



# NCAP Circular No. 4

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National Council, Boy Scouts of America

Issued November 11, 2014

## 2015 National Camp Standards Revisions, Part 1

At its October 13, 2014 meeting, the NCAP Committee considered and adopted revisions to the BSA National Camp Standards that will take effect in 2015. All of the changes are considered to be clarifications of existing Standards and Recommended Practices, so a delayed effective date was not deemed necessary.

Additional revisions to the Standards for 2015 remain under consideration. All of these changes are also in the nature of clarifying changes. NCAP will release any changes in a future **NCAP Circular**. If no additional changes are contemplated for 2015, NCAP will state that there are no further changes in the next **NCAP Circular**.

The revisions to the National Camp Standards for 2015 are as follows, with new language shown in **bold italic** and deleted language shown in ~~strike through~~:

### Recommended Practice

#### **RP-256. The CHECK Program**

The CHECK (***Clothing, Helmet and Harness, Environment, Connection and Knots***) checklist program is utilized.

Add to **Interpretation** as follows:

***Prior to using the CHECK stickers on helmets, camps should check to ensure that use of the stickers will not void any applicable manufacturer warranty.***

### Rationale

Several individuals have expressed confusion over what the "CHECK Program" is and request-

ed that the acronym be explained. The proposed revision clarifies the CHECK program intended. The revision also cautions councils to ensure that use of the CHECK stickers will not void helmet warranties.

### Standard

#### **SQ-405. Camp Health Officer**

Add **Interpretation** as follows.

***For trek camps that do not have a base camp, but operate solely in a trek environment, the Camp Health Officer does not need to live on-site, but must be on-call at all times. The on-trek medical support is provided by trek staff and participant training as provided in Standards PT-301.B and SQ-410.D. Reasonable provision should be made for trek staff to contact the camp health officer in case of need.***

### Rationale

Standard SQ-405 requires that camp health officers be "at least 18 years of age, lives on-site, is on property and on call at all times." It was called to our attention that this requirement does not fit well with trek camps operated off-council property, where there is no "site" per se. The intention of the Standard was not to require a camp health officer to accompany a trekking crew, but for the trekking crew

and accompanying trek staff to fulfill this requirement. Trek camps do need a camp health officer who is on-call to provide support to the on-trek staff and, if they operate a "base" camp where trek participants stay before or after the trek, the camp health officer should be resident at this base camp.

### Standard

#### **SQ-406. Aquatics Staff**

**C. *Until December 31, 2015***, if a Cub Scout resident camp, Cub Scout day camp, or family camp does not have a BSA Aquatics Instructor as outlined above, the aquatics program must be under the supervision of a person 21 years of age or older who holds current certificate of training as a Cub Scout Aquatics Supervisor from a National Camping School and valid lifeguard certification. The aquatics supervisor is also currently trained in American Red Cross Standard First Aid and CPR/AED.

### Rationale

The Cub Scout Aquatic Supervisor was last issued in 2011. Its presence creates uncertainty. The proposed change makes it clear that it remains an option only for 2015. NCAP will then repeal this provision for the 2016 Standards.

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## 2015 National Camp Standards Revisions, Part 1

### Standard

#### HS-506. On-Site Treatment Procedures

***Medical care staff is continuously on call to meet routine medical needs and special medical needs in accordance with written council health care procedures, and to maintain health and medication logs.***

Health care policies for medical care services must be approved annually by the council’s health supervisor in conjunction with the enterprise risk management committee.

Add **Interpretation** as follows:

***“Continuously on call” means qualified staff are present on property and can reach the health care facility promptly anytime campers/staff are on property/program.***

### Rationale

Currently, the on-site treatment procedures does not actually require any on-site care, but that requirement was found in Standard HS-509, Specific Requirement F. The revision moves the requirement for on-site care from HS-509

to HS-506 along with the associated Interpretation. No change in substance is intended.

### Standard

#### HS-507. Medical Recordkeeping and Reporting

A.2. The camp health officer should review the First Aid Log weekly with the camp director during each camp session, not less often than once a week, to determine trends to be analyzed and any corrective actions to be taken. The camp director should sign or initial the book each **during each review week** to indicate that the records have been reviewed.

Add **Interpretation** as follows:

***At a camp that does not operate for a full week, the camp health officer and camp director should meet at the end of each camp session to conduct the review required in Specific Requirement A.2.***

### Rationale

NCAP received a comment that many camps do not operate for a full week and that therefore, the use of the term “weekly” presents a problem. NCAP agrees and has added an interpretative paragraph that where a camp lasts less than a week, the review should occur at the end of each session of camp.

### Standard

#### HS-509. Medical Care Area

Delete Specific Requirement F.  
Delete “Day Camp” bullet  
Delete Interpretation “C”

### Rationale

The requirement for continu-

ous on-call medical personnel was moved to Standard HS-506, On-Site Treatment Procedures as part of the Standard, as was the associated Interpretation (paragraph C).

Day camps typically have not provided a separate medical care area because of their small size, typical location in urban parks, and the fact that individuals with issues are typically returned to their parents or to a local health care facility rather than being retained at camp.

### Standard

#### AO-808. BSA Reporting

The camp has completed required BSA reports in a timely manner.

Reports include:

- A. Annual National Camping Report; **and**
- B. Annual submittal of Camp Strategic Analysis Short Form to provide finance and program statistics; **and**
- C. National BSA incident reports, as necessary.

### Interpretation

...  
Camp Strategic Analysis Short Form and Financial Reporting Councils submit the Camp Strategic Analysis Short Form each year with the Intent to Operate to build a statistical record to assist in trend analysis as part of the application and authorization process. Financial data must be entered in accordance with BSA accounting directives.

### Rationale

The Camp Strategic Analysis Short Form has been replaced by part of the BSA accounting pack-

### NCAP CIRCULAR No. 4

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## 2015 National Camp Standards Revisions, Part 1

age and no longer needs to be generated annually.

### Standard

#### **AO-810. Continuous Camp Improvement**

##### **Specific Requirements of the Standard:**

A. The camp has performed an analysis to identify its stakeholders and gather information on areas of possible improvement and areas of strength.

B. Each season, the camp identifies at least three areas to improve and at least three areas of strength. For each area identified, the camp determines a goal, quantitative measure and success criteria. ~~This data, a comparison to previous seasons, and a list of stakeholders providing input~~ **The six goals and their success criteria** are provided in the Declaration of Readiness.

C. During the course of the season, the camp collects data that indicates progress on these items and at the start of the following season includes in the Declaration of Readiness a report ~~to the area listing the items~~, on the six goals, their success criteria, and whether the goals were achieved ~~actual performance~~.

##### **Interpretation:**

See *Guide to the Continuous Camp Improvement Program*.

The requirement is that the camp participate in the process contemplated by the program, not that the camp successfully complete a specific number of improvements for base level accreditation. ~~Camps seeking accreditation with Silver or Gold Recognition will need to complete a certain number of successful improvements as set forth in the~~

~~“Requirements for Accreditation with Silver or Gold Recognition” pamphlet.~~

##### **Verification:**

- Review the annual Declaration of Readiness to ensure it includes the current and prior year’s six goals, their success criteria, and how many of the prior year’s goals were achieved. ~~results achieved, and the current year’s top/bottom areas and goals~~

- ~~For camps seeking Silver or Gold Recognition, the assessment team should check to ensure that they have the requisite number of goals selected in both areas of strength and areas of improvement as required in the current “Requirements for Accreditation with Silver or Gold Recognition” pamphlet.~~

##### Rationale

The changes clarify the information provided by the camp and council as part of the Continuous Camp Improvement Program. It clarifies that the requirement for accreditation, and what must be provided in the Declaration of Readiness, is only the current and prior year’s six goals and their success criteria and how many of the prior year’s goals were achieved. Assessment only reviews whether the camp has identified its goals and success criteria and whether it is collecting its metric data.

Authorization will review the adequacy of the goal setting process. See **NCAP Circular No. 3**.

The *Guide to the Continuous Camp Improvement Program* is slated for revision to become consistent with the guidance in **NCAP Circular No. 3** and **No. 4**.

### Recommended Practice

#### **RP-853. Camp Long-Range Plan**

There is a current long-range plan adopted by the council’s executive board or responsible committee that addresses quality assurance, program development, promotional plans, health and safety concerns, sustainability, and land and facilities use (**where the camp is located on council-controlled property**).

##### Rationale

The revision clarifies that the Long Range Plan does not need to include land and facilities issues where the camp is not located on council controlled property (e.g., a “camp property”).

### **NCAP Website Update**

The NCAP website has been updated to include additional information useful to participants in the NCAP process. New information on the website includes:

- Camp Staff Youth Protection Training resources, including *Camp Staff Youth Protection Training*, No. 430-149 and *Managing Youth Protection* powerpoint
- Camp Standards applicability templates, by camp type, including Cub Scout day camp and resident camp
- The current *Camp Facilities Evaluation Tool* (CFET)
- Links to current Health and Safety information
- Training and other resources, including past **NCAP Circulars**

## Medical Health & Safety within National Camp Standards

By Jay Cash, Health & Safety Team

**Standard HS-505, Medical Care Policies (Council and Camp)** requires that the council's health supervisor (CHS) is a licensed physician practicing medicine in the applicable states. This person (or persons in the event that you need a licensed physician for each state where your council operates) should provide clearly written council/camp medical care policies and procedures in conjunction with the council's enterprise risk management committee (ERM). The policies and procedures apply to all types of camps (day camps, resident camps, etc.). The last sentence of this Standard states that these policies and procedures are reviewed annually and in conjunction with the council's ERM committee.

These policies and procedures should be available for Camp Assessment Team Members to verify. These may be a binder or book in the Health/First Aid Lodge that is available for use by Health/First Aid staff. Camp Assessment Team members should review the council's written instructions and standards orders followed by careful observation of the Health/First Aid Lodge practices and procedures.

**Standard HS-506, On-Site Treatment Procedures** has 11 specific requirements relating scope of care, operating practices, standing orders (treatment procedures), EMS services, etc. The *Camp Health Model Policy and Procedures Manual* provides information that can be used to develop each of the 11 specific requirements of this standard. Be aware that Medication Management (part

H of HS-506) refers to the Standard HS-508 Medication Control and Recordkeeping. Once again, Part A of Standard HS-508 states that all prescription and over-the-counter (OTC) medications are stored under lock (including those requiring refrigeration), except when in the presence of health care staff or other adult leader responsible for administering or dispensing medications.

If the written council Health Policy and Procedures allow for the unit leader to dispense medications to campers of their unit, then lockable containers AND a medication log book should be given at camp check-in (these items should be returned before the unit leaves camp). Ideally, the health/first aid lodge staff should spot check the unit's containers and log books periodically during the week. A form 19-127 (First Aid Log for Council/District or Events) can be use for day camps. Form 33681 (First Aid Log for Camps) is available for use at Resident, Specialty and High Adventure camps.

Camp Assessment Team members/leaders should verify the council's written policies/procedures and see evidence of medication logs and locked containers.

**HS-507, Medical Recordkeeping and Reporting** requires that health related interactions and incidents are appropriately recorded and reported. Within the Specific Requirements of this standard is recording interactions and incidents into the BSA First Aid Logs (one for campers and one for staff), then reviewing these logs at least weekly with the Camp Director (who must sign the log books). The next step is to

report incidents using the Incident Reporting Kit (No. 680-147) to your council's designated user for entry into RiskConsole via MyBSA Incident Entry. The definition of Incidents is "any unplanned event that results in harm to an individual, property, or the environment".

The practice is that any incident that requires MORE than Scout rendered First Aid is reportable via the Incident Reporting Kit. Examples of non-reportable incidents could be:

- applying a bandaid to a small cut
- cleaning a small scrape or abrasion
- applying cool water to a small burn

An incident where urgent care is administered at the Health/First Aid lodge, but the individual is not transported to an emergency or urgent care facility off-camp property, is reportable using the Incident Reporting Kit. Possible incidents where urgent care is given (but not transported off-camp):

- butterfly stitches for a slightly-larger-cut
- any deep bruise that may not require x-rays, but may need more than Scout rendered 1st Aid

Of course, if the individual is transported to an emergency or urgent care facility off-camp property is a reportable incident.

All reportable incidents involving staff must be posted on the OSHA form No. 300 as per Standard AO-801. Reportable injuries or illnesses to staff are the same as for employees of the council and/or BSA National staff. Details regarding OSHA recordable ac-

## Medical Health & Safety within National Camp Standards

idents, injuries and illnesses are provided at:

<http://www.osha.gov/record-keeping/>

Additional resources for developing Council Health Policies and Procedures can be found at:

- Scouting Safely – [www.scouting.org/healthand-safety/](http://www.scouting.org/healthand-safety/)
- Camp Health Officer Training - <http://www.scouting.org/filestore/ppt/19-141.ppt>

- Guidelines for Managing Food Allergies - [http://www.scouting.org/filestore/Health-Safety/pdf/2013Guidelines\\_Managing\\_Food\\_Allergies](http://www.scouting.org/filestore/Health-Safety/pdf/2013Guidelines_Managing_Food_Allergies)
- Model Bloodborne Pathogens Exposure Control Plan, No. 680-035
- Latest First Aid for Wounds and CPR -<http://www.scouting.org/HealthandSafety/Resources/latestfirstaid.aspx>



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