle or applicators
<b>Cleansing Supplies</b>		
Alcohol swabs/pads		50
Small bar of antibacterial soap		1
Small bottle of hand sanitizer		1 bottle (4 ounces)
<b>Equipment</b>		
CPR mouth barrier		1
Digital thermometer		1
Latex-free gloves		6 pairs
Pencil/pen and paper (small spiral notebook)		1 each
Plastic safety goggles or glasses		1 pair
Safety pins		4
SAM splint		1
Scissors		1 pair
Tweezers		1 pair
<b>Medications</b>		
Acetaminophen, 325 mg tablets		1 bottle
Antibacterial ointment (triple antibiotic ointment)		1 tube
Insect bite/sting wipes		30
Diphenhydramine (e.g., Benadryl), 25mg tablets/capsules		1 bottle
Gel pads for blisters/burns		2 packs
Ibuprofen (e.g., Motrin), 200 mg tablets		1 bottle
Skin care cream/ointment		1 tube
Sunscreen (at least SPF 30)		1 tube
Aloe vera gel for sunburn		1 tube
Hydrocortisone 1 percent cream		1 tube
Antacid		1 bottle
Ziplock plastic bag, 18 x 24 inches		2

**Note:** These are minimum amounts; you may wish to add items or additional quantities. Additional quantities may be available at the Jamboree trading post.

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