TAKE STEPS TO PREVENT A TRAUMATIC BRAIN INJURY

National statistics show that more than 500,000 youth in the United States sustain a traumatic brain injury (TBI) each year, making it a leading cause of death and disability in children. Children under the age of 4 and those between the ages of 15 and 19 are at an increased risk. At all ages, there are more traumatic brain injuries in males than females.

TBI is an injury to the head, resulting in the disruption of normal brain functioning. Though there are many different causes of TBI, the top three causes are car accidents, falls, and firearms. TBIs range in severity. Those who sustain mild to moderate TBI may experience a brief change in mental status, whereas a lengthy period of amnesia and/or unconsciousness may occur in those experiencing severe injury.

Recovery varies and is greatly dependent on the severity of the injury. While those with a mild TBI may have few, if any, residual symptoms, those with severe TBI can have persistent symptoms and long-term changes in function.

There are many actions that can help prevent TBI:

- Wear a helmet for recommended activities (i.e., horseback riding, downhill skiing, snowboarding, climbing and rappelling, COPE, whitewater activities, and skateboarding).
- Ensure helmets are well-maintained, fit properly, and worn correctly.
- Wear a seat belt every time you drive or ride in a motor vehicle.
- Never drive with someone who is under the influence of alcohol or other drugs.
- Make your home safer by keeping it well-lit and having floors clear of clutter that could cause you to fall and hit your head.
- Use caution in and around swimming areas. Don't dive into water less than 9 feet deep. Read and follow posted safety signs.
- Wear sensible shoes that are appropriate for your activity. Flip flops and shoes that are too slippery or sticky can contribute to falls.
RECOGNIZE CONCUSSION SYMPTOMS

The most common type of traumatic brain injury is a concussion.

A concussion is often caused by a sudden direct blow to the head, jolting the brain. This type of injury may occur from sports and recreation activities, car/bicycle accidents, falls, and fighting. TBIs can cause bruising, damage to the blood vessels, and/or injury to the nerves in the brain. When this occurs, the brain is not able to function normally.

Concussions are graded from 1 to 3, depending on severity, symptoms, and loss of consciousness. Grade 1 concussion symptoms last for less than 15 minutes, and there is no loss of consciousness. Grade 2 concussions last longer than 15 minutes, but also have no loss of consciousness. In grade 3 concussions, the person loses consciousness, sometimes for just a few seconds.

Concussion symptoms fall into four general categories:

**Thinking/remembering:** Unclear thinking, difficulty concentrating or remembering new information, poor judgment, slowed performance, and/or difficulty putting thoughts into words.

**Physical:** Headache, fuzzy or blurry vision, initial nausea or vomiting, dizziness, sensitivity to noise or light, balance problems, and feeling tired or having no energy.

**Emotional/mood:** Irritability, sadness, being more emotional than usual, nervousness or anxiety, depression, anger outbursts, personality changes, and acting suspicious.

**Sleep:** A person may sleep more or less than usual and may have trouble falling asleep.

Symptoms of a concussion usually do not appear all at once and are often reported in stages. Early symptoms include headache, dizziness, vomiting, nausea, drowsiness, and blurred vision, while later symptoms may involve behavioral signs that are delayed for several days or weeks after the head injury. These symptoms include irritability, anxiety, depression, poor memory, impaired concentration, insomnia, fatigue, and visual and auditory complaints.

Recovery may be slower in young children and teenagers. Those who have had a concussion in the past are at higher risk for having another one, with recovery taking longer. An individual who suffers a second head injury while still symptomatic from an earlier concussion is at risk for a second concussion, which could greatly compound damage to the brain. For that reason, those suffering a concussion while playing sports or participating in an activity should not resume play the same day and should be evaluated by a health care professional before resuming activities.

Rest is extremely important after a concussion because it enables the brain to heal properly. If you ignore the symptoms and simply try to “tough it out,” symptoms will often become worse. High-speed, high-risk activities such as riding a bicycle or playing sports should be avoided until a health care professional says it is OK to resume those activities. Following a concussion, it is important to share information about the injury with those who interact with that person, such as teachers, coaches, Scoutmasters, and coworkers.
ANSWERS TO SOME POPULAR MYTHS ABOUT LIGHTNING

Did you know there were 26 lightning fatalities in the United States in 2014? All fatalities occurred between May and October. The following seven myths, from the National Weather Service’s website at http://www.lightningsafety.noaa.gov/myths.shtml, provide an interesting way to review lightning safety with your group each year.

**Myth 1:** Lightning never strikes the same spot twice.
**Fact:** Lightning often strikes the same place repeatedly, especially if it’s a tall, pointy, isolated object. The Empire State Building is hit by lightning nearly 100 times a year.

**Myth 2:** If it’s not raining or there aren’t clouds overhead, you’re safe from lightning.
**Fact:** Lightning often strikes more than three miles from the center of the thunderstorm, far outside the rain or thunderstorm cloud. “Bolts from the blue” can strike 10 to 15 miles from the thunderstorm.

**Myth 3:** Rubber tires on a car protect you from lightning by insulating you from the ground.
**Fact:** Most cars are safe from lightning, but it is the metal roof and metal sides that protect you, NOT the rubber tires. Remember, convertibles, motorcycles, bicycles, open-shelled outdoor recreational vehicles, and cars with fiberglass shells offer no protection from lightning. When lightning strikes a vehicle, it goes through the metal frame into the ground. Don’t lean on doors during a thunderstorm.

**Myth 4:** A lightning victim is electrified. If you touch them, you’ll be electrocuted.
**Fact:** The human body does not store electricity. It is perfectly safe to touch a lightning victim to give them first aid. This is the most chilling of lightning myths. Imagine if someone died because people were afraid to give CPR!

**Myth 5:** If outside in a thunderstorm, you should seek shelter under a tree to stay dry.
**Fact:** Being underneath a tree is the second leading cause of lightning casualties. Better to get wet than fried!

**Myth 6:** Structures with metal, or metal on the body (jewelry, cell phones, mp3 players, watches, etc.) attract lightning.
**Fact:** Height, pointy shape, and isolation are the dominant factors controlling where a lightning bolt will strike. The presence of metal makes absolutely no difference on where lightning strikes. Mountains are made of stone but get struck by lightning many times a year. When lightning threatens, take proper protective action immediately by seeking a safe shelter. Don’t waste time removing metal. While metal does not attract lightning, it does conduct it, so stay away from metal fences, railings, and bleachers.

**Myth 7:** If trapped outside and lightning is about to strike, I should lie flat on the ground.
**Fact:** Lying flat increases your chance of being affected by potentially deadly ground current. If you are caught outside in a thunderstorm, keep moving toward a safe shelter.
UPDATES TO NATIONAL AQUATICS CODE BEING REVIEWED

The Centers for Disease Control and Prevention issued the Model Aquatic Health Code (MAHC) in August 2014. The code is expected to be adopted, in large part, by states and will affect certifications, onsite training, recordkeeping, and equipment needs for aquatics staff at council-operated swimming facilities.

Updates to the code are managed by a not-for-profit organization called the Council for the Model Aquatic Health Code, or CMAHC. Every two years, the CMAHC will collect recommended changes, make those available for comment, provide a recommendation by a volunteer advisory committee, and conduct a vote by the membership. Those results will then be passed on to the CDC for implementation.

The CMAHC had its first review meeting in October 2015, considering more than a hundred change recommendations. A vote will be scheduled for later. Minor tweaks needed for clarity will probably be recommended to the CDC, while several that significantly alter lifeguard requirements will probably not pass.

To date, no state has adopted the code, although a few, such as New York, already have similar regulations. Three states are nearing a final review/approval process, while 23 others are currently comparing existing codes with the MAHC.

Various BSA groups are monitoring MAHC adoption and will suggest changes to NCAP standards and National Camp School (NCS) training as the code moves from recommendations to actual regulations. The lesson plan for the aquatics section of NCS is being updated, and the training will be extended in 2016. Those schools that start on a Saturday at noon will have aquatics section participants arrive by 7 p.m. on Thursday. As before, participants in the aquatics section must arrive with a current lifeguard certificate. A limited number of locations will offer BSA Lifeguard training prior to NCS. Detailed information on 2016 camp schools is available at: www.ncsbsa.org/calendar/.
NCAP: NEW PROGRAMS AND COUNCIL RISK REVIEWS

National Camp Accreditation Program standards PD-111 and PD-112 deal with new program development and council review for health, safety, and risk issues. Standard PD-111 (New Programs and Activities) states that when a new program not covered by any other camp standard is developed, it must meet the following guidelines and policies:

- Age-appropriate guidelines
- Guide to Safe Scouting
- Youth Protection policies
- BSA’s Program Hazard Analysis (PHA)

Resources for performing a Program Hazard Analysis may be found at the following locations:

- PHA form (or tool)
- PHA narrative (directs completion of the PHA)
- PHA chart for defining the risk or frequency and severity of injuries

The PHA is a useful tool for determining risk level and actions that can be taken to mitigate or minimize the frequency and severity of accidents or injuries possible with a new program or activity. The new program or activity, using the documents mentioned above, should be reviewed by the council’s enterprise risk management (ERM or health and safety committee) for its approval. If your council does not have an ERM committee, then a camping committee or executive board should review and approve/disapprove this activity prior to camp. A copy of the approval should be made available to camp assessment team leader and members prior to their visit. Provide the team with the following:

- Who the activity is for (age-appropriate guidelines, found in the Guide to Safe Scouting).
- What the purpose of the activity will be (such as how it improves the camp or the values the activity promotes within Scouting).
- How the activity is operated (i.e., training of participants or equipment used/needed).
- Where the activity will be held (such as an open field, marked trails, or a range).
- When the activity will be run (such as daylight or in rainy weather).
- What actions and/or procedures are to be taken to minimize or mitigate the risks to the staff, visitors, and participants?

Ideally, this new program or activity should be outlined in your camp leader’s guide and should be discussed at the precamp meeting between the camp director and the camp assessment team leader.

Standard PD-112 (Council Program Design, Safety, and Risk Review) covers all camp programs and activities that should have standing committees for review and approval. The council committee(s) should do the following:

- Review all camp programs and activities.
- Consider processes and procedures involved with each program (including campsites and facilities).
- Identify health and safety concerns for all program areas and activities.

The interpretation section of the PD-112 standard provides a sample listing of committees that could be part of the review process. An ERM (or health and safety) committee review can be useful in determining any practices or procedures that will help minimize or mitigate risks. If deficiencies or concerning practices/procedures are found during this review, then consideration should be made to:

- Request that the camp director and applicable program director(s) review and provide updated procedures or practices with measures to mitigate or minimize any hazards.
- Discontinue and/or NOT approve a particular program or activity if appropriate measures cannot be taken to minimize or mitigate the hazard to acceptable levels.

As part of the verification of this standard, the following are acceptable forms:

- A written document of the review and approval from the council Scout executive or the standing committee(s) for the camp
- Issuance of the Authorization to Operate*

* The Authorization to Operate is applicable for a five-year period, though an annual review of the camp programs is a good idea, particularly as part of your Continuous Camp Improvement Program (CCIP). This annual review and approval should be made available to the camp assessment team.
BE SMART DURING SLEDDING OUTINGS THIS WINTER

Pick a sloped area, some snow (although, sometimes a grassy slope will do), add youth, and you’ve got the formula for sledding.

Sledding is a fun activity for youth of all ages. Yet, according to the Consumer Product Safety Commission, many accidents due to sledding, snow tubing, and tobogganing still occur. It has been estimated that 6 percent of injuries sustained while sledding or related activities were serious enough to cause lifelong disabilities or death.

Cub Scout packs, Boy Scout troops, and Venturing crews can have sledding activities, if they follow these safe practices:

- Helmets should be worn by all participants who are sledding.
- Sledding should be done only in designated and approved areas where there are no trees, posts, fences, or other obstacles in the sledding path. Gentle slopes with an extended end/run are preferred.
- The sledding run must not end in a street, drop-off, parking lot, pond, or other hazard.
- Adult leaders and/or parents must supervise sledding areas to make sure the sledding path is safe and that there are not too many sledders on the hill at the same time or at the end of the run (to avoid collisions).
- No one should sled headfirst. All participants should sit in a forward-facing position, steering with their feet or a rope tied to the steering handles of the sled.
- All sleds should have runners and a steering mechanism. Toboggans, inner tubes, plastic sheets, flat cardboard boxes, plywood sheets, and snow disks are difficult to steer and should not be used.
- Sledding in the evening should only be done in well-lighted/designated areas.
- Sledders should wear layers of clothing for protection from injuries and cold.

Follow cold-weather camping practices to avoid frostbite and other cold-weather exposures for all participants, adult leaders, and visitors. Also, a good end-of-the-day activity for Scouts may be to have warm beverages, such as hot chocolate, and s’mores.