Fit to Lead

Scouting focuses constantly upon leadership: what it means to lead; receiving basic and advanced leadership training; exercising leadership; leading by example; and mentoring others to lead. Primarily, these have to do with the qualities of a leader and the technical aspects of leadership – all are important.

I want to focus upon a different area: the health aspects of a leader and leadership. As our society shifts from being rather physically active to one in which we are more sedentary—where food is generally available at nearly every corner—and where we do not experience adequate, restorative sleep, we face increasing challenges to live a lifestyle that promotes and maintains our health. This extends to our families as well as our community and our nation.

Obesity

One such symptom is the increasing condition of being overweight or obese, both in adults and in children. The Boy Scouts of America takes this very seriously, and has placed limits on Body Mass Index (BMI) for those participating in high adventure activities, including National Jamborees. BMI is the relationship between height and weight, with increasing BMI considered undesirable and unhealthy. A BMI of 25 is ideal, with 30 being overweight, and 35 being obese. The initial goal should be to avoid gaining more weight, with an ultimate goal of losing excess weight in a healthy manner. Consult your doctor or health provider for guidance of what is best for you.

National data shows that in North Carolina, the overall obesity rate is approximately 29%. For children ages 2-19 nationally, an alarming 17% (~ 13 million) are considered obese. Disparities exist along ethnic and socioeconomic parameters, mirroring adults. The national trend is that obese youth become obese adults. They might be our Scouts today, but they will be our Scout leaders of tomorrow.

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Physical Activity
Obesity is but one factor, and really is an outcome, a symptom of our lives. Physical activity is an essential ingredient. How much is enough depends upon the general age categories, as follows:

Children (6-17 years of age) – Children need three basic types of physical activity: aerobic activity, muscle strengthening, and bone strengthening. Sixty minutes a day of a combination of these activities, primarily the aerobic activity, is critical for growing bodies, and minds.

Adults (18-64) – To maintain and promote good health, adults need at least 150 minutes/week of moderate intensity exercise; OR 75 minutes/week of vigorous intensity exercise; OR a proportionate combination of the two. Each of these should include muscle-strengthening activities for best results.

Older adults (65 and older) – Too old to exercise? NOT! In fact, longevity is linked with maintaining an active lifestyle. Whenever, medically feasible, engaging in activities similar to their younger adult counterparts can promote strength, balance, and cardiovascular and neurologic benefits.

Unable to carve out this large slice of time all at once? No problem! In fact, as little as 10 minutes at a time is beneficial. Do you walk a lot in your job? Give yourself some credit – wear a pedometer. Walking at least 7,000 steps/day is beneficial, with 10,000 steps/day being ideal.

Nutrition
Rather than focusing strictly upon weight, I urge you to focus upon proper nutrition in a balanced and sensible way. It’s important to “fuel your machine” properly. Are you better at putting the right fuel into your vehicle than the right fuel into your body?

The basic food groups are vegetables, fruits, grains, dairy, and proteins. Eat a balance of them in proper proportions every day. The Centers for Disease Control has excellent recommendations and guidance on this at www.ChooseMyPlate.gov Daily Food Plans.

While this might take some discipline at first, you will reap the rewards of this investment in your health. Just like exercise, it’s ok to have your proper nutrition “in small bites”, meaning small, more frequent meals. One other thing – begin slowly and master only one change at a time, giving yourself opportunity to adjust to it. It is ok to go slowly; you are making permanent changes in your life. It’s important to do it right. Remember, the tortoise won the race.

Sleep – While we often consider sleep to be a “passive” activity, sufficient sleep (and restorative sleep) is increasingly being recognized as an

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essential aspect of health promotion and chronic disease prevention in the public health community. Insufficient and poor sleep is associated with a number of chronic diseases and conditions – diabetes, obesity, cardiovascular disease and depression – all of which threatens our health individually, as well as a nation. It is also responsible for many motor vehicle accidents and machinery-related crashes. Drowsy driving is dangerous yet preventable. Good sleep is a necessity and not a luxury, and should be thought of a “vital sign” of good health, much as weight and fitness.

We set an example, whether we realize it or not, for our families, as well as for our youth who look up to us. Let’s give them an example that we are proud for them to follow, and one with we can live, certainly healthier, if not longer.

Are you Fit to Lead? You can be.

Wishing you good health,
Scott J. “Dr. Scott” Spillmann, MD, MPH
Council Health Supervisor

disAbility Awareness Conference

As leaders, at all levels of Scouting, we sometimes encounter unfamiliar situations. One such situation is having youth with special needs or disabilities as part of our units.

You may ask yourself, “How do I provide the Scouting program to Scouts with special needs?” or, “How will this affect my unit?” These very valid questions are encountered more frequently, as having special needs youth becomes more a part of Scouting.

This training session will provide you with a basic understanding of certain disabilities and provide you with some techniques and resources for providing the Scouting program to Special Needs Scouts.

Topics will include autism, physical disabilities, ADHD, Inclusion vs. Separation in units, Advancement and the Individual Scout Achievement Plan.

Come and get answers to your questions for working with Scouts with disabilities.
Youth Protection Champions

My fellow scouters—Happy Spring (almost)!! I am sure you are as happy as I am at the return to more reasonable weather.

In our last issue we discussed some upcoming law changes to be sent out concerning things we all can do to protect our Scouting youth. Well, I am sorry to say that report has to be delayed a bit. It seems some of the recently passed legislation is still being reviewed at the legal offices through the Institute of Government in Chapel Hill. When I can get the full reports I will put them in the next available issue.

As you dedicate yourselves to protecting your youth, do you keep up with the latest in cyber bullying and internet use and internet safety with your Scouts? I try but they seem to know much more than I!!! Do you want to learn more? Well, the Old North State Council has just the thing for you. We have a conference on Saturday, May 2, 2015 which will help. The flyer is now available online. The conference will be at the Scout office and will start at 8:30 am and will be through by 1:30 PM. The cost is only $10.00 and you can shave $2.00 off of that if you pre-register by April 16. Nita Grubbs and I are planning a crackerjack good conference. We hope you will attend. You can contact Nita at nita.grubbs@scouting.org or 336.378.9166; or send me a request at maniachill@yahoo.com. We will have information on how to recognize and respond to bullying and will review the council’s “No Bullying in Scouting” program. We will have information on the “Cyber Chip” program and some great tips on Internet safety for your Scouts. Finally, we will have a presentation the Unit level Youth Protection Champion.

Yes, Youth Protection is something we all strive for and we, on the committee, are pushing to try and get the Old North State Council youth leaders up to date and striving to keep on improving the safety we provide for our youth. Is your Youth Protection current? Remember, EVERY SCOUT deserves a TRAINED LEADER!!

John Daniel
Youth Protection Champion
Old North State Council

Do you have health and safety or risk management questions related to Scouting or your Scouting activities you could use a qualified answer for? Submit your questions to Nita Grubbs at nita.grubbs@scouting.org. Your questions will get an answer and your question and a response will be published in an upcoming Safety Zone Newsletter to benefit your fellow Scouters.
Chemical Fuels and Equipment

Chemical fuels, by their nature, create special and significant risks if not handled properly. The Boy Scouts of America provides policy and guidance for the use of chemical fuels in the *Guide to Safe Scouting.* “Before any chemical fuels or chemical-fueled equipment is used, an adult knowledgeable about chemical fuels and equipment, including regulatory requirements, should resolve any hazards not specifically addressed within this policy.” Chemical fuels include liquid, gaseous, or gelled fuels.

An adult who is knowledgeable about chemical fuels should always supervise any youth who is handling any type of chemical fuel or chemical-fueled equipment. Fuels and equipment should be used and handled according to manufacturer’s recommendations.

**Using liquid fuels of any kind for starting any type of fire is prohibited.**

No flames in tents means NO solid, liquid, gel, or gas fuel.

The *Guide to Safe Scouting* defines approved and prohibited chemical-fueled equipment. Chemical fuels are to be stored in their original containers or in containers designed for immediate use. Fuels should be stored away from any source that might cause it to ignite. During transportation and storage, containers should be stored in an upright position.

BSA’s *Age Appropriate Guidelines for Scouting Activities,* also found in the *Guide to Safe Scouting* shows that Webelos Scouts and older may participate in cooking outdoors and fire building, with adequate supervision. Boy Scouts and older may learn about and use stoves and lanterns. Stoves and lanterns are not authorized for use by Webelos Scouts or younger Scouts.

Remember, that the safety and welfare of your Scouts and other participants are your #1 priority.

Planning and Preparing for Hazardous Weather

According to the national Oceanic and Atmospheric Administration (NOAA) National Weather Service, there are more thunderstorms during the summer than at any other time. Are you prepared for hazardous weather? This would be a great time to renew your BSA Hazardous Weather training. The training is online at MyScouting.org.
Venture Crew Unites in “Joint Venture” with Wilderness First Aid Staff

Venture Crew 412 of High Point joined the staff of the Spring 2015 Old North State Council Wilderness First Aid Course as support staff and to work on their leadership training. Crew 412 served as the cook crew for the weekend and as victims in outdoor scenarios to earn service hours. The crew also used the weekend as a skills practice opportunity. And what a beautiful weekend it was to be at camp!!

Both staff and participants enjoyed the tasty food and the great acting skills of the crew members. Many thanks to the crew for their hard work and participation.

The Boy Scouts of America requires that at least two members of every crew that attends a BSA National High Adventure Base has wilderness first aid training through an authorized agency. The next course offered through the Old North State Council will be November 20-22, 2015.

BSA Immunization Policy

“The Boy Scouts of America encourages all members of the Scouting community to use available vaccines to fully protect themselves from infectious diseases that are dangerous for children and adults living in the United States. Inadequately immunized participants are subject to identification so that they may be located in case of a necessity for isolation or quarantine as per local public health official directives.” (Guide to Safe Scouting, 2013) Verification of immunizations is recommended by BSA.

It is important to remember that immunizations protect not only those who are immunized, but those who are not as well. In case of an incidence of one of these diseases at camp, camp leadership should be aware of who is not immunized, so these individuals, for their own protection, may be isolated to minimize the risk of them being exposed to the disease.

BSA Required Immunizations:
- Tetanus within the past 10 years.

BSA Recommended Immunizations:
- Pertussis
- Diphtheria
- Measles
- Mumps
- Rubella
- Polio
- Chicken pox
- Hepatitis A
- Hepatitis B
- Influenza
- Meningococcal

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Measles

Measles, also known as rubeola, is a viral infection. Measles is a highly contagious disease that spreads from person to person through airborne droplets as infected persons cough, speak, or sneeze. The virus can also be picked up from surfaces that droplets have landed on. It can be transmitted from person to person from 4 days before a rash develops until 4 days after. The first symptoms will show up about 10-14 days after exposure. The rash will show up about 2-3 days after the onset of fever and lasts for about 5 or 6 days. You can have measles only once.

Symptoms of measles start with symptoms similar to those of a cold: fever, runny nose, cough, loss of appetite; then, inflamed eyes, sore throat, and a red, blotchy rash. The rash tends to start around the face and neck and then over the next several days spreads down the body to the feet. The rash disappears in a similar pattern. Fevers may be as high as 104°F to 105.8°F.

At home, while waiting to see the doctor, maintain adequate hydration. Things such as Pedialyte, or sports drinks such as Gatorade, can help. If fever is uncomfortable, medications such as acetaminophen or ibuprofen may help, if not allergic. Avoid aspirin with children and teens due to the risk of Reye’s syndrome, a rare but potentially life-threatening condition. Though antibiotics do not treat a viral infection, your doctor may order an antibiotic if there is a secondary infection. Because measles is so highly contagious, do not be around people for at least four days after the rash breaks out. Your doctor will guide you as to when it is safe to be back around others.

Complications from measles occur most often in young children and can be serious. Common complications include: diarrhea, ear infections, bronchitis, laryngitis, and/or croup; though pneumonia occurs in about 6% of cases. Pneumonia accounts for about 60% of deaths due to complications of measles. In rare cases, acute encephalitis, which is a serious inflammation of the brain, may occur, and may lead to permanent brain damage. Conditions such as a compromised immune system or malnourishment may lead to complications that are especially severe.

The vaccine usually given is a combination for measles, mumps, and rubella viruses. The first dose is given at between 12-15 months of age, with a second dose at 4-6 years of age. Talk with your personal health care provider for recommendations.

It is not unusual for a newly vaccinated person to develop a rash. The disease is not transmitted from a vaccinated individual, so no special precautions are necessary.
It’s About Being Prepared
Health & Safety Training Opportunities

April
4        Standard First Aid; Adult, Child, & Infant CPR; AED
10-12    ECSI/BSA Wilderness First Aid

May
2        Youth Protection Conference
9        disAbility Awareness Conference
16       Standard First Aid; Adult, Child, & Infant CPR; AED

June
6        Standard First Aid; Adult, Child, & Infant CPR; AED

Courses may have registration deadlines that are strictly adhered to. Check brochures or the council website for deadlines and additional information. Youth protection guidelines are adhered to and are the responsibility of the Scout’s parents or unit leadership. All Scouts must attend with a buddy or appropriate adult partner.

Every Scout deserves a trained leader!!