

# CAMP SARADAC

## DOH CAMP REGULATIONS

 **CHAPTER 1**  
**State Sanitary Code**

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**Subpart 7-2**

**CHILDREN'S  
CAMPS**

**(Statutory Authority: Public Health Law, §225)**

**Includes Amendments  
Effective July 6, 2011**

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**Bureau of Community Environmental Health and Food Protection**

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**7-2.1 Enforcement: public health hazards and other violations.**

(a) **Enforcement.** The enforcement procedures delineated in sections 12, 12-a, 16, 206, 225, 308, 309, 348, 373, 1308, 1393, and 1395 of the Public Health Law shall be followed where the permit-issuing official or his representative determines that closing of a children's camp is necessary to protect the public health or safety of the occupants of the camp. Where a public health hazard is found on the property, the building or portion of the property constituting the hazard shall be placarded against occupancy until the hazard is corrected. The closure provisions of Part 14 of this Title shall be utilized for public health hazards occurring in food service facilities. When a placard is used to protect the occupants from a public health hazard, it shall be conspicuously posted at each entrance or walkway leading to the portion of the property that constitutes the hazard. The placard shall state the authority for its placement and indicate that concealment, mutilation, alteration or removal of it by any person without permission of the permit-issuing official shall constitute a violation of this Chapter and the Public Health Law. The permit-issuing official or his representative shall inspect the premises within three working days of posting the placard to assure compliance with terms of the order, and shall inspect the premises within two working days of notification that the hazard has been eliminated to remove them after verifying the correction.

**(b) Public health hazards.**

(1) A public health hazard is any condition which could be expected to be responsible for illness, physical injury or death.

(2) Any of the following violations are public health hazards which require the permit-issuing official or his designated representative to order immediate correction or to immediately institute action as provided in the law and in this Subpart:

(i) supervision of children is not in accordance with the supervisory or personnel qualification standards prescribed in sections 7-2.5, 7-2.11 and 7-2.25 of this Subpart resulting in a child not being protected from any unreasonable risk to his or her health or safety;

(ii) on-site potable water system serving the children's camp contains contaminants in excess of the maximum contaminant levels prescribed in Part 5 of this Title or section 7-2.6(e) of this Subpart;

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**(iii) use of an unapproved or contaminated water supply source;**

**(iv) treatment of the water system, required for disinfection or removal of contaminants, is not continuous;**

**(v) disinfection which is inadequate to destroy harmful microorganisms or to maintain a specified chlorine residual;**

**(vi) presence of cross connections or other faults in the water distribution or plumbing systems which result, or may result, in the contamination of the potable water supply;**

**(vii) insufficient quantity of water to meet drinking or sanitary demands;**

**(viii) sewage on the ground surface in areas accessible to children or which may contaminate food or pollute a source of water supply or a bathing beach;**

**(ix) implementation of the medical requirements of the camp safety plan not under the supervision of a camp health director; at camps for the developmentally disabled, medication is not under the supervision of licensed or certified personnel;**

**(x) passengers transported in the bed of a truck or trailer or in any other portion of a vehicle that is not designed for passenger occupancy; children transported without counselor supervision in a vehicle;**

**(xi) camp swimming pool or bathing beach not under the direct supervision of the camp aquatics director or his assistant;**

**(xii) allowing swimming or incidental water immersion which is not in accordance with 7-2.11(a)(1), 7-2.11(a)(5)(iii) or 7-2.11(j) of this Subpart;**

**(xiii) minimum safety equipment in Part 6 of this Title not provided at the waterfront or swimming pool. Depth markings not provided at a swimming pool or a bathing beach as required by Part 6 of this Title;**

**(xiv) failure to provide fencing or other security during nonuse of a pool;**

**(xv) failure to use personal flotation equipment during boating or other waterfront activities;**

(xvi) failure to establish and enforce the Buddy System and Board System or other method generally accepted as providing a similar or equivalent level of bather safety during swim periods;

(xvii) permitting diving in hazardous areas;

(xviii) failure to restrict non-swimmers to water less than chest deep except as allowed under Subdivision 7-2.11(a);

(xix) riflery conducted without adequate supervision or on a range hazardous to campers or the general public;

(xx) archery or horseback riding not under the direction of competent instructors with equipment and facilities installed and maintained to eliminate hazards;

(xxi) overcrowding of sleeping quarters resulting in inadequate spacing of bunks or in blockage of fire exits; failure to supervise children in sleeping quarters;

(xxii) failure to provide two fire exits where required or blockage of a required fire exit by locking or other obstruction;

(xxiii) failure to provide a fire alarm system in multi-story buildings;

(xxiv) installation of stoves or heating equipment constituting a fire hazard or inadequate venting of fumes;

(xxv) failure to properly store flammable liquids and toxic substances;

(xxvi) failure to maintain firefighting equipment in working order;

(xxvii) failure to implement the camp safety plan resulting in a child not being protected from any unreasonable risk to his or her safety;  
or

(xxviii) any other item deemed to be a public health hazard by the permit-issuing official under this Subpart or Part 5, 6 or 14 of the Sanitary Code.

(c) Other violations. Violations of other sections of this Subpart or of other Parts of this Chapter are also subject to a penalty upon conviction.

#### 7-2.2 Definitions.

(a) Summer day camp shall mean a property consisting of a tract of land and any tents, vehicles, buildings, or other structures that may be

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pertinent to its use, any part of which may be occupied on a scheduled basis at any time between June 1 and September 15 in any year by children under 16 years of age, under general supervision, for the purpose of indoor or outdoor organized group activities, involving two or more activities of which at least one is a nonpassive recreational activity with significant risk of injury, as defined in subdivision 7-2.2(l) of this Subpart, for a period of less than twenty-four hours on any day the property is so occupied, and/or which no provisions are made for overnight occupancy by such children.

(b) A traveling summer day camp shall mean a summer day camp which regularly operates in a period between May 15 and September 15, and which regularly transports children under 16 years of age on a regular schedule to a facility, site or property, including any tract of land, beach, park, stadium, building, tents or other structures pertinent to its use and primarily for the purpose of organized group activity.

(c) A children's overnight camp shall mean a property consisting of a tract of land and any tents, vehicles, buildings or other structures that may be pertinent to its use, any part of which may be occupied by persons under 18 years of age for the purpose of outdoor or indoor organized activities and on which provisions are made for overnight occupancy of children.

(d) A developmental disability is a severe, chronic disability of a person which is attributable to mental retardation, cerebral palsy, epilepsy, autism or neurological impairment, or is attributable to any other condition of a person similar to mental retardation, cerebral palsy, epilepsy, autism or neurological impairment because such condition results in similar impairment of general intellectual functioning and/or adaptive behavior and requires treatment and services similar to those required for such persons; originates before 18; is likely to continue indefinitely.

(e) "Uniform Code" shall mean the 19 NYCRR Chapter XXXIII, Subchapter A- State Uniform Fire Prevention and Building Code.

(f) Potable water shall mean water used for human consumption, food preparation, handwashing, culinary, bathing or laundry purposes.

(g) A camp trip shall mean times when campers and staff are off camp property, except camp trips shall not include travel off camp property for medical or dental appointments, or travel to a store to purchase personal items, by a group of 5 or fewer campers accompanied by staff.

**(h) A wilderness swimming site shall mean a remote beach site which is established for temporary use by a children's camp for the purpose of swimming at a location that is not readily accessible for inspection by the camp's permit issuing official.**

**(i) Incidental water immersion shall mean intentional entry into a body of water for a purpose, other than swimming, which is ancillary to the primary activity being conducted. Such immersion including partial immersion shall include but not be limited to stream crossing or entering water for personal hygiene, but shall exclude boating, water skiing, sail boarding and similar water sports where participants wear U.S. Coast Guard approved lifejackets.**

**(j) Aquatic amusement park activities shall include but not be limited to lazy rivers, activity pools, wave pools and water slides where patrons are partially or totally immersed in water.**

**(k) Adequate shall mean sufficient to accomplish the purpose for which something is intended and to such a degree that no unreasonable risk to health or safety is presented. An item installed, maintained, designed and assembled, an activity conducted, or act performed, in accordance with generally accepted standards, principles or practices applicable to a particular trade, business, occupation or profession, is adequate within the meaning of this Subpart.**

**(l) Nonpassive recreational activities with significant risk of injury are those that pose a significant risk of traumatic brain injury, injury to neck or spine, bone fractures or dislocations, lacerations requiring treatment to close, second or third degree burns to 5% or more of the body, loss of vision, or death. These may include diving, boating, horseback riding, rock climbing, shooting sports and other activities determined by the State Department of Health based on such characteristics as height, speed, water depth, physical contact with another participant or object, and/or use of equipment associated with the activity.**

**(m) Acceptable training in first aid shall mean certification in a first aid training program determined by the State Department of Health to provide the knowledge and skills necessary to sustain life from injury and sudden illness, which are likely to occur at children's camps. A training program shall include but not be limited to instruction about traumatic brain injury, injury to the neck or spine, bone fractures and dislocations, lacerations, burns; injury to the eye, and medical emergencies such as allergic reactions, seizures, strokes, shock, cardiac and diabetic**



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emergencies, poisoning and heat related illness. A sufficient time shall be provided to cover all topics. First aid certificates shall be valid as specified by the provider, but shall not exceed three years from the date of course completion.

(n) Acceptable training in cardiopulmonary resuscitation (CPR) shall mean a CPR training program determined by the State Department of Health to provide an adequate level of knowledge and skills necessary to perform two rescuer CPR skills for all ages (infant, child, and adult). A sufficient time shall be provided to cover all topics. CPR certificates shall be valid as specified by the provider, but shall not exceed one year from the date of course completion.

#### **7-2.3 Application.**

(a) The requirements of this Subpart shall apply to a camp occupied by or maintained for occupancy by 10 or more children except:

(1) any place occupied by children under 18 years of age for overnight occupancy of 72 consecutive hours or less;

(2) day camps operating less than all or part of five days in any two-week period;

(3) child care facilities licensed or registered by the New York State Department of Family Assistance, Office of Children and Family Services;

(4) activities at unscheduled or drop in neighborhood center settings; single purpose activity such as athletic events, which are held for the sole purpose of tournament play or competition, and associated training practice, "Special Olympics," little league baseball, Pop Warner football; and recreational activity without a specified time period of attendance required;

(5) college level educational programs provided by schools that are accredited by the Regents of the University of the State of New York;

(6) school districts, Boards of Cooperative Educational Services (BOCES) or nonpublic schools providing instruction to satisfy, enrich, accelerate or improve skills in accordance with New York State education requirements;

(7) day programs conducted for the purpose of classroom educational instruction, including but not limited to traditional academic subjects,

religious instruction, and computer training, that have one or more nonpassive recreational activities with significant risk of injury when such activities are conducted as part of a one hour or less recess period constituting no more than one fifth of the program's daily operation, and which occur on a playground, in a gymnasium, or similar setting; and

(8) any operation or use of a tract of land or property determined by the State Commissioner of Health as not being within the intent of, or regulated by this Subpart.

#### **7-2.4 Permit.**

(a) No person shall operate a children's camp, or cause or allow the same to be operated, without a permit from the permit-issuing official.

(b) The permit-issuing official is the State Health Commissioner or his designee and those persons defined as officers in subdivision 4 of section 1392 of the Public Health Law.

(c) Application for a permit to operate a children's camp shall be made by the operator to the permit-issuing official at least 60 days before the first day of operation. Such applications shall:

(1) include a written camp safety plan, as defined in subdivision 7-2.5(n) of this Subpart, which accurately describes the camp's medical, fire safety and general safety provisions, training provided to camp staff and the orientation for campers. The plan must be reviewed annually by the camp operator and updated as required to maintain compliance with current standards. Plans that are updated must be submitted to the permit-issuing official. In any year in which an update is not required, the camp operator must submit written affirmation to the permit-issuing official that the approved plan remains up-to-date and complete;

(2) be filed when the name, ownership or operator of the camp is changed.

(d) The permit-issuing official shall issue a permit if the children's camp conforms or will conform at the time of operation to the requirements of this Subpart and will not present a danger to the health and safety of the camp occupants. An applicant's past history of compliance or non-compliance will be a consideration in evaluating each of the previously mentioned criteria. The person to whom the permit is issued shall

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comply with this Subpart and with all conditions stated in the permit and shall allow the permit-issuing official or his representative to enter the premises to ascertain compliance. The permit-issuing official may, at his discretion, deem either of the following an inspection of the facility to ascertain that the camp conforms or will conform with the requirements of this Subpart at the time of operation:

(1) the permit-issuing official or his representative has inspected the facility and determined that it conforms or will conform with the requirements of this Subpart; or

(2) the camp meets the following conditions:

(i) the permit-issuing official has determined it has previously operated in a manner sufficient to assure that no unreasonable risk to the health and safety of the camp attendees occurred; and

(ii) the operator has submitted a completed and certified self-inspection of the camp as directed by the State Health Commissioner.

(e) Effective until March 31, 2011, the fee for a permit is \$100. Municipal operations and organizations for charitable, philanthropic or religious purposes are exempt from this fee.

Effective April 1, 2011, the fee for a permit is \$200. Municipal operations and organizations for charitable, philanthropic or religious purposes are exempt from this fee

(f) A permit shall not be transferable or assignable. It shall be posted in a conspicuous place on the premises.

(g) A permit may be denied, revoked or suspended by the permit-issuing official or the State Commissioner of Health if the children's camp is maintained, operated or occupied in violation of the Public Health Law or this Chapter. Before denial, suspension or revocation of a permit, or after receipt of a notice of violation, the permittee shall have the right to appeal to the permit-issuing official, except that when a public health hazard exists, a permit may be temporarily suspended pending a hearing. A permit will also be revoked upon request of the operator or upon abandonment of the camp. Following the revocation, an application shall be filed for a new permit before resumption of operation.

(h) A permit shall expire one year from the date of issuance, at the close of a camp's normal operating season, upon a change of the operator, a date

stipulated by the permit-issuing official, or upon revocation. No permit shall expire during the camping period except by revocation.

(i) A separate permit shall not be required for a bathing beach, swimming pool or food service operated as part of a children's camp for which a permit is required under this Subpart.

**7-2.5 Personnel, supervision, and camp safety plan.**

(a) Each children's camp shall have a camp director, who may also be the camp operator, responsible for supervising the camp program. Minimum qualifications shall be:

(1) bachelor's degree, or at least 25 years of age for an overnight camp and 21 years for a summer day or traveling summer day camp;

(2) at least 24 weeks of previous administrative or supervisory experience in camping or equivalent experience acceptable to the State Commissioner of Health;

(3) a notification from the Department of Social Services State Central Register of Abuse and Maltreatment that the director has not been subject of an investigation report; and

(4) the submission of a form entitled *Prospective Children's Camp Director Certified Statement Relative to the Conviction of a Crime or the Existence of a Pending Criminal Action*, as developed by the Commissioner, and a determination by the local permit-issuing official that the camp director has no criminal conviction record for which:

(i) there is a direct relationship between one or more of the criminal offenses and the applicant's employment as a camp director; and

(ii) employment as a camp director would involve an unreasonable risk to the property or to the safety or welfare of camp participants or the general public.

(b) Counselors shall be at least 18 years of age at a children's overnight camp, and at least 16 years of age at a summer day or traveling summer day camp, and may include both specialty and general counselors. In addition, the counselor shall either have experience in camping and supervision of children, or have completed a training course acceptable to the permit-issuing official. It shall be the responsibility of the camp operator to verify a prospective counselor's background and character through reasonable and diligent inquiries, including but not limited to character references submitted.

(1) During passive activities the ratio of counselors to campers shall be no greater than 1:25. A passive activity is defined as an activity which takes place in a defined area, where participants are spectators or have limited mobility and use no tools or equipment (other than computers). Examples of passive activities include, but are not limited to: religious instruction, storytelling, coloring, viewing movies or drama, singing and board games. The camp's passive activities must be described in the camp's approved safety plan. Supervision ratios must be reinstated to the code required level at the conclusion of the passive activity.

(c) At an overnight camp, unless specified otherwise in section 7-2.11 of this Subpart for specialty activities and trips, the ratio of counselors to children eight years of age and over shall be 1:10; for children younger than eight years of age, the ratio shall be 1:8; a maximum of 20 percent of the total required counselors may be 17 years of age.

(1) During the hours campers are resting or sleeping, the supervision ratio may be modified based on the arrangement, size, and location of the sleeping area(s) and potential for visual and/or verbal supervision, to a level accepted by the permit-issuing official and described in the camp's approved safety plan; provided in all circumstances that:

(i) supervision is adequate to protect the campers from any unreasonable risk to their health or safety; and

(ii) at least one counselor is present on every level used for resting or sleeping in a multi-story building. Supervision ratios must be reinstated to the code required level at the conclusion of the resting or sleeping period.

(d) At a summer day or traveling summer day camp, the general ratio of counselors to children shall be 1:12. Counselor-to-camper ratios as indicated in section 7-2.11 of this Subpart for specialty activities and trips must be met at all times during such specialty activities. The permit-issuing official may be more restrictive in specifying counselor-to-camper ratios if such official deems it reasonable and necessary for camper safety.

(e) Camp aquatics director -- A camp aquatics director shall oversee all swimming activities that occur at swimming pools and bathing beaches operated as part of a children's camp. This person shall supervise lifeguards, progressive swimming instructors, and counselors with bather supervision responsibilities during swimming activities; and implement the camp safety plan. The camp aquatics director shall:

**(1) be at least 21 years of age;**

**(2) have a minimum of:**

**(i) one season of previous experience as a camp aquatics director at a New York State children's camp; or**

**(ii) two seasons of previous experience consisting cumulatively of at least 12 weeks as a children's camp lifeguard, as specified in subdivision (g) of this section, at a swimming pool or bathing beach which had more than one lifeguard supervising it at a time; or**

**(iii) at least 18 weeks of previous experience as a lifeguard, as specified in paragraph (g)(2) of this section, at a swimming pool or bathing beach which had more than one lifeguard supervising it at a time;**

**(3) effective until December 31, 2011 possess current certification:**

**(i) as a progressive swimming instructor, as defined in subdivision (f) of this section; or**

**(ii) as a qualified lifeguard, as defined in subdivision (g) of this section, possessing lifeguard certification specific to the type of bathing facility at the children's camp; or**

**(iii) in a training course for lifeguard supervision and management that meets the requirements specified in Part 6 Section 6-1.31(e) or Section 6-2.20(e) of this title.**

**(4) effective January 1, 2012 have successfully completed a training course in lifeguard supervision and management that meets the requirements specified in Part 6 Section 6-1.31(e) or Section 6-2.20(e) of this title;**

**(5) have annually reviewed and documented the review of the camp's safety plan for swimming; and**

**(6) possess a current certificate in an acceptable cardiopulmonary resuscitation (CPR) training program as defined in subdivision 7-2.2(n) of this Subpart.**

**(f) Progressive swimming instructor – As described in the camp's approved safety plan, a progressive swimming instructor must assess the swimming ability of each camper prior to allowing the child to participate in aquatic activities. A progressive swimming instructor must be either:**

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- (1) a Water Safety Instructor currently certified by the ARC; or
- (2) possess a current certificate issued by a certifying agency determined by the State Commissioner of Health to provide an adequate level of similar training.

(g) **Qualified lifeguard** - Qualified lifeguards shall actively supervise participants in the camp's aquatic activities, as detailed in the camp's approved safety plan. While on duty at the waterfront, qualified lifeguards shall not be engaged in duties or activities which distract them from the direct supervision of the waterfront. A qualified lifeguard shall:

- (1) be at least 17 years of age, except:
  - (i) for a maximum of 50 percent of the required total number of lifeguards on duty who may be at least 16 years of age; and
  - (ii) lifeguards required for wilderness swimming who must be at least 18 years of age; and
- (2) meet lifeguarding, first aid and CPR certification requirements as detailed in Part 6 of this Title:

Bathing Facility Type	Minimum Lifeguard Supervision Level
Ocean Surf	Supervision Level I
Pool Only	Supervision Level IIa
Pool and/or Beach	Supervision Level IIb

(h) **Trip leader**—A trip leader shall be at least 18 years of age and have participated in at least three camp trips in a similar program activity as a children's camp staff member or have experience and training in the activity which the permit-issuing official has determined to be equivalent to three camp trips. Trip leaders for wilderness, equestrian, boating and similar specialized activities shall be competent in the activity. A trip leader of a camp trip with an itinerary that includes an activity where emergency medical care is not readily available and/or an activity such as wilderness hiking, camping, rock climbing, horseback riding, bicycling, swimming and/or boating, shall possess or be accompanied by staff who possesses a current certificate in an acceptable first aid training program as defined in subdivision 7-2.2(m) of this Subpart, and a current certificate in an acceptable cardiopulmonary resuscitation (CPR) training program as defined in subdivision 7-2.2(n) of this Subpart.

(i) **Activity leader** – An activity leader shall be competent in the activity being conducted. Activity leaders of an activity that includes wilderness hiking, camping, rock climbing, horseback riding, bicycling, swimming and/or boating shall be at least 18 years of age. When a camp activity is conducted at a location where the camp staff certified in first aid and CPR in accordance with Subdivision 7-2.8(a) are not readily available, an activity leader shall possess or be accompanied by staff who possesses a current certificate in an acceptable first aid training program as defined in subdivision 7-2.2(m) of this Subpart, and a current certificate in an acceptable cardiopulmonary resuscitation (CPR) training program as defined in subdivision 7-2.2(n) of this Subpart.

(j) **Riflery instructors** shall have a current instructor's certificate issued by the National Rifle Association or its equivalent generally accepted as providing a similar or equivalent level of riflery skill.

(k) **Counselor-in-training (CIT)** – A CIT or Junior Counselor is a camper who is assigned to an on-duty counselor or other staff member to assist, as described in the camp's approved safety plan, in performing specific duties. A CIT may not independently supervise campers, and shall be supervised as a camper. All CITs shall receive training specific to their duties, and camper orientation. A maximum of 10 percent of the total number of counselors required by subdivisions (c) and (d) of this section may be CITs, provided:

(1) CITs at a children's overnight camp are at least 16 years of age and have at least two seasons prior experience as a camper; and

(2) CITs at a summer day or traveling summer day camp are at least 15 years of age and have at least two seasons prior experience as a camper.

(l) **Records identifying staff qualifications** shall be maintained in the camp for inspection by the permit-issuing official or his designated representative. The camp operator shall ascertain whether an employee or volunteer is listed on the New York State Division of Criminal Justice Services (DCJS) Sex Offender Registry prior to the day such employee or volunteer commences work at camp and annually thereafter prior to their arrival at camp. A written record of the employee and volunteer names that were submitted to the DCJS for checking against the Sex Offender Registry and DCJS's search results shall be kept on file at the site and made available to the permit-issuing official upon request.



**(m) No individual known to be a carrier of a communicable disease shall be employed at a children's camp.**

**(n) Camp safety plan – The camp operator must develop, review annually and update, as required, a written camp safety plan, which shall be submitted for review and approval to the permit-issuing official as described in paragraph 7-2.4(c)(1) of this Subpart. A camp safety plan shall be considered satisfactory for approval when it is found to include all the information required in this section and accurately reflects the children's camp's compliance with this Subpart. The camp's approved safety plan shall be implemented by the camp operator and kept on file at the children's camp. The camp safety plan shall consist of, at a minimum, a table of contents and the following components:**

**(1) Personnel: chain of command; staff job descriptions; and a procedure for verification of staff qualifications;**

**(2) Facility operation and maintenance: water supply; sewage treatment system; lightning risk assessment; transportation; housing; grounds; food protection; and waterfront physical facility maintenance (if on-site aquatic activities are provided);**

**(3) Fire safety: evacuation of buildings and property, assembly, supervision, and accounting for campers and staff; fire prevention; coordination with local fire officials; fire alarm and detection systems and their operation, maintenance, and routine testing; type, location and maintenance of fire extinguishers; inspection and maintenance of exits; required fire drills and log; electrical safety; and reporting to the permit-issuing official within 24 hours fires which destroy or damage any camp building, or which result in notification of the fire department, or are life or health threatening. A copy of this segment of the approved camp safety plan must be submitted to the local fire district or department;**

**(4) Medical requirements: review of camper confidential medical histories to address restrictions and special needs; initial health screening of campers; daily health surveillance of campers; procedures for providing basic first aid, handling medical emergencies, including outbreaks and procedures for response to allegations of child abuse; identification of and provisions for medical, nursing and emergency medical services; identity, qualifications and outline of duties of health director and health personnel certified in first aid and CPR; description**

of health center; storage and administration of medicines; location and use of first aid and CPR supplies; maintenance of a medical log; description of universal precautions for bloodborne pathogens; reporting of illness and injuries, including camper abuse/allegations to the permit-issuing official within 24 hours; and provisions to supervise sanitation at the children's camp;

(5) General and activity specific safety: description of the required camper supervision, including general supervision, between activities, for passive activities, during sleeping and rest hours, transportation and for emergencies. Safety requirements and supervision must be discussed for specific camper activities, including but not limited to, swimming, boating, horseback riding, rope or challenge courses, archery, riflery, camp trips, wilderness activities and any activity in which incidental water immersion occurs;

(6) Staff training: training curriculum outline; tour of camp; description of camp hazards; chain of command; procedures for camper supervision and discipline; child abuse recognition and reporting; provisions for first aid and emergency medical assistance; reporting of camper injury and illness; buddy system; lost swimmer plan (if camp has an aquatics program); lost camper plan; lightning plan; fire safety and fire drills; camp evacuation procedures; activity specific training for assigned activities; camp trips (if provided); and process to document training attendance; and

(7) Camper orientation: orientation curriculum outline; tour of camp; description of camp hazards; reporting illness, injury and other incidents; buddy system; lost camper plan; fire drills and evacuation; lightning plan; camp trips; and process to document orientation attendance.

(o) The camp operator shall provide adequate supervision. Adequate supervision shall mean:

(1) supervision such that a camper is protected from any unreasonable risk to his or her health or safety, including physical or sexual abuse or any public health hazard; and

(2) as a minimum, there shall exist visual or verbal communications capabilities between camper and counselor during activities and a method of accounting for the camper's whereabouts at all times.

(p) The camp operator shall provide, with any enrollment application forms and/or enrollment contract forms mailed or delivered to a person for purposes of enrollment of a child for any children's camp, a written statement and/or brochure outlining the rights and responsibilities of campers and camp operators and declaring:

- (1) that such camp is required to be permitted to operate by the New York State Department of Health;
- (2) that such camp is required to be inspected twice yearly; and
- (3) the address where inspection reports concerning such camps are filed.

#### **7-2.5 Potable water.**

(a) All on-site potable water supplies shall comply with the provisions of this section and, in addition, those on-site water systems meeting the definition of a public water system as defined in Subpart 5-1 of Part 5 of this Title, shall also comply with the requirements of Subpart 5-1.

(b) A children's camp that utilizes an off-site public water supply must comply with Subdivisions (i) through Subdivision (n) of this section and, when determined necessary to ensure the satisfactory quality of the potable water, the permit-issuing official may require a children's camp operator to implement the annual start-up procedure contain in Subdivision (d) of this section.

#### **(c) Treatment**

- (1) Minimum treatment for a ground water source shall be disinfection by chlorination in a manner which destroys harmful microorganisms or other disinfection methods acceptable to the permit-issuing official.
- (2) For facilities utilizing disinfection by chlorination, the free chlorine residual disinfection concentration in the water distribution system shall be at least 0.2 milligrams per liter (mg/l).
- (3) Minimum treatment for surface water sources or ground water sources directly influenced by surface water shall be filtration and disinfection techniques, approved by the permit issuing official, capable of 99.9 percent removal and/or inactivation of giardia lamblia cysts and 99.99 percent removal and/or inactivation of viruses.
- (4) A waiver from disinfection shall not be permitted.

(d) Annual start-up. The children's camp operator must ensure that the following actions have been taken 15 days prior to the property's occupancy for which the water supply is utilized each year. The following applies to each on-site potable water system that is not subject to continuous water use and to each children's camp potable water supply distribution system, which receives water from an off-site public water system and is not subject to continuous water use, when due to the seasonal use of the water system, the water may be hazardous to health:

(1) All water mains shall be disinfected by:

(i) completely filling the main to remove all air pockets, flushing the main to remove particulates, and filling the main with potable water. The potable water shall then be chlorinated by feeding liquid hypochlorite at a constant rate such that the water will not have less than a 25 mg/l free chlorine residual throughout the children's camp water system. After a 24-hour holding period there must be a free chlorine residual of not less than 10 mg/l throughout the children's camp water system; or

(ii) using a disinfection method the State Commissioner of Health has determined in writing to be as protective as the disinfection procedure described in section 7-2.6(d)(1)(i).

(2) All water mains shall be flushed and free chlorine residual disinfection concentrations shall be measured for the two days immediately following the completion of the main disinfection, as prescribed in Subdivision (d)(1) of this section, at representative points in the distribution system, to ensure chlorine residuals of not less than 0.2 mg/l.

(3) Total Coliform samples shall be collected in accordance with Subdivision (f)(1) of this section following the two day flushing and chlorine monitoring period prescribed by Subdivision (d)(2) of this section and when a free chlorine residual of not more than 4.0 mg/l is present.

## (e) Maximum contaminant levels (MCL):

Contaminant	MCL
Total Coliform Escherichia Coli (E. Coli)	Any positive sample Any positive sample
Nitrate	10 (as Nitrogen) mg/L
Nitrite	1 (as Nitrogen) mg/L
Total Nitrate and Nitrite	10 (as Nitrogen)mg/L

(f) Monitoring requirements. Samples shall be collected from each water source at a representative point in the distribution system for each source and analyzed at a laboratory certified by New York State Department of Health as follows:

- (1) At least one sample collected for Total Coliform analysis from each water source prior to opening for the operating season and at least one additional sample collected from each water source during the operating season. For those children's camps operating more than 30 days in a calendar year, Total Coliform samples shall be collected for each month the camp is in operation. When a water supply serving a children's camp is operated continuously year round with Total Coliform analysis performed monthly, the Total Coliform analysis prior to the children's camp's operation is not required.
- (2) Nitrate and nitrite analysis shall be conducted for new water sources. Nitrate analysis shall be conducted annually for each system.
- (3) Additional monitoring may be required when determined by the permit-issuing official as necessary to evaluate water quality.
- (4) The camp operator must report sample results that are positive for Total Coliform or Escherichia Coli to the permit-issuing official as soon as possible but no later than 24 hours of being notified by the laboratory. Pre-operational water analysis reports must be submitted to the permit-issuing official prior to permit issuance. All other water analysis reports required to be made by this Subpart or requested or ordered by the permit-issuing official shall be submitted to the permit-issuing official within 10 days of the end of each month in which samples were collected.

(g) Report on water treatment. Accurate and complete water treatment operation reports shall be maintained daily and submitted to the permit-

issuing official within 10 days of the end of each month of operation. Reports must be made on forms provided or approved by the Department.

**(h) Source protection.** All potable water sources and distribution systems shall be designed, located, constructed and maintained to provide protection against contamination or pollution. All pumps, piping fixtures and appurtenances shall be installed and maintained to protect against contamination of any water source.

**(i) Submission of plans; prior approval.**

**(1)** A plan for proposed new or modified potable water supply systems shall be submitted to the permit-issuing official at least 60 days prior to beginning construction. No construction of new or modified potable water supply systems shall commence until plans and specifications have been submitted to and approved by the permit-issuing official. Construction shall be in accordance with the approved plans.

**(2)** Recommended Standards for Water Works, (See Appendix 5-A, *infra*) 1997 edition published by Health Research, Inc., P.O. Box 7126, Albany, NY 12224 available for public inspection at the offices of the records access officer of the New York State Department of Health, Empire State Plaza, Corning Tower, Albany, NY 12237, shall, in their entirety, be the basis on which all plans and specifications for children's camp water systems will be reviewed and approved. The permit-issuing official may allow deviations from these standards when it can be shown that the deviations will provide adequate protection of the health and safety of the children's camp occupants and public.

**(j) Minimum standards.** Potable water shall be adequate in quantity and quality as set forth in this Subpart and shall be readily available to occupants of the children's camp. Only potable water shall be easily accessible. Any non-potable water supply shall be conspicuously labeled as a non-potable supply.

**(k) Connections prohibited.** There shall be no physical connection between the potable water supply and any non-potable water supply. Any fixture, installation or equipment which is subject to back-siphonage shall be installed and maintained to protect against contamination of the water source(s).

**(l)** A minimum pressure of 20 pounds per square inch, at peak demand, shall be maintained in all parts of the children's camp water distribution system.

(m) Interruptions, changes in sources or treatments. Any incident or condition which affects the quantity or quality of the on-site potable water supply shall be reported to the permit-issuing official within 24 hours of occurrence. There shall be no changes made to the source or method of treatment of a potable water supply, either temporary or permanent, without first receiving approval from the permit-issuing official. An adequate supply of potable water must be provided and maintained during all times of operation.

(n) A common drinking utensil shall not be provided. Drinking fountains shall be of sanitary design and construction.

**7-2.7 Sewage disposal.**

(a) Sewage shall mean excreta and the waste from a flush toilet, bath, sink, lavatory, dishwashing or laundry machine, or the water-carried waste from any other fixture or equipment or machine.

(b) Facilities shall be provided and maintained for the treatment and/or disposal of sewage in a manner acceptable to the permit-issuing official. A plan or sketch of the proposed or modified facility shall be submitted to the permit-issuing official at least 30 days prior to construction; no work is to start until the plan or sketch is approved.

(c) Sewage on the surface of the ground or accessible to children is prohibited.

**7-2.8 Medical requirements.**

(a) Health personnel - The camp operator shall submit the name of the designated camp health director to supervise health and sanitation. Such director may be a physician, nurse practitioner, physician assistant, registered nurse, licensed practical nurse, emergency medical technician, or other person acceptable to the permit-issuing official. At a children's overnight camp, the camp health director shall be on-site. At a summer day camp or traveling summer day camp, the camp health director shall be available as specified in the camp's approved safety plan. If not on-site, the camp health director shall designate an assistant as specified in the camp's approved safety plan.

(1) Camp health director - The camp health director or designee(s) shall possess:

(i) a current certificate in an acceptable first aid training program as defined in subdivision 7-2.2(m) of this Subpart; and

(ii) a current certificate in an acceptable cardiopulmonary resuscitation (CPR) training program as defined in subdivision 7-2.2(n) of this Subpart.

**(2) Additional First Aid and CPR Certified Staff - First aid and CPR certified staff shall be on-site to respond to medical emergencies and assist the camp health director, as detailed in the camp's approved safety plan. Staff possessing current certifications in first aid and CPR, as described in paragraph (1) of this subdivision, shall be available as follows:**

**(i) At a children's overnight camp, in addition to the camp health director or (designee(s)) possessing these certifications:**

**(a) one staff member for each 200 campers shall possess a current first aid certificate, and**

**(b) one staff member for each 200 campers shall possess a current CPR certificate. Where a camp's qualified aquatics staff remain on-site and are available to respond to emergencies, they may be counted toward meeting this CPR requirement;**

**(ii) At a summer day camp or a travelling summer day camp:**

**(a) one on-site staff member for each 200 campers shall possess a current first aid certificate. The first aid certified camp health director or designee may be counted toward meeting this first aid requirement. If only one first aid certified staff member is required, and this person is absent, a similarly certified first aid certified staff member shall be on-site to meet this first aid requirement.**

**(b) In addition to the camp health director or designee, one staff member for each 200 campers shall possess a current CPR certificate. Where a camp's qualified aquatics staff remain on-site and are available to respond to emergencies, they may be counted toward meeting this CPR requirement.**

**(b) An overnight camp shall be provided with an infirmary having hot and cold flowing water, examining room, isolation and convalescent space, bathroom with flush toilets and showers and medical supplies or have alternate provisions for infirmary services included in the camp safety plan. Summer day camps and children's travel summer day camps shall provide a holding area reasonably satisfactory to the permit-issuing official for all ill or injured children.**



(c) (1) A current confidential medical history, including the child's immunization record which shall include immunization dates against diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, poliomyelitis, rubella, tetanus and varicella (chicken pox), shall be kept on file for every camper and updated annually. The camper's and staff's family or other responsible person's name, address and telephone to contact during an emergency shall be kept on file.

(2) An overnight camp shall provide parents/guardians of campers attending camp for seven or more consecutive nights with written information about meningococcal meningitis and with a copy of an immunization response form that has been approved by the State Commissioner of Health.

(i) The written information must include:

(a) a description of meningococcal meningitis and means of transmission;

(b) the benefits, risks and effectiveness of immunization; and

(c) the availability and estimated cost of immunization, including an indication of whether or not the camp offers meningococcal meningitis immunization services.

(ii) The immunization response form must be submitted annually, kept on file at camp, document that the parent/guardian has received and reviewed the meningococcal meningitis information and certifies that either:

(a) the camper has been immunized against meningococcal meningitis within the past ten years, or

(b) the parent or guardian understands the risk of meningococcal meningitis and the benefits of immunization, and has decided that the camper will not obtain immunization against meningococcal meningitis.

(d) All camper and staff injuries, illnesses and reportable diseases shall be reported to the camp health director and recorded in the medical log. All camper and staff injuries or illnesses which result in death or which require resuscitation, admission to a hospital or the administration of epinephrine, camper and staff exposures to animals potentially infected with rabies, camper injuries to the eye, head, neck or spine which require referral to a hospital or other facility for medical treatment, camper

Injuries where the victim sustains second or third degree burns to five percent or more of the body, camper injuries which involve bone fractures or dislocations, camper lacerations requiring sutures, camper physical or sexual abuse allegations and all camper and staff illnesses suspected of being water-, food-, or air-borne, or spread by contact shall be reported within 24 hours to the permit-issuing official. Any camper or staff member suspected of having a communicable disease shall be suitably isolated.

#### **7-2.9 Toilets, privies, lavatories, showers.**

(a) No privy shall be located within 50 feet of any sleeping room, dining room, mess hall or kitchen.

(b) The following facilities shall be provided within 200 feet of the sleeping quarters:

(1) one toilet or privy seat for each 15 males or less, plus one urinal for each 30 males or less;

(2) one toilet or privy seat for each 15 females or less;

(3) at least one lavatory with water under pressure for each 20 occupants or less, or other handwashing facilities acceptable to the permit-issuing official.

(c) Showers with water under pressure heated to between 90 and 100 degrees Fahrenheit, and one shower head for each 20 occupants or less, shall be provided.

(d) At summer day and traveling summer day camps only, the availability and ratio of toilet or privy seats, urinals and lavatories per camper shall be reasonably satisfactory to the permit-issuing official. Showers are not required.

#### **7-2.10 Transportation.**

(a) Passengers shall only be transported in portions of vehicles that are designed for passenger occupancy. Transportation in the bed of a truck or trailer shall be prohibited.

(b) There shall be at least one counselor in any vehicle transporting children, who may also be the driver.

(c) Every vehicle used for transporting staff or campers shall have required registration and inspection stickers and be equipped with at least a first-aid kit, tools, fire extinguisher and flares or reflective

triangles that are labeled with the Federal DOT symbol or a statement that the device complies with all Federal Motor Vehicle Safety Standards

(d) The driver of any camp vehicle shall be at least 18 years old and possess a current driver's license.

(e) Seat belts shall be utilized by all passengers in vehicles so equipped.

(f) Occupancy of a vehicle shall be limited to its rated capacity.

**7-2.11 Recreational safety.**

**(a) Swimming.**

(1) Only locations approved by the permit-issuing official as part of the camp's safety plan can be used for swimming.

(2) Adequate light must be present to effectively supervise swimming activities. Swimming shall be prohibited between sunset and sunrise at wilderness swimming sites. Lighting for indoor and nighttime swimming pool use must comply with Subpart 6-1 of this Title.

(3) Swimming pools and bathing beaches operated as part of a children's camp shall comply with Part 6 of this Title, and the following:

(i) The swimming pool or bathing beach shall be directly supervised by a camp aquatics director.

(ii) Float lines shall be provided in accordance with Subpart 6-1 or Subpart 6-2 of this Title and the swimming area shall have at least non-swimmer and swimmer areas designated. Non-swimmers shall be confined to the area appropriate to their assessed swimming ability. Non-swimmers shall be conspicuously identified to be readily distinguishable from swimmers except where non-swimmers are restricted from entering the swimmer area by a physical barrier such as a swim crib or dock, or are in a separate pool only for non-swimmers. Non-swimmers shall be restricted to water less than chest deep, except:

(a) during learn-to-swim programs that use a supervision protocol determined by the State Commissioner of Health to protect a camper from injury or drowning; or

(b) when counselors are in the water and directly supervise a maximum of three non-swimmers in shallow water in the non-swimmer area.

(iii) Permanent swimming areas shall have supervised entrances and exits, lifeguard station providing an unobstructed view of the swimming area, and lifesaving equipment. Swimming pools shall be protected by fences; entrance gates shall be locked except during periods when a lifeguard is on duty.

(iv) A Buddy System and Board System of supervising and checking bathers must be described in the camp's approved safety plan and implemented. It must include, as a minimum:

(a) an accounting system which identifies each bather by name, the bather's swimming ability and the swim area to which the bather is assigned;

(b) a method of recording the entry to and exit from the swim area for each bather;

(c) the assignment of each bather to a buddy who must have the same level of swimming ability. If a non-swimmer is paired with a swimmer, both must remain in the non-swimmer area. One threesome is allowed per swim area. Buddies shall be instructed to notify the lifeguard when their partner is in distress or is missing; and

(d) that checks of the bathers are made at least every 15 minutes. These checks are referenced against the accounting system.

When children are unable to comprehend or implement the buddy system, another method which the permit-issuing official has determined provides an equivalent level of bather safety, supervision and accountability for these children may be substituted for the buddy system and board system. The method must be described in the camp's approved safety plan.

A "lost swimmer" plan, which details all procedures to be followed, including clearing the water, searching and supervising campers present, is required and must be included in the camp's approved safety plan. The lost swimmer plan shall be implemented whenever a buddy check fails to account for all bathers and anytime a bather is reported missing.

(v) All piers, floats, platforms, and decking shall be in good repair. Clearly visible depth and other markings shall be provided in accordance with Subpart 6-1 or Subpart 6-2 of this Title.

(vi) The minimum water depth for diving boards shall be in accordance with section 6-1.10(l) or section 6-2.19, item 4.8.2. Swimming pool diving boards installed since July 15, 1988, shall be constructed in accordance with section 6-1.29 item 5.6. For outdoor diving areas, the bottom shall be cleared of stumps, rocks and other obstacles. Diving boards shall be mounted on a firm foundation and the top surface shall be slip resistant.

(vii) There shall be one qualified lifeguard for every 25 bathers. Each lifeguard shall supervise no more than 3,400 square feet of pool surface area or 50 yards of shoreline at a bathing beach. At a beach where swimming or diving is permitted more than 150 feet from shore, lifesaving patrol boats or offshore lifesaving stations shall be provided.

(viii) The ratio of counselors to campers participating in activities that occur in the water shall be 1:10. For children younger than eight, the ratio shall be 1:8, except that when children are less than six years of age, the ratio shall be 1:6. Counselors shall be assigned to supervise campers and be located at the poolside, beachfront or in the water providing direct visual surveillance for such campers at all times.

(4) When swimming is conducted during camp trips including aquatic amusement park activities at a facility not owned or operated by the camp, each camper shall have a signed statement of permission to participate from a parent/guardian and the following shall be met:

(i) Except for wilderness sites, only those swimming pools and bathing beaches in New York State that have a valid permit to operate issued from the local health department having jurisdiction for the bathing facility, or those operated by a New York State Agency may be used.

(ii) Residential swimming pool use is prohibited.

(iii) A buddy system and board system of supervising bathers shall be implemented in accordance with section 7-2.11(a)(3)

(iv). All campers must have their swimming ability assessed by a progressive swimming instructor and the swimming area shall have at least non-swimmer and swimmer areas designated. Non-swimmers shall be confined to the area appropriate to their swimming ability. Non-swimmers shall be conspicuously identified

to be readily distinguishable from swimmers except where non-swimmers are restricted from entering the swimmer area by a physical barrier such as a swim crib or dock or are in a separate pool for only non-swimmers. Non-swimmers shall be restricted to water less than chest deep, except:

(a) during learn-to-swim programs that use a supervision protocol determined by the State Commissioner of Health to protect a camper from injury or drowning; or

(b) when counselors are in the water and directly supervise a maximum of three non-swimmers in shallow water in the non-swimmer area.

(iv) When a camp utilizes a pool, bathing beach or an aquatic amusement park activity where the facility provides aquatic supervisory staff level I, IIa or IIb in accordance with Part 6 of this Title, the camp shall provide one qualified lifeguard, or camp staff who possesses training in children's camp swimming program safety as specified in clause (a) of this subparagraph, for each 75 campers to supervise camper bathing activities and implement the camp safety plan. A camp supplied lifeguard, or a staff possessing training in children's camp swimming program safety, is not required for aquatic amusement park activities that allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.

(a) A training course will be determined to be acceptable if, after a review by the State Health Department, the materials and training program covering those items set forth below are determined to provide camp staff with adequate training to supervise a camp trip swimming activity.

(b) Training course certification shall be valid for the time period specified by the certifying agency, but may not exceed a consecutive three-year period from course completion.

(c) Training course materials shall be submitted for review by the course sponsor and shall include minimum instructor qualifications to demonstrate that instructors possess adequate experience and knowledge in children's camp swimming program safety to effectively communicate the subject matter of this section:

**(1) Injury Prevention Including Communicating and Enforcing Rules**

**(2) Bather Surveillance Systems for Children's Camps**

**(i) Classifying and Identifying Bather Swimming Abilities**

**(ii) Swimming Area Selection**

**(iii) Buddy System**

**(iv) Buddy Board/Accountability Systems**

**(3) Types of Emergencies and Emergency Action Plans (EAP)**

**(v) Pre-arrangement must be made with an off-site facility to ensure that the facility is capable of accommodating the additional bather load associated with the camp, to identify duties of the camp aquatic staff, and to determine whether or not the facility's lifeguards will be present.**

**(vi) Minimum counselor to camper ratio shall be 1:8 for campers 6 years of age and older and 1:6 for campers younger than 6 years of age. Counselors shall be assigned to supervise campers and be located at the poolside, beachfront or in the water providing direct visual surveillance for such campers at all times.**

**(vii) When the camp utilizes a facility that does not provide aquatic supervisory staff level I, IIa or IIb in accordance with Part 6 of this Title, the camp must provide one qualified lifeguard for every 25 bathers to directly supervise campers participating in bathing activities and to implement the camp safety plan. Each camp supplied lifeguard shall supervise no more than 3400 square feet of area at swimming pools or no more than 50 yards of shoreline at bathing beaches. Camper swimming is prohibited at a distance of more than 75 feet from shore at bathing beaches when the water depth exceeds chest deep of the shortest camper. When the water depth is less than chest deep of the shortest camper, swimming shall be restricted to no more than 150 feet from shore.**

**(5) When wilderness swimming is conducted, each participating camper shall have a signed statement of permission to participate from a parent/guardian, and section 7-2.11(a)(3)(iv) shall be complied with. In addition:**

(i) The camp shall provide at least one qualified lifeguard per 25 bathers. A minimum of two staff members which includes the lifeguard shall possess a current certificate in an acceptable cardiopulmonary resuscitation (CPR) training program as defined in subdivision 7-2.2(n) of this Subpart.

Only staff who are determined by a Progressive Swimming Instructor to have a swimming ability equivalent to that of a swimmer's ability may supervise a wilderness swimming activity.

(ii) Minimum staff to camper ratio shall be 1:8 for campers 6 years of age and older and 1:6 for campers younger than 6 years of age. Counselors shall be assigned to supervise campers and be located at the waterfront providing direct visual surveillance for such campers at all times.

(iii) The swimming area shall be adequately marked to identify the perimeter. Water within the swimming area shall not exceed 5 feet in depth and swimming shall be restricted to an area which is no more than 50 yards of shoreline and 75 feet from shore. Water clarity shall be sufficient to see the bottom or to a minimum of 4 feet below the surface throughout the swimming area. The bottom slope of the swimming area shall not be steeper than 1:8 and the bottom shall contain no sharp drop-offs, jagged rocks or under water obstructions. Water currents shall not exceed 3 feet per second in the swimming area.

(iv) All campers must have their swimming ability assessed by a progressive swimming instructor and the swimming area shall have at least non-swimmer and swimmer areas designated. Non-swimmers shall be confined to the area appropriate to their assessed swimming ability. Non-swimmers shall be conspicuously identified to be readily distinguishable from swimmers and be restricted to water less than chest deep.

(v) Safety equipment. One rescue tube, rescue buoy or United States Coast Guard approved life jacket and a pocket face mask to assist with CPR shall be provided for each required lifeguard.

(vi) Safety rules. Head first diving shall be prohibited as shall jumping into the water from cliffs, trees, water flumes or rope swings.



**(b) Riflery.**

**(1) Rifle ranges shall not endanger any person or persons in other activity areas; backstops shall be used to contain bullets within the range. Large warning signs atop the backstop, facing away from the firing line, shall be labeled "keep out." A red firing flag shall be displayed when the range is in use.**

**(2) Rifle ranges shall be equipped with a firing line and a ready line; only those ready to fire shall be on the firing line. Those waiting to fire shall remain behind the ready line.**

**(3) The minimum age to participate in a riflery activity shall be in accordance with the Article 265 of the New York State Penal Law and specified in the camp safety plan. Campers shall be instructed in safe rifle range procedures before actual firing.**

**(4) Single-shot rifles, preferably with slings, shall be used. Persons shall stay behind the firing line at all times, except when ordered by the instructor to retrieve targets.**

**(5) The instructor shall be on the range at all times during firing sessions and shall be assisted by another counselor who may be trained by the instructor. One staff person shall supervise a maximum of 10 campers on the firing line.**

**(6) The instructor shall determine that rifles are clean and in good repair, supervise the storage of equipment and control its use by means of a check-out system. Guns and ammunition shall be stored, separately, in locked cabinets.**

**(c) Archery.**

**(1) The archery range shall not endanger any person or persons in other program activities and be clearly marked to warn passing campers away from the danger area. The shooting area shall have at least 50 yards of clearance or an archery net behind each target. Bowmen shall fire from a common firing line and a ready line shall be marked behind it.**

**(2) The bows and arrows shall be stored in a locked cabinet.**

**(3) An archery staff-camper ratio of one for every 10 campers on the firing line shall be maintained.**

**(4) All archery staff should possess training in archery.**

**(d) Horseback riding.**

**(1) A competent riding instructor shall determine each camper's riding experience and level of skill before assigning horses and deciding whether the camper rides in the ring or on the trail. One experienced instructor shall be assigned for every 10 riders for each trail excursion and a minimum of two staff persons shall accompany such excursion.**

**(2) Protective headgear containing a permanent label stating that it meets or exceeds the American Society for Testing and Materials standard ASTM F1163 shall be worn at all times.**

**(3) Children shall wear shoes with heels, or closed stirrups shall be used.**

**(e) Animals. No animals suspected of carrying a communicable disease shall be kept in camp. Animals kept in camp shall comply with the Environmental Conservation Law and with the Agriculture and Markets Law.**

**(f) Equipment.**

**(1) No personal weapons, bows, rifles or similar equipment shall be brought to camp without the camp operator's knowledge and permission. Such articles permitted in camp shall be kept in a locked cabinet by the operator and used only by the owner in accordance with camp safety regulations.**

**(2) All equipment shall be free of hazards, securely anchored where necessary, installed and used in accordance with manufacturer's instructions and inspected by the camp operator at frequent intervals for defects.**

**(g) On-site activities. An activity leader shall supervise each camp activity occurring on the camp's property. A minimum of one activity leader and one staff member shall supervise activities that occur at locations where additional camp staff assistance is not readily available. A minimum counselor-camper ratio of 1:8 shall be maintained for wilderness, equestrian, boating and similar specialized activities, unless the children are less than six years of age then the ratio shall be 1:6.**

**(h) Special Waterfront Activities.**

**(1) Practices and equipment including head protection for whitewater canoeing and personal flotation devices for specialty waterfront**

activities such as water skiing, scuba diving or whitewater canoeing shall be included in the approved camp safety plan.

(2) All motorized boats for use at camps shall be registered with the Department of Motor Vehicles, display its registration number on its bow, and a current registration and inspection certificates shall be available for examination by the permit-issuing official. Procedures and conditions for the use of non-motorized boats shall be included in the required written camp safety plan. All boat occupants shall wear a United State Coast Guard-approved life jacket or vest. A lifeguard shall be present in any watercraft having a capacity of eight or more persons and carrying non-swimmers unless such watercraft is a public vessel as defined in section 2(6)(a) of the New York State Navigation Law.

(3) Boats may be used only by persons having permission of the camp aquatics director or camp director. Boats carrying passengers shall never be towed behind motorized or non-motorized boats. All boats are prohibited in the swimming area unless being used in rescue efforts by lifeguards.

(4) All specialized aquatic activities, such as canoeing, sailing waterskiing and scuba diving, conducted by the camp shall be under the leadership of a counselor trained in the specialty.

(i) Camp trips. A trip leader and at least one counselor must accompany all camp trips. A minimum counselor-camper ratio of 1:8 shall be maintained for swimming, wilderness, equestrian, boating and similar specialized trips, unless the children are less than six years of age then the ratio shall be 1:6. A minimum counselor-camper ratio of 1:12 shall be maintained when transporting campers via motor vehicles to a specific activity site. Staff supervising a camp trip must review the camp safety plan for each trip within 24 hours prior to departure except when the staff participated in an identical trip or in the pre-camp training within one week prior to the intended trip.

(j) Incidental Water Immersion. During a hike or other similar camp activity, entering a stream or other body of water for the purpose of crossing or for personal hygiene shall not be considered swimming. Procedures for incidental water immersion in water deeper than mid-calf of the shortest camper must be specified in the camp safety plan and approved by the permit-issuing official. Incidental water immersion shall

be prohibited when the water's depth cannot be determined or when the water's depth or current does not ensure a safe crossing. A trip or activity leader shall be familiar with safe water flow characteristics and camp safety plan procedures for any body of water entered. Staff shall test the entire area in which incidental immersion will occur prior to campers entering the water.

#### **7-2.12 Building construction.**

(a) Notice of construction modification or conversion required. No person shall modify, develop or convert a property for use as a children's camp without first notifying the permit-issuing official at least 60 days before construction commences. The notices shall give the name and location of the property, a brief description of the facilities to be provided and the name, telephone number and mailing address of the person giving notice. The notice shall be supplemented by additional information including plans or sketches as requested by the permit-issuing official. Construction shall not start prior to the required approval of the plans or sketches by the permit-issuing official and other appropriate regulatory official.

#### **(b) Requirement for new construction.**

(1) Except as otherwise provided in paragraph (2) of this subdivision, all new construction including alterations, enlargements and improvements, shall be in accordance with the Uniform Code and the provisions of the State Environmental Quality Review Act. The building permit and certificate of occupancy as issued by the local code enforcement official should be readily available for review and submission to the permit-issuing official. A written statement signed by a registered architect or professional engineer certifying construction compliance with the Uniform Code shall be submitted to the permit-issuing official prior to occupancy of all new construction. For a summer camp cabin (as that term is defined in paragraph (3) of this subdivision), the written certification of compliance to be submitted to the permit-issuing official shall certify compliance with all applicable Uniform Code requirements other than the automatic sprinkler system requirements specified in subparagraph (i) of paragraph (2) of this subdivision.

**(2) A summer camp cabin (as that term is defined in paragraph (3) of this subdivision) shall be exempt from the following Uniform Code requirements:**

- (i) the automatic sprinkler system requirements, and**
- (ii) the minimum floor area per occupant requirements**

**(3) For the purposes of this subdivision, the term "summer camp cabin" shall mean a sleeping quarter which:**

- (i) is located in a children's overnight camp;**
- (ii) has a sleeping capacity of fewer than twenty-five occupants with a total combined sleeping room floor area of 1200 square feet or less for all sleeping rooms;**
- (iii) is one story;**
- (iv) is used and occupied only between June 1 and September 14;**
- (v) has no cooking facilities, no heating systems, and no solid fuel heating or burning systems;**
- (vi) has only sleeping rooms (including the necessary area for storing occupant belongings) and bathrooms;**
- (vii) has no interior corridors or separate common area rooms;**
- (viii) has at least two exits per sleeping room which are remote from each other and which discharge directly to the building's exterior;**
- (ix) has exit doors that open in the direction of, and are non-locking against egress; and**
- (x) has smoke alarms in each sleeping room that are interconnected such that the activation of one alarm will activate all of the alarms in the cabin.**

**An existing structure that is altered, enlarged or otherwise improved shall not be deemed to be a summer camp cabin (and shall not be subject to the exceptions set forth in paragraph (2) of this subdivision) unless such structure, as so altered, enlarged or otherwise improved, satisfies all of the criteria set forth in this paragraph.**

**7-2.13 Location; grounds.** A children's camp shall be so located that adequate surface drainage can be provided during the period of operation, and so that adequate soil and space will permit the installation and operation of a proper sewage disposal system and/or water system, unless other provisions are made acceptable to the permit-issuing official.

**7-2.14 Housing maintenance.** A building or structure of a children's camp shall be safe, adequate in size for its use, clean, and have watertight roof and sides. However, a lean-to or an open recreational facility, which excludes rain from occupied portions of the structure, may be used as a shelter.

**7-2.15 Heat, light and ventilation.**

(a) Windows, or skylights having a minimum total area within the casement of at least 8 percent of the floor area, shall be maintained in all occupied rooms; natural ventilation shall be provided through openable windows or other exterior openings which are equal in area to 4 percent or more of the floor area. Artificial in lieu of natural lighting, and mechanical ventilation, may be provided in toilet rooms and assembly space.

(b) Camps occupied between October 1 and May 1 shall have at least one building with heating facilities for emergency use. Unvented fossil fuel powered heaters are prohibited.

**7-2.16 Sleeping quarters.**

(a) Every bed, mattress and related sleeping accessories provided by the operator, shall be clean and in good condition at the time of issue; clean sheets and pillowcases shall be provided weekly. Laundry facilities shall be available when campers and staff provide their own linens.

(b) A minimum clear space of 27 inches above the sleeping surface of a bed, and six feet between heads of sleepers, shall be maintained; triple-decker beds are prohibited. Unobstructed space for aisles between beds and access to exits must be provided. Bunk beds shall be structurally sound. The upper bed of bunk beds must, by May 15, 2005, be provided with adequate guardrails.

(c) In sleeping quarters housing more than four persons, 40 square feet of floor area per occupant shall be provided, when single beds are provided. When double-deck bunk beds are provided, 30 square feet of floor area shall be provided for each occupant. Floor area includes space within

the occupied structure to accommodate: the bed, storage for personal belongings, aisles and exitways, and associated assembly space. Space for toilets, lavatories and showers shall not be used to calculate a sleeping quarter's floor area. For structures built prior to 1975, the required minimum floor area for single beds is 36 square feet. Effective July 1, 2011, construction of sleeping quarters not meeting the definition of a summer camp cabin, as defined in section 7-2.12(b)(3) of this Subpart, 50 square feet of floor area per occupant shall be provided in each sleeping room.

(d) An undivided room shall not have more than 36 occupants.

(e) A sleeping room shall have a minimum clear height of five feet above the floor area, and at least 80 percent of the floor area shall have a continuous minimum clear height above it of seven feet. The walls shall extend from the floor to the ceiling or roof, or to a minimum height of eight feet.

(f) At least one adult counselor shall be present during sleeping hours on every level of a building used for sleeping.

**7-2.17 Electrical safety.** All existing electrical service, wiring and fixtures shall be in good repair and safe condition.

**7-2.18 Fire safety.**

(a) **Building Standards.** All construction, equipment installation and fire safety practices required by this section shall be operated and maintained in accordance with the Uniform Code.

(b) **Fire alarm systems and emergency procedures.**

(1) Buildings used for sleeping by 50 or more persons, or buildings two stories or more in height used for sleeping, shall have a fire alarm system, that when activated sounds an alarm which can be heard throughout the camp. Buildings three stories or more in height used for sleeping shall be protected with an automatic fire detection system including smoke detectors installed in corridors, assembly areas, storage rooms, stairways and heat detection devices installed in kitchens.

(2) At least one single station smoke detection alarm device shall be installed on or near the ceiling in each sleeping unit. Battery operated devices are acceptable. Tents and lean-tos are not required to be equipped with these devices.

(3) Portable audible/visual smoke detectors shall be provided in all sleeping quarters occupied by visually or audibly impaired campers. Hard wiring of audible/visual detectors, into an existing fire alarm system shall be permitted in lieu of such portable detectors. Tents and lean-to's are not required to be equipped with these devices.

(4) Fire drills shall be held within the first 48 hours of each camping session and periodically thereafter in accordance with the camp safety plan. A log with drill dates and times must be maintained and verified by the camp director. It must be available for inspection at all times.

(5) The camp operator shall be responsible for the regular inspection of all fire protection facilities and equipment.

(c) Means of egress.

(1) The means of egress from all structures shall be maintained in an unobstructed, easily traveled condition at all times, and protected from hazardous areas such as heating plant, kitchen and flammable storage.

(2) Sleeping quarters with an occupancy of 15 or more persons shall be provided with at least two separate means of egress located as far apart as practical. Each door shall swing in the direction of egress. Windows in a sleeping quarter two stories or less in height may be substituted for one approved exit, provided the sill is not more than three feet above the floor and the drop from the windowsill to an unobstructed area on the ground is less than 14 feet.

(3) Two separate means of egress shall be provided from each floor of a multi-story building. In buildings constructed prior to September 1, 1978, dead-end corridors up to 35 feet in length are acceptable. An exitway shall lead to an outside exterior stairway or to an interior smoke-tight passageway having a minimum of three-quarter hour fire-resistant construction and leading to the outdoors at grade. Stairs extending beyond two occupied floors shall have a self-closing, tight door at each floor level.

(4) Except for an individual room, a door containing hardware and forming part of a means of egress shall be nonlocking against egress and operable with a single motion in the direction of egress. The use of hooks and eyes, bolts, bars and similar devices is prohibited; widths of exit doors shall be a minimum of 28 inches.



(5) All assemblage areas, including a recreation room, dining hall or chapel, shall have at least two means of egress acceptable to the permit-issuing official and doors shall comply with the requirements of Paragraph (4) of this subdivision.

(6) Exits from a room occupied by 15 or more persons, or exits not readily visible to the occupants, shall be identified by lighted exit signs, including directional signs where needed.

(7) Emergency lighting shall be provided for halls, stairways and exit signs where required by the permit-issuing official.

(d) Heating. Stoves or other heat sources, where provided, shall be installed and maintained in accordance with the manufacturer's instructions to avoid fire hazards and dangerous concentrations of fumes or gas. Water heaters shall not be installed in sleeping quarters.

(e) Other precautions.

(1) Containers of gasoline, kerosene and other flammable materials shall be labeled and stored in a separate locked and unoccupied building. Oil-based paints and thinners shall be stored in approved-type paint lockers or in a separate building.

(2) All tents shall be of the fiber-impregnated flame-retardant variety or equivalent.

(3) Fire extinguishers and other fire fighting equipment acceptable to the permit-issuing official shall be provided, inspected and tagged by the camp operator prior to the camp season. The equipment shall be maintained in operating condition at all times.

#### **7-2.19 Food service.**

(a) Kitchens, dining areas and food service shall comply with Part 14 of this Title.

(b) When food is provided by the camp, it shall be of sufficient quantity and quality for the nutritional needs of each child.

**7-2.20 Hazardous materials.** Agricultural, commercial or household pesticides and toxic chemicals shall be stored and/or used to cause no air, surface water or ground water pollution or be hazardous to the occupants of the camp. They shall be stored in their original containers in areas designated for such use.

**7-2.21 Vector and vermin control.** The premises are to be free of insect and rodent infestations that may cause a nuisance or health hazard. Bats shall be excluded from living areas of occupied buildings.

**7-2.22 Weed control.** Ragweed, poison ivy, poison oak, poison sumac and other noxious weeds shall be controlled to minimize contact by camp occupants.

**7-2.23 Refuse storage and disposal.**

(a) Refuse shall mean solid wastes.

(b) Facilities shall be provided and maintained for the storage, handling and disposal of refuse to prevent nuisance conditions, insect and rodent infestations and pollution of air and water.

**7-2.24 Variance; waiver.**

(a) Variance - In order to allow time to comply with certain provisions of this Subpart, an operator may submit a written request to the permit-issuing official for a variance from a specific provision(s) when the health and safety of the children attending the camp and the public will not be prejudiced by the variance, and where there are practical difficulties or unnecessary hardships in immediate compliance with the provision. An operator must meet all terms of an approved variance(s) including the effective date, the time period for which the variance is granted, the requirements being varied and any special conditions the permit-issuing official specifies.

(b) Waiver - In order to accept alternative arrangements that do not meet certain provisions of this Subpart but do protect the safety and health of the campers and the public, an operator may submit a written request to the permit-issuing official for a waiver from a specific provision of this Subpart. Such request shall indicate justification that circumstances exist that are beyond the control of the operator, compliance with the provision would present unnecessary hardship and that the public and camper health and safety will not be endangered by granting such a waiver. The permit-issuing official shall consult with a representative of the State Department of Health prior to granting or denying a waiver request. An operator must meet all terms of an approved waiver(s), including the condition that it will remain in effect indefinitely unless revoked by the permit-issuing official or the facility changes operators.

**7-2.25 Additional requirements for camps with camper enrollments of 20 percent or more developmentally disabled campers.**

**(a) Personnel and supervision.**

**(1) The camp director, who may also be the camp operator, must possess a Bachelor's Degree from an accredited program in the field of physical education, recreation, education, social work, psychology, rehabilitation or related human services fields and must present evidence of specialized training or one year of experience in treating or working with the developmentally disabled.**

**(2) A camp director does not have to meet the requirements of paragraph (1) of this subdivision if:**

**(i) the individual was a camp director for a camp for developmentally disabled campers during each of the three camping seasons preceding the 1986 camping season;**

**(ii) conditions at the camp did not threaten the health or safety of campers during that person's tenure as camp director; and**

**(iii) the individual otherwise meets the minimum qualifications for a camp director, as set forth in section 7-2.5 of this Subpart.**

**(3) The ratio of counselors to campers who are confined to wheelchairs or require the use of adaptive equipment or bracing to achieve ambulation, but who do not possess, for whatever reason, the ability to fit, secure or independently manipulate such devices satisfactorily to achieve ambulation, shall be 1:2.**

**(4) The camp director shall develop a written staff training program appropriate to the specific needs of the developmentally disabled enrolled in the camp.**

**(b) Medical Requirements.**

**(1) The camp health director must be a physician, physician's assistant, registered nurse or licensed practical nurse and must be on-site for the period the camp is in operation.**

**(2) The camper's confidential medical history shall include the camper's physician's name, address and telephone number, and identification of the camper's seizure disorders, allergies, and/or any existing communicable disease.**

**(3) Modified diets must be identified by specific camper prior to arrival at camp, planned for, provided for in accordance with supplied directions, and reviewed by the designated camp health director.**

**(c) Toilets, privies, lavatories, showers. All lavatories and showers used by the physically handicapped shall be equipped with specialized fixtures, grab bars and controls.**

**(d) Transportation.**

**(1) A camp serving wheelchair-bound campers shall provide an appropriately equipped vehicle for transportation.**

**(2) There shall be at least one counselor in addition to the driver in any vehicle transporting campers or as provided in the camp safety plan approved under section 7-2.5(n) of this Subpart.**

**(e) Recreational Safety.**

**(1) All appropriate recreational activities shall be accessible by providing ramps, proper surfaces for movement, and/or adaptive equipment.**

**(2) The minimum counselor-to-camper ratio during swimming pool and waterfront activities shall be:**

**(i) one counselor for each camper with a seizure disorder or with any other handicapping condition identified by the camper's parents, guardian, physician or residential care provider that might result in unusual emergencies in the water;**

**(ii) one staff member for every five (5) campers not designated in subparagraph (i) of this paragraph.**

**(3) No camper can participate in swimming activities unless a written permission statement signed by the camper's parent or guardian or the residential care provider is on file at the camp. Also, special medical restrictions should be specified in writing in the camper's confidential medical history.**

**(4) The camp safety plan approved under section 7-2.5(n) of this Subpart shall contain a procedure to address the handling of seizures and choking on ingested water. All waterfront and swimming pool staff must be trained to implement the procedure prior to the date the camp begins operation. Drills using this procedure shall be conducted and documented within two weeks of the commencement of the camp's**

operation and at two week intervals during the duration of the camp's operation.

**(f) Location; grounds.** Exterior paths of travel shall be free of encumbrances and provide an appropriate surface for movement during inclement weather as appropriate for the camp population being served.

**(g) Sleeping quarters.**

**(1) Buildings housing non-ambulatory or wheelchair-bound campers shall have ramps constructed in accordance with the Uniform Code to facilitate access and egress and shall maintain a minimum 36-inch wide clear path to exits if two ramps are provided or a 60-inch wide clear path when only one ramp is provided.**

**(2) Non-ambulatory campers shall not have their sleeping accommodations above the ground floor.**



State of New York  
Department of Health

4232

Revised 11/11

Summary of 2011 amendments to Subpart 7-2 (Children's Camps)  
of the New York State Sanitary Code (SSC)

7-2.2 Definitions

- The summer day camp definition has been revised to be consistent with Public Health Law (PHL).
- A definition for nonpassive recreational activities with significant risk for injury has been added.
- Course curriculum standards for first aid and cardiopulmonary resuscitation (CPR) certifications have been added and references to American Red Cross (ARC) courses removed throughout Subpart 7-2.

7-2.3 Application

- The list of operations exempt from regulation has been expanded to include "pre-college," school, and certain classroom based educational programs.

7-2.4 Permit

- The fee for a children's camp permit has been revised (\$100 to \$200) to be consistent with PHL.

7-2.5 Personnel, supervision, and camp safety plan

- Camp Aquatic Directors minimum experience, certification, and training requirements have been clarified and improved.
- The maximum allowable percentage of on-duty 16-year-old lifeguards at pools and beaches has been increased from 20 percent to 50 percent of required lifeguard staff.
- PHL requirement for the use of the State Sex Offender Registry to determine if staff are listed is incorporated.

7-2.8 Medical requirements

- The first aid course accepted for day camps with minimal physical activity was eliminated.
- PHL requirement for providing meningococcal meningitis information to parents of children at certain overnight camps is incorporated (PHL Section 2167).

7-2.10 Transportation

- Reflective triangles have been added as an acceptable alternative to flares in camp vehicles.

7-2.11 Recreational safety

- An alternative to the requirement for camps to provide a lifeguard during camp trip swimming activities to lifeguarded facilities has been added.
- The number of required staff certified in CPR for wilderness swimming activities has been clarified.

7-2.12 Building construction

- Certain types of summer camp cabins have been exempted from the Uniform Fire Prevention and Building Code (Uniform Code) requirements for fire extinguishing sprinkler systems and minimum occupant floor area requirements;

\* In addition to the above amendments to Subpart 7-2, course curriculum standards for "Lifeguard Supervision and Management" have been added to Subpart 6-1 and Subpart 6-2 of the SSC.



## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Acting Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

April 7, 2015

Re: Children's Camp Application - 2015

Dear Camp Operator,

Enclosed are the forms necessary for submission to receive a 2015 Permit to Operate. Please complete and return all applicable forms, and include a check made payable to the New York State Department of Health (if applicable), to the Glens Falls District Office (GFDO), at least 60 days prior to opening day. Additional copies of some of the required forms can be found on the department website at <http://www.nyhealth.gov/environmental/outdoors/camps/>. The following documents must be received in order for an application to be considered complete:

- Permit Application (DOH-3965)
- Fee Schedule (DOH-2225F)
- Proof of Workers' Compensation and Disability Insurance coverage, or a signed form of attestation (CE-200) that coverage is not required (original signature only) **(Please refer to the enclosed fact sheet)**
- Children's Camp Facility and Staff Description (DOH-367) **(This form has been modified starting in 2012)**
- Children's Camp Additional Staff Qualifications (DOH-367a) **(May be submitted upon confirmation of proposed staff. Please send as soon as completed.)**
- Children's Camp Director Certified Statement (DOH-2271)
- State Central Register Database Check (LDSS-3370) **(Please fill-out completely and return to Glens Falls District Office, not to DSS.)**
- Updated Safety Plan *or*
- Up to Date Affirmation Statement (located on Page 2 of the DOH-367 form.) **(Please contact this office for information regarding submission of a Safety Plan Addendum, if needed. This must be completed only if there are changes or additions to the camp or any activities).**
- Children's Camp Inspection Report (DOH-1315) **(Please complete and return as a self-inspection document.)**

As a reminder, out-of-camp trips are considered part of the camps written safety plan, and as such, proposed trip plans must be submitted to this office for review and approval. You are not required to re-submit trip plans for out-of-camp trips which have been previously reviewed and approved by this office.

**All children's camp staff, including volunteers** must be screened through the NYS Division of Criminal Justice Sex Offender Registry (do not forward to this office). This is a New York State Sanitary Code (NYSSC) requirement. Searches of 30 or more must be completed electronically. You must retain a copy of proof of screening on-site, as this is an inspection item.

Fact Sheets (enclosed) are also available on the Department's website. Current staff qualification fact sheet are dated February 2015. Department staff are currently reviewing



available courses and vetting the curriculum offered to verify which courses meet the state's minimum training requirements. The current version of the fact sheets supersedes all previous versions.

As an additional reminder, certain injuries and illnesses, physical or sexual abuse allegations, fires, and all potential rabies exposures or administration of epinephrine **must be reported to NYSDOH within 24 hours.**

Also, please be advised that if you designate staff, other than a licensed health care practitioner, to possess an on-site epinephrine auto-injector, there are additional requirements. These include staff passing an approved training course, filing a signed written agreement between the camp and the emergency health care provider, including this as part of your approved safety plan, and filing a notice of intent with the Regional Medical Services Council. Please call for additional information and paperwork, if needed. These requirements do not preclude a camper or staff member from attending camp with a properly **prescribed** epinephrine auto-injector.

The department website also provides these useful documents for your review and use:

- Children's Camps in New York State brochure
- Required Reporting for Injury Illness poster
- Children's Camp Program Wilderness Swimming Guidance
- Wilderness Swimming Site Field Assessment Tool
- Children's Camp Swimming Fact Sheet
- Procedures for Handling Outbreaks at Camps
- Meningococcal Disease Fact Sheet, with sample camp parent letter and parental response form (**now required at some camps; please refer to Subpart 7-2 for further details**)

General information regarding the prevention and control of bed bugs, including links to Cornell University and CDC, has been posted to the Department's website (<http://www.nyhealth.gov/environmental/pests/bedbugs.htm>). Bed bugs feed on blood but are not known to spread any disease to humans. Bites can cause allergic reactions or secondary infections in some individuals. If a bed bug infestation occurs at a camp, the operator must take corrective actions. An integrated pest management approach is recommended and if pesticides are used, they must be applied by a New York State licensed commercial applicator. A list of businesses offering commercial application of pesticides is available on the Department of Environmental Conservation (DEC) website at [www.dec.ny.gov/permits/209.html](http://www.dec.ny.gov/permits/209.html).

This office has encountered sporadic incidences of Methicillin-resistant *Staphylococcus aureus* (MRSA) in recent years. We ask that you have medical staff review the Health Advisory: Prevention and Control of Methicillin-resistant *Staphylococcus aureus* located on the department's website. Additionally, education should be provided to all incoming staff regarding the detection of suspected incidences of MRSA, in order to allow the early diagnoses and treatment of cases. Both campers and staff should be reminded of the potential hazards associated with the sharing of personal hygiene products, clothing, and towels.

The most commonly cited violation continues to be inadequate supervision of campers. Please reaffirm with your staff the importance of quality supervision, and the requirement under Subpart 7-2 to meet specific supervision ratios at all times, and for every specific activity. Your Camp Written Safety Plan can assist in providing guidance, and should be used as the primary reference for your facility for all questions regarding the operation of your camp. As such,

please make available applicable sections of the safety plan to all staff and ensure at least one complete copy of the written safety plan is kept at the facility at all times. If you wish to update or modify the written safety plan, you must submit the revisions to this office for review and approval **prior to implementing the proposed changes.**

On June 30, 2013, legislation creating the New York State Justice Center for the Protection of People with Special Needs became effective. This legislation contains requirements for children's camps for children with developmental disabilities and requires amendments to the children's camp regulation (Subpart 7-2). The amendments apply to camps with 20% or more campers with a developmental disability and include new requirements for:

- staff screening and training and
- incident reporting/management.

Camps with programs affected by this legislations, or are thinking of expanding their programs into special needs operations, are strongly urged to contact the Justice Center for more information.

Updated copies of Subpart 7-2 (Children's Camp) of the NYSSC can be found on the department's website at <http://www.nyhealth.gov/environmental/outdoors/camps>. If you have any questions, please feel free to contact this office at (518) 793-3893.

Sincerely,



Gregory F. Reynolds  
Principal Sanitarian  
NYSDOH – Glens Falls District Office  
77 Mohican St.  
Glens Falls, NY 12801  
(518) 793-3893  
Fax (518) 793-0427

enclosures

cc: A. Gabalski, District Director  
GFDO Sanitarians  
File

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# ATTENTION

## **This office cannot issue a permit without proof of Workers' Compensation & Disability Insurance coverage**

The following current/valid forms must be submitted with your application:

1. **Workers' Compensation** (submit one from this list):
  - Form **C-105.2** (issued by your insurance carrier)
  - Form **U-26.3** (issued by the State Insurance Fund)
  - Form **SI-12**
  - Form **GSI-105.2**

### AND

2. **Disability Insurance Benefits** (submit one from this list):
  - Form **DB-120.1** (issued by your insurance carrier)
  - Form **DB-155**

Contact your insurance carrier for these forms. Unfortunately, we are unable to substitute insurance forms submitted with recent permit renewal/applications for this requirement. Legal entity named on insurance forms must match name listed on permit.

### OR

3. If you feel you are exempt from Workers Compensation/Disability coverage, you should submit a **CE-200 Exemption Certificate**.
  - The requirements and form can be found on-line at <http://www.wcb.ny.gov>.
  - The form and instructions are under the "*Employer/Businesses*" section. Select "*WC/DB Exemptions*" at the bottom of page, and then select "*Request for WC/DB Exemption (Form CE-200)*".
  - Complete, print and sign the form. Submit your original CE-200 with your application. We cannot accept copies of the CE-200.
  - A new CE-200 will be required for each event you intend on participating in.

Questions pertaining to Workers' Compensation / Disability Insurance requirements can be directed to the Workers' Compensation Board Office at (518) 473-9166 or toll free at 1-866-750-5157. Please contact this office at (518) 793-3893 with any other questions. Thank you for your cooperation.

**New York State Children's Camps Fact Sheet**  
**Acceptable Annual Water Supply Start-up Procedures**  
**(Required by Section 7-2.6(d) of Subpart 7-2 of the NYS Sanitary Code)**

**January 4, 2005**

An operator of a children's camp with an on-site potable water system that is not subject to continuous water use must ensure that an acceptable annual start-up procedure is completed. An operator of a camp with a potable water distribution system that is not subject to continuous water use, which receives water from an off-site public water system, may be required to implement a start-up procedure when the Permit-Issuing Official determines it to be necessary to ensure the satisfactory quality of the potable water.

The camp operator is required to use the start-up procedure contained in section 7-2.6(d)(1)(i) or an alternate procedure approved by the Commissioner of Health as stated in section 7-2.6(d)(1)(ii). Start-up procedures including required sampling must be completed at least 15 days prior to opening for the season.

Approved alternative procedures for start-up disinfection are described below. Only the start-up procedure(s) that are specified for the camp's potable water system type may be used. Facility operators that annually disinfect on-site well(s) as part of their routine start-up procedures should use procedure "C. Well Disinfection."

**A. Water System Type: On-site Water System Using Chlorine Disinfection.**

1. Flush the well (when applicable) and chlorine contact tanks by running water from a tap nearest the water supply source until the water appears to be free of particulates and discoloration.
2. Install the chlorination equipment and ensure that it is operational.
3. Flush all water lines thoroughly utilizing continuous chlorination until a free chlorine residual of at least 2.0 ppm is measured at all taps in the distribution system. Shut off all taps and allow the water to remain undisturbed in the water lines for 24 hours. Evaluate the system for leaks and pressure loss.
4. If the pressure (20 psi minimum) and chlorine residual (minimum 0.2 ppm) are acceptable, flush the distribution system again until the water appears to be free of particulates and discoloration. Confirm that a free chlorine residual of at least 0.2 ppm is present and then shut off all taps and allow the water to remain undisturbed for another 24 hours.

\*If the system was unable to maintain adequate pressure or a free chlorine residual, correct the problem and repeat steps 2 and 3 before continuing.

5. After 24 hours (total 48 hours), flush each tap and confirm that a free chlorine residual of at least 0.2 ppm but less than 4.0 ppm is present. Collect at least one water sample for Total Coliform analysis from a representative point in the distribution system for each water source. Submit the sample(s) to a laboratory certified by the New York State Department of

Health. Water sample analysis reports must be submitted to the permit-issuing official prior to permit issuance.

**B. Water System Type: On-site Water System Using Ultra-violet (UV) Disinfection.**

1. Flush the well by running water from a tap nearest the well until the water appears free of particulates and discoloration.
2. Install the ultra-violet disinfection equipment and ensure that it is operational.
3. Flush all water lines on the system with UV treated water until the water appears to be free of particulates and discoloration, and the distribution system is completely filled with treated water. Shut off all taps and allow the water to remain undisturbed in the water lines for 24 hours. Evaluate the system for leaks and pressure loss.
4. If the pressure (20 psi minimum) is acceptable, flush the distribution system again until the water appears to be free of particulates and discoloration.

\*If a problem was discovered regarding maintaining adequate pressure, correct the problem and repeat steps 2 and 3 before continuing.

5. Collect at least one water sample for Total Coliform analysis from a representative point in the distribution system and submit the sample to a laboratory certified by the New York State Department of Health. Water sample analysis reports must be submitted to the permit-issuing official prior to permit issuance.

**C. Well Disinfection: On-site Well Water System Using Chlorine or Ultra-violet (UV) Disinfection**

1. Run water until clear, using an outdoor faucet closest to the well or pressure tank.
2. Flush all water lines on the system with water until the water appears to be free of particulates and discoloration, and the distribution system is completely filled.
3. Mix one quart of unscented household bleach containing about 5% chlorine in 5 gallons of water in a large bucket or pail in the area of the well casing.
4. Turn electrical power off to the well pump. Carefully remove the well cap and well seal if necessary. Set aside.
5. Place the hose connected to outdoor faucet inside well casing. Turn electrical power back on to the well pump and turn water on to run the pump.
6. Carefully pour the water and bleach mixture from the bucket or pail down the open well casing. At the same time, continue to run the water from the hose placed inside the well casing. Mix a second solution of one quart of 5% household bleach to 5 gallons of water in a large bucket or pail and repeat this step.
7. At each indoor and outdoor faucet, run the water until a chlorine odor is present, then shut each faucet off.

8. Continue running water through the hose inside the well casing to recirculate the chlorine-treated water. Use the hose to wash down the inside of the well casing.
9. After one hour of recirculating the water, shut all faucets off to stop the pump. Disconnect power supply to pump. Remove recirculator hose from well.
10. Mix one quart of 5% household bleach in 5 gallons of water and pour mixture down the well casing. Repeat this process with a second mixture. Disinfect the well cap and seal by rinsing with a chlorine solution. Replace well seal and cap. Allow the well to stand idle for at least eight hours and preferably 12 to 24 hours. Avoid using the water during this time. Evaluate the system for leaks and pressure loss.
11. If the pressure (20 psi minimum) and chlorine residual (minimum 2.0 ppm) are acceptable, flush the distribution system again until the water appears to be free of particulates and discoloration then run the water using an outdoor faucet and garden hose in an area away from grass, shrubbery and waterways until the odor of chlorine disappears.
 

\*If the system was unable to maintain adequate pressure or a free chlorine residual, correct the problem and repeat step 10 before continuing.
12. When the system has been flushed (0.2 ppm to 4.0 ppm for chlorine disinfected systems or 0.0 ppm for U.V. disinfected systems), install the chlorination or ultra-violet disinfection equipment and ensure that it is operational.
13. Collect at least one water sample for Total Coliform analysis from a representative point in the distribution system for each water source. Submit the sample(s) to a laboratory certified by the New York State Department of Health. Water sample analysis reports must be submitted to the permit-issuing official prior to permit issuance.

**D. Water Source: Off-site Public Water System.**

1. Flush the seasonal use distribution lines with water from the approved off-site system until a detectable free chlorine residual\* is present and the water appears to be free of particulates and discoloration. Shut off the taps and allow the water to remain in the lines undisturbed for 24 hours.
2. After 24 hours, flush each tap until the water appears to be free of particulates and discoloration and confirm that a detectable free chlorine residual\* is present. Shut off the taps and allow the water to remain in the lines undisturbed for another 24 hours.
3. After 24 hours (48 hours total), flush each tap and confirm that a detectable free chlorine residual\* is present. Collect at least one Total Coliform water sample from a representative point in the distribution system and submit it to a laboratory certified by the New York State Department of Health. Water sample analysis reports must be submitted to the permit-issuing official prior to permit issuance.

\*If no residual appears after continued flushing, please notify the operator of the public water supply and the local health department.

# AQUATIC CERTIFICATIONS for NYS Bathing Facilities

## Fact Sheet – February 2015

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

Standards for aquatic/lifeguard certifications are contained in New York State Sanitary Codes (SSC) Subpart 6-1, Section 6-1.31, Swimming Pools; Subpart 6-2, Section 6-2.20, Bathing Beaches; and Subpart 7-2, Section 7-2.5(g), Children's Camps. When the SSC requires "lifeguard supervision" or a "qualified lifeguard" at a bathing facility, an approved lifeguard certification SPECIFIC to the type of bathing facility is required.

**NOTE:**

- All lifeguards must possess separate cardiopulmonary resuscitation (CPR) certification in an approved course listed on the NYS CPR fact sheet unless otherwise indicated in the below table. All CPR certificates are valid for 1 year from course completion, regardless of the expiration date noted on the card.
- Lifeguard certifications shall be valid for the time period specified by the certifying agency, but may not exceed a consecutive three-year period from course completion. Multiyear lifeguard certifications that include CPR require a CPR certification each year.
- Children's camp lifeguards must be at least 17 years of age, except;
  - A maximum of 50% of the required lifeguards on duty may be 16 years of age;
  - Lifeguards for wilderness swimming must be at least 18 years of age.
- Supervising lifeguards must possess at least Supervision Level IIb certification, be at least 18 years old, and have at least 2 seasons of lifeguarding experience.

ACCEPTED COURSES		SUPERVISION LEVEL <i>Marked boxes indicate acceptability</i>			
PROVIDER	CERTIFICATION TITLE	Level I Surf	Level II b Pool & Beach	Level II a Pool Only	
<b>American Red Cross (ARC)</b> A CERTIFICATION IN THE OLD ARC CURRICULUM REMAINS VALID UNTIL EXPIRATION, BUT NO LATER THAN 8/30/2015, AS COURSES IN THE OLD ARC CURRICULUM WILL NO LONGER BE TAUGHT AFTER 8/31/2012. FOR COURSES INDICATED AS NEW FORMAT, THE FOLLOWING APPLY: 1) LIFEGUARDING AND FIRST AID CERTIFICATIONS ARE VALID FOR 2 YEARS FROM DATE OF ISSUANCE. 2) A SEPARATE CERTIFICATE FOR CPR IS NOT REQUIRED IN FIRST YEAR OF CERTIFICATION. *THE WATERFRONT SKILLS MAY BE A SEPARATE CERTIFICATE.	Lifeguarding/First Aid/CPR/AED (New Format)			X	
	Lifeguarding/First Aid/CPR/AED with Waterpark Skills Certificate (New Format)			X	
	Lifeguarding/First Aid/CPR/AED with Waterfront Skills Certificate (New Format)*		X		X
	Lifeguarding				X
	Waterpark Lifeguarding				X
	Waterfront Lifeguarding			X	X
<b>American Lifeguard Association (ALA)</b> CERTIFICATE MUST STATE THE WORDS "INSTRUCTOR-LED COURSE"	Lifeguarding Instructor-Led Course			X	
	Waterpark Lifeguarding Instructor-Led Course			X	
	Waterfront Lifeguarding Instructor-Led Course		X	X	
<b>Boy Scouts of America (BSA)</b> ALL CERTIFICATIONS ARE VALID FOR 3 YEARS FROM DATE OF ISSUANCE AND CARD HOLDER MUST BE AT LEAST 15 YEARS OF AGE (17 YEARS OF AGE FOR CHILDREN'S CAMPS).	Lifeguard, BSA		X	X	
	Aquatics Instructor, BSA		X	X	
<b>Breezy Point Cooperative, Inc.</b>	Breezy Point Surf Lifeguard	X			
<b>Cattaraugus County EMS</b>	Cattaraugus County EMS Lifeguard Training Program		X	X	
<b>Hamptons Consortium</b>	Hamptons Consortium Surf Lifeguard	X	X	X	
<b>Ellis &amp; Associates Inc.</b> <b>International Lifeguard Training Program</b> Separate certificate for CPR is NOT required. *CERTIFICATE MUST INDICATE COMPLETION OF OPEN WATER TRAINING.	Pool Lifeguard Training			X	
	Special Facilities Lifeguard Training			X	
	Special Facilities Lifeguard Training with Open Water Training*		X	X	
<b>Incorporated Village of Saltire</b>	Ocean Lifeguard Certificate	X			
	Bay Front Lifeguard Certificate		X		

ACCEPTED COURSES		SUPERVISION LEVEL <i>Marked boxes indicate acceptability</i>		
PROVIDER	CERTIFICATION TITLE	Level I Surf	Level II b Pool & Beach	Level II a Pool Only
Nassau County Department of Parks, Recreation and Museums	"Day Camp Only"			X
	Grade 1A			X
	Grade 1B			X
	Grade II		X	X
	Grade III	X	X	X
New York City Department of Parks	Municipal Lifeguard	X	X	X
	Municipal Lifeguard "pool only"			X
New York State Department of Environmental Conservation	New York State Lifeguard		X	X
Royal Life Saving Society, Canada ALL CERTIFICATIONS ARE VALID FOR 2 YEARS FROM DATE OF ISSUANCE.	National Lifeguard Service (NLS) Pool			X
	National Lifeguard Service (NLS) Waterfront		X	
	National Lifeguard Service (NLS) Surf	X		
	National Lifeguard Service (NLS) Waterpark			X
Starfish Aquatics Institute, Inc. CERTIFICATION IS VALID FOR 1 YEAR FROM DATE OF ISSUANCE AND CERTIFICATE MUST SPECIFY "MEETS NY STATE DEPARTMENT OF HEALTH REGULATIONS." SEPARATE CERTIFICATE FOR CPR IS NOT REQUIRED IN THE FIRST YEAR OF CERTIFICATION. *IN "SPECIALTY MODULE TRAINING" SECTION OF CERTIFICATION CARD, "WATERFRONT" MUST NOT BE CROSSED OUT.	StarGuard Best Practices for Lifeguards			X
	StarGuard Best Practices for Lifeguards with Waterfront Specialty Module Training*		X	X
Suffolk County Department of Parks	Ocean Lifeguard Training	X		
	Stillwater Lifeguard Training Course		X	
Town of Babylon	Ocean Lifeguard	X	X	X
	Stillwater Lifeguard Training Course		X	X
Town of Brookhaven	Ocean Theory Course	X	X	X
Town of East Hampton	Surf Lifeguard	X	X	X
	Pool and Beach Lifeguard		X	X
Town of Islip	Surf Lifeguard	X	X	X
	Pool and Beach Lifeguard		X	X
Town of Southampton	Ocean Lifeguard	X	X	X
	Stillwater Lifeguard		X	X
Village of Ocean Beach	Ocean Beach Atlantic Ocean Lifeguard Course	X	X	X
YMCA	YMCA Lifeguard		X	X
	Lifeguard		X	X
	2011 Edition Lifeguard Certification		X	X



## SHALLOW WATER CERTIFICATION

(Valid for shallow pools as indicated below)

PROVIDER	CERTIFICATION TITLE
<b>American Red Cross (ARC)</b> A CERTIFICATION IN THE OLD ARC CURRICULUM REMAINS VALID UNTIL EXPIRATION, BUT NO LATER THAN 8/30/2015, AS COURSES IN THE OLD ARC CURRICULUM WILL NO LONGER BE TAUGHT AFTER 8/31/2012. FOR COURSES INDICATED AS NEW FORMAT, THE FOLLOWING APPLY: 1) CERTIFICATIONS ARE VALID FOR 2 YEARS FROM DATE OF ISSUANCE. 2) A SEPARATE CERTIFICATE FOR CPR IS NOT REQUIRED IN FIRST YEAR OF CERTIFICATION.	Shallow Water Lifeguarding/First Aid/CPR/AED (New Format) (Valid for water depths of 5 feet or less.) Shallow Water Attendant (Valid for water depths of 4 feet or less.) Aquatic Attraction Lifeguarding (New Format) (Valid for water depths of 3 feet or less).
<b>American Lifeguard Association (ALA)</b> CERTIFICATE MUST STATE THE WORDS "INSTRUCTOR-LED COURSE"	Shallow Water Lifeguard Instructor-Led Course (Valid for water depths of 4 feet or less.)
<b>Ellis &amp; Associates Inc.</b> <b>International Lifeguard Training Program</b> SEPARATE CERTIFICATE FOR CPR IS NOT REQUIRED IN THE FIRST YEAR OF CERTIFICATION.	Shallow Water Lifeguard (Valid for water depths of 5 feet or less.)

# PROGRESSIVE SWIMMING INSTRUCTOR\*

## for NYS Children's Camps

### Fact Sheet – February 2015

(Go to [www.health.ny.gov](http://www.health.ny.gov), to view most current certification list)

A progressive swimming instructor is required to assess the swimming ability of each camper prior to allowing the child to participate in aquatic activities.

The following courses meet the certification requirements as specified in Section 7-2.5(f) of Subpart 7-2 of the New York State Sanitary Code:

Accepted Courses	
Provider	Certification Title
<b>American Red Cross (ARC)</b>	➤ Water Safety Instructor
<b>Boy Scouts of America</b>	➤ Aquatics Instructor, BSA ➤ Cub Scout Aquatics Supervisor, BSA
<b>Canadian Red Cross</b>	➤ Water Safety Instructor
<b>Orchard Park Recreation</b>	➤ Western New York Swimming Instructor ➤ Western New York Swimming Instructor Trainer
<b>YMCA</b>	➤ Special Population Swimming Instructor ➤ YMCA Swim Lessons Instructor
<b>Starfish Aquatics Institute</b>	➤ Starfish Swimming Instructor – certifications must indicate specialty program training in both Stroke and Swim School
<b>PADI</b>	➤ PADI Swimming Instructor – certifications must indicate specialty program training in both Stroke and Swim School

\*A progressive swimming instructor may not perform lifeguard duties unless currently certified as a qualified lifeguard (see "Aquatic Certifications" fact sheet) and the individual is not concurrently performing instructional duties.

# Camp Trip Swimming Program Safety Certifications for NYS Children's Camp

## Fact Sheet – February 2015

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view the most current certification list)

When swimming is conducted during a camp trip to an aquatics facility that is supervised by qualified lifeguard(s), the camp must supply one additional lifeguard or a staff member possessing training in Children's Camp Swimming Program Safety for each 75 campers at the swimming activity (See Aquatic Certification Fact Sheet for a list of qualified lifeguard certification). A camp supplied lifeguard or staff trained in swimming safety is not required for aquatic amusement park activities that allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.

The following courses have been accepted by the Department as meeting or exceeding course standards for training in Children's Camp Swimming Program Safety specified in Section 7-2.11(a)(4)(iv)(a) of the State Sanitary Code:

Provider	Certification Title*
<p><b>American Red Cross (ARC)</b> Lifeguard Management (LGM) certifications obtained online:</p> <ul style="list-style-type: none"> <li>- As of 1/1/14, LGM is only offered online. In-person testing is obtained through ARC Lifeguarding Instructors that are ARC Authorized Providers.</li> <li>- Certification expiration date is based on the LGM certificate, not the in-person testing certificate date.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lifeguard Management – certifications issued after 12/31/13 must be accompanied by a separate certification indicating in-person testing session.</li> <li>➤ Lifeguard Instructor</li> </ul>
<p><b>American Red Cross on Long Island</b></p>	<ul style="list-style-type: none"> <li>➤ Pool Activity Leader</li> </ul>
<p><b>Boy Scouts of America</b></p>	<ul style="list-style-type: none"> <li>➤ Aquatics Supervision</li> </ul>
<p><b>YMCA</b></p>	<ul style="list-style-type: none"> <li>➤ Aquatics Management</li> <li>➤ Aquatics Management Trainer</li> </ul>

\* Certifications are valid for the time period specified by the certifying agency, but may not exceed a consecutive three-year period from course completion.

# CAMP AQUATICS DIRECTOR

## for NYS Children's Camp Bathing Facilities

### Fact Sheet – February 2015

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

A camp aquatics director must oversee all swimming activities that occur at swimming pools and bathing beaches operated as part of a children's camp. This person shall supervise lifeguards and other required staff during swimming activities and implement the camp safety plan. The camp aquatics director must:

- be at least 21 years of age
- have a minimum of:
  - one season of previous experience as a camp aquatics director at a New York State children's camp; or
  - two seasons of previous experience consisting of at least 12 weeks as a children's camp lifeguard which had more than one lifeguard supervising it at a time; or
  - 18 weeks of previous experience as a lifeguard at a swimming pool or bathing beach, which had more than one lifeguard supervising it at a time.
- hold an accepted and current cardiopulmonary resuscitation (CPR) certificate as listed on the Fact Sheet entitled "Cardiopulmonary Resuscitation (CPR) Certification for NYS Children's Camps and NYS Bathing Facilities"
- annually review and document the review of the camp's safety plan for swimming
- possess current certification in a training course for lifeguard supervision and management as described below:

<b>Acceptable Lifeguard Supervision and Management Courses</b> (Certifications are valid for the time period specified by the provider, but may not exceed three years from the date of course completion.)	
Provider	Certification Title
<b>American Red Cross (ARC)</b>  Lifeguard Management (LGM) certifications obtained online: <ul style="list-style-type: none"> <li>– As of 1/1/14, LGM is only offered online. In-person testing is obtained through ARC Lifeguarding Instructors that are ARC Authorized Providers.</li> <li>– Certification expiration date is based on the LGM certificate, not the in-person testing certificate date.</li> </ul>	> Lifeguard Management – certifications issued after 12/31/13 must be accompanied by a separate certification indicating in-person testing session.  > Lifeguarding Instructor
<b>Boy Scouts of America</b>	> BSA Aquatic Instructor
<b>New York State Department of Environmental Conservation</b>	> New York State Lifeguard Management
<b>YMCA</b>	> Aquatics Management > Aquatics Management Trainer

An Aquatics Director may not perform lifeguard duties unless currently certified as a qualified lifeguard, or assess swimming ability unless currently certified as a progressive swimming instructor (see corresponding Fact Sheets available at [www.health.ny.gov](http://www.health.ny.gov) or from your local health department).

# Learn-to-Swim Programs for NYS Children's Camps

## Fact Sheet – February 2015

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

Subpart 7-2 of the State Sanitary Code allows non-swimmers to enter water that is chest deep or greater when participating in a learn-to-swim program that has been determined to use a supervision protocol which protects campers from injury or drowning. The following programs have been determined to be acceptable:

Acceptable Programs
American Red Cross
Boy Scouts of America
Orchard Park Recreation
PADI
Starfish Aquatics
YMCA

- Instructors must possess current certification as a progressive swimming instructor (PSI) in the program being utilized to teach swimming.
- Qualified lifeguards must supervise learn-to-swim programs. A PSI may not perform lifeguard duties unless currently certified as a qualified lifeguard (see "Aquatic Certification" fact sheet) and he/she is not concurrently performing teaching duties.
- A Buddy System and Board System (or equivalent) of supervising and checking bathers must be implemented during all swimming activities including learn-to-swim programs.

\*Children's camps may utilize learn-to-swim programs that are not listed above to teach swimming at camp; however, non-swimmers must be restricted to water that is less than chest deep at all times.

# CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION

## for NYS Children's Camps and NYS Bathing Facilities

### Fact Sheet – February 2015

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view the most current certification list)

The New York State Sanitary Code (SSC) requires certain staff to possess a valid two-rescuer CPR certification in a course accepted by the Department as providing an adequate level of training as follows:

**Children's Camps (Subpart 7-2 of the SSC)** - CPR certification is required for the health director and other staff specified in sections 7-2.8 and 7-2.11(a)(5), aquatics director, lifeguards, and certain trip and activity leaders<sup>1</sup>.

**Swimming Pools and Bathing Beaches (Part 6 of the SSC)** - CPR certification is required for all lifeguards (Supervision Levels I, IIa, IIb).

**CPR CERTIFICATIONS ARE VALID FOR 1 YEAR FROM THE DATE OF CERTIFICATION, REGARDLESS OF EXPIRATION DATE ON CARD**

Accepted Courses	
Provider	Certification Title
American Red Cross	<ul style="list-style-type: none"> <li>• CPR/AED for the Professional Rescuer and Healthcare Providers</li> <li>• Lifeguarding/First Aid/CPR/AED</li> </ul>
American Heart Association Certification listing "Laerdal Medical" as the "TC address contact info" and "Course Location" on the back of the card are <u>not acceptable</u> .	<ul style="list-style-type: none"> <li>• BLS Instructor</li> <li>• BLS for Health Care Providers</li> </ul>
American Lifeguard Association	<ul style="list-style-type: none"> <li>• Professional Rescuer CPR Instructor-led Course</li> </ul>
American Safety & Health Institute	<ul style="list-style-type: none"> <li>• American Safety and Health CPR for Professional Rescuers (CPR PRO)</li> </ul>
Emergency Care and Safety Institute	<ul style="list-style-type: none"> <li>• Health Care Provider CPR</li> </ul>
EMS Safety Services, Inc.	<ul style="list-style-type: none"> <li>• CPR/AED for the Professional Rescuer</li> </ul>
Heart & Stroke Foundation of Canada	<ul style="list-style-type: none"> <li>• Level C - Basic Rescuer CPR</li> </ul>
National Safety Council	<ul style="list-style-type: none"> <li>• NSC Basic Life Support for Healthcare Providers (Course title - Basic Life Support for Healthcare and Professional Rescuers)</li> </ul>
New York City Department of Parks & Recreation	<ul style="list-style-type: none"> <li>• Municipal CPR: Basic Life Support</li> </ul>
New York State Department of Environmental Conservation	<ul style="list-style-type: none"> <li>• CPR/AED for Lifeguards, Camp Counselors and Camp Directors</li> </ul>
Regional Emergency Medical Services Council of New York City	<ul style="list-style-type: none"> <li>• BCLS for Health Care Providers Course</li> </ul>
St. John Ambulance Canada	<ul style="list-style-type: none"> <li>• Level C (Basic Rescuer) CPR</li> </ul>

**<sup>1</sup> A trip leader of a camp trip that includes an activity where emergency medical care is not readily available or an activity such as wilderness hiking, rock climbing, camping, horseback riding, bicycling, swimming and/or boating shall possess or be accompanied by staff who possess certification in a course listed on this Fact Sheet.**

**An activity leader of an activity on the camp property where other CPR certified staff is not readily available shall possess or be accompanied by staff who possess certification in a course listed on this Fact Sheet.**

# FIRST AID CERTIFICATIONS

for NYS Children's Camp Staff

## Fact Sheet – February 2015

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

Subpart 7-2 of the State Sanitary Code requires the health director, other staff specified in section 7-2.8, and certain camp trip and activity leaders<sup>1</sup> to possess valid certification in first aid. The courses listed below have been accepted by the Department as being equivalent to or exceeding first aid course standards specified in Section 7-2.2(m). Some medical personnel may possess training and experience that is equivalent to or exceeds this certification requirement. A résumé or list of qualifications should be submitted to the local permit-issuing official for evaluation.

Acceptable certifications for camp CPR staff are listed on the Fact Sheet titled Cardiopulmonary Resuscitation (CPR) Certification for NYS Children's Camps and NYS Bathing Facilities.

<b>Accepted Courses</b>	
(First Aid certifications are valid for the time period specified by the provider, but may not exceed three years from the date of course completion.)	
Provider	Certification Title
American Red Cross	<ul style="list-style-type: none"> <li>➤ Emergency Medical Response</li> <li>➤ Responding to Emergencies (any certification title containing the wording "Responding to Emergencies" is acceptable)</li> <li>➤ Wilderness and Remote First Aid</li> </ul>
American Safety & Health Institute	<ul style="list-style-type: none"> <li>➤ Advanced First Aid – Certification must be accompanied by a Recognition of Participation in the ASHI training program approved by the New York State Department of Health.</li> <li>➤ Basic Wilderness First Aid</li> <li>➤ Wilderness First Aid</li> <li>➤ Wilderness First Responder</li> <li>➤ Wilderness EMT</li> </ul>
Canadian Red Cross Society	<ul style="list-style-type: none"> <li>➤ Standard First Aid</li> </ul>
Emergency Care and Safety Institute	<ul style="list-style-type: none"> <li>➤ Advanced First Aid</li> <li>➤ Emergency Medical Responder</li> <li>➤ Wilderness First Aid BSA (16 hours) (course title – Boy Scouts of America Wilderness First Aid)</li> <li>➤ Wilderness First Aid Basic</li> <li>➤ Wilderness First Aid Standard</li> <li>➤ Wilderness First Aid Advanced Level</li> </ul>
National Safety Council	<ul style="list-style-type: none"> <li>➤ NSC Emergency Medical Response</li> <li>➤ NSC Advanced First Aid (Course title – NSC Advanced First Aid, CPR &amp; AED)</li> </ul>
National Ski Patrol	<ul style="list-style-type: none"> <li>➤ Outdoor Emergency Care Technician</li> </ul>
National Registry of Emergency Medical Technicians <sup>2</sup>	<ul style="list-style-type: none"> <li>➤ Emergency Medical Responder</li> <li>➤ Emergency Medical Technician</li> <li>➤ Advanced Emergency Medical Technician</li> <li>➤ Paramedic</li> </ul>
New York State Department of Health	<ul style="list-style-type: none"> <li>➤ Certified First Responder</li> <li>➤ Emergency Medical Technician</li> <li>➤ Advanced Emergency Medical Technician</li> <li>➤ Critical Care</li> <li>➤ Paramedic</li> </ul>



<b>New York State Department of Environmental Conservation</b>	<ul style="list-style-type: none"> <li>➤ Summer Camp First Aid for Camp Counselors and Camp Directors</li> </ul>
<b>SOLO Wilderness Emergency Medicine</b>	<ul style="list-style-type: none"> <li>➤ Wilderness First Aid</li> <li>➤ Wilderness First Responder</li> <li>➤ Wilderness EMT</li> </ul>
<b>St. John Ambulance Canada</b>	<ul style="list-style-type: none"> <li>➤ Advanced Medical First Responder - Level 1</li> <li>➤ Advanced Medical First Responder - Level 2</li> <li>➤ Standard First Aid</li> </ul>
<b>Wilderness Medical Associates</b>	<ul style="list-style-type: none"> <li>➤ Wilderness Advanced First Aid</li> <li>➤ Wilderness First Responder</li> <li>➤ Wilderness EMT</li> <li>➤ Wilderness First Aid 16 Hours (Wilderness First Aid <u>option B</u> – 16 Hours is <u>not</u> acceptable)</li> </ul>
<b>Wilderness Medicine Institute of the National Outdoor Leadership School</b>	<ul style="list-style-type: none"> <li>➤ Wilderness Advanced First Aid</li> <li>➤ Wilderness First Responder</li> <li>➤ Wilderness EMT</li> </ul>

<sup>1</sup>A trip leader of a camp trip that includes an activity where emergency medical care is not readily available or an activity such as wilderness hiking, rock climbing, camping, horseback riding, bicycling, swimming and/or boating shall possess or be accompanied by staff who possess certifications in one of the above acceptable courses; For camp trip swimming activities where emergency medical care is readily available, the certifications listed below may be substituted.

An activity leader of an activity on the camp property where other staff certified in first aid in accordance with Section 7-2.8 of Subpart is not readily available, shall possess or be accompanied by staff who possess certifications in one of the above acceptable courses.

<sup>2</sup>Most states utilize the National curriculum for their EMT certifications. Individuals that can provide proof that their state utilizes the National curriculum may be accepted. EMT certifications from states that do not utilize the National curriculum may be accepted on a case by case basis.

<p><b>At a SUMMER DAY CAMP, when the camp's program does not include equestrian, bicycling, challenge course, rock climbing, boating, riflery, archery, motorized recreational vehicles, wilderness hiking/activities, and similar activities; and emergency medical care is available within 10 minutes, the following certifications may be substituted for the above courses.</b></p> <p><b>These certifications do not satisfy the requirement for camp CPR certified staff. Acceptable certifications for CPR are listed on the Fact Sheet titled <u>Cardiopulmonary Resuscitation (CPR) Certification for NYS Children's Camps and NYS Bathing Facilities.</u></b></p>	
<b>Provider</b>	<b>Certification Title</b>
<b>American Lifeguard Association</b>	<ul style="list-style-type: none"> <li>➤ Community First Aid and Safety Instructor-Led Course*</li> <li>➤ Lifeguard Training – Community First Aid and Safety Instructor-Led Course*</li> </ul> <p>*Certificates must include words Instructor-Led Course</p>
<b>American Heart Association</b>	<ul style="list-style-type: none"> <li>➤ Heartsaver First Aid</li> <li>➤ Heartsaver First Aid, CPR, AED</li> <li>➤ Heartsaver Pediatric First Aid</li> <li>➤ Heartsaver Pediatric First Aid CPR AED</li> </ul>
<b>American Red Cross</b>	<ul style="list-style-type: none"> <li>➤ First Aid/CPR/AED</li> <li>➤ Adult and Pediatric First Aid/CPR/AED</li> </ul>
<b>American Safety and Health Institute (ASHI)</b>	<ul style="list-style-type: none"> <li>➤ Basic First Aid*</li> <li>➤ Pediatric CPR, AED, and First Aid*</li> </ul> <p>*Certification must be accompanied by a Recognition of Participation in the corresponding ASHI training program approved by the New York State Department of Health</p>

<b>EMS Safety Services Inc.</b>	<ul style="list-style-type: none"> <li>➤ Basic First Aid</li> <li>➤ Basic First Aid &amp; CPR</li> </ul>
<b>Emergency Care and Safety Institute</b>	<ul style="list-style-type: none"> <li>➤ First Aid for NY Day Camps, Basic Level</li> </ul>
<b>Medic First Aid</b>	<ul style="list-style-type: none"> <li>➤ PediatricPlus CPR, AED, and First Aid - Certification must be accompanied by a Recognition of Participation in Medic First Aid training program approved by the New York State Department of Health</li> </ul>
<b>National Safety Council</b>	<ul style="list-style-type: none"> <li>➤ NSC First Aid</li> <li>➤ NSC First Aid, CPR &amp; AED</li> </ul>

# EPINEPHRINE AUTO-INJECTOR PROGRAM CERTIFICATIONS for NYS Children's Camps

## Fact Sheet – February 2015

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

Section 3000-c of Public Health Law permits children's camps to establish an epinephrine auto-injector program to stock and allow specially trained camp staff to use an epinephrine auto-injector device to treat life-threatening allergic reactions (also known as anaphylaxis). Please refer to the Department of Health Fact Sheet entitled "Epinephrine Auto-Injector Use by Children's Camps" for more detailed information about establishing an epinephrine auto-injector program at a camp.

To participate in an auto-injector program, children's camp operators must develop, sign and implement a collaborative agreement with an emergency health care provider (physician or hospital) who will oversee the camp's program. The camp's emergency health care provider should determine which of the following approved courses will be used to train camp staff.

**Courses require annual recertification.**

Provider	Certification Title
American Red Cross	<ul style="list-style-type: none"> <li>➤ Epinephrine Auto-Injector Training</li> <li>➤ Anaphylaxis and Epinephrine Auto Injector</li> </ul>
New York State Department of Health Bureau of Emergency Medical Services*	<ul style="list-style-type: none"> <li>➤ Training Program Outline for Unlicensed or Uncertified Personnel to Administer Epinephrine by Auto-Injector in Life-Threatening Situations</li> </ul>
Lifesaving Enterprises	<ul style="list-style-type: none"> <li>➤ Epinephrine Auto-Injector Training</li> </ul>

\*The Bureau of Emergency Medical Services (BEMS) does not provide training to camp staff; however, their approved training curriculum is available for use by the camp's emergency health care provider (EHCP) or individual designated by the EHCP to provide the training to camp staff. BEMS curriculum is available from the BEMS Operations Unit at (518) 402-0996 or at <http://www.health.ny.gov/professionals/ems/pdf/epitraining.pdf>. Additionally, BEMS Policy Statement on Epinephrine Auto-Injectors is available at <http://www.health.ny.gov/nysdoh/ems/pdf/11-08.pdf>.

# Allegation of Abuse Report Form

**INSTRUCTIONS:** See Environmental Health Manual Procedure CSFP-146 before completing this form.

**A. FACILITY INFORMATION**

Facility Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_

Facility Type:  Day  Overnight  Municipal Day Camp Are 20% or more of the campers developmentally disabled?  Yes  No Date Reported \_\_\_/\_\_\_/\_\_\_

**B. EVENT INFORMATION**

eHIPS Incident Number:- \_\_\_\_\_ (Note: eHIPS will assign when entered into system)

Note: If reportable injuries occurred as a result of this incident, complete an Injury report form as well

Date of Incident \_\_\_/\_\_\_/\_\_\_ Time of Occurrence \_\_\_:\_\_\_ (Military time) Location where abuse occurred: \_\_\_\_\_ a. In-Camp b. Out-of-Camp

Where did injury occur? \_\_\_\_\_ Specify for locations marked with an asterisk: \_\_\_\_\_

a. Amusement park	e. Arts & crafts	i. Classroom	m. Horseback area/trail	q. Outdoor sports area	u. Recreational hall	y. Tenting/campsite area
b. Aquatic area*	f. Assembly area	j. Cookout area	n. Indoor sports area	r. Parking lot	v. Riflery area	z. Other*
c. Aquatic theme park	g. Bathroom/shower	k. Dining area	o. Kitchen area	s. Playground	w. Ropes/challenge course	
d. Archery area	h. Camp/trail/road	l. Drama/stage area	p. Open field/lawn*	t. Public highway/road	x. Sleeping area	

Nature of Allegation: \_\_\_ Physical Abuse \_\_\_ Sexual Abuse \_\_\_ Both Physical and Sexual Abuse

Note: For multiple victim abuse incidents, attach additional sheets containing victim information.

**C.1. VICTIM INFORMATION - Material in shaded area is confidential** eHIPS Victim ID Number: \_\_\_\_\_ (Note: eHIPS will assign when entered into system)

Name of Victim (Last, First, MI): \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Parent or Guardian (Last, First, MI): \_\_\_\_\_ Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Note: All the above information must be collected and maintained by LHD for appropriate investigation and follow-up.

Age: \_\_\_\_\_ Sex:  Female  Male

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  Other\* Specify \_\_\_\_\_

What was the victim doing? \_\_\_\_\_

- |                             |                          |                            |                                  |                               |
|-----------------------------|--------------------------|----------------------------|----------------------------------|-------------------------------|
| a. Amusement park rides     | h. Classroom instruction | o. Free period             | v. Nature study/walk             | dd. Swimming                  |
| b. Aquatic theme park rides | i. Cooking               | p. Games-organized*        | w. Playground equipment activity | ee. Transportation            |
| c. Archery                  | j. Court/field sports*   | q. Gymnastics              | x. Playing                       | ff. Travel between activities |
| d. Arts & crafts            | k. Dancing/Acting        | r. High adventure activity | y. Riflery                       | gg. Walking/Running           |
| e. Bicycling                | l. Diving                | s. Hiking                  | aa. Rollerskating/rollerblading  | hh. Woodcarving/Wood working  |
| f. Boating/Canoeing         | m. Eating                | t. Horseback riding        | bb. Ropes/Challenge course       | ii. Woodcutting/chopping      |
| g. Chores                   | n. Fighting              | u. Martial arts            | cc. Sleeping                     | z. Other*                     |
- \* Specify \_\_\_\_\_

**2. Victim Information- (Complete for multiple victims)**

Number of campers: male \_\_\_\_\_ female \_\_\_\_\_ Number of staff: male \_\_\_\_\_ female \_\_\_\_\_ Number of others: male \_\_\_\_\_ female \_\_\_\_\_

**D. SUPERVISION**

1. Supervision during incident (Indicate as many as apply) \_\_\_\_\_

- a. Activity inadequately addressed in the written plan
- b. Activity not addressed in the written plan
- c. Camper orientation for activity not documented/received
- d. No staff present
- e. Quality of supervision adequate
- f. Quality of supervision inadequate
- g. Staff not trained/knowledgeable as per the written plan
- h. Staff orientation/training for activity not documented/received
- i. Supervision ratio inadequate
- j. Supervision ratio correct
- k. Written plan not followed
- z. Other \*  
\* Specify \_\_\_\_\_

**E. ALLEGED PERPETRATOR INFORMATION:** Attach additional sheets if multiple perpetrators.

Name: _____	Age: _____	Sex: _____	Information in shaded area is confidential
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- Status:**
- CIT/Jr. Counselor
  - Counselor
  - No relation to camp
  - Trespasser
  - Visitor
  - Camper
  - Dev. Disabled Camper
  - Other Staff\*
  - Unknown
  - \*Specify \_\_\_\_\_

**F. INVESTIGATION**

Was an On-Site investigation conducted by the Local Health Department?      Yes      No      Date of On-Site Investigation: \_\_\_/\_\_\_/\_\_\_

Did the Local Health Department conduct a telephone follow-up?      Yes      No      Date of Follow-up: \_\_\_/\_\_\_/\_\_\_

**G. NARRATIVE- Do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.**

**Allegation of Abuse-** Provide a description of the event, conclusions and DOH recommendations: Include statements pertaining to Subpart 7-2 compliance and the acceptability/implementation of the camp written plan. Recommendations should include whether or not administrative action against the camp will be taken as well as the steps that must be taken to prevent similar incidents in the future. See Environmental Health Procedure CSFP-142 for guidance in addition to completing this electronic report.

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Information received by: \_\_\_\_\_ Title: \_\_\_\_\_

Report reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

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**INSTRUCTIONS:** See Environmental Health Manual Procedure CSFP-146 before completing this form.

## A. FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_  
Facility Type:  Day  Overnight  Municipal Day Camp Are 20% or more of the campers developmentally disabled?  Yes  No Date Reported \_\_\_\_/\_\_\_\_/\_\_\_\_  
to Local Health Department

## B. EVENT INFORMATION

eHIPS Incident Number: \_\_\_\_\_ (Note: eHIPS will assign when entered into system)

Note: If a reportable injury occurred as a result of the fire, complete an Injury Report Form in addition to this form. Did an injury occur?  Yes  No

Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Occurrence \_\_\_\_:\_\_\_\_ (Military time)

Where did the fire occur? \_\_\_\_\_ Specify for locations marked with an asterisk: \_\_\_\_\_

- |                  |                    |                         |                        |                           |                          |
|------------------|--------------------|-------------------------|------------------------|---------------------------|--------------------------|
| a. Aquatic area* | e. Bathroom/shower | i. Drama/stage area     | m. Open field/lawn*    | q. Recreational hall      | u. Tenting/campsite area |
| b. Archery area  | f. Classroom       | j. Horseback area/trail | n. Outdoor sports area | r. Riflery area           | z. Other*                |
| c. Arts & crafts | g. Cookout area    | k. Indoor sports area   | o. Parking lot         | s. Ropes/challenge course |                          |
| d. Assembly area | h. Dining area     | l. Kitchen area         | p. Playground          | t. Sleeping area          |                          |

## C. INVESTIGATION

Was an On-Site Investigation conducted by the Local Health Department? Yes No Date of On-Site Investigation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did the Local Health Department conduct a telephone follow-up? Yes No Date of Follow-up: \_\_\_\_/\_\_\_\_/\_\_\_\_

## D. NARRATIVE- Do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Provide a description of the incident. Include details of the suspected cause of the fire, fire detection and fire department notification, personnel evacuation, assembly and accountability, as well as the camp's compliance with Subpart 7-2 and the written plan.

Information received by: \_\_\_\_\_ Title: \_\_\_\_\_

Report reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

# Epinephrine Administration Report

Instructions: See instructions on back of form prior to completing

## FACILITY INFORMATION

eHIPS Incident Number: \_\_\_\_\_

Camp Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_

Camp Type:  Day  Overnight    Camp for developmentally disabled?  Yes  No    Date Reported \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
to Local Health Department

Incident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Incident Time: \_\_\_\_\_:\_\_\_\_\_ (Military time)

Location of Incident:  Camp  Camp Trip Specify: \_\_\_\_\_

Does the camp participate in the Epinephrine administration program?  Yes  No

Was the camp emergency care provider notified of the incident?  Yes  No

## VICTIM INFORMATION

eHIPS Victim Number: \_\_\_\_\_

Name of Patient (Last, First, M.I.) _____
Home Address Street _____
Town, Village or City _____ State _____
Name of Parent or Guardian (Last, First, M.I.) _____
Home Phone Number (____) _____

Material in shaded area is confidential

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  Female  Male

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  
 Other\* (Specify) \_\_\_\_\_

## EVENT INFORMATION

Type of Incident Resulting in Need to Administer Epinephrine:

Bee Sting  Other Insect Bite  Asthma Attack  Food Allergy\*  Other\*

\* Specify: \_\_\_\_\_

Time Epinephrine administered: \_\_\_\_\_:\_\_\_\_\_ (Military time)    Number of auto-injector administrations: \_\_\_\_\_

Type of Epinephrine Injector:  Epi-pen®  Epi-pen Jr.®  Other Specify: \_\_\_\_\_

Where on body was epinephrine injected? \_\_\_\_\_

Indicate source of Epinephrine:  Camp supply  Patient prescription  Other Specify: \_\_\_\_\_

Epinephrine Administered by: Name: \_\_\_\_\_ Indicate applicable certification(s) below

Doctor  Nurse Practitioner  Physician's Assistant  RN  LPN  EMT  First Aid Certified Staff

Self-Administered  Other \_\_\_\_\_

Epinephrine training course:  NYS EMS  Red Cross  None  Other \_\_\_\_\_

Name of EMS agency providing care: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and location of health care facility patient was transported to: \_\_\_\_\_

Was patient admitted?  Yes  No

**Narrative: Provide a written description of the event on back of form.**

# Instructions for completing the Children's Camp Epinephrine Administration Report

Local health department staff are responsible for completion of the form and submittal to the Bureau of Community Sanitation and Food Protection. Complete the Epinephrine Administration Report form for Epinephrine Use by Children's Camp Staff or campers and forward a copy of the form to the BCSFP within 48 hours of notification from the camp.

Children's camps must report epinephrine administration to the local health department whether or not they are participating in the auto injector program and regardless if medication was from the camp's stocked supply or brought to camp by a camper or staff.

## Description of Incident:

Describe symptoms and circumstances surrounding the administration of the Epinephrine including the cause of anaphylaxis, signs and symptoms displayed by the patient prior to administration and the patient's response to the administered drug. Enter the events in the chronological order of their occurrence. Include available information about the event's outcome such as whether the patient was discharged from the hospital, returned to camp or went home. Use additional sheets if needed.

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<p>Report completed by: _____ Title: _____ Date: ____/____/____</p> <p>Local Health Department: _____ Phone: (____) _____</p>
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# Potential Rabies Exposure Report

See Environmental Health Manual Procedure CSFP-146 and back of form before completing.

Camp Name: \_\_\_\_\_ Address: \_\_\_\_\_

Exposure Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ (Military time) Report Date: \_\_\_/\_\_\_/\_\_\_ eHIPS Log Number: \_\_\_\_\_

**Rabies Analysis- Provide the following information for each animal involved in the incident.**

Animal Description	Submitted for Rabies Analysis		If Submitted for Analysis, Indicate Results		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Untestable
#1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If exposure was a result of a bat entering a building, were bat exclusion techniques utilized after the incident to prevent future bat entry and potential human exposure?  Yes  No

COMPLETE FOR ALL PERSON(S) INVOLVED IN THE EXPOSURE INCIDENT – Shaded information is confidential

1. Victim Information: eHIPS Victim Number: \_\_\_\_\_ Exposure Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ (military)

Name of Patient: (Last, First, M.I.) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Parent or Guardian Name \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

Age: [ ] [ ] Sex:  Male  Female Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  
 Counselor  Other Staff\*  Other\* (Specify\*) \_\_\_\_\_

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures (select from back of form)
#1		#3	
#2		#4	

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered?  Yes  No  Refused

2. Victim Information: eHIPS Victim Number: \_\_\_\_\_ Exposure Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ (military)

Name of Patient: (Last, First, M.I.) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Parent or Guardian Name \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

Age: [ ] [ ] Sex:  Male  Female Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  
 Counselor  Other Staff\*  Other\* (Specify\*) \_\_\_\_\_

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures (select from back of form)
#1		#3	
#2		#4	

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered?  Yes  No  Refused

3. Victim Information: eHIPS Victim Number: \_\_\_\_\_ Exposure Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ (military)

Name of Patient: (Last, First, M.I.) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Parent or Guardian Name \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

Age: [ ] [ ] Sex:  Male  Female Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  
 Counselor  Other Staff\*  Other\* (Specify\*) \_\_\_\_\_

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures (select from back of form)
#1		#3	
#2		#4	

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered?  Yes  No  Refused

4. Victim Information: eHIPS Victim Number: \_\_\_\_\_ Exposure Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ (military)

Name of Patient: (Last, First, M.I.) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Parent or Guardian Name \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

Age: [ ] [ ] Sex:  Male  Female Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  
 Counselor  Other Staff\*  Other\* (Specify\*) \_\_\_\_\_

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures (select from back of form)
#1		#3	
#2		#4	

# Children's Camp Bat Exposure Incident Report

Report all bat exposure incidents involving campers, staff and other visitors.

Camp Name: \_\_\_\_\_ Address: \_\_\_\_\_

Facility type:  Day  Overnight  Municipal  Are 20% or more of the campers Developmentally Disabled

Exposure Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ (Military time) Report Date: \_\_\_/\_\_\_/\_\_\_ eHIPS Log Number: \_\_\_\_\_

If exposure was a result of a bat entering a building, were bat exclusion techniques utilized after the incident to prevent future bat entry and potential human exposure? Yes  No

COMPLETE FOR ALL PERSON(S) INVOLVED IN THE EXPOSURE INCIDENT - See instructions on the back of this form.

## 1. Victim Information: **Boxed Information is Confidential**

eHIPS Victim Number: \_\_\_\_\_

Name of Patient: (Last, First, M.I.) \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Age: [ ] [ ] Sex: Male Female Status: Camper Developmentally Disabled Camper CIT/Jr. Counselor  
Counselor Other Staff\* Other\* (Specify\*) \_\_\_\_\_

Type of Exposure (select from back of form) [ ] [ ] [ ] [ ] [ ] [ ]

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered? Yes No Refused

## 2. Victim Information: **Boxed Information is Confidential**

eHIPS Victim Number: \_\_\_\_\_

Name of Patient: (Last, First, M.I.) \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Age: [ ] [ ] Sex: Male Female Status: Camper Developmentally Disabled Camper CIT/Jr. Counselor  
Counselor Other Staff\* Other\* (Specify\*) \_\_\_\_\_

Type of Exposure (select from back of form) [ ] [ ] [ ] [ ] [ ] [ ]

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered? Yes No Refused

## 3. Victim Information: **Boxed Information is Confidential**

eHIPS Victim Number: \_\_\_\_\_

Name of Patient: (Last, First, M.I.) \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Age: [ ] [ ] Sex: Male Female Status: Camper Developmentally Disabled Camper CIT/Jr. Counselor  
Counselor Other Staff\* Other\* (Specify\*) \_\_\_\_\_

Type of Exposure (select from back of form) [ ] [ ] [ ] [ ] [ ] [ ]

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered? Yes No Refused

## 4. Victim Information: **Boxed Information is Confidential**

eHIPS Victim Number: \_\_\_\_\_

Name of Patient: (Last, First, M.I.) \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Age: [ ] [ ] Sex: Male Female Status: Camper Developmentally Disabled Camper CIT/Jr. Counselor  
Counselor Other Staff\* Other\* (Specify\*) \_\_\_\_\_

Type of Exposure (select from back of form) [ ] [ ] [ ] [ ] [ ] [ ]

Was postexposure prophylaxis (PEP) recommended?  Yes  No Was PEP administered? Yes No Refused

Number of bats involved with the exposure incident: \_\_\_\_\_ Number of bats captured & tested for rabies: \_\_\_\_\_

Test results of Bats analyzed for rabies: (use additional sheets if necessary)

Bat #1 Positive Negative Untestable Bat #3 Positive Negative Untestable

Bat #2   Positive   Negative   Untestable   Bat #4   Positive   Negative   Untestable

# Instructions for Completing the Children's Camp Bat Exposure Incident Report

For each exposure incident, complete the requested information for all persons exposed and fax or email a copy to the Bureau of Community Sanitation and Food Protection within 24 hours of notification from the camp. A separate form must be utilized for each incident. The local health department Rabies Coordinator must be consulted to arrange for and determine the appropriateness of postexposure prophylaxis (PEP). A copy of the Children's Camp Bat Exposure Incident Report should be sent to the Rabies Coordinator for their records.

When an exposure is a result of a bat inside a building, the path of entry must be identified and the appropriate exclusion techniques to prevent future exposure(s) must be employed.

**TYPE OF EXPOSURE** - Using the coding scheme below, indicate the letter that corresponds to the type(s) of exposure; up to four letters may be selected, if appropriate.

**Items A - M are exposure types that have a reasonable probability of transmitting rabies. In general, PEP is recommended for these exposures and the exposure must be reported by the camp.**

- A = Bite.
- B = Scratch.
- C = Saliva or nervous tissue contact.
- D = Direct physical contact with live or dead bat.
- E = Person touched bat without seeing the part of bat touched.
- F = Bat flew into person and touched bare skin.
- G = Bat flew into person on part of body with lightweight clothing and the person reports feeling an unpleasant sensation at the point of contact.
- H = Person with bare feet stepped on bat.
- I = Person awakens to find a bat in the room with them.
- J = Live bat found in room with unattended infant, child, or person with sensory or mental impairment.
- K = Person slept in small, closed-in camp cabin, bats swooping past while sleeping.
- L = Bat found on ground near unattended infant, child, or person with mental impairment.
- M = Unidentified flying object hits person and time of day (dusk or dawn), presence of mark where hit, and place where flying object came from (i.e., good site for roosting bats) all support likelihood that it was a bat.

**The below exposure types are not likely to lead to rabies transmission. In general, PEP is not recommended for these exposures and no reporting is required by the camp.**

- Person touches the back of a live bat while looking at it.
- Bat brushes past thick long hair of a teenager or adult and they are certain there was no skin contact.
- Person has contact with a completely dried-up carcass of a bat.
- Bats swoop past awake teenager or adult who does not feel it touch them.
- Dead bat found in cabin with no evidence that a person touched it.
- Bats are heard or seen in the walls or attic of cabin/house/office building.
- Bats are found in other parts of the cabin/house even if bedroom doors were open.
- Bats are heard or seen hanging from upper rafters of large A-frame cabin.
- Bat guano or other signs of bats are found in sleeping quarters.
- Bat found in sleeping quarters when no one is there sleeping or there is an awake adult who can verify that no exposure occurred.
- Bat flew into person and it hits a heavily clothed part of the body, and there was no unpleasant sensation at the point of contact.
- Live bat inside – no reasonable probability of human exposure.
- Live or dead bat outdoors – no reasonable probability of human exposure.

Children's Camp Inspector: \_\_\_\_\_ Title: \_\_\_\_\_

Local Health Department: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Date Rabies Coordinator Consulted about PEP Treatment: \_\_\_/\_\_\_/\_\_\_

Date Form Sent to Rabies Coordinator: \_\_\_/\_\_\_/\_\_\_

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DOH-81 (Bat)

# Instructions for Completing the Children's Camp Bat Exposure Incident Report

For each exposure incident, complete the requested information for all persons exposed and fax or email a copy to the Bureau of Community Sanitation and Food Protection within 24 hours of notification from the camp. A separate form must be utilized for each incident. The local health department Rabies Coordinator must be consulted to arrange for and determine the appropriateness of postexposure prophylaxis (PEP). A copy of the Children's Camp Bat Exposure Incident Report should be sent to the Rabies Coordinator for their records.

When an exposure is a result of a bat inside a building, the path of entry must be identified and the appropriate exclusion techniques to prevent future exposure(s) must be employed.

TYPE OF EXPOSURE - Using the coding scheme below, indicate the letter that corresponds to the type(s) of exposure; up to four letters may be selected, if appropriate.

**Items A - M are exposure types that have a reasonable probability of transmitting rabies. In general, PEP is recommended for these exposures and the exposure must be reported by the camp.**

- A = Bite.
- B = Scratch.
- C = Saliva or nervous tissue contact.
- D = Direct physical contact with live or dead bat.
- E = Person touched bat without seeing the part of bat touched.
- F = Bat flew into person and touched bare skin.
- G = Bat flew into person on part of body with lightweight clothing and the person reports feeling an unpleasant sensation at the point of contact.
- H = Person with bare feet stepped on bat.
- I = Person awakens to find a bat in the room with them.
- J = Live bat found in room with unattended infant, child, or person with sensory or mental impairment.
- K = Person slept in small, closed-in camp cabin, bats swooping past while sleeping.
- L = Bat found on ground near unattended infant, child, or person with mental impairment.
- M = Unidentified flying object hits person and time of day (dusk or dawn), presence of mark where hit, and place where flying object came from (i.e., good site for roosting bats) all support likelihood that it was a bat.

**The below exposure types are not likely to lead to rabies transmission. In general, PEP is not recommended for these exposures and no reporting is required by the camp.**

- Person touches the back of a live bat while looking at it.
- Bat brushes past thick long hair of a teenager or adult and they are certain there was no skin contact.
- Person has contact with a completely dried-up carcass of a bat.
- Bats swoop past awake teenager or adult who does not feel it touch them.
- Dead bat found in cabin with no evidence that a person touched it.
- Bats are heard or seen in the walls or attic of cabin/house/office building.
- Bats are found in other parts of the cabin/house even if bedroom doors were open.
- Bats are heard or seen hanging from upper rafters of large A-frame cabin.
- Bat guano or other signs of bats are found in sleeping quarters.
- Bat found in sleeping quarters when no one is there sleeping or there is an awake adult who can verify that no exposure occurred.
- Bat flew into person and it hits a heavily clothed part of the body, and there was no unpleasant sensation at the point of contact.
- Live bat inside – no reasonable probability of human exposure.
- Live or dead bat outdoors – no reasonable probability of human exposure.

Children's Camp Inspector: _____	Title: _____
Local Health Department: _____	Date: ___/___/___ Telephone (____) _____
Date Rabies Coordinator Consulted about PEP Treatment: ___/___/___	
Date Form Sent to Rabies Coordinator: ___/___/___	



**INSTRUCTIONS: See Environmental Health Manual Procedure CSFP-146 before completing this form.**

**A. FACILITY INFORMATION**

Facility Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_

Facility Type:  Day  Overnight  Municipal Day Camp Are 20% or more of the campers developmentally disabled?  Yes  No Date Reported \_\_\_/\_\_\_/\_\_\_

**B. EVENT INFORMATION**

eHIPS Incident Number: \_\_\_\_\_ (Note: eHIPS will assign when entered into system)

Type of Incident:  Illness  Illness Outbreak

Date of Incident/Onset \_\_\_/\_\_\_/\_\_\_ Time of Occurrence/Onset \_\_\_:\_\_\_ (Military time)

Note: For illness outbreak, utilize this form for the event information and initial victim, complete section C-2 and complete form DOH-61a.

**C-1. VICTIM INFORMATION**

Material in Shaded area is confidential

eHIPS Victim ID Number: \_\_\_\_\_ (Note: eHIPS will assign when entered into system)

Name of Victim (Last, First, MI): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name of Parent or Guardian (Last, First, MI): \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Note: All the above confidential information must be collected and maintained by LHD for appropriate investigation and follow-up.

Age: \_\_\_ Sex:  Female  Male Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  Other\* Specify \_\_\_\_\_

**2. Victim Information- (Complete for illness outbreak and attach DOH61a)**

Number of campers: male \_\_\_ female \_\_\_ Number of staff: male \_\_\_ female \_\_\_ Number of others: male \_\_\_ female \_\_\_

**D. ILLNESS DESCRIPTION - Report camper and staff communicable diseases, outbreaks and illness requiring resuscitation, admission to a hospital, or resulting in death.**

**1. Characterize the illness**

- |                              |                                |   |                          |                 |
|------------------------------|--------------------------------|---|--------------------------|-----------------|
| a. Acute illness or disease* | e. Cardiac                     | i. Gastrointestinal*  | k. Neurological          | z. Other*       |
| b. Allergic reaction*        | f. Chronic illness or disease* | j. Mandated reportable communicable disease* (Part 2 10NYCRR) | l. Parasitic*            | * Specify _____ |
| c. Anaphylactic shock*       | g. Dental problem/infection    |   | m. Respiratory infection |                 |
| d. Asthma attack             | h. Eye infection               |   | n. Seizure disorder      |                 |

2. Is illness communicable?  Yes  No If yes, indicate suspected means of transmission. \_\_\_\_\_

- a. Airborne b. Animal bite or contact c. Foodborne d. Insect bite e. Spread by person to person contact f. Waterborne z. Other\* \*Specify \_\_\_\_\_

**E. TREATMENT - For each person providing treatment, indicate the location and type of treatment that person provided in the table below. Up to FOUR treatment providers may be indicated. Specify all selections marked with an asterisk.**

**1. Who Provided Treatment?**

- |                                 |                             |                       |                          |                         |
|---------------------------------|-----------------------------|-----------------------|--------------------------|-------------------------|
| a. Dentist                      | c. First Aider*             | e. Nurse Practitioner | g. Physician's Assistant | i. Victim               |
| b. Emergency Medical Technician | d. Licensed Practical Nurse | f. Physician          | h. Registered Nurse      | z. Other* Specify _____ |

**2. Where was treatment provided?**

- a. At Camp infirmary b. Admitted to Hospital c. At site d. Dentist's Office e. Doctor's Office f. Emergency Clinic g. Emergency Room z. Other\*

**3. What Treatment was provided? (Indicate as many as apply)**

- |                                |                |   |  |  |           |
|--------------------------------|----------------|---|--|--|-----------|
| a. Antibiotic                  | d. Antiseptic  | g. Epinephrine Administration           | j. Resuscitation                                       | i. Sutures,* Staples*, medical glue (Indicate how many below)* | z. Other* |
| b. Antihistamine/Decongestant  | e. Cast/Splint | h. Gastrointestinal (antacid, laxative) | k. Supportive (bedrest, observation, physical therapy) |  |           |
| c. Anti-inflammatory/analgesic | f. Diagnostic  | i. Psychotropics                        |  |  |           |

	Who (question E1)	*Specify (when required)	Where (question E2)	*Specify (when required)	What (question E3)	*Specify (when required)
Treatment Provider #1						
Treatment Provider #2						
Treatment Provider #3						
Treatment Provider #4						

**F. INVESTIGATION**

Was an On-Site Investigation conducted by the Local Health Department?      Yes      No      Date of On-Site Investigation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did the Local Health Department conduct a telephone follow-up?      Yes      No      Date of Follow-up: \_\_\_\_/\_\_\_\_/\_\_\_\_

**G. NARRATIVE- Do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.**

Provide a description of the illness. Include details of onset, treatment and resolution (returned to camp or went home). For foodborne outbreak investigations, follow Environmental Health Manual Procedure 803 in addition to completing this electronic report.

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Information received by: \_\_\_\_\_ Title: \_\_\_\_\_

Report reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_



**INSTRUCTIONS:** See Environmental Health Manual Procedure CSFP-146 before completing this form.

**A. FACILITY INFORMATION**

Facility Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_  
 Facility Type:  Day  Overnight  Municipal Day Camp Are 20% or more of the campers developmentally disabled?  Yes  No Date Reported \_\_\_/\_\_\_/\_\_\_

**B. EVENT INFORMATION**

eHIPS Incident Number: \_\_\_\_\_ (Note: eHIPS will assign when entered into system)  
 Date of Incident \_\_\_/\_\_\_/\_\_\_ Time of Occurrence \_\_\_:\_\_\_ (Military Time) Location where injury occurred: \_\_\_\_\_ a. In-Camp b. Out-of-Camp  
 Where did injury occur? \_\_\_\_\_ Specify locations marked with an asterisk: \_\_\_\_\_  
 a. Amusement park e. Arts & crafts i. Classroom m. Horseback area/trail q. Outdoor sports area u. Recreational hall y. Tenting/campsite area  
 b. Aquatic area\* f. Assembly area j. Cookout area n. Indoor sports area r. Parking lot v. Riffery area z. Other\*  
 c. Aquatic theme park g. Bathroom/shower k. Dining area o. Kitchen area s. Playground w. Ropes/challenge course  
 d. Archery area h. Camp/trail/road l. Drama/stage area p. Open field/lawn\* t. Public highway/road x. Sleeping area

Note: For incidents with multiple victims, utilize this form for the event information and initial victim, complete section C-2 and attach form DOH-61b.

**C-1. VICTIM INFORMATION - Material in shaded area is confidential** eHIPS Victim ID Number: \_\_\_\_\_ (Note: eHIPS will assign when entered into system)

Name of Victim (Last, First, MI): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name of Parent or Guardian (Last, First, MI): \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Note: All the above confidential information must be collected and maintained by LHD for appropriate investigation and follow-up.

Age: \_\_\_\_\_ Sex:  Female  Male Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  Other\* Specify \_\_\_\_\_

What was the victim doing? \_\_\_\_\_  
 a. Amusement park rides h. Classroom instruction o. Free period v. Nature study/walk dd. Swimming  
 b. Aquatic theme park rides i. Cooking p. Games-organized\* w. Playground equipment activity ee. Transportation  
 c. Archery j. Court/field sports\* q. Gymnastics x. Playing y. Riffery ff. Travel between activities  
 d. Arts & crafts k. Dancing/Acting r. High adventure activity s. Hiking aa. Rollerskating/rollerblading gg. Walking/Running  
 e. Bicycling l. Diving t. Horseback riding bb. Ropes/Challenge course hh. Woodcarving/Wood working  
 f. Boating/Canoeing m. Eating u. Martial arts cc. Sleeping ii. Woodcutting/chopping  
 g. Chores n. Fighting z. Other\*  
 \* Specify \_\_\_\_\_

**2. Multiple Victim Information- (Attach DOH-61b for multiple victim injury incidents)**

Number of campers: male \_\_\_ female \_\_\_ Number of staff: male \_\_\_ female \_\_\_ Number of others: male \_\_\_ female \_\_\_

**D. INJURY INFORMATION** - Report all camper and staff injuries which result in death or which require resuscitation or admission to a hospital; camper injuries to the eye, neck or spine which require referral to a hospital or other facility for medical treatment; camper injuries where the victim sustains second or third degree burns to five percent or more of the body; camper injuries which involve bone fracture or dislocations and camper lacerations requiring sutures. Enter the information for questions D-1, D-2 and D-3 in the table below. Up to FOUR injuries can be indicated per victim. For multiple victims, use form DOH-61b.

1. Type of Injury:  
 a. Bite c. Concussion e. Dislocation g. Internal (organ damage) i. Puncture k. Suffocation/drowning  
 b. Burn d. Cut f. Fracture h. Near drowning j. Strain/Sprain z. Other\*(specify)
2. Area Injured:  
 a. Abdomen d. Back g. Eyes j. Hand/finger m. Knee p. Respiratory System s. Wrist  
 b. Ankle e. Chest h. Face k. Head n. Leg q. Shoulder z. Other\*  
 c. Arm f. Clavicle (collar bone) l. Foot i. Hip o. Neck r. Spine

3. Cause of Injury:
- a. Bite from \*
  - b. Collision with \*
  - c. Contact with heat or flame
  - d. Contact with sharp object
  - e. Falling/Stumbling
  - f. Motor vehicle accident
  - g. Poisoned by \*
  - h. Struck by \*
  - i. Submersion
  - z. Other \*

	Type of Injury (question D1)	*Specify (when required)	Area of Injury (question D2)	*Specify (when required)	Cause of Injury (question D3)	*Specify (when required)
First Injury						
Second Injury						
Third Injury						
Fourth Injury						

E. TREATMENT - For each person providing treatment, indicate the location and type of treatment that person provided in the table below. Up to FOUR treatment providers may be indicated. For multiple victims, use form DOH-61b.

1. Who Provided Treatment?

- a. Dentist
- b. Emergency Medical Technician
- c. First Aider\*
- d. Licensed Practical Nurse
- e. Nurse Practitioner
- f. Physician
- g. Physician's Assistant
- h. Registered Nurse
- i. Victim
- z. Other\* Specify \_\_\_\_\_

2. Where was treatment provided?

- a. At Camp infirmary
- b. Admitted to Hospital
- c. At site
- d. Dentist's Office
- e. Doctor's Office
- f. Emergency Clinic
- g. Emergency Room
- z. Other\*

3. What Treatment was provided? (Indicate as many as apply)

- a. Antibiotic
- b. Antihistamine/Decongestant
- c. Anti-inflammatory/analgesic
- d. Antiseptic
- e. Cast/Splint
- f. Diagnostic
- g. Epinephrine Administration
- h. Gastrointestinal (antacid, laxative)
- i. Psychotropics
- j. Resuscitation
- k. Supportive (bedrest, observation, physical therapy)
- l. Sutures,\* Staples\*, medical glue (indicate how many below)\*
- z. Other\*

	Who (question E1)	*Specify (when required)	Where (question E2)	*Specify (when required)	What (question E3)	*Specify (when required)
Treatment Provider #1						
Treatment Provider #2						
Treatment Provider #3						
Treatment Provider #4						

#### F. SUPERVISION AND CONTRIBUTING FACTORS

1. Supervision during incident (Indicate as many as apply) \_\_\_\_\_

- a. Activity inadequately addressed in the written plan
- b. Activity not addressed in the written plan
- c. Camper orientation for activity not documented/received
- d. No staff present
- e. Quality of supervision adequate
- f. Quality of supervision inadequate
- g. Staff not trained/knowledgeable as per the written plan
- h. Staff orientation/training for activity not documented/received
- i. Supervision ratio inadequate
- j. Supervision ratio correct
- k. Written plan not followed
- z. Other\* \_\_\_\_\_  
\* Specify \_\_\_\_\_

2. Contributing Factors: (Indicate as many as apply) \_\_\_\_\_ Specify contributing factors marked with an asterisk: \_\_\_\_\_

- a. Alcohol/Drug use
- b. Area/Equipment not safe
- c. Area/Equipment not maintained
- d. Area not approved for use
- e. Developmental disability
- f. Equipment not approved
- g. Horseplay
- h. Physical disability
- i. Pre-existing medical condition
- j. Required safety equipment not used/defective
- k. Topography
- l. Victim lacked necessary skill/ability
- m. Weather\*
- n. None
- z. Other\*

#### G. INVESTIGATION

Was an On-Site investigation conducted by the Local Health Department? Yes No Date of On-Site Investigation: \_\_\_/\_\_\_/\_\_\_

Did the Local Health Department conduct a telephone follow-up? Yes No Date of Follow-up: \_\_\_/\_\_\_/\_\_\_

H. NARRATIVE- Do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Attach a description of the incident. Pertinent host, environment and agent factors should be discussed for the pre-event, event and post-event stages of the incident. ( See Environmental Health Manual technical reference ADM 3 for guidance on report writing and incident investigation.) When applicable, describe camper supervision including staff to camper ratios, visual and verbal communication capabilities between campers and staff, compliance with Subpart 7-2 and the camp written plan and recommendations for administrative action against the camp.

Information received by: \_\_\_\_\_ Title: \_\_\_\_\_ Report reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

# Multiple Victim Injury Report Form

**Instruction: See Environmental Health Manual Procedure CSFP 146 and back of form prior to completing**

Camp Name: \_\_\_\_\_

eHIPS Incident Number: \_\_\_\_\_

**VICTIM INFORMATION:**

eHIPS Victim Number: \_\_\_\_\_

Name of Patient: (Last, First, M.I.) _____	
Home Address: _____	
Name of Parent or Guardian (Last, First, M.I.) _____	
Home Phone Number ( _____ ) _____	<b>**Shaded information is confidential</b>

Age (years): \_\_\_\_\_ Sex:  Female  Male

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  
 Other Staff\* \_\_\_\_\_  Other\*(Specify) \_\_\_\_\_

1. What was the victim doing? \_\_\_\_\_ (Select from back of form) Other\* (specify) \_\_\_\_\_

2. Injury:	Injury Type (question 2a)	*Specify (when required)	Area Injured (question 2b)	*Specify (when required)	Cause of Injury (question 2c)	*Specify (when required)
First Injury						
Second Injury						
Third Injury						
Fourth Injury						

3. Treatment:	Who (question 3a)	*Specify (when required)	Where (question 3b)	*Specify (when required)	What (question 3c)	*Specify (when required)
Treatment Provider #1						
Treatment Provider #2						
Treatment Provider #3						
Treatment Provider #4						

**VICTIM INFORMATION:**

eHIPS Victim Number: \_\_\_\_\_

Name of Patient: (Last, First, M.I.) _____	
Home Address: _____	
Name of Parent or Guardian (Last, First, M.I.) _____	
Home Phone Number ( _____ ) _____	<b>**Shaded information is confidential</b>

Age: \_\_\_\_\_ Sex:  Female  Male

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  
 Other Staff\* \_\_\_\_\_  Other\*(Specify) \_\_\_\_\_

1. What was the victim doing? \_\_\_\_\_ (Select from back of form) Other\* (specify) \_\_\_\_\_

2. Injury:	Injury Type (question 2a)	*Specify (when required)	Area Injured (question 2b)	*Specify (when required)	Cause of Injury (question 2c)	*Specify (when required)
First Injury						
Second Injury						
Third Injury						
Fourth Injury						

3. Treatment:	Who (question 3a)	*Specify (when required)	Where (question 3b)	*Specify (when required)	What (question 3c)	*Specify (when required)
Treatment Provider #1						
Treatment Provider #2						
Treatment Provider #3						
Treatment Provider #4						

**Instructions:** Use this form as a continuation of the DOH-61 form to collect injury information for multiple victims whose injuries are associated with a single event (i.e. vehicle collision)

**1. What was victim doing?**

- |                             |                            |                                  |                               |
|-----------------------------|----------------------------|----------------------------------|-------------------------------|
| a. Amusement park rides     | k. Dancing/acting          | u. Martial Arts                  | ff. Travel between activities |
| b. Aquatic theme park rides | l. Diving                  | v. Nature study/walk             | gg. Walking/running           |
| c. Archery                  | m. Eating                  | w. Playground equipment activity | hh. Woodcarving/wood working  |
| d. Arts & Crafts            | n. Fighting                | x. Playing                       | ii. Woodcutting/chopping      |
| e. Bicycling                | o. Free period             | y. Riflery                       | z. Other*                     |
| f. Boating/Canoeing         | p. Games – organized*      | aa. Rollerskating/rollerblading  | * Specify _____               |
| g. Chores                   | q. Gymnastics              | bb. Ropes/challenge course       |                               |
| h. Classroom instruction    | r. High adventure activity | cc. Sleeping                     |                               |
| i. Cooking                  | s. Hiking                  | dd. Swimming                     |                               |
| i. Court/Field sports*      | t. Horseback riding        | ee. Transportation               |                               |

**2. Injury**

Report all camper and staff injuries which result in death or which require resuscitation or admission to a hospital; camper injuries to the eye, neck or spine which require referral to a hospital or other facility for medical treatment; camper injuries where the victim sustains second or third degree burns to five percent or more of the body; camper injuries which involve bone fracture or dislocations and camper lacerations requiring sutures. Enter the information for questions 1A, 1B, and 1C in the table on front page. Up to FOUR injuries can be indicated per victim.

**A. Type of Injury:**

- |               |                |                            |                         |
|---------------|----------------|----------------------------|-------------------------|
| a. Bite       | d. Cut         | g. Internal (organ damage) | j. Strain/Sprain        |
| b. Burn       | e. Dislocation | h. Near Drowning           | k. Suffocation/Drowning |
| c. Concussion | f. Fracture    | i. Puncture                | z. Other*(Specify)      |

**B. Area Injured:**

- |            |                           |                |                       |                     |
|------------|---------------------------|----------------|-----------------------|---------------------|
| a. Abdomen | e. Chest                  | i. Foot        | m. Knee               | q. Shoulder         |
| b. Ankle   | f. Clavicle (collar bone) | j. Hand/Finger | n. Leg                | r. Spine            |
| c. Arm     | g. Eyes                   | k. Head        | o. Neck               | s. Wrist            |
| d. Back    | h. Face                   | l. Hip         | p. Respiratory System | z. Other *(Specify) |

**C. Cause of Injury:**

- |                     |                               |                           |                  |                     |
|---------------------|-------------------------------|---------------------------|------------------|---------------------|
| a. Bite from *      | c. Contact with heat or flame | e. Falling/Stumbling      | g. Poisoned by * | i. Submersion       |
| b. Collision with * | d. Contact with sharp object  | f. Motor vehicle accident | h. Struck by *   | z. Other *(Specify) |

**3. TREATMENT**

For each person providing treatment, indicate the location and type of treatment that person provided in the table below. Up to FOUR treatment providers may be indicated. Enter the information for questions 3A, 3B, 3C in the table on the opposite page.

**A. Who Provided Treatment?**

- |                                 |                             |                       |                          |           |
|---------------------------------|-----------------------------|-----------------------|--------------------------|-----------|
| a. Dentist                      | c. First Aider*             | e. Nurse Practitioner | g. Physician's Assistant | i. Victim |
| b. Emergency Medical Technician | d. Licensed Practical Nurse | f. Physician          | h. Registered Nurse      | z. Other* |

**B. Where was treatment provided?**

- |                         |                     |                     |                   |
|-------------------------|---------------------|---------------------|-------------------|
| a. At camp infirmary    | c. At site          | e. Doctor's Office  | g. Emergency Room |
| b. Admitted to Hospital | d. Dentist's Office | f. Emergency Clinic | z. Other*         |

**C. What Treatment was provided?**

- |                                |   |  |
|--------------------------------|---|--|
| a. Antibiotic                  | f. Diagnostic                           | k. Supportive (bedrest, observation, physical therapy) |
| b. Antihistamine/Decongestant  | g. Epinephrine Administration           | l. Sutures*, Staples*, medical glue                    |
| c. Anti-inflammatory/analgesic | h. Gastrointestinal (antacid, laxative) | (*Specify how many in table on front)                  |
| d. Antiseptic                  | i. Psychotropics                        | z. Other*  |
| e. Cast/Splint                 | j. Resuscitation                        |  |