Children's Camp Safety Plan

May 2009

(Note: This is the first version of the children's camp interactive safety plan and, although additional edits are expected, this version can be used to fulfill the safety plan requirements.)

Name of Facility:	
Site Address:	
Telephone:	
Prepared by:	
Title:	
Signature:	Date:
accurately describe the safety, medical, generally please review and conformation of the requirements of the your facility and open staff. Local rescue, puplan.	al health department (LHD) for their review and approval. The plan must be camp's procedures for personnel, facility operation and maintenance, fire ral and activity safety, staff training, and camper orientation. Implete this document. Include any attachments (e.g. maps, photos) as necessary. It is serve as your facility's comprehensive written safety plan, which will meet be State Sanitary Code (SSC). This plan must meet the specific conditions of rations, as well as serve as a training and reference document for you and your olice and fire personnel should be consulted when developing your camp's safety on may be obtained at http://www.nyhealth.gov/
Please send a copy	to:
For Health De	a copy of this document for your use. partment use only Approved: Yes No
Title:	Date:

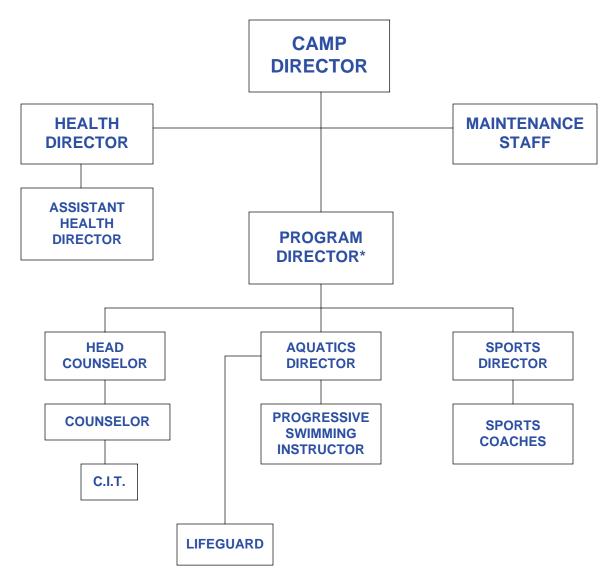
Table of Contents

	Topic	
I.	Personnel	
II.	Facility Operation and Maintenance	
III.	Fire Safety	
IV.	Medical	
V.	Activity Safety and Supervision	
VI.	Orientation and Training of Campers and Staff	
	<u>Appendices</u>	
A.	Personnel	
B.	Water Source	
C.	Water Start-Up	
D.	Lightning Safety Basics	
	(Check the box of additional appendices included as part of your safety plan.)	
E.	General Activity Worksheet	
F.	Sports	
G.	Swimming	
Н.	Camp Trip Swimming	
I.	Boating	
J.	Archery	
K.	Riflery	
L.	Horseback Riding	
M.	Rope or Challenge Courses	
N.	Camp Trips	
O.	Spray Ground Facility Operation and Management	
	Camp Map	
	Other	

I. PERSONNEL

Chain of Command

Describe your camp's "Chain of Command." A chain of command depicts an order of succession of responsibility/authority, which becomes particularly important when key staff are unavailable or unable to perform their assigned duties/responsibilities. (If supervisory/evaluation responsibilities differ from the order below, show this information separately.) An outline, similar to the diagram below, is an effective way to share this information during staff orientation.



^{*} In the absence of the Camp Director, the Program Director will assume the Camp Director's responsibilities.

- A) The above schematic accurately represents the camp's chain of command.
- B) A chain of command schematic is attached separately.
- C) A chain of command schematic is described on the following page.

If you selected (C) on the previous page, describe the chain of command schematic below.		
Job Descriptions		
Minimum qualifications and/or certifications for staff must meet SSC requirements (7-2.5, 7-2.8, 7-2.11) for age, certifications experience, etc., for each position. Refer to Subpart 7-2 or the brochure "How to Obtain a Permit to Operate a Children's Camp in New York State" for minimum staff requirements/qualifications and current "Fact Sheets" for accepted Aquatic, Cardiopulmonary Resuscitation (CPR) and First Aid certifications. The brochure and fact sheets can be obtained at www.nyhealth.gov/environmental/outdoors/camps or from your local health department (LHD).		
Staff titles listed below contain job duties and responsibilities critical to the operation of a children's camp, which frequently relate to procedures in this plan. If a job duty or responsibility provided is not the responsibility of the identified staff title, list that duty or responsibility with the appropriate staff title.		
Camp Director		
Duties and Responsibilities (check all that apply):		
Responsible for the overall operation of the camp. This can include but not be limited to staffing requirements, employee screening, program development, scheduling, supervision, and site evaluations at camp and trip sites.		
Ensure that camp maintains compliance with Subpart 7-2 (Children's Camp Code).		
Other (list any additional duties/responsibilities):		
Camp Health Director Duties and Responsibilities (check all that apply):		
Oversee the implementation of the written safety plan's medical components.		
Supervise the health and sanitation at the camp.		
Review and maintain campers' confidential medical histories.		
Oversee initial health screening of campers and daily surveillance of the camp occupants.		
Handle health emergencies and injuries, including emergency preparedness and follow-up for professional health care. Maintain the camp medical log.		
Other (list any additional duties/responsibilities):		

Counselors Duties and Responsibilities (check all that apply): Supervise campers such that they are protected from any unreasonable risk to their health or safety, including physical or sexual abuse or any public health hazard. Maintain visual or verbal communications capabilities between camper and counselor during activities and a method of accounting for the camper's whereabouts at all times. Other (list any additional duties/responsibilities): **Aquatics Director:** N/A (No on-site swimming) Duties and Responsibilities (check all that apply): Oversee the implementation of the written safety plan's swimming procedures. Establish and oversee all swimming activities at the camp. Supervise all staff and campers participating in swimming activities. Respond to waterfront emergencies. Implement/oversee buddy system. If certified as a lifeguard, may serve as a lifeguard. If qualified as a Progressive Swimming Instructor (WSI), may assess campers' swimming ability. Other (list any additional duties/responsibilities): **Progressive Swimming Instructor** N/A (No swimming activities) Duties and Responsibilities (check all that apply): Assess the swimming ability of each camper prior to allowing the child to participate in swimming activities. Other (list any additional duties/responsibilities): **Qualified Lifeguard** N/A (No lifeguards required) Duties and Responsibilities (check all that apply): Actively supervise participants in the camp's swimming activities as detailed in the camp's approved safety plan.

	the waterfront.
	Other (list any additional duties/responsibilities):
Counselor-	in-Training (CIT)
member to	unior Counselor is a <u>camper</u> who is assigned to an on-duty counselor or other staff assist in performing specific duties. A CIT may not independently supervise campers, be supervised as a camper. All CITs shall receive training specific to their duties, and entation.
N/A (C:	IT not used)
Duties and I	Responsibilities:
	Assist assigned staff member in performing the following duties (describe):
•	ob description for other staff titles, not listed above, that are utilized by your camp. You rete the template in Appendix A for each additional title.
_	y additional staff descriptions included in the appendix of this document? Yes No No Tor Verification of Staff Qualifications
the specific determine camp particle by telephon	staff carefully! It is recommended that applications include questions regarding any past provictions and current charges concerning a crime involving children. You should evaluate a facts of the conviction or pending case against the prospective staff member and if employment as camp staff would involve an unreasonable risk to the safety or welfare of cipants or to the property or the general public. Screen candidates in person (preferably) or the interviews, asking questions about qualifications for the job and prior employment cluding experience working with children.
camp staff. candidate a reasons wh verified by employment check the N guidance o	operator is also required to obtain and verify references on the character of all prospective. It is recommended you require references in writing from persons not related to the and include questions specific to the candidate's experience with children, work history and my the candidate would or would not be appropriate for the position. References should be a telephone. Interviews, reference questions, and responses must be documented, filed with an applications at the camp, and available for inspection. In addition, camp operators must an analysis of the Sex Offender Registry to determine if staff are listed. A fact sheet, which provides the how to conduct a search of the Sex Offender Registry, is available at the calth.gov/environmental/outdoors/camps or from your LHD.

> I	Indicate how staff qualifications and references are verified.				
	Prior employment with camp				
	Written applications				
	Submittal of writ	ten references (specify nu	mber required)		
	References check	ked by telephone			
	Written reference	• •			
	Past employer in	terviews			
	Other (specify)				
II.	FACILITY OPERA	ATION AND MAINTEN	ANCE		
How Can ens an ens be req	Water Supply				
	Water Supply Name and/or Number	Type of Supply	On-site Treatment	Startup Procedure*	
		Off-site Public Supply	None	Startup Procedure A	
		On-Site Groundwater	Chlorination	Startup Procedure B	
		(Well) Supply On-Site Surface Water	UV Disinfection Filtration	Startup Procedure C	
		(Lake/Reservoir)	Other (specify below):	Startup Procedure D	
	Year-Round	Supply		None (Year-Round)	
	Seasonal				

		Off-site Public Supply	None	Startup Procedure A		
		On-Site Groundwater	Chlorination	Startup Procedure B		
		(Well) Supply	UV Disinfection	Startup Procedure C		
		On-Site Surface Water	Filtration	Startup Procedure D		
		(Lake/Reservoir) Supply	Other (specify below):	None (Year-Round)		
	Vaca Davad	~ "FF-J		None (Tear-Round)		
	Year-Round					
	Seasonal					
the	potable water system typ		C. Only use the start-up pro annually disinfect on-site well Disinfection."			
>	Who will be responsible	for performing the annua	al start-up procedures for the	ne system?		
	Camp Director	Head of Maintenance [Other (specify)			
>	Who will be responsible for immediately notifying the LHD upon a loss in the distribution pressure to determine the need to issue a Boil Water Order? Camp Director Head of Maintenance Other (specify)					
		<u>-</u>	or unavailable for more tha			
	this issue regardless of the camp's source of water. Check each box that applies.					
	Notify the LHD.					
	Close camp. Send campers home.					
	Obtain bottled water.					
	Go to an alternate location (specify):					
	Other (specify):					
>		- ·	m(s) and maintaining the reacce and the forms to mainta			
	Camp Director	Head of Maintenanc	e Other (specify)			
Wa	ter supply samples:					
>		collecting water samples?				
*		7	Other (specify)			
	Camp Director	Head of Maintenance	Other (specify)			

Sampling schedule:

Sample results that are positive for Total Coliform or Escherichia Coli must be reported 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 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.

Sample Type:	Sample Frequency*		
Coliform (Bacterial) Analysis	Pre-season (at least 15 days prior to operation)Monthly during the season		
Nitrate	Once a season		
Nitrite	New supplies only		
* Additional monitoring may be required when deter	rmined by the permit-issuing official as necessary		
 Indicate agreement with the above schedule or state an alternative: Agreement Alternate schedule: 			
Sewage Treatment System Does the camp have an on-site sewage treatment system? Yes No (If "yes", please complete this section.)			
Untreated sewage effluent may contain organisms that cause serious disease, such as Shigellosis and Hepatitis A, which may contaminate your water supply or bathing beach.			
Do any of the camp's sewage disposal systems require daily treatment and/or monitoring? Yes No			
If yes, specify the job title of the person respon	sible for performing:		
 State the frequency of periodic inspection for sy 	estem failure or leakage:		
Daily Weekly Other (specify	Daily Weekly Other (specify)		

Transportation

Does the camp provide or obtain transportation services for campers, including to or from camp or camp trips?	Yes No	
The following transportation requirements will be implementation	(If "yes", please complete this section.) ented:	
Passengers shall only be transported in portions of vel occupancy. Transportation in the bed of a truck or train		
Every vehicle used for transporting staff or campers s inspection stickers and be equipped with at least a first flares or reflective triangles that are labeled with the I the device complies with all Federal Motor Vehicle S.	st-aid kit, tools, a fire extinguisher, and Federal DOT symbol or a statement that	
The driver of any camp vehicle shall be at least 18 year license.	ars old and possess a valid driver's	
Seat belts shall be utilized by all passengers in vehicle	es so equipped.	
Occupancy of a vehicle shall be limited to its rated ca	pacity.	
Camps serving wheelchair-bound campers will provious transportation.	de an appropriately equipped vehicle for	
Safety Advisory on 15-Passenger Vans. According to the United States Department of Transportation, National Highway Traffic Safety Administration (NHTSA), fifteen-passenger vans are more likely to be involved in a single-vehicle rollover crash than any other type of vehicle. In response, the National Highway Traffic Safety Administration (NHTSA) has issued a safety advisory on these vehicles. Please visit the NHTSA website (http://www.nhtsa.dot.gov/) for additional		

Housing and Grounds

➤ Building and grounds maintenance. Measures taken to maintain the buildings and grounds in a safe and clean manner so as to not present hazards to campers will include but are not limited to:

information and safety tips if your camp utilizes a 15-passenger van for transporting campers or staff.

- 1. Daily monitoring of buildings and grounds, including playground equipment and pathways, to ensure they are clean and in good repair.
- 2. The premises will be maintained free of insect and rodent infestations that may cause a nuisance or health hazard.
- 3. Bats will be excluded from living areas of occupied buildings. If a bat or other animal takes up residence in camp buildings, they will be safely removed, and repairs will be made to keep them out prior to use by campers and/or staff. For information about rabies prevention, including how to safely capture a bat, see the sidebar titled "Rabies Facts" in Section V, Medical Requirements, of this document.
- 4. Ragweed, poison ivy, poison oak, poison sumac and other noxious weeds will be controlled to minimize contact by camp occupants.
- 5. Garbage refuse/storage and disposal. Provisions will be provided and maintained for the storage, handling and disposal of solid wastes to prevent nuisance conditions, insect and rodent infestations, and pollution of air and water.

6.	6. Hazardous materials. Agricultural, commercial or household pesticides and toxic chemicals will be stored and/or used to cause no air, surface water or ground water pollution and so as not to be hazardous to the occupants of the camp. They shall be stored in their original containers in areas designated for such use.			
7.	Other (specify):			
	neck to indicate agreement with the above procedure (specify additions or modification to the love procedure in the space provided below)			
departme	an renovations or new construction, contact your local code enforcement officer and health ent for specific requirements and necessary approvals early in the planning stages and at least prior to construction. Notification requirements also apply to water supplies and sewage t systems.			
Food Pro	tection Yes			
Does your	camp provide or prepare food?			
(If "yes", pl	ease complete this section)			
	s, dining areas and food service must comply with Subpart 14-1 of the State Sanitary btain a copy of State Sanitary Code Subpart 14-1 from your local health department.			
Elim popu stora	borne illness has often been identified as the cause of large outbreaks at children's camps. inating food preparation problems from your kitchen operation will help protect your camp lation from foodborne illness. Information regarding safe food handling, preparation and ge can be found at http://www.nyhealth.gov/environmental/indoors/food_safety/index.htm , e department's brochures or from your local health department.			
> Review your camp's menu. Are there any meals that will require the food to be prepared before the day on which it is served? If so, discuss these menu items with your local health department to determine what safety precautions should be taken.				
> Steps	taken to prevent foodborne illness will include:			
1.	At no time shall any ill person be allowed to be involved in food service or preparation.			
2.	A stem/probe thermometer will be available and used to monitor food temperatures in accordance with Subpart 14-1 for cooking, cooling, reheating, hot holding and cold holding.			

Gloves or other hand barrier (e.g. tongs, spoon, deli paper) will be used by all kitchen or

food service staff to prevent bare hand contact with ready-to-eat foods. When single-service plates and utensils are used (paper plates, plastic utensils) they will be discarded after their

3.

use.

- Tongs, spoons, deli paper or other hand barrier will be used by campers and staff during 4. self-service buffet style lunch lines and on-the table "family style" service to prevent bare hand contact with ready-to-eat foods.
- 5. Campers and staff will be instructed to wash their hands before serving or eating meals. Staff will monitor camper's handwashing. Plenty of soap and disposable paper towels will be provided at the handwashing areas.
- During trips, coolers with ice or ice packs will be used to ensure proper cold holding of 45°F 6. or less, and raw meats will be carried in a separate cooler.
- 7. Only food from approved sources will be used.
- 8. Re-service of food previously served to another person will be prohibited. Foods served (e. g. from an individual's plate or from an on-the-table "family style" portion) will be discarded.
- 9. The kitchen will be cleaned in a manner and frequency sufficient to maintain a clean and

		sanitary condition.
	10.	Other (specify):
	1	k to indicate agreement with the above procedure (specify additions or modification to the e procedure in the space provided below)
>	Who	is responsible for ensuring that the above steps to prevent foodborne illnesses are followed?
		amp Director Foodservice Manager Other (specify)
>		camp's procedures to ensure that food brought by campers or provided by an approved outside the are protected until consumed include: (check all that apply)
		Refrigeration is provided to hold food at 45°F or less.
		Parent will be notified that refrigeration is not available. Campers' lunches will be stored in a protected area away from heat and direct sun for consumption at lunch.
		A stem or probe thermometer is provided to monitor hot/cold food temperatures at time of arrival, holding and service. Hot foods must be maintained at 140°F or higher and cold foods at 45°F or less.
		Gloves or similar utensils are provided to prevent bare hand contact with ready-to-eat foods.
		Service and storage areas are properly maintained in a sanitary condition.
		Leftover food that has been served will be discarded.
		Other:

Waterfront Physical Facility Maintenance				
Are swimming activities provided on-site? Yes No				
If "yes", please complete this section.				
Pool, beach, and aquatic spray grounds operated at a children's camp must comply with Part 6 of the State Sanitary Code. Obtain a copy of State Sanitary Code Subpart 6-1 (pools), Subpart 6-2 (beaches), and Subpart 6-3 (aquatic spray grounds) from your local health department.				
<u>Pools</u>				
Does your camp have an on-site pool? Yes No				
(If "yes", please indicate how many: and complete this section.				
Maintenance				
Daily inspections of the facility are necessary to assure that adequate safety levels are maintained. Any problems, such as unsafe water conditions, broken equipment, loose ladders, electrical equipment malfunctions, broken/loose main drain grates, etc., are to be reported to camp management and immediately corrected. If the problem cannot be immediately corrected, the specific area or entire bathing facility should be closed, as appropriate.				
 Who is responsible for performing the daily compliance check (including safety equipment, emergency lighting, water conditions and hazard checks) prior to the pool opening each day? Owner/Operator Camp Director Maintenance Staff Aquatics Director Lifeguard Other (specify) 				
To whom will maintenance issues and unsafe conditions be reported?				
Owner/Operator Camp Director Maintenance Staff				
Aquatics Director Lifeguard Other (specify)				
➤ How is the main drain grate inspected each day?				
Visually Reach pole Other (specify)				
 Improper handling of pool chemicals can result in explosions, fires or poisonous gas. Procedures for safe storage and handling must be developed and staff trained in safe practices. Safety rules should be prominently posted in the chemical use area. Suggested safety rules include: Follow manufacturer's instructions Never add water to chemicals. Always add chemicals to water. Wear eye protection when handling chemicals, and breathing protection for chlorine gas. Never mix any chemical with chlorine products. A dangerous chlorine gas could develop immediately. Always use a clean scoop when dispensing powdered chlorine, as a potential fire hazard exists. 				
All chemicals, including dispensing crocks, must be clearly labeled.				

Create and observe an evacuation plan for facilities using chlorine gas.

Chemical Storage and Handling

 What type of disinfection do you use in your pools/spas 	? (Check all that apply.)		
Sodium hypochlorite (liquid)	Bromine (solid)		
Calcium hypochlorite (powder)	Chlorine gas		
Calcium hypochlorite (tablet)	Other (specify below):		
 How are chemicals for pH adjustment added to the pool Mechanical feed equipment 	l/spa?		
By hand when the pool is closed with the pool rem distributed and the pH is acceptable and determine	·		
Where do you store your chemicals?			
 Is this storage area inaccessible to the campers and unauthorized staff, and kept locked? 	Yes No		
If No, please explain how unauthorized access is pre	vented.		
Do you have established safety rules, and are they po	osted in the storage area? Yes No		
The swimming pool disinfectant residual must be checked before and after periods of heavy bathing.	at least three times (3x) a day, especially		
The minimum disinfectant residuals to properly disinfect a pool are stated in Section 6-1.11(c) of Subpart 6-1 of the New York State Sanitary Code. Spa disinfectant residuals are stated in Section 6-1.25(c). A summary of the minimum chlorine/bromine disinfection residuals are as follows:			
 For a pH range of 7.2-7.8 (ideal pH approximately 7.5): minimum concentration of 0.6 mg/l free chlorine residuals (spas - 1.5 mg/l free chlorine residual); minimum concentration of 1.5 mg/l bromine residual (spas - 3.0 mg/l); maximum concentration 			
of 6 mg/l bromine residual.			
For a pH range of 7.8 - 8.2: • minimum concentration of 1.5 mg/l free chlorine residu	ual.		
Chlorine and bromide levels must be measured by the DPD) method.		

➤ Who is responsible for maintaining the chemicals levels in your pool/spa?
Owner/Operator Camp Director Maintenance Staff
Aquatics Director Lifeguard Other (specify)
Spas must be chlorinated to 10 mg/L at least once a week when the pool is not in use. • This must be true for spas using either chlorine or bromine as the disinfectant.
Spas must be drained and cleaned when needed, and at least once every two weeks. • The need to replace the water is based on bather load.
This water replacement interval can be calculated as follows:
Replacement Interval (days) = Spa gals ÷ 3 ÷ Users per Day
Example: 600 gallons \div 3 = 200 \div 25 (average users per day) = 8 days (water replacement interval)
 ➢ How often is the spa drained and cleared? ☐ N/A ☐ Once every week ☐ Once every two weeks ☐ Other (specify):
➤ How often is the spa chlorinated to 10 mg/L?
Once every week Once every two weeks Other (specify)
Fecal, Blood and Vomit Contamination Incidents
Fecal, vomit and blood incidents that occur at pools pose a potential risk of infection to bathers. Feces, vomit and blood may contain pathogenic or harmful bacteria, viruses and parasites that are resistant to chlorine at concentrations found in a pool under normal operating conditions. Special precautions must be taken to ensure that the water is made safe for bathers.
Swimming pool operators must respond differently to formed stool vs. diarrhea in the swimming pool. Diarrhea may be an indication that the person is ill with pathogens such as the highly chlorine-resistant parasite, Cryptosporidium. More stringent measures must be taken to sanitize the pool when diarrhea discharges occur. (Please refer to DOH Fact Sheet "Fecal or Blood Contamination of Regulated Swimming Pools.")
The Centers for Disease Control provides additional information regarding remediation for contamination incidents in swimming pools at: www.cdc.gov/healthywater/swimming/pools.html
Lighting and Electrical

- Any defects in the electrical system, including underwater or overhead lights, must be immediately repaired.
- > Portable electrical devices, such as radios and announcing systems within reach of the bathers, are prohibited.
- Underwater lights must allow an observer on deck to clearly see the whole pool, including the bottom
- ➤ If night swimming is allowed, lighting must be sufficient to allow an observer on deck to clearly see the pool bottom.

Adequate emergency lighting must be provided at swimming pools where night swimming is allowed and at indoor pools where no natural light is present. For outdoor pools, a portable battery-powered artificial light source (e.g. a flashlight) is acceptable if adequate and maintained to assist during pool evacuation.	
 Do you allow night swimming at your facility? No Indicate lighting and emergency lighting that is provided (select all that apply). 	
Overhead lights Automatic lights Flashlight Underwater light Other (specify):	
Record Keeping	
The operator must keep daily records that indicate chemical levels (e.g. chlorine, pH), the number of bathers, number of lifeguards on duty, weather conditions, water clarity, water quality, any reported rescues, injuries and illnesses. These records must be available for review by the Permit Issuing Official for at least 12 months.	
➤ Who is responsible at your facility for maintaining the required daily records, including the injury/illness log?	
Owner/Operator Maintenance Staff Aquatics Director Lifeguard Other (specify)	
<u>Beaches</u>	
Does your facility have an on-site beach? Yes No	
(If "yes", please indicate how many and complete this section.	
<u>Maintenance</u>	
Daily inspections of the beach area are necessary to assure that adequate safety levels are maintained. Any problems, such as unsafe water conditions, broken equipment, loose ladders, etc., are to be reported and immediately corrected. If the problem cannot be immediately corrected, the specific area or entire beach, as appropriate, should be closed.	
 Who is responsible for performing the daily compliance check (including safety equipment, water conditions, and hazard checks) prior to the beach opening each day? Owner/Operator Maintenance Staff Aquatics Director Lifeguard Other (specify) 	
To whom will maintenance issues and unsafe conditions be reported?	
Owner/Operator Maintenance Staff Aquatics Director Lifeguard Other (specify)	

Fecal, Blood and Vomit Contamination Incidents

Fecal, vomit and blood incidents that occur at your bathing facility pose a potential risk of infection to bathers. Feces, vomit and blood may contain pathogenic or harmful bacteria, viruses, and parasites with diarrheal accidents being more indicative of an illness.

Since disinfectants cannot be added to natural bodies of water, it is recommended that there be prompt removal of the stool or vomit. Dilution and circulation factors should be considered for the area, which is dependent on beach shape, wind, currents, etc., prior to reopening the beach.

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Record	Zee.	nino
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Record keeping
The operator must keep daily records that indicate the number of bathers, number of lifeguards on duty, weather conditions, water clarity, water quality, any reported rescues, injuries and illnesses. These records must be available for review by the Permit Issuing Official for at least 12 months.
➤ Who is responsible at your facility for maintaining the required daily records, including the injury/illness log?
Owner/Operator Maintenance Staff Aquatics Director Lifeguard Other (specify)
Recreational Aquatic Spray Grounds
Spray Grounds are the buildings and appurtenances used with a spray pad in which sprayed water is continually drained and collected in a treatment and recirculation system. When spray features are installed in a swimming pool, wading pool, wave pool or other pool regulated under Subpart 6-1, the spray ground code shall not apply. These operations will be regulated as swimming pools.
Does your camp have an on-site Recreational Aquatic Spray Ground? If "yes," indicate how many, and complete Appendix O for the facility operation and maintenance information. No How many?
III. FIRE SAFETY
Evacuation
Rescuing, removing and accounting for all present must be the first priority. A fire is the most likely reason for the evacuation of buildings or the property. However, the following procedures may also be used for other emergencies or disasters requiring evacuation, such as floods and storm damage.
➤ Who is responsible for coordinating and implementing the evacuation plan? ☐ Camp Director ☐ Program Director ☐ Other (specify)

	What signal(s) will be used to alert the camp and initiate a fire drill/evacuation sequence?	
In case of a fire or other emergency that would require staff and campers to evacuate buildings, an emergency assembly area must be designated. The emergency assembly area should be centrally located, easily accessible and away from buildings, structures, access roads or other potential hazards. An open field, such as a ball field, is recommended.		
It may be necessary to evacuate the camp to an off-premises location during an extreme emergency. At a minimum, a primary route of evacuation should be established. When possible, a secondary route should be designated in the event the primary route is blocked. Once off camp property, an off-site assemblage area must be established. Make necessary arrangements with the off-site property owner prior to the start of camp.		
>	List emergency assembly area(s):	
>	Describe or attach a facility sketch identifying the camp evacuation route:	
	Is there an alternate route if the primary route is blocked? If yes, describe below or include on facility sketch. Yes No	
	Check to indicate evacuation routes are indicated on an attached facility sketch.	
The first priority is for the evacuation of building(s) and the accounting of all persons. Trained staff should only attempt fire fighting when a fire is small and presents no risk to the staff member attempting to extinguish it.		
No one will be permitted to re-enter a burning building for whatever reason. A rescue attempt of a person from a burning building should be conducted by the fire department.		
>	Fire drill/evacuation procedures and method of accounting for and supervising campers and staff	

during emergencies:

At the sound of the evacuation alarm campers and staff will proceed to the nearest exit in a quick and orderly manner. Upon exiting the building, staff will take attendance of the campers in their charge and proceed in a quick and orderly manner to the designated assembly area.

Upon hearing the fire/evacuation alarm during outdoor activities counselors will immediately stop the activity, take attendance and proceed to the assembly area.

The minimum counselor to camper ratio for general activities will be maintained. Staff will maintain visual and/or verbal communication with campers and ensure that all campers are safe and accounted for. Upon reaching the assembly area each counselor will account for all campers in their charge. Counselors will immediately notify the camp director of any unaccounted for camper and provide information about where the camper was last seen. Attendance to account for all staff and verify that all campers in their charge are accounted for will be taken. Upon identifying a missing person, the lost camper plan will be implemented and the fire department immediately notified.

	Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)
	Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):
Fi	re Prevention
>	Combustibles will be removed prior to the start of camp and throughout the camping season. Items that will be removed include the accumulation of leaves, twigs, garbage, etc., from around and under buildings and excessive storage/accumulation of unused furnishings and supplies in basement and storage areas.
	Who will be responsible for the removal of combustibles?
	Head of Maintenance Camp Director Other (specify)
>	Are containers of gasoline, kerosene and other flammable Yes materials stored on camp property? No
	If yes, these items are to be clearly labeled and stored in a separate locked and unoccupied building
>	Are oil-based paints and thinners stored on camp property? Yes No
	If yes, check all that apply below to indicate what these items are to be stored in:
	Approved-type paint lockers Separate locked and unoccupied building
	Other (specify below)
>	Are fuel-fired heaters used in any of the buildings utilized by the camp? Yes No

	Head of Maintenance Camp Director Other (specify)		
	Equipment/heaters requiring inspection:		
	Inspection and/or maintenance frequency:		
~			
	Fire department will be 911		
	notified of a fire by dialing: Other (specify)		
	Specify the location(s) where emergency numbers are posted:		
pos	In the event emergency assistance is called, provide the operator with as much information as possible, including camp address, directions, incident information, known missing or injured persons. Always let the operator hang up first.		
	nergency situations can be stressful. Have scripted information such as camp address, driving ections, and where to go when they arrive at camp readily available.		
-	on calling the fire department, the camp director will assign a staff member to wait at the entrance of camp and direct responding emergency personnel where to go.		
	Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)		
	Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):		
and	e fire department and EMS service should be invited to visit your camp to become familiar with it densure that their apparatus can negotiate the roads to and within the site prior to each camp ason.		

Fire Alarm and Detection Systems

Automatic fire alarm systems, when provided, and the related detection equipment must be operated and maintained as to provide adequate warning to all the occupants in the event of a fire. Documentation must be available on-site indicating the system is maintained in accordance with applicable sections of the State Uniform Fire Prevention and Building Code (Uniform Code). Contact your local code enforcement official (CEO) or the NYS Department of State (www.dos.state.ny.us) for questions regarding Uniform Code standards and compliance.

> Describe the type of fire detection/alarms that are used in camp buildings and the frequency of testing.

Fire Detection/ Alarm System Type (battery operated smoke detectors, system alarm, etc.)	Building(s) or Location(s)	Frequency of Testing
Add Row		
Who is responsible for ensuring that detection and alarm systems are tested at the frequency indicated above and maintained in proper working order at all times? Head of Maintenance Camp Director Other (specify)		
Automatic fire suppression systems, when provided, must be operated and maintained as to provide detection and suppression functions of fire related events as necessary. Documentation must be available on-site indicating the system is maintained in accordance with applicable sections of the Uniform Code.		
Portable fire extinguishers must be conspicuously located and readily accessible for use in the event of a fire. Documentation must be available on-site indicating the extinguishers are located and maintained in accordance with applicable sections of the Uniform Code.		
Contact your local code enforcement official (CEO) or the NYS Department of State for questions regarding Uniform Code standards and compliance.		

Type, Location and Maintenance of Fire Extinguishers

Cla exp pot 5B lett mo Cla Cla	less A and Class B extinguishers carry to be	* *	
- J.u			
	Describe the types (standpipe, sprinkler, 5BC fire extinguisher, etc.) and locations (kitchen, infirmary, building 1, etc.) of fire fighting equipment provided. One location may have multiple types of fire fighting equipment, such as a building equipped with a sprinkler system that also has fire extinguishers.		
	Equipment Type	Locations	
	Add Row		
>		nspected by a qualified individual prior to the start of camp l be the inspection frequency of fire fighting equipment to	
	Daily Weekly O	ther (specify)	
>	Who is responsible for maintaining and testing the fire fighting equipment?		
	Head of Maintenance Camp	Director Other (specify)	
Insp	ection and Maintenance of Exits		
>	What measure will be taken to inspec	t and maintain exits?	
	Doors will not be able to lock ag will allow single motion opening	ainst egress by dead bolts, hooks and eyes, etc. All doorknobs	
	Where required, lighted exit sign	s will be in place and in good repair.	

	Doors swing outward in the direction of egress and unobstructed routes to exits and safe assembly area(s) will be maintained at all times.
	Other (specify below)
Fir	e Drills
ca tir dr	rills must run smoothly and rapidly. Fire drills must be conducted within the first 48 hours of each mp session; if campers arrive late, be certain they receive this training. A log with drill dates and mes must be maintained on-site and verified by the camp director. It is recommended you conduct ills from various buildings at varying hours with staff prior to the arrival of campers to identify and iminate potential exiting problems.
>	Who is responsible for overseeing fire drills?
	Head of Maintenance Camp Director Other (specify)
>	When will fire drills be held?
	Fire drills shall be held within the first 48 hours of each camping session and (check the frequency below):
	Every week thereafterAlternate schedule:
>	During the first fire drill of each session, campers will be instructed on the camp's evacuation procedures, including building exiting, assembly area(s), and whom to notify if they see a fire. Campers who arrive late to camp and any campers who miss the first fire drill of the session will receive training and instructions on fire drill procedures.
	Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)
	Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):
Ele	ectrical Safety
>	The inspection of the height and condition of overhead electrical wires (including at building entry points) and the maintenance of electric outlets, switches and junction and breaker boxes (e.g., keeping covers on the boxes, installing and testing ground fault circuit interrupters near sinks, pools, on outlets for outdoor equipment) are critical components of an electrical safety program.
>	Who is responsible for the frequency with which inspections are conducted?
	Head of Maintenance Camp Director Other (specify)

	Inspection frequency:		
	Daily Weekly Other (specify)		
Re	porting		
>	Who is responsible for reporting to your LHD within 24 hours, fires that destroy or damage any camp building, or that result in notification of the fire department, or are life or health threatening, or necessitate evacuations?		
	Camp Director Camp Operator Other (specify)		
	copy of the approved Fire Safety section of the camp safety plan must be submitted to the local e district or department.		
	Check this box to indicate that the fire safety section of your camp safety plan will be submitted to the fire department prior to the start of camp with a letter providing your operating dates and any special needs of your facility		
I	V. MEDICAL REQUIREMENTS		
em	e camp medical plan must be tailored to the individual camp based on its location, access to ergency care facilities, the medical needs of the campers, and the health director's credentials. scription of Health Center		
	-		
ro	n overnight camp is required to provide an infirmary with hot and cold running water, examining som, isolation and convalescent space, bathroom with flush toilets and showers, and medical applies, or have alternate provisions for infirmary services included in the camp safety plan.		
	ammer day camps and children's traveling summer day camps shall provide a holding area tisfactory to the permit-issuing official for all ill or injured children.		
>	What type of health center is provided at the camp?		
	Holding area		
He	alth Director		
lic iss di (a	he camp health director may be a physician, nurse practitioner, physician assistant, registered nurse, censed practical nurse, emergency medical technician, or other person acceptable to the permitsuing official. At overnight camps, the health director must be on-site; at day camps, the health rector may be on-site or represented on-site by a qualified designee, as described in Section 7-2.8). For camps with a camper enrollment of 20 percent or more developmentally disabled campers, e health director must be a physician, physician assistant, registered nurse or licensed practical		

nurse and must be on-site for the period the camp is in operation.

The duties and responsibilities of the camp health staff must not exceed the abilities that are allowed by law (known as "scope of practice"). The State Sanitary Code does not grant an individual authority to perform duties that are beyond his/her scope of practice . Camp operators must evaluate the medical needs of the campers and select a health director and other health/medical staff that can fulfill those needs.	
For additional clarification/questions regarding an individual's scope of practice limitations, contact the NYS agencies with regulatory oversight of that certification:	
 EMTs - contact the NYSDOH Bureau of EMS at (518) 402-0996 or visit their website at www.nyhealth.gov/nysdoh/ems/main.htm. Physicians and Nurses - contact the NYS State Education Department at (518) 474-3852 or visit their website (http://usny.nysed.gov/professionals/). 	
 Check the Health Director's credential(s): ☐ Physician ☐ Nurse Practictioner ☐ Licensed Practitioner Nurse ☐ Emergency Medical Technician (EMT) ☐ Other (specify below) 	
For day camps only - Will the health director be on-site On-site or off-site and represented by an on-site designee? Off-site	
Qualification of the on-site designee include:	
Certified in CPR and First Aid	
Trained by the health director in the camp's medical procedures and responsibilities	
Other (specify below)	
How will the on-site designee contact the health director, if needed?	
Phone Dager Other (specify below)	

First Aid and CPR Staff

The health director, other staff specified in section 7-2.8, and certain camp trip and activity leaders are required to possess valid certification in first aid. See the NYSDOH Fact Sheet titled *First Aid Certification for NYS Children's Camp Staff* for a list of approved first aid courses (www.nyhealth.gov/environmental/outdoors/camps/firstaid) or contact your local health department.

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. **Annual CPR recertification is required, regardless of expiration date on card. See the NYSDOH Fact Sheet titled** *Cardiopulmonary Resuscitation (CPR) Certification for NYS Children's Camps and NYS Bathing Beaches* for a list of approved courses (www.nyhealth.gov/environmental/outdoors/camps/cpr) or contact your local health department.

cpr) or contact your local health department.
The duties of first aid and CPR staff will include but are not limited to: Responding to medical emergencies Assisting the health director Other (specify below)
SSC requires 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), to be kept on file for every camper and updated annually. (Notation that immunizations are "up to date" or similar language is not acceptable.) In addition, camper and staff's family or other responsible person's name, address and telephone number to contact during an emergency shall be kept on file.
No child should be prevented from attending camp because he/she is not immunized! If a child has not received immunizations, a written and signed statement from the parent or guardian stating the reason (due to their religious beliefs, immunosuppression, serologic immunity, medical, etc.), must be included with the child's health history. If a case of an immunizable disease is identified, suitable precautions must be taken to isolate children who are not immunized and never had the disease in question.
For the NYS Department of Health's "Recommended Immunization Schedule," and for further information about immunizations, visit www.nyhealth.gov/prevention/immunization or contact your Local Health Department or your regional New York State Department of Health Immunization Program.
The camper's confidential medical history should also 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.
Modified diets should be identified by specific camper prior to arrival at camp, planned for, provided for in accordance with supplied directions, and reviewed by the camp health director.

Camper Confidential Medical Histories

The camp's health history form (attach a copy of your health form to this document) will be
completed for each camper prior to his or her arrival at camp. The form will be reviewed by the
health director and kept on file in the camp's infirmary.
Check this box to indicate that the camp's health form is attached.

Items reviewed will include, but are not limited to:

- 1. Record of immunization history
- 2. Emergency contact information
- 3. Recent/current illness/injury/existing medical conditions
- 4. Restrictions/limitations
- 5. Special needs/diets
- 6. Medications/treatments
- 7. Allergies (e.g. medications, food, insect stings)
- 8. Other concerns, including bed wetting, sleep walking, etc.

Any allergies, special diets, activity restriction or other conditions/special needs will be shared with the appropriate staff in charge of the activity (e.g. camper's counselor, aquatic director, kitchen manager).
Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)
Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):
Overnight children's camp operators are required to 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. The immunization response form must be submitted annually and kept on file at camp. A sample parent letter and response form, which may be used to comply with the law, are posted on the NYSDOH website at www.nyhealth.gov/environmental/outdoors/camps/ or available from your LHD. If a camp chooses to develop and use their own information or forms, the documents must be approved by the NYSDOH Immunization program. Submit documents for review to: New York State Department of Health Immunization Program Room 649, Corning Tower Albany, NY 12237
Do campers attend your camp for seven or more consecutive nights?
If yes, who is responsible to ensure that the meningococcal meningitis vaccination response form is received for each camper?
Camp Director Health Director Other (specify)

Initial Health Screening of Campers

A health assessment of camp participants (staff and campers) will be conducted director shortly after arrival at camp. Initial health screening for each camp include, but not be limited to: (check all that apply)	•
A review, verification and update as needed of individual's health needs/rest	trictions.
A review/verification of individual's medications and instructions for use.	
Asking the individuals about any potential exposure to communicable disease travel in the two weeks prior to their arrival at camp.	se and recent
Assessment of the individual's present health status for signs of illness or oth problems.	her health
Asking individuals to share and discuss any health or other concerns they ma	ay have.
Other (specify below)	
Daily Health Surveillance of Campers	
Daily health surveillance of campers will be conducted that include but are not limited to illness (loss of appetite, nausea, fever, diarrhea, vomiting, etc.) or injury and indications (i.e. frequently appearing injuries such as bruises, cuts and/or burns, where the child is uprovide an adequate explanation of the cause). Who is responsible for completing camper's daily health surveillance? Health Director Counselors Camp Director Other (specify)	s of child abuse
For information on recognizing and reporting child abuse and neglect visit www.ocfs.s	state.ny.us.
Provisions for Medical, Nursing and Emergency Medical Services	
First aid and CPR staff must be located on-site and readily available to respond to emeran activity is conducted at a location where the camp staff certified in first aid and CPR readily available (within five minutes), the activity leader shall possess or be accompar who possesses a current first aid and CPR certificate. First aid and CPR staff must also out-of-camp trips that include an activity where emergency medical care is not readily and/or an activity such as wilderness hiking, camping, rock climbing, horseback riding swimming and/or boating.	R are not nied by staff accompany available
➤ How will camp first aid and CPR staff be summoned for on-site emergencies?	
Two-way radio Loudspeaker Runner	
Phone Other (specify below)	

	What are the camp's procedures for summoning emergency medical service (EMS)?
Lo	cation and Use of First Aid and CPR Supplies
ca de	n epinephrine auto-injector or public access defibrillation (PAD) program must be established for a amps to stock or administer epinephrine auto-injectors (e.g. Epi-Pen) or automated external efibrillators (AED). For procedures on how to establish either of these programs contact your LHD visit http://www.nyhealth.gov/ .
>	What first aid equipment is available at the camp? Check all that apply.
	First-aid kit CPR masks Oxygen
	AED* Dineboard Head immobilization
	Epi-Pen* Other (specify below)
	* Please attach a copy of your collaborative agreement with your emergency health care provider for PAD or epinephrine auto-injector programs.
	Check this box to indicate collaborative agreement is attached.
>	Where are first aid and CPR supplies stored? Check all that apply.
	☐ Infirmary/holding area ☐ Main office ☐ Dining halls
	Pool area Other (specify below)
	ocedures for Providing Basic First Aid, Handling Medical Emergencies, Including Outbreaks, d Procedures for Response to Allegations of Child Abuse
>	What are the procedures for providing first aid and handling medical emergencies?
	In the event of an injury, on-site first aid/CPR-certified staff will be summoned, and will assess the patient. The infirmary will handle injuries that do not require off-site treatment.
	For emergencies, EMS will be contacted. A staff member will be sent to the entrance of the camp and direct EMS to the location of the victim. First aid and CPR staff will attend to the victim until emergency medical services (EMS) arrive.
	Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)
	Alternative procedures (when the above procedure is not utilized, a
	comprehensive alternative must be provided):

>	What	are the procedures for identifying and responding to an illness outbreak?
	or inc	health director or designee will check the medical log entries daily for common ailments and/creased frequency of cases of illness with similar symptoms (e.g. headache, vomiting, hea, fever, eye infection, sore throat). If noted, the LHD will be contacted immediately for the opriate intervention strategies to be implemented at the camp to prevent the spread and currence of illness.
	If an	outbreak is suspected:
		1. The LHD will be contacted.
		2. Ill persons will be excluded from duties and/or activities until permission is granted by the health director to resume.
		3. Ill individuals will be physically separated from well; housing areas for large number of ill at overnight camps will be designated, and ill day-campers will be sent home.
		4. Entry/exit from camp will be limited; activities involving visitors, including other camps will be postponed or restricted.
		5. Handwashing (staff and campers) will occur frequently and not just during outbreaks! Campers and staff will be instructed to wash hands after activities, and always after using the bathroom and before eating. Staff will monitor campers' handwashing. Plenty of soap and disposable paper towels will be provided in handwashing areas
		6. Housekeeping - "Sick" areas (bathrooms, sleeping areas etc.) will require increased housekeeping emphasis. Housekeeping staff will be instructed to wear gloves and follow other precautions as directed. Staff will be instructed to practice thorough handwashing, and will be encouraged to change to clean clothing prior to resuming other activities.
		Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)
		Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):
>	What	t are the procedures for responding to allegations of abuse?
	witn from	staff will be instructed to immediately notify the camp director or health director if they are ess to, or hear of, any camper abuse (physical, sexual or verbal). The accused will be separated the rest of the camp population. All allegations of abuse will be reported to the LHD and to appropriate law enforcement agency.
		Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)

Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):

Rabies Facts

Rabies is a deadly disease caused by a virus that attacks the central nervous system of mammals, including humans, pets, livestock and wildlife. Animals testing positive for rabies have been found throughout NYS. All animal bites and scratches, and any contact whatsoever with bats or animals suspected of having rabies, <u>must</u> be reported to your permit-issuing official IMMEDIATELY to determine if testing of the animal or human post exposure treatment is required. For additional information on this subject visit <u>www.nyhealth.gov/environmental/outdoors/camps</u> or contact your LHD.

Pre-camp

- Repair or modify camp buildings to keep bats and other animals out. Make sure that doors and windows are secure, and that any small openings that might allow an animal entrance are sealed or screened, including chimneys, vents, etc. Don't occupy buildings until they are animal-proof and free of unwanted animals. Provide animal-proof garbage containers and arrange for routine refuse removal and cleanup and monitoring of these areas.
- ➤ If pets or domestic animals are allowed at your camp, be certain these animals are immunized against rabies. Proof of current immunization should be maintained on file at the camp for the animals at camp.

<u>Potential Exposure</u> - If a bite, scratch or other contact with a suspect animal occurs:

- ➤ IMMEDIATELY wash the victim's wound(s) or exposed site thoroughly with soap and water. Seek medical assistance.
- If possible to do safely, try to confine or capture the suspect animal, or seek assistance as noted above.
- ➤ IMMEDIATELY notify your LHD to report the incident and exposure details (circumstances leading to incident, who was involved or present, location, if the animal was captured, etc.) and to arrange for testing the suspect animal (if available).
- ➤ If the animal is found dead, dies or is killed, refrigerate the carcass with ice until testing is arranged.

<u>Potential Exposure - BATS</u> - If ANY exposure to a bat occurs, or if a bat is found in a room where someone was sleeping, or someone was present who could not communicate (e.g. infant, young child, person with sensory or mental impairment):

- ➤ Notify your LHD and describe the circumstances.
- Try to confine or capture the bat (without causing damage to the head) for testing. See video at www.nyhealth.gov/diseases/communicable/zoonoses/rabies.

>	To aid in the capturing bats, camps should prepare by having a bat capture kit consisting of:
	• Gloves (heavy, preferably pliable thick leather)
	• Forceps (9" to 12" length, rat-tooth for gripping)
	• Extension pole w/net (fine mesh insect net of polyester or muslin material with a spring steel hoop on telescoping pole - net and pole sold separately)
	• Coffee can w/tight-fitting lid or similar container (e.g., cardboard ice cream carton w/lid; keep multiple containers on hand)
	• Sheet of cardboard to slide between wall and container to act as a lid
	• Tape (to secure lid on container)
	• Flashlights (including fresh batteries & extra batteries)
	• General Guidelines for Management of Bat-Related Incidents at Children's Camps
	g - Information must be provided to staff and campers during training to prevent potential rabies re and, where possible, avoid the lengthy and costly rabies post exposure treatment:
>	Never feed, rescue, handle or intentionally get close to any wild animals, including bats in caves and "abandoned wildlife."
>	Avoid and do not touch injured, ill or stray animals.
>	Avoid and do not touch pets and domestic animals you're not familiar with.
>	Avoid and do not touch any animal that exhibits behavior that appears abnormal.
>	Report to appropriate camp staff (e.g., camp director, health director) IMMEDIATELY:
	 The presence and location of any suspicious animal.
	 The presence of a bat in any sleeping area or in a building used for activities or assembly, or a dead or grounded bat, or a bat roosting within reach (indoors or outdoors) of campers or staff.
	Any injury caused by contact with an animal.
Wl	ho will be responsible for capturing a bat or contacting a nuisance wildlife agent if a
	spect animal is found at the camp?
	Camp Director Health Director
	Maintenance Staff Other:
Ba	t capture kits are maintained:
	Each bunk Bunk #: Maintenance area Other (specify below)
1	

Storage and Administration of Medicines

Medication collection and storage

For day camps - some medication schedules can be altered to non-camp times, which will eliminate the camp's responsibility for oversight. Camp operators can check with the parents/guardians to determine when this is possible. All medication changes must be made by the camper's physician or other health care provider. Medications should not be transported daily to and from camp. Parents/guardians should request that the pharmacy provide two containers, one to remain at home and one to remain at camp.

With the exception of Epinephrine Auto-injectors (see DOH fact sheet entitled *Children's Camp Epinephrine Auto-injector Program* (www.nyhealth.gov/environmental/outdoors/camps/epinephrine) and certain immunization agents, prescription medication must be prescribed and dispensed to an individual. **Camps may not maintain a bulk supply of prescription medications** unless the supply is maintained in conjunction with a licensed prescriber's practice, which he or she operates on the camp property. Repackaging or relabeling of prescription medications is prohibited. All prescription medication must be in their original container with labeling that includes but is not limited to:

- Complete name of patient
- > Date prescription filled
- > Expiration date
- Directions for use, precautions (if any), and storage (if any)
- > Dispensing pharmacy name & address
- > Name of physician prescribing medication

Stock supplies of non-prescription medications (over-the-counter items) may be maintained by the camp or brought to camp by individuals (campers and staff). Individual patient non-prescription medications should be labeled with the complete name of the patient.

All campers' medication (prescription or non-prescription) must be accompanied by a patient-specific written order from a licensed prescriber. Pharmacy labeling on the medication is **not** sufficient for this purpose as the medication, dosage, and or regimen may have been changed since the pharmacy filled the prescription.

Describe how medication will be collected upon arrival to camp:

Upon arrival at camp, campers and staff (housed with campers) must provide their medications (prescription and non-prescription) to the camp's health director or designee. The camp staff will review licensed prescriber's written orders and health histories to ensure required medication have been turned in and properly ordered. When there is an inconsistency between health records and medications brought to camp, the camp will resolve the discrepancy by contacting the parent/guardian. Additional follow-up with the camper's physician may be necessary as well.

when transportation is provided to camp from a common pick-up point, an medications will be	
collected prior to departure from the location(s).	
Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)	he

Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):
Describe medication storage:
All medications are stored per product directions (e.g. refrigerate, avoid excessive heat) and kept in a secure (locked) area accessible only to the camp health director/designated staff, except when required to be available to the patient for emergency use (e.g. "epi-pen" prescribed for severe allergies, Asthma Inhalers). Those individuals that need emergency medications may carry the medications themselves. When necessary, staff may be assigned to carry the medication; assigned staff will ensure that at all times the patient and medication will remain in close proximity and are not separated.
Controlled substances (narcotics) and syringes must be "double-locked"(e.g. locked in a box locked in a cabinet) and standards of best practice followed, including counting the controlled substances upon arrival and periodically thereafter.
Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)
Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):

Medication Administration

When the parents or guardians of children are not available to administer medications, two options are available: administration by a licensed health care practitioner (physicians, dentist, nurse practitioners, physician assistants, registered professional nurses, midwives, and licensed practical nurses) and self-administration.

Emergency medical technicians (EMT) of any level may practice under their certification only as part of an established emergency medical service (EMS) system. An EMT employed by a children's camp is not working for an established EMS and therefore **cannot** administer medications or implement any other EMS protocols. Contact the NYSDOH Bureau of EMS for addition information at (518) 402-0996 or visit their website at www.nyhealth.gov/nysdoh/ems/main.htm. First aid staff and staff without medical certification/license are prohibited from administering medication as well.

Administration by a licensed health care practitioner - Only a NYS-licensed health care practitioner may administer medications (prescription and over-the-counter) at a children's camp. An RN can assess patient health and administer medications, including PRN (as needed) medications following orders that are written specifically for an individual camper (an RN CANNOT administer medications following a non-patient specific standing order). A LPN must work "under the direction" of a NYS licensed physician, other licensed health care provider or registered nurse. A Licensed Practical Nurse (LPN) cannot legally assess a patient's/camper's condition. A LPN can administer medications following a patient specific order; however, in the case of a PRN (as needed) order, a LPN must first confer with the RN or licensed health care provider he/she is working "under the direction" of. For additional clarification or questions regarding licensed health care practitioner's scope of practice limitations, contact the NYS Education Department at (518) 474-3852 or visit their website: http://usny.nysed.gov/professionals/.

Patient-specific written orders from and signed by a licensed prescriber, describing use of the medication, are required in order for a nurse to administer or to allow a camper to self-administer a medication (prescription and over the counter). Parental permission by itself is not sufficient.

A written statement from a camper's parent or guardian that requests the camp to administer the medication to the camper as ordered by the licensed prescriber is suggested.

How will medication be administered? Select all that apply.
No medication will be administered at the camp By camper's parents Self-administration (complete corresponding section below)
Administration by a licensed health care practitioner (Select all that apply)
Physician Nurse Practitioner Physician Assistant RN LPN

<u>Self-administration procedures</u> - only complete this section if self-administration procedures are used at your camp.

- Self-administration of medications will only be allowed for those individuals determined to be "self-directed". Determination as to whether or not a camper should be considered for self-administration will be conducted by the health director or designee and will be based on the camper's ability to:
 - Identify the correct medication (e.g., color, shape),
 - Identify the purpose of the medication (e.g., to improve attention),
 - Determine that the correct dosage is being administered (e.g., one pill),
 - Identify the time the medication is needed (e.g., lunch time, before/after lunch),
 - Describe what will happen if medication is not taken (e.g., unable to pay attention), and
 - Refuse to take medication if camper has any concerns about its appropriateness.
- ➤ Camper will **not** be allowed to self-administer "as needed" (PRN) medications, except for emergency medications such as inhalers and Epi-pens.
- Self-administration procedures:
 - The camp health director, or designee trained by the health director in self-administration procedures, will keep a list of all campers in their charge requiring medications, the medication needed, time and dosage to be taken.

- The camper will be reminded each time when a scheduled dose is to be taken and will read or be read the name of the medication, dosage and other instructions for use.
- At the time of self-administration, the health director or designee will verify who the camper is and that he or she has the correct medication, dosage and other use instructions.
- Medication will be handed, in the original container, to the camper for self-administration. Camp staff that are not licensed health care practitioner may not pour or dispense pills into container(s) for ingestion. Staff that remove medication from the original container are administering medication. Staff may help a camper loosen the container cap, if necessary.
- Administration of the medication will be witnessed and documented by noting (in the medical log or recipient's medical record) the names of the recipient, medication, dosage, witness, and the date and time self-administered.

•	Medication will be returned and properly stored.
	Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)

1 1	Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):

Injury Control

Injuries are not "accidents"; they are predictable and preventable events that can be controlled when appropriate interventions occur. Establish an injury control program at your camp. Routinely review injuries noted in the medical log. Have injuries occurred at one activity, location or under the supervision of one counselor in particular or are there other common threads between injuries? If so monitor the event in question for obvious contributing factors. You may need to interview the victims/witnesses for more information about the injury event and pre-event also. There are preventative measures that can be taken!

Example:

Over a two-week period, two 6-year-old campers playing on the playground sustained cuts on their hands which required sutures. Your questions to the counselors and victims lead you to a swing, which at first glance, appears safe. You ask the victims to show you what they were doing, and learn both were sharing the swing with another camper. With two campers in the swing, you note the additional weight causes a sharp piece of wire to protrude below the seat!

Preventative Measures:

Maintenance staff replaced the damaged swing seat and checked all the others for similar defects. Playground staff modified their written plan to include the routine inspection of the swing seats, and to allow only one camper per swing. The health director reviewed medical log entry requirements with her staff, and reminded them to provide details about how and where incidents occur.

Medical Log

The health director or designee will document all health related incidents involving campers and staff, including medical complaints and injuries, and camper allegations of child and/or sexual abuse in a logbook. The medical log will be maintained at the health center and readily accessible for review by the health department representative. The health director or designee will review the medical log daily for any commonly-occurring injuries or illness to identify potential hazards or illness outbreaks at the camp.

At a minimum, the medical log will include the following information:

- Date and time of visit
- Name of patient
- Camper, staff (title) or other (indicate)
- Name of bunk or group, if applicable
- Nature of complaint
- Description of treatment and follow-up, if required

water.

Name of care giver
Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)
Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):
Universal Precautions
Universal Precautions is an approach to infection control. Accordingly, all human blood and any other human body fluids should be treated as if known to be infectious for HIV, Hepatitis Virus and other blood-borne pathogens.
Universal Precautions will be employed during treatment and in the handling of blood and othe body fluids including, but not limited to, vomitus, diarrhea and any bodily discharge (e.g. from cuts, boils). Universal Precautions implemented at the camp include (check all that apply):
Every first aid trained staff member will be trained in Universal Precaution techniques.
All bodily fluids shall be considered potentially infectious material. Protective barriers,

such as gloves and masks, will be used to prevent contact with bodily fluids.

Any surface or equipment that has been contaminated by blood or any other bodily fluid shall be cleaned and sanitized with a bleach solution of 1 part bleach to 10 parts warm

Handwashing facilities, which are readily accessible, are available throughout the camp.

	Any contaminated bandages, dressing or any other material will be separated from other wastes and disposed of in a red biohazard bag. Containers used for the contaminated waste will be marked prominently on the containers with the universal warning sign or the word "biohazard."		
	Any needles will be placed in an approved "Sharps" container labeled "biohazard" and taken to an approved collection location. (Most hospitals will accept "Sharps" waste for disposal and some Fire Departments can assist in "Sharps" disposal. In addition, you can check with your local sanitation district to see if they offer "Sharps" disposal sites).		
	When away from camp (off-site-trips), an antiseptic hand cleanser or towelettes will be provided. As soon as possible, hands will be washed with soap and running water.		
	Other (specify)		
Rep	porting of Incidents		
The	 e local health department must be notified, within 24 hours, of the following occurrences: Camper and staff injuries or illnesses that result in death or require resuscitation, admission to a hospital or the administration of epinephrine. 		
	• Camper or 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.		
	• Injuries where the camper sustains second or third degree burns to 5 percent or more of the body.		
	• Camper injuries that involve bone fractures or dislocations.		
	• Lacerations sustained by a camper that require sutures, staples or medical glue.		
	Camper physical or sexual abuse allegations.		
	• Camper and staff illnesses suspected of being water-, food- or air-borne or spread by contact.		
>	Who will be responsible for required reporting of illnesses and injuries, including camper abuse allegations, to the local health department within 24 hours of their occurrence?		
	Camp Director Health Director		
	Other (specify)		
Pro	visions to Supervise Sanitation		
>	Specify the camp's procedures for supervising sanitation at the camp:		
	The health director or designee will oversee the camp's general sanitation assessment as well as conduct on-going sanitation reviews. This will include but not be limited to visiting the area of camp indicated below at the indicated frequency to assess cleanliness and sanitation:		
	Area Frequency of Visit		
	Kitchen and dining area Daily Weekly Other (specify)		

Refuse management and disposal	Daily Weekly Other (specify)
Living quarters	Daily Weekly Other (specify)
Sewage system	Daily Weekly Other (specify)
Water Supply	Daily Weekly Other (specify)
Pool/Beach	Daily Weekly Other (specify)
Other buildings/ bathrooms	Daily Weekly Other (specify)

Diabetes Prevention and Control: The DOH Bureau of Chronic Disease Services, Diabetes Prevention and Control Program developed a publication titled *Children with Diabetes: A Resource Guide for Families and Schools.* The resource guide provides valuable information and tools that may be utilized by camps for the prevention and management of diabetes in children. The resource guide is available to download from the DOH website at http://www.nyhealth.gov/publications/0944.pdf or hard copies may be ordered from the DOH forms distribution center at http://www.nyhealth.gov/forms/order_forms/diabetes.htm.

V. GENERAL AND ACTIVITY SPECIFIC SAFETY

Camper Supervision

Supervision of the campers is the single most important aspect of a children's camp. It is recommended staff always be assigned to supervise specific campers. Many camps "buddy" staff, so coverage is available in case of an emergency. The State Sanitary Code (SSC) requires that campers receive "adequate supervision," which is defined as:

- ➤ Being protected from any unreasonable risk to their health and safety, including physical or sexual abuse; and
- Visual or verbal communication capabilities existing between campers and their counselor during activities and a method of accounting for the campers' whereabouts at all times.

The minimum required counselor to camper ratio varies based on the type of camp (day vs. overnight), age of the campers and the activity:

At overnight camps, the minimum counselor to camper ratios for general activities is:

- 1:10 for campers 8 years and older
- 1:8 for campers younger than 8 years old

Additional requirement for camps with camper enrollments of 20 percent or more developmentally disabled campers.			
ec to	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.		
>	How will campers be accounted for and supervised?		
	At the beginning of each session, counselors will be given a list of campers under their charge for that camp session or activity. Counselors will take attendance frequently, including at the beginning of each day and activity, to account for all campers in their charge. If a camper is unaccounted for the counselors will immediately notify the camp director.		
	At all times the counselors will provide a level of supervision that shall protect campers from any unreasonable risk to their health or safety, including physical or sexual abuse. Counselors will actively supervise campers, maintaining visual or verbal communications capabilities at all times t ensure camper activities are safe and consistent with the safety plan and camp policies.		
	Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)		
	Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):		
>	What minimum counselor to camper ratio will be maintained for general activities (e.g. arts and crafts, sports, organized games)?		
	1:8 for campers younger than 8 years old 1:10 for campers 8 years and older		
	1:12 (day camps) Other (specify below)		
State Sanitary Code allows for a Counselor-in-training (CIT) or Junior Counselor, who is a camper, to be assigned to an on-duty counselor or other staff member to assist in performing specific duties. A CIT may not independently supervise campers, and must be supervised as a camper. All CITs must receive training specific to their duties, and camper orientation. A maximum of 10 percent of the total number of counselors required may be CITs. See Subpart 7-2.5(k)			
>	Will CITs or Junior Counselors be used to meet minimum supervision ratios? Yes No		

At day camps, the minimum staff to camper ratios for general activities is:

• 1:12 for all campers

Between scheduled activity periods (traveling from one activity to the next): Staff actively supervise assigned campers during travel between activities/area. Visual and/or verbal communications are maintained between staff and campers when moving between activities. The minimum camper to counselor ratio for general activities is maintained. Campers may travel between activities/areas without direct staff supervision. When this occurs, the staff member in charge of the activity/area the camper is traveling to will have a list of all expected campers, where they are coming from and the time that activity ends. A maximum of five minutes will be allowed for travel to the activity/area. If the camper does not arrive at the expected location within five minutes of the end of the previous activity, the staff member in charge will immediately notify the Camp Director and initiate the lost camper plan. Alternative procedures to account for campers between activities: Passive activities - an activity that takes place in a defined area, where participants are spectators or have limited mobility and use no tools or equipment (other than computers). There will be no change from the counselor to camper ratio for general activities. A counselor to camper ratio of 1:25. (Select passive activities at your camp:). Religious instruction Storytelling Viewing movies Board games Drama Singing Other (specify below) Alternative procedures for supervising campers:

➤ How will campers be supervised during the following the following time periods?

Sleeping and rest hours		
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, provided in all circumstances that:		
Supervision is adequate to protect the campers from any unreasonable risk to the health or safety; and		
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.		
> Staffing levels must be adequate to respond to emergencies at all times.		
No sleeping or rest periods during camp (day camps only).		
No change from general supervision ratios and visual and/or verbal communications between campers and counselors is implemented.		
Alternative procedures for supervising campers:		
Applicable time periods:		
Minimum staff to camper ratio:		
Describe ability to provide visual and/or verbal communication with campers. Include or attach a sketch of staff positioning relative to campers (indicate the arrangement, number of floors, and camper capacity for each building).		
Transportation:		
Transportation is not provided by the camp		
No change from general supervision ratios. Counselors will ensure that the rated capacity of the vehicle is not exceeded, campers remain seated during transport and, if provided, seat belts are utilized.		
There shall be at least one counselor in addition to the driver in any vehicle transporting developmentally disabled campers		
Alternative procedures for supervising campers:		

> Describe your discipline policy.

Discipline will be aimed at addressing and correcting unacceptable behavior. Counselors who are unable to quickly, safely and effectively deal with a camper who is misbehaving will utilize the chain of command to address the situation. Forms of acceptable discipline may include: talking to the camper about their behavior, discussion of the expectations the camp has of all campers, asking the camper to express his feelings, mediation of a dispute, and notification of parents/guardians. Discipline that is considered unacceptable and that will not be allowed includes but is not limited to corporal punishment, humiliating treatment, frightening methods, punishment associated with food, rest or isolation, and use of foul or abusive language.
Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)
Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):
What is the camp's lost camper plan?
In the event that a camper becomes lost or unaccounted for, the Lost Camper Plan will immediately be activated, which will include the following:
 Provide and maintain adequate supervision for all campers.
 Notify the Camp Director and other counselors of the identity of the missing camper.
• Interview staff and campers in an attempt to determine the last known whereabouts of the missing camper.
• Begin a search, starting with the last known place of the camper and nearby restrooms, and high risk areas (e.g. pool, beach).
• If out of camp, the assistance of the facility being visited will be requested. Camp staff will be sent the designated meeting area and the exits of the facility.
 Maintain the supervision of campers and widen the search area.
• The police will be notified if the camper remains unaccounted for greater than:
Ten minutes Twenty minutes Thirty minutes Other (specify below)
 Parents/guardians will be notified.
• Contact the LHD within 24 hours if the camper has not been located or if a reportable injury has occurred.
Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)

Alternative procedures (when the above procedure is not utilized, a comprehens) must be provided):	
En	nergencies:
n s c	Unexpected emergencies may occur at the camp. Staff must be trained to remain calm, naintain order, supervision and accountability of campers at all times. The camp director hould be immediately notified of any emergency situations and initiate evacuation of the camp if necessary. By completing this plan, procedures for fires, evacuation of buildings, ightning, and lost campers have been established.
pro	escribe below or attach any other facility-specific emergency response procedures or occdures for the supervision of campers during emergencies that have not already been dressed in this plan.
	N/A no additional procedures

Activity Safety

Each camp activity must be evaluated to establish appropriate policies and procedures for the supervision and prevention of injuries to campers. Additional staff are required for specialized activities such as swimming, wilderness, equestrian, boating, etc.

- 1:8 for campers 6 years and older
- 1:6 for campers less than 6 years old

On-site activities - An activity leader must supervise each camp activity occurring on the camp's property and be competent in the activity being conducted. A minimum of one activity leader and one staff member must supervise activities that occur at locations where additional camp staff assistance is not readily available (within five minutes). When a camp activity is conducted at a location where the camp staff certified in first aid and CPR are not readily available, the activity leader must possess or be accompanied by staff who possesses current ARC Responding to Emergencies or equivalent first aid certification and ARC CPR for the Professional Rescuer or equivalent CPR certification. The Activity leader for activities that includes wilderness hiking, camping, rock climbing, horseback riding, bicycling, swimming and/or boating must be at least 18 years old.

Camps with developmentally disabled campers - all appropriate recreational activities must be accessible by providing ramps, proper surfaces for movement, and/or adaptive equipment.

Check all activities available to campers and complete the specified appendix for that activity. Complete Appendix E for classroom instruction, dancing/acting or organized games when the supervision or safety procedures differ from what has been provided in Section V (General and Activity Specific Safety) of this document (e.g. requires additional/specialized staff, minimum participant prerequisites, safety equipment).			
Amusement Parks (Appendix N) Aquatic Theme Parks (Appendix I) Archery (Appendix J) Arts and Crafts (Appendix E) Bicycling (Appendix E) Boating/Canoeing (Appendix I) Camp Trips (Appendix N) Classroom Instruction (Appendix E) Appendix E completed? Yes No Cooking (Appendix E) Dancing/Acting (Appendix E) Appendix E completed? Yes No Gymnastics (Appendix E) Hiking (Appendix E) Hiking (Appendix E) Martial Arts (Appendix E) Mountain Boarding (Appendix E) Mountain Boarding (Appendix E)	 Nature Study (Appendix E) Organized Games (Play) (Appendix E) Appendix E completed? Yes ☐ No ☐ Petting Zoo (Appendix E) Riflery (Appendix K) Roller Skating/Blading (Appendix E) Skate Boarding (Appendix E) Sports (Appendix F) Swimming: ☐ On-Site (Appendix G) ☐ Off-Site (Appendix H and N) ☐ Wilderness (Appendix H and N) ☐ Other Water Activities (Appendix E) ☐ Tubing (Appendix E) ☐ Whittling/woodcarving (Appendix E) ☐ Ropes/Challenge Course (Appendix M) ☐ Ice Skating (Appendix E) ☐ Other (specify and complete Appendix E for each) 		
Estimates made by sources such as the National Weather Service indicate that approximately 400 people are struck and seriously injured by lightning each year. One out of four victims is killed. To minimize risk of injury from lightning, camp staff must monitor local forecasts for thunderstorms and restrict activities to locations that provide adequate shelter. Additional information regarding lightning safety is contained in Appendix D.			
Heat-related illnesses occur when the body is unabl	le to cool itself. The most common heat related		
Heat-related illnesses occur when the body is unable to cool itself. The most common heat-related illnesses are heat stroke (sun stroke), heat exhaustion, heat cramps and heat rash.			
The risk of heat related illness increases with the air temperature and relative humidity. Based on the relation of the two, the National Weather Service has devised a heat index to alert the public of days that have a potential for causing illness. In general, a heat index of 90 or above may result in heat illness. For additional information see the Department's brochure titled <i>Keep Your Cool During</i>			

Summer Heat www.nyhealth.gov/publications/1243/index.

The key to preventing heat related illness is to be aware of the weather conditions that have potential for adverse effects and to schedule less strenuous activities during those times. Additionally, drink plenty of cool water or other fluids prior to and during activities.

	cam	o monitors and assesses weather conditions to cancel or curtail activities (on-site and during p trips) due to weather, such as thunderstorms, high heat and/or humidity and elevated ozone ls, and notifies activity staff leaders of activity restrictions?		
		Camp Director Program Director Other (specify)		
>	Mea	ans of staff notification will include but not be limited to:		
		Cell phone Direct verbal contact		
		Portable radios		
		Other (specify):		
>	Whi	ch activities will be suspended or minimized in anticipation and response to thunderstorm and		
	light	tning activity? (check all that apply)		
	Hikes and other activities that would prevent staff and campers from seeking immediate cover in a shelter, car or bus.			
		Swimming (outdoors and indoors), boating or other activities in or on the water.		
	All outdoor activity will be ceased if thunderstorm and lightning activity occurs.			
	Other (specify):			
su hi	ıfficio gh-ri utdoo	stantial building that has plumbing or electrical service, is completely enclosed and has ent capacity to shelter all campers should be used as a shelter against storms. In addition, on sk days or during high-risk periods, the camp may modify their daily program and replace or activity with indoor activity in a primary structure either on the camp property or off-site is a movie theater, bowling alley, etc.		
Spo	ecify	the locations/buildings designated as shelters for storms.		
	1.			
	2.			
	3.			
	4.			
	Wha	at instructions will be provided for those caught away from shelter/camp by a storm?		

Cease all outdoor activity and seek shelter inside the nearest large building that is deemed acceptable. If no building is available, a car or bus will be utilized.
Do not use telephone except in an emergency (cell phones or cordless phones are acceptable for use).
If no shelter of any type is available, then:
Stay away from telephone or power poles and tall, isolated or lone trees.
Stay off of or leave hilltops.
Avoid wire fences, pipes and metal poles.
Assume a protective crouch with your legs bent at the knees and your feet close together; keep your hands on your knees and lower your head toward your knees (do not lie down).
If in a group, stay several yards apart.
Other (specify):
Camp will not resume outdoor activities until thunder has not been heard for a full thirty minutes. Yes
Sun protection - skin cancer is the most commonly diagnosed cancer in the Untied States. The biggest risk for skin cancer is unprotected exposure to the sun during childhood. Some simple steps that can be taken at your camp to protect against sun exposures include:
• Limiting the amount of time spent in the sun, especially between 10 am and 4 pm. Conduct activities in shaded areas whenever possible.
• Wearing protective clothing such as a wide-brimmed hat, long-sleeved shirt, long shorts or pants, and sunglasses that state that they protect from 100% of UVA and UVB.
• Using sunscreen labeled "broad-spectrum" with a sun protection factor (SPF) rating of 15 or higher.
For additional information visit www.nyhealth.gov/diseases/cancer/skin or contact the NYSDOH Bureau of Chronic Disease Control at (518) 474-1222.
Incidental Water Immersion:
Incidental water immersion is the 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.
Does incidental water immersion occur during any camp activities (on- or off-site)? If yes, complete this section.

List below the activities (on- or off-site) during which incidental immersion is permitted.		
• What are the procedures for incidental water immersion?		
1. Incidental water immersion will be prohibited when the water's depth cannot be determined or when the water's depth or current does not ensure a safe crossing.		
2. Water Depth: (Select one)		
Incidental water immersion is not permitted in water deeper than mid-calf of the shortes camper.		
The following procedures(s) will be used for incidental water immersion in water deeper than mid-calf of the shortest camper (specify below):		
3. Staff will test the entire area in which incidental immersion will occur prior to campers entering the water.		
4. A trip or activity leader must be familiar with safe water flow characteristics and camp safety plan procedures for any body of water entered.		
Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below)		
Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):		
. ORIENTATION AND TRAINING OF CAMPERS AND STAFF		

VI

While the two processes (staff training and camper orientation) are similar, they will differ considerably in the depth to which various topics are covered, as can be seen from the examples below.

Topic	Staff Training	Camper Orientation
Child Abuse	Need to be trained to know, understand and recognize what abuse is. Must know when and to whom to report all allegations/observations regardless of the source.	Only need to know that if they are uncomfortable about anything at camp, to whom they should go to discuss it. There should always be one route through their counselor/unit leader and another independent route, such as through the health director.
Buddy System/ Waterfront Supervision	Need to know how to scan water and their supervision responsibilities at the waterfront. Need to know how to help run a buddy check. Need to know their role in lost swimmer plan. Need to know and enforce rules, re: diving, running, etc.	Need to know to stay with their buddy and how to answer a buddy check. Need to know what to do if their buddy leaves the water or disappears.
Additional requirements for camps with camper enrollments of 20 percent or more developmentally		

Additional requirements for camps with camper enrollments of 20 percent or more developmentally disabled campers - the camp director must develop a written staff training program appropriate to the specific needs of the developmentally disabled enrolled in the camp.

Staff Training:

Staff training and orientation is as important as the selection of good staff. Training programs should occur prior to the arrival of the first campers. Provide an estimated time spent during camper orientation for each of the following subject area:

Subject	Estimated time (hours/minutes)
An outline of the training curriculum	
Tour of camp property	
Description of camp hazards and policies for eliminating or minimizing them	
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 and 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)		
Other (specify)		
Other (specify)		
Other (specify)		
> What are your procedures for conducting staff trai	ning?	
Prior to any counselor starting work at the car consisting of the topic list above and based or sheet" will be provided at all staff training to training, and content of what was covered durnaintained at the camp for inspection be the limit Alternative procedures (when the above procedures be provided):	the contents of this document the attending the training. Signoral health departments	s safety plan. A "sign-in- ding staff members, date of gn-in-sheets will be nent.
Camper Orientation/Training		
Every camper must receive, on arrival at your camp, are procedures. Provide an estimated time spent during care area:		
Subject	Estimated	time (hours/minutes)
Orientation curriculum outline		
Tour of camp property		
Description of camp hazards		
Chain of command		
Reporting illness, injury and other incidents		
Buddy system		
Lost camper plan		

Lightning plan	
Fire drills and evacuation	
Camp trips	
Other (specify)	
Other (specify)	
Other (specify)	
> What are your procedures for conducting camper	orientation?
All campers are required to attend camper ori topic list above. A "sign-in sheet" will be pro orientation, and content of what was covered maintained at the camp for inspection by the	vided to document the attending campers, date of during the orientation. Sign-in sheets will be
Prior to start of each session	On the first day of each session
Other (specify)	
Alternative procedures (when the above procedures be provided):	edure is not utilized, a comprehensive alternative
L	

NYSDOH - May 2009

Appendix A Staff Job Descriptions

Job Title
Duties and Responsibilities
Job Title
Duties and Responsibilities
Job Title
Duties and Responsibilities
Job Title
Duties and Responsibilities

Add Job

Types of Water Supplies: Appendix B

	Type of Suppry	Startup Procedure	On-site Treatment
Year-Round Seasonal	Off-site Public Supply On-Site Groundwater (Well) Supply On-Site Surface Water (Lake/Reservoir) Supply	Startup Procedure A Startup Procedure B Startup Procedure C Startup Procedure C None (Year-Round)	None Chlorination UV Disinfection Filtration Other:
Year-Round Seasonal	Off-site Public Supply On-Site Groundwater (Well) Supply On-Site Surface Water (Lake/Reservoir) Supply	Startup Procedure A Startup Procedure B Startup Procedure C Startup Procedure C None (Year-Round)	None Chlorination UV Disinfection Filtration Other:
Year-Round Seasonal	Off-site Municipal (Public) Supply On-Site Groundwater (Well) Supply On-Site Surface Water (Lake/Reservoir) Supply	Startup Procedure A Startup Procedure B Startup Procedure C Startup Procedure C None (Year-Round)	None Chlorination UV Disinfection Filtration Other:
Year-Round Seasonal	Off-site Public Supply On-Site Groundwater (Well) Supply On-Site Surface Water (Lake/Reservoir) Supply	Startup Procedure A Startup Procedure B Startup Procedure C Startup Procedure C None (Year-Round)	None Chlorination UV Disinfection Filtration Other:
Off-site Pub On-Site Gro (Well) Supp Well) Supp Affacts additional sheets if necessary	Off-site Public Supply On-Site Groundwater (Well) Supply On-Site Surface Water (Lake/Reservoir) Supply	Startup Procedure A Startup Procedure B Startup Procedure C Startup Procedure C None (Year-Round)	None Chlorination UV Disinfection Filtration Other:

Appendix C

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 permitissuing 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.

Appendix D

Lightning Safety Basics

Vincent P. Idone, Ph.D.

Department of Earth and Atmospheric Sciences
University at Albany, SUNY

Lightning is a natural phenomenon that is undeniably dangerous and potentially life threatening. In New York State, the average absolute amount of lightning activity is considered "light to moderate" compared with states such as Colorado or Florida, and this activity is primarily limited to the summer season. Of course, it is the summer season when almost all camp activities are underway. Also, the local and immediate threat of lightning during a particular thunderstorm can be high, depending on the intensity of the storm and the frequency of lightning strikes to ground. Hence, the threat of lightning must be recognized and responded to. The purpose of this appendix is to provide a basic set of qualitative principles that can be applied in a sensible manner, thereby allowing camp personnel to deal with this threat in a balanced and appropriate way.

The perspective of many individuals with respect to lightning is extreme: some are utterly terrified of lightning while others almost completely ignore the threat, confident that the "odds" of lightning striking any particular location are quite low. In attempting to deal rationally with this threat, you should first realize that it is impossible to always be completely safe from lightning; about the only way you could achieve such a secure state would be to live inside a completely enclosed metal structure - not a very practical option! On the other hand, you can do many things to reduce and minimize the threat from lightning. First and foremost, you should realize that because of the much improved forecasting and tracking of storms with present-day capabilities, it is much easier now to avoid many situations of increased risk. It should be a very rare day indeed that any camp is *completely surprised* by thunderstorm and lightning activity in the area. With the present deployment of sensing technology that includes real-time data from advanced Doppler radar, satellite imagery, and the direct detection of individual lightning strikes via the National Lightning Detection Network (NLDN), there is a substantially increased amount of useful and detailed information available on local thunderstorm/lightning activity. This information is readily disseminated via NOAA Weather Radio, local TV/radio reports, and the Weather Channel. Hence, there is no reason why any camp should not be adequately informed of the likelihood of storms developing or the present specific location and movement of existing thunderstorms relative to the camp grounds.

With good prediction and tracking of storms, it is possible to anticipate dangerous situations and take simple precautionary measures to minimize the risk from lightning and other thunderstorm related dangers: strong winds, large hail, and flash floods.

Given that storms are predicted for a given day, it is suggested that the following modifications to daily activities be considered:

1) Eliminate or minimize activities that put campers beyond a fifteen minute return time to the primary camp shelter.

- 2) Dedicate one or more individuals to closely monitor weather reports and warnings. Someone ought to watch the sky for signs of storm development (i.e., rapidly darkening cloud bases or nearby, rapidly growing cumulus towers evidencing the so- called "cauliflower look"), watch for visual identification of lightning channels, and listen for thunder. If any of these conditions occur, rapid notification and movement of the campers to the primary shelter should ensue.
- 3) Any campers who do undertake distant activities despite a forecast of thunderstorms, should be in communication with the camp monitor via cell phone or portable radio so that they can receive advanced warning of approaching dangerous weather and can attempt to take whatever limited precautions they can. They should at least take a portable AM/FM radio or NOAA weather radio as well as a map that will allow determination of their location relative to that of existing storms.

When a thunderstorm is bearing down upon a camp, the following actions should be taken:

- 1) Campers should be moved to the primary shelter (what constitutes a primary shelter is described below) with sufficient prior warning to avoid any exposure to local lightning activity during the period of movement to the shelter.
- 2) If there is inadequate primary shelter available for the number of campers present, cars and buses can be used, as they offer good protection from lightning, provided the vehicle has a metal roof (do not use convertibles) and the occupants keep the windows closed and do not touch the metal exterior of the vehicle. (It is probably wise *not* to run the engine for the use of air conditioning, for example, as the danger from carbon monoxide poisoning may be greater than that due to lightning.)
- 3) The use of lean-tos and other partial shelters such as picnic stands, sheds or similar structures should be avoided. Absolutely never take shelter under a tree, particularly an isolated tree in an open area. If there is no recourse but to use a lean-to or other similar type shelter, at least try to position yourself in the middle, as far as possible from the walls. However, it must be understood that this type of structure offers essentially no protective advantage.
- 4) Any boating activities should be suspended and the participants should quickly return to shore to seek appropriate shelter.
- 5) Inside the primary shelter facility, individuals should stay away from the immediate proximity (i.e., allow at least a few feet of clearance) of open windows, plumbing facilities, and electrical service panels or conduit. A lightning strike to the building could involve current flow through these systems, which could then "jump" to an individual; this is more likely to occur the closer someone is to a current carrying object. For this same reason, occupants also should avoid the use of conventional land-line phones during a storm. Cell phones and remote phones are perfectly safe to use as they are not connected to the electrical wiring of the structure.

6) Personnel should remain in their shelters until no thunder has been heard for a full thirty minutes; if you can hear thunder, you are within range of a potential strike. Do not try to use any particular range established by the "flash-bang" technique as safe. For example, determining that the lightning is more than two or three miles away provides a false sense of security, as the distance from one strike to the next can be more than several miles.

If you are caught away from any primary shelter facilities, apply the following measures:

- 1) Seek out a low spot away (as much as reasonably possible) from trees, metal fences or any other tall or horizontally lengthy conducting objects.
- 2) If you are well within a forested area, try to locate yourself within the general proximity of the *shorter* trees, while still maintaining as much distance as possible between you and all nearby trunks. Absolutely do not shelter against or very close to any particular tree trunk.
- 3) Assume a *protective crouch*, with your legs bent at the knees and your feet closely together; keep your hands on your knees and lower your head toward your knees. *Do not lie down* as you want to minimize your *height* and your *contact area* with the ground. You may want to hold your hands over your ears to guard against auditory damage should there be a very close strike.
- 4) If large hail occurs, try to cover yourself with something that is non-conducting (such as a backpack or sleeping bag) and attempt to remain in the protective crouch. However, be alert also to the possibility of a flash flood, in which case you might have to move to higher ground quickly.
- 5) If a group of individuals needs to shelter as described above, it would be best if they attempt to spread out to the degree possible (maintaining voice contact), as a strike to a tightly huddled group might involve everyone, leaving no one available to provide immediate medical assistance.
- 6) Maintain the crouch position until the storm has passed. Given that this position may be difficult to maintain continuously for the full period necessary, you might rest for a few minutes by sitting on the ground with your feet tucked as close to you as possible, returning to the crouch as soon as you are able. If strikes are occurring frequently and very close (as evident by not just loud booming thunder, but initial crackling and popping sounds), try to maintain the crouch position despite any muscle cramps. It could make the difference in your survival.

If someone is struck, what should you do? You should get **immediate emergency medical** assistance. Be aware that an individual struck by lightning often appears to be dead, as they have no pulse or respiration. However, usually the victim can be revived with CPR, so this must be administered as soon as possible. Note that there is absolutely no electrical danger to anyone helping a lightning strike victim; there is no residual charge or voltage carried by the victim. Note that mechanical injuries (broken bones, torn muscles) and burns are also possible, so that caution should be exercised in handling or moving a victim. Finally, it is sometimes the case that a lightning strike involves multiple individuals. In such cases, those attempting to give

immediate assistance to the victims might be confronted with one or more individuals who are conscious and pleading for assistance while other victims appear dead. In this type of situation, if assistance is limited, the unconscious individuals should be treated *first*, as they are likely to be in acute cardiac or respiratory arrest. The conscious victims (with the rare exception of apparent and severe grievous injury), should be treated as soon as possible after attempts to revive the others have been completed or failed.

What constitutes a primary shelter? A primary shelter is any substantial building that has plumbing or electrical service, is completely enclosed and has sufficient volume to shelter a good number of individuals. By the nature of such construction, this type of building has some inherent lightning protection; if struck, there is a good chance the lightning currents will follow the existing low resistance paths to ground. (Again, use of such a building provides a relative protection benefit, not a guarantee of protection.) It is recommended that each camp have such a building and, if possible, the building be equipped with an additional formal lightning protection system. Any building with a metal roof ought at least to have the roof well grounded. Buildings located on the top of a hill or adjacent to a tall tree or stand of trees have an enhanced chance of being struck. Thus, a lightning protection system for such buildings should be considered, particularly if an adjacent tree is taller than the building and the horizontal separation of the tree from the structure is less than the height of the tree. Such systems, though never perfect, can provide a much reduced chance of damage or injury and need not be very complex or expensive, especially for smaller structures. Though caution is definitely advised in selecting a lightning protection installer, there are reputable firms that will provide advice and installation options consistent with the particular needs of any particular structure. Often, qualified electricians also can offer useful advice and carry out basic protection installations. (Specifics on the installation of lightning protection systems can be found in NFPA 780, available from the National Fire Protection Association as well as an older but excellent reference work, Lightning Protection, by R. H. Golde.)

It should be emphasized at this point that once a lightning protection system is installed, it must not be neglected. It needs to be maintained to guard against breaks in continuity or corrosion that would severely compromise its effectiveness. A compromised system can actually be more dangerous than no system at all!

In conclusion, there are many simple measures that can be taken to *minimize* the danger from lightning during summer camp activities. I have emphasized here the *anticipation* and *avoidance* of dangerous situations, as I believe this is the most effective overall approach. This may occasionally produce "unhappy campers" who object to having activities cancelled, postponed or delayed. However, I believe it is best to err on the side of caution given the potential dire circumstances possible from lightning. Fortunately, for better than 80% of the time, these concerns will probably not need to be addressed. Hence, I believe that the precautions advocated here represent a balanced and reasonable approach to lightning safety for NYS campsites.

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