



Westchester County Camp Operator Workshop

**2022 Children's Camp
Workshop**



Westchester County
Department of Health
What we need to know for
camp!

How COVID-19 Spreads

COVID-19 is thought to spread mainly through close contact from person to person, including between people who are physically near each other (within about 6 feet)

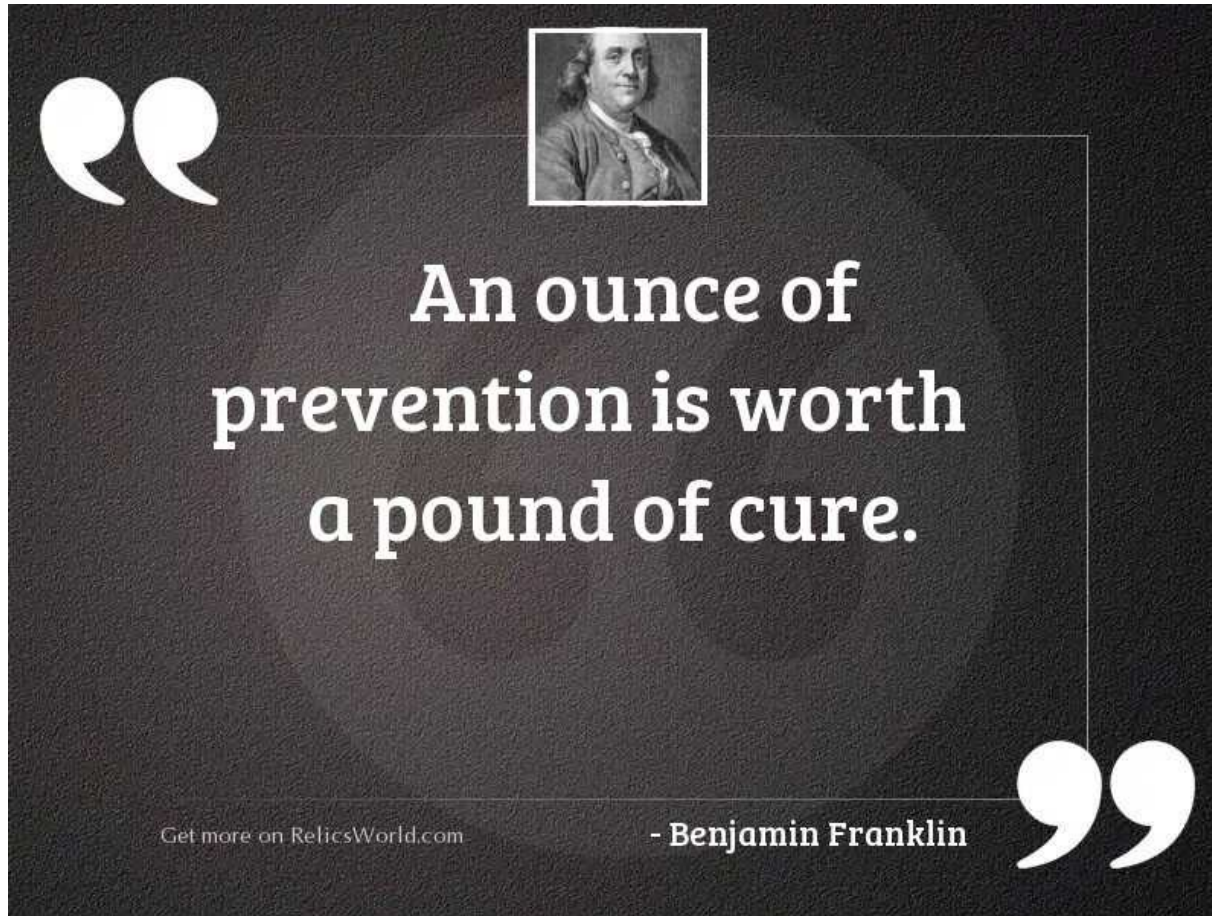
People who are infected but do not show symptoms can also spread the virus to others.

When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce **respiratory droplets**.

These droplets can range in size from larger droplets (some of which are visible) to smaller droplets.

Small droplets can also form particles when they dry very quickly in the airstream.

Disease & Injury Prevention

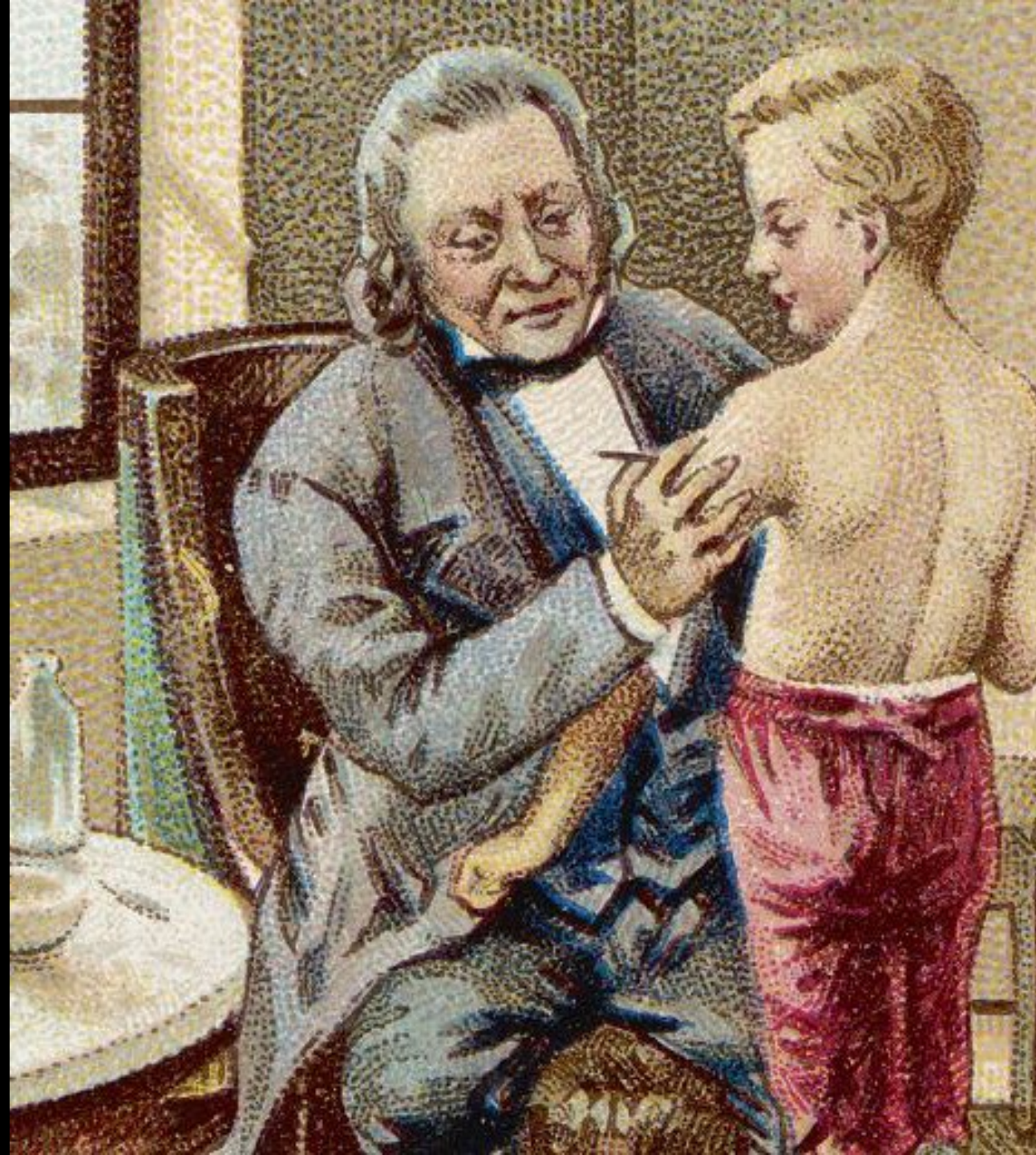


Disease Prevention



"All my life, I've been hearing about this 'pound of cure.'
How much does it cost by the pound?"

Vaccines:
Where would
we be without
them?

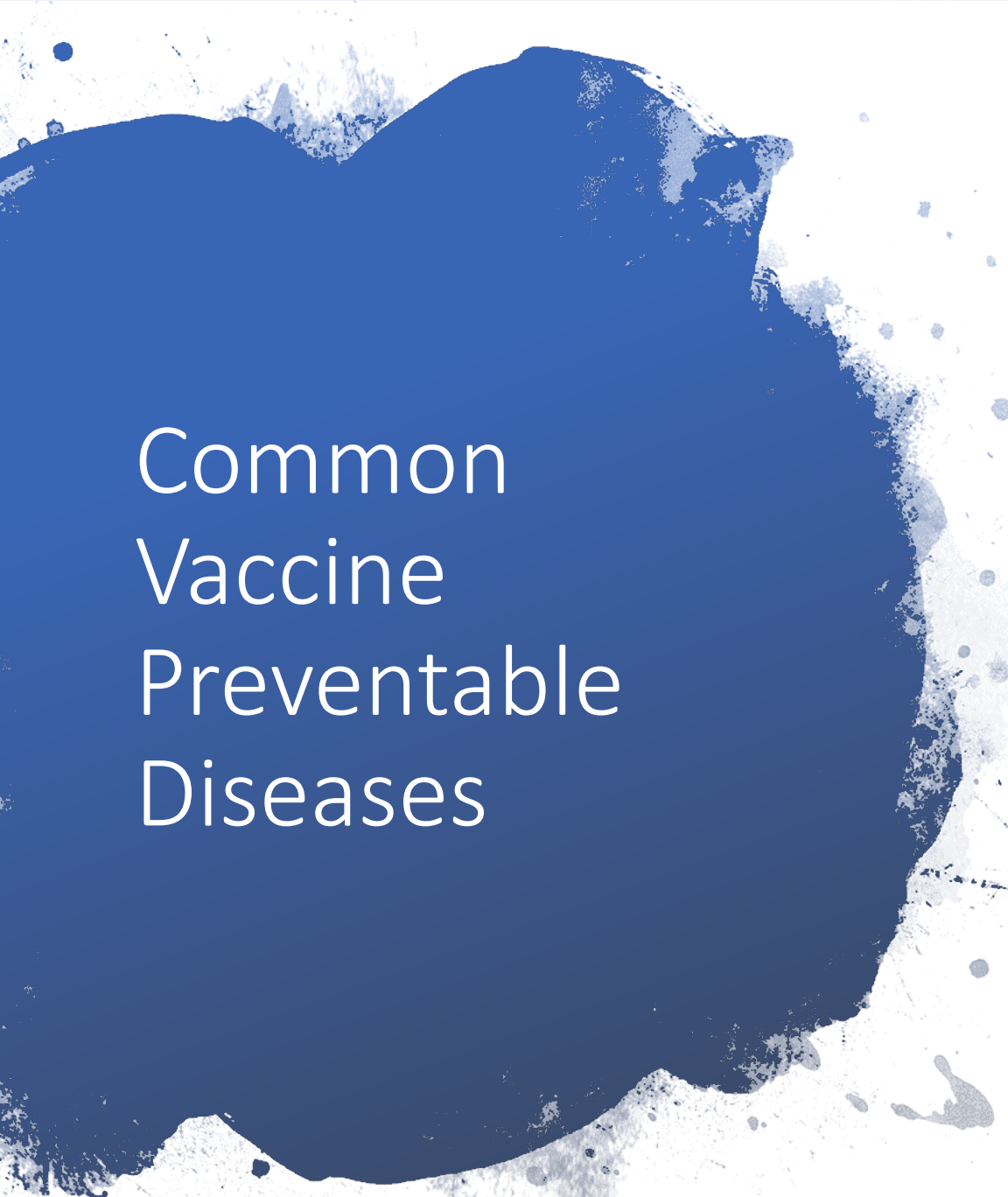




Vaccines

- **Edward Jenner**, [FRS FRCPE^{\[1\]}](#) (17 May 1749 – 26 January 1823) was an English [physician](#) and [scientist](#) who pioneered the concept of vaccines including creating the [smallpox vaccine](#), the world's first [vaccine](#)
- The terms *vaccine* and *vaccination* are derived from *Variolae vaccinae* (smallpox of the cow), the term devised by Jenner to denote cowpox
- Jenner is often called "the father of [immunology](#)", and his work is said to have "saved more lives than the work of any other human"
- In Jenner's time, smallpox killed around 10% of the population, with the number as high as 20% in towns and cities where infection spread more easily

Reidel S. et al 2005 Edward Jenner History of smallpox
Baxby D. Oxford Dictionary



Common Vaccine Preventable Diseases

- Polio
- Pertussis (Whooping cough)
- Measles / German Measles
- Mumps
- Chicken Pox
- Pneumococcal Disease
- Hemophilus Influenza b
- Influenza
- Hepatitis A & B
- Diphtheria & Tetanus

What Happens When We stop Vaccinating ?

- Apr 09, 2019 · More than 285 cases of the measles have been reported in New York since October. Nearly all are associated with people who live in the Williamsburg or Borough Park neighborhoods of Brooklyn.

- In California-2010: Over 9000 cases of Whooping cough and 10 infant death. Highest rate in over 60 years
- In Rockland County NY: Mumps: An executive order pulled close to 6,000 unvaccinated children out of schools. Nearly 17,000 doses of the measles-mumps-rubella (M.M.R.) vaccine were given in 26 week period

- CDC 2019 / California State Department of Health 2011
- NY Times 2019



Herd Immunity

What is Herd Immunity?

Herd immunity is an extremely important factor to limiting disease spread.

When a portion of a community has built up a resistance to a disease, the spread of that disease to the remainder of the population greatly decreases.

This is because the number of people susceptible to the disease is so limited.

How COVID-19 Vaccines Prevent Infection?

- COVID-19 vaccines help our bodies develop immunity to the virus that causes COVID-19 without us having to get the illness.
 - Different types of vaccines work in different ways to offer protection, but with all types of vaccines, the body is left with a supply of “memory” T-lymphocytes as well as B-lymphocytes that will remember how to fight that virus in the future.
- It takes a few weeks for the body to produce T-lymphocytes and B-lymphocytes after vaccination.
 - Therefore, it is possible that a person could be infected with the virus that causes COVID-19 just before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.
- Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever. (Reactogenicity)
 - These symptoms are normal and are a sign that the body is building immunity.

- CDC-Jan 2021



Dispelling the Myths Around COVID-19

Fact U.S. has 4% of World's population, 25% of COVID cases and 20% of COVID Deaths

On average over 4000 people died during a single day in January, 2021

New Variant strains are more easily transmissible and may give rise to future surges

Fact: COVID can be serious in infants and children

Fact rates of infection and death are significantly higher among African Americans and Latinx populations

Fact: Despite Stringent precautions, COVID can spread rapidly in Assisted living and Long term care facilities & Congregate Settings

Fact: Unless we reach herd immunity (70-80%) the pandemic will continue

Rabies



Rabies

- Rabies is a fatal but preventable viral disease. It can spread to people and pets if they are bitten or scratched by a rabid animal.
- In the United States, rabies is mostly found in wild animals like bats, raccoons, skunks, and foxes.
- In many other countries dogs still carry rabies, and most rabies deaths in people around the world are caused by dog bites.
- The [rabies virus](#) infects the central nervous system.
- If a person does not receive the [appropriate medical care](#) after a [potential rabies exposure](#), the virus can cause disease in the brain, ultimately resulting in death.
- Rabies can be prevented by vaccinating pets, staying away from wildlife, and seeking medical care after potential exposures before symptoms start

How is rabies transmitted?

- Rabies virus is transmitted through direct contact (such as through broken skin or mucous membranes in the eyes, nose, or mouth) with saliva or brain/nervous system tissue from an infected animal.
- People usually get rabies from the bite of a rabid animal.
- Also possible, but rare, for people to get rabies from non-bite exposures, which can include scratches, abrasions, or open wounds that are exposed to saliva or other potentially infectious material from a rabid animal.
- Other types of contact, such as petting a rabid animal or contact with the blood, urine or feces of a rabid animal, are not associated with risk for infection and are not considered to be exposures of concern for rabies.

5 People Died of Rabies in the U.S. in 2021, the Most in a Decade



A new CDC report warns the public about the risks of bat bites and the need for treatment when exposed to rabies.

- Five people died of rabies from bats in the United States in 2021 — the most in a decade — with three of those deaths occurring within a six-week period from September 28 to November 10, 2021, according to data released by the Centers for Disease Control and Prevention (CDC).
- There were no reported human rabies cases in the United States during 2019 and 2020.
- The three most recent deaths occurred in two adults and one child, all male, who had direct contact with bats in or around their homes, according to a [CDC release](#). In each case, the people chose not to get postexposure prophylaxis (PEP), which can prevent rabies from developing if it's received before symptoms begin.

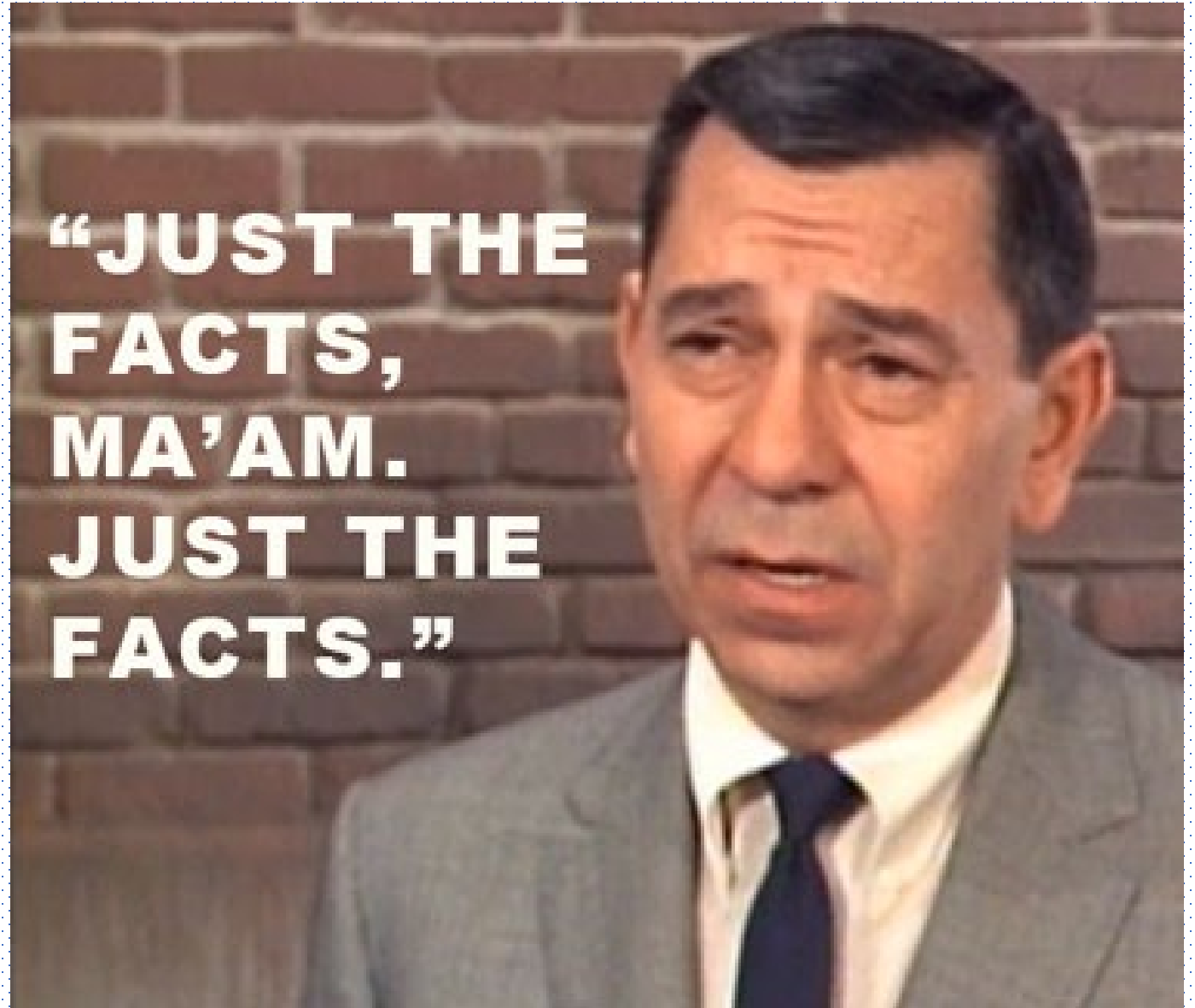
Common Settings of Norovirus Outbreaks

- Health Care Facilities / Restaurants & Catered Events
- Norovirus is the leading cause of outbreaks from contaminated food in the United States.
- About 50% of all outbreaks of food-related illness are caused by norovirus.
- Most of these outbreaks occur in food service settings like restaurants.
- Infected food workers are frequently the source of outbreaks in food-service settings, often by touching ready-to-eat foods, such as raw fruits and vegetables, with their bare hands before serving them.
- Any food served raw or handled after being cooked can get contaminated with norovirus.

Hepatitis A-Prevention of Outbreaks

- **Hepatitis A** is a serious liver disease. It is usually spread through close, personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.
- Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light-colored bowel movements). Most children less than 6 years of age do not have symptoms.
- A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.
- Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 years and in people with other liver diseases.
- Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

Communicable
Diseases &
Vaccines:
Only the Facts !





Westchester County Camp Operator Workshop

COVID-19 Best Practices

Best Practices

- ❑ **Vaccination is the leading prevention strategy to protect individuals from COVID-19.**

Vaccinations will also help reduce the number of campers and staff who need to isolate/quarantine which will limit the impact of a positive case on the camp's operation.

- ❑ Encourage **up to date** COVID-19 vaccination for all eligible children and staff, 5 years and older

- ❑ **Up to date includes boosters for everyone who is eligible.**

- ❑ Camps may choose to establish policies for all campers and/or staff to have up to date vaccinations to attend.

Information for camp operators and parents/guardians that can be used to promote vaccination is available at:

<https://covid19vaccine.health.ny.gov/covid-19-vaccines-children-and-adolescents>

Best Practices

Covid-19 is a communicable disease that must be reported by your camp

- ❑ Collect documentation of COVID-19 vaccination status information from all campers and staff, including vaccine name and date(s).
- ❑ Maintain a list of individuals who are not immunized and up to date with Covid-19 vaccine and all other vaccine preventable diseases.
- ❑ During staff training include information about the camp's COVID-19 policies, monitoring campers for COVID-19 symptoms, and reporting suspect cases to the health director.
- ❑ Instruct campers/staff to stay home if they are COVID-19 positive or show any symptoms of COVID-19 or other illnesses.
- ❑ Establish procedures for screening/testing campers and staff during camp for COVID-19:
- ❑ Establish written procedures for your Covid-19 policies and designate someone to be responsible for implementation.
- ❑ Maintain a supply of medical/surgical face masks.

Best Practices

- ❑ Any staff, parent/guardian, or child/camper who screens positive for or exhibits symptoms of COVID-19 or has a temperature of greater than or equal to 100.4°F must not be allowed to enter the facility or area and must be sent home with instructions to contact their healthcare provider for assessment and testing.
- ❑ While at camp, campers or staff displaying signs or symptoms of COVID-19 must be separated from other campers/staff. Individuals at an overnight camp should receive a diagnostic test within 24 hours. Individuals at day camp must be excluded from camp until tested.
- ❑ Symptomatic individuals testing negative using a rapid antigen test should confirm the results with a molecular diagnostic test result for COVID-19 using a Food and Drug Administration (FDA) or DOH authorized polymerase chain reaction (PCR) or other nucleic acid amplification test (NAAT).
- ❑ Positive rapid tests will be considered positive tests and require a camper/staff to be isolated individually per local health department orders.

Best Practices - Positive Case at Camp

If a staff member or camper tests positive for COVID-19, camp operators must notify the local health department within 24 hours.

- Camps must cooperate with the state and local health department as required and trace all close contacts of the case, dating back to Two (2) Days before the case first began experiencing COVID-19 symptoms or tested positive, whichever is earlier.
- Notify parents and guardians of campers who had known close contact with someone who tested positive for or has symptoms of COVID-19 so they have access to the information they need to take appropriate steps to protect themselves and others.

Best Practices - Positive Case at Camp

- Campers or staff who test positive for COVID-19 must be isolated from other campers/staff and excluded from the camp for at least 5 days.
- For campers diagnosed with COVID-19, isolation ends after 5 full days if the individual is fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved. Masking continues to be required upon return from isolation during days 6 through 10 after COVID-19 infection.
- Asymptomatic individuals who are up to date with vaccines or have recovered from laboratory confirmed COVID-19 in the previous 3 months who are determined to be contacts of a case may remain at camp.
- Asymptomatic exposed or potentially exposed non-vaccinated contacts may continue to attend camp provided they follow recommended testing.

Best Practices – Positive Case at Camp

Recommended Testing for Asymptomatic Exposed or Potentially Exposed Campers and Staff:

- If the individual is not fully vaccinated, frequent testing and mask wearing (e.g., daily, every other day, at least twice within 5 days) from the date of the exposure or potential exposure (Day 0) through at least day 5 should be strongly considered and encouraged.
- Testing on Day 5 after exposure is strongly recommended to detect infection among individuals identified as exposed or potentially exposed, **regardless of vaccination status.**

Best Practices - Activities

- ❑ Conduct outdoor activities and avoid crowded and/or poorly ventilated indoor activities to the greatest extent possible. Increase/improve ventilation for indoor activities.
- ❑ Conduct activities that maximize social distancing (i.e., minimal person-to-person contact).
- ❑ Except for children's camps that consist entirely of staff and campers who are up to date with vaccinations, establish groups of staff and campers in which the same group of campers stay with the same staff whenever and wherever possible. This is known as a stable group/cohort.
- ❑ Camps should consider how to ensure appropriate social distancing (e.g., six-feet separation or other appropriate social distancing for the setting) between groups with children/campers who do not have up to date vaccinations.
- ❑ Restrict excursions away from children's camp programs (e.g., field trips) to public settings where campers and staff are likely to encounter people who are not up to date with vaccines or activities with other camps to the greatest extent possible.
- ❑ Encourage hygiene (e.g., handwashing, cover cough and sneezes, avoid touching eyes, nose, and mouth), and increase cleaning and disinfection practices.

Best Practices – Overnight Camps

- Camps should require and ensure that all campers and staff receive a negative molecular diagnostic test result for COVID-19 using a Food and Drug Administration (FDA) or DOH authorized polymerase chain reaction (PCR) or other nucleic acid amplification test (NAAT) of comparable analytical sensitivity performance that was performed on a specimen (e.g., swab) collected within 72 hours prior to arrival at the camp.
- In lieu of PCR testing, camps may choose to require rapid antigen testing collected within six hours prior to arrival at camp or boarding buses for transportation to camp.
- **Campers and staff with documentation of laboratory confirmed COVID-19 in the previous 3 months can be excluded from pre-camp testing if not symptomatic.**

Best Practices – Overnight Camps

- ❑ Camp operators should consider establishing single stable group occupancy criteria for sleeping rooms/areas and quarantine/isolation needs when determining the overall property specific capacity.
- ❑ Camp should consider limiting attendance to those who can demonstrate the ability to be picked up within 24 hours of notification of quarantine or isolation, using private transportation by someone who will be living with the camper; or those whose parents/guardians have agreed for the camp operator to provide individual onsite quarantine/isolation and supervision for the camper, if needed.
- ❑ Until campers/staff leave the property, additional bed space should be reserved to accommodate individuals who are displaying signs or symptoms of COVID-19 or determined to be a close contact with a positive case who requires quarantine; this also applies to having separate toilet and bathroom facilities, unless procedures are in place for cleaning and disinfection between each use.

Best Practices – Overnight Camps

- ❑ Campers or staff who test positive for COVID-19 must be isolated from other campers/staff and should be excluded from the camp for at least 10 days.
- ❑ Arrangements must be made for staff to complete required isolation including all necessary accommodations (meals, access to healthcare, etc.).
- ❑ Campers and staff **who are not up to date with vaccines or have not recovered from laboratory confirmed COVID-19 in the previous 3 months** and are determined to be contacts of a case must be quarantined from other campers/staff and excluded from the camp for at least 10 days.
- ❑ Campers who cannot be picked up by parents/guardians within 24 hours of notification must be isolated/quarantined individually onsite with proper supervision at all times.

Communicable Disease-Reporting

WCDH website

- **Immediate reporting** of suspected vaccine preventable (and other reportable) diseases to WCDH can prevent outbreaks!
 - (914) 813-5159 [Monday to Friday 8:30am to 4:30pm]
 - (914) 813-5000 [After Hours & Weekend]
 - (914) 813- 5182 [Fax]
- Reporting required under NYS Public Health Law
- Reporting required within 24 hours to local health department under subpart 7-2 NYSSC
- WCDH will work with camps to quickly establish diagnosis and prevent further spread
- Staff training – include symptoms of vaccine preventable diseases and immediate notification of the camp director

Vaccine Preventable Diseases

- **Vaccinations are strongly recommended for all staff and attendees**
- **Immunization records and a detailed list of staff and campers who are NOT fully immunized must be on file and must be produced for WCDH staff during any pre-operational visits and updated lists during WCDH visit during the season**
- NYSDOH and WCDH strongly recommend all staff and attendees be vaccinated as per age appropriate ACIP Guidelines which are available for your reference at <http://www.cdc.gov/vaccines/schedules/>.
- 2 doses of measles vaccine for all staff and campers born after 1/1/1957 strongly recommended
- NYS Children's Camp code does not include vaccination requirements for staff or attendees but camps may choose to require vaccinations for campers and staff.

Westchester County has test kits available for Children's Camps

- Throughout the pandemic, testing has been a proven part of the strategy to prevent the spread of COVID. To that end, Westchester County will be making at home, rapid COVID test kits available to summer camps and recreational programs. Note-receiving and using these kits is optional. These kits can be used in a gateway capacity right before the start of the camps, as well as throughout the summer.
- If you are interested in receiving these kits, please reach out to Rosie Finizio at rfinizio@westchestergov.com by **Friday May 13** with the following information:
- Number of test kits requested
- Number of campers per week
- Number of counselors and staff
- Contact info for person who will pick up the kits
- We will schedule a time/date for pickup at our DES Warehouse in Valhalla in early June. Please feel free to reach out to Rosie if you have any questions.

Questions?



For More Information



Visit us at: www.westchestergov.com/health



Like us at: facebook.com/wchealthdept



Follow us at: twitter.com/wchealthdept



Aquatics Presentation

2022 Camp Workshop

Outline

- We will cover aspects of the waterfront for both on- and off-site swimming including
 - How to determine if you are on- or off-site
 - Ratios
 - Review of the buddy system
- The best part is you get to participate throughout the entire presentation and provide information to your fellow camp operators!

What determines if a camp swim is
considered on-site or off-site?

How to tell if your Camp Swims are On or Off-Site

Westchester County Department of Health
Peekskill District Office

PERMIT

To Operate a
Children's Camp

This is to certify that

SUMMERTIME FUN INC

the operator of
CAMP HEALTHY
at

25 MOORE AVENUE
MOUNT KISCO, NY 10549

Located in the **TOWN of YORKTOWN** in **WESTCHESTER** County
is granted permission to operate said establishment in compliance with the provisions
of **Subpart 7-2 of the State Sanitary Code** and
under the following conditions:

(1) This permit is granted subject to any and all applicable State, Local and Municipal Laws,
Ordinances, Codes, Rules and Regulations.

(2) This permit also authorizes the permittee to operate the following:

**Camp swims off-site if the
Pool is NOT listed on the camp permit**

(3) No additions or modifications may be made to the swimming pool, pool deck, or pool equipment, nor shall any
pool pumps or filtration units be replaced without prior approval from the Westchester County Department of
Health. Department engineering staff may be reached at (914) 354-7357 during routine business hours if you have
any questions.

Effective Date June 30, 2014

Permit is **NON-TRANSFERABLE**

This permit expires on **August 21, 2014** and may be revoked or suspended for cause.

THIS PERMIT SHOULD BE POSTED CONSPICUOUSLY

Facility Code: **59-3210-MK** Permit Number: **59-3210-MK** Operator ID: **317512**

Westchester County Department of Health
Peekskill District Office

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(2) This permit also authorizes the permittee to operate the following:

OUTDOOR POOLS-1

**Camp swims on-site if the
pool is listed on the camp permit**

(3) No additions or modifications may be made to the swimming pool, pool deck, or pool equipment, nor shall any
pool pumps or filtration units be replaced without prior approval from the Westchester County Department of
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(1) This permit is granted subject to any and all applicable State, Local and Municipal Laws, Ordinances, Codes, Rules and Regulations.

(2) The permittee is authorized to operate the following:

SWIMMING POOLS - 2

**Camp swims on-site if pools
listed on permit**



(3) No additions or modifications may be made to the swimming pool, pool deck, or pool equipment, nor shall any pool pumps or filtration units be replaced without prior approval from the Westchester County Department of Health. Department engineering staff may be reached at (914) 864-7369 during routine business hours if you have any questions.

Key Differences in Ratios and Requirements

	<u>On-Site Swimming</u> Defined as swimming at an aquatic facility listed on the camp permit	<u>Off-Site/Trip Swimming</u> Defined as swimming at an aquatic facility not listed on the camp permit
Waterfront required to be directly supervised by a Camp Aquatics Director	YES	NO

Key Differences in Ratios and Requirements

	<u>On-Site Swimming</u> Defined as swimming at an aquatic facility listed on the camp permit	<u>Off-Site/Trip Swimming</u> Defined as swimming at an aquatic facility not listed on the camp permit
Counselor to Camper Ratio	1:10 ratio Except: 1:8 –For campers less than 8 years of age 1:6 –For campers less than 6 years of age	1:8 –For campers 6 years of age or older 1:6 –For campers less than 6 years of age
For campers with disabilities: 1 counselor to each non-ambulatory camper/camper identified with a disability which increases the risk of a water emergency (i.e. epilepsy). Campers with a developmental disability not designated above: 1 counselor to 5 campers		

Key Differences in Ratios and Requirements

	<u>On-Site Swimming</u> Defined as swimming at an aquatic facility listed on the camp permit	<u>Off-Site/Trip Swimming</u> Defined as swimming at an aquatic facility not listed on the camp permit
Permission Slip Needed	NO	YES

For campers with disabilities: No camper with a developmental disability can participate in swimming activities without written permission.

Key Differences in Ratios and Requirements

	<u>On-Site Swimming</u> Defined as swimming at an aquatic facility listed on the camp permit	<u>Off-Site/Trip Swimming</u> Defined as swimming at an aquatic facility not listed on the camp permit
Counselor Location at Waterfront	Can supervise campers and be located at the poolside/beachfront or in the water directly supervising campers. **Exception: Counselors MUST be in the water providing direct supervision when <u>non-swimmers</u> are in water which is greater than or equal to chest level.	<u>Swimmers only-</u> Can supervise and be located at the poolside/beachfront or in the water directly supervising campers. <u>For Non-swimmers-</u> Must ALWAYS be in the water providing direct supervision.

What must be done first before any
campers can swim?

Swim Assessment

- Swim assessments must be conducted each camp season, prior to swimming (this includes going on trips involving swimming or aquatic theme attractions).
 - Camper's swimming abilities may change from year to year due to injuries and/or changes in fitness or physical abilities.
- Assessment should be appropriate for the type of facility (i.e. pool, lake).
- Swim assessment criteria is not specified in Subpart 7-2, but **MUST** be specified in the camp's safety plan.

Swim Assessment

- All campers must have their swimming ability assessed each camp season by a **progressive swimming instructor** prior to allowing the child to participate in aquatic activities (see annual fact sheets for acceptable PSI certifications).
 - Based on how the camper does when asked to perform various swimming techniques, the camper will be designated as a swimmer or a non-swimmer.
 - A camper is considered a non-swimmer until determined otherwise by the progressive swimming instructor.

What is the Buddy System and the components of the Buddy System?

Buddy System

- A system which encompasses supervising and checking bathers and includes:
 - An accounting system which identifies each bather by name, the bather's swimming ability and the swim area to which the bather is assigned.
 - Method to record the entry to and exit from the swim area for each bather.
 - Assigning each bather to a buddy who has the same level of swimming ability.
 - If a non-swimmer must be paired with a swimmer, both must remain in the non-swimmer area.
 - Buddy checks are made at least every 15 minutes and checks are referenced against the accounting system (i.e. buddy board, sheet, etc.).

What are the Three Layers of Protection?

Three Layers of Protection

1. Buddy
2. Camp Staff
3. Lifeguards

- Each layer of protection plays an integral role at the waterfront!

What is the Buddy's Role at the
Waterfront?

First Layer of Protection: Buddy Pair

- Every camper needs to know and understand they each play a significant role as a buddy at the waterfront!
- Campers need to be aware - at all times - of their buddy's location and well-being.
 - Are they missing or in distress?
 - If a pair of buddies are not paying attention to each other or are in different locations in the pool, this is a break-down in the first layer of protection (and a violation!).

What is the Staff's Role at the
Waterfront?

Second Layer of Protection: Camp Staff

- Should be present in the correct ratio depending on age and/or swim ability (non-swimmer in water greater than or equal to chest deep).
- Should be correctly positioned at the waterfront and paying attention to the bathers.
- Active supervision and constant reinforcement of the buddy system.
 - Mindful of camper's well-being
 - Reminding campers to stay with and be aware of their buddy
- Must be in position prior to any campers entering the water.
- Should be familiar with the buddy system, including adequately pairing campers and ensuring the accuracy of the buddy sheet/board.

What is the Lifeguard's Role at the
Waterfront?

Third Layer of Protection: Lifeguard


- Must be constantly supervising the bathers and not be distracted by anyone or other duties.
 - This includes times of chair rotation
- Must be at a ratio of one lifeguard to 25 **bathers** (includes campers and counselors)
 - 1 lifeguard per 3400 sq. ft. of pool or 50 yards of beachfront, or fraction thereof.
- Must be positioned adequately to be able to see all areas of the pool or bathing beach
 - No blind spots or glare
- Must be in position **prior** to any bathers entering the water.
- Must possess adequate CPR and lifeguarding/first aid certifications.



Camp Trips & Transportation



Camp Trips & Transportation

- Camp Trip Safety Plan
 - Safety Plan Template Submittal Requirements
 - Trip Leader
 - Advanced First Aid & CPR Requirements
 - Camper: Counselor Ratios
 - Transportation
 - Ratios
 - Safety Equipment
 - Vehicle Safety
 - Company Information
- 
- 
- 
- 

Camp Trip Safety Plans

- Must use template dated March 2018 in bottom left hand corner
- Must be submitted and approved before trip is to depart
- Must be complete with all questions answered

Camp Trips Activity- Specific Plan

Camp Name:

Date:

Prepared By:

Title:

Phone number:

Email:

Signature:

Complete this plan for each out-of-camp trip. Additionally, if the camp trip includes swimming, boating or horseback riding, complete the corresponding Activity-Specific Plan for that activity. Submit the completed plan to the [local health department or State District Office](#) that has jurisdiction in the county where the camp is located for review.

A copy of the approved plan must be maintained at the camp and reviewed by the trip leader prior to overseeing the activity.

For Health Department Use Only

Approved: ☐ Yes ☐ No

Reviewer:

Date:

Comments:

3/2018





Activity-Specific Plan for Camp Trips
Page 1 of 6



Camp Trip Safety Plan

Camp Trip Leader

Trip leader – A trip leader must be at least 18 years of age and have participated in at least three camp trips in a similar program activity as a children's camp staff member, or have experience and training in the activity which the local health department has determined to be equivalent to three camp trips. (For approval of experience and training as being equivalent to three camp trips, complete and submit the form at the end of this Appendix to your local health department.)

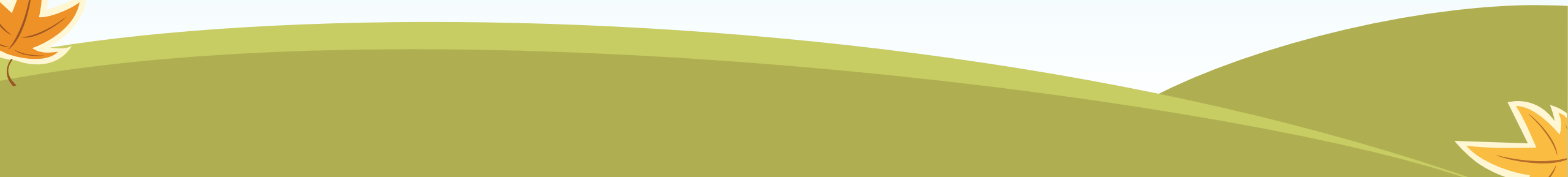








Camp Trip Safety Plan

Camp Trip Leader

Trip leaders for wilderness, equestrian, boating and similar specialized activities must be competent in the activity. The camp may rely on off-site facility staff or vendors to provide competent staff in the activity; however, the camp must still provide a qualified trip leader (age and experience) to oversee camper supervision and implementation of the safety plan.









Camp Trip Safety Plan

Camp Trip Leader





A trip leader of a camp trip with an itinerary that includes an activity where emergency medical care is not readily available, and/or an activity such as wilderness hiking, camping, rock climbing, horseback riding, bicycling, swimming and/or boating, must possess or be accompanied by staff who possesses current first aid and CPR certification in an approved course listed on the Westchester County Health Department Fact Sheets.





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Advanced First Aid and CPR / Lifeguards

- Advanced First Aid & CPR are required when medical care is not readily available and / or for an activity such as wilderness hiking, camping, rock climbing, horseback riding, bicycling, swimming and/or boating.
 - On-site and Off-site swimming require certified lifeguards
 - A camp supplied lifeguard is required for aquatic amusement park activities, unless the only activities at the facility allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.
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Camp Trip Safety Plan





Camp Trip Ratios

- A minimum counselor-to-camper ratio of 1:12 must be maintained for non specialized activities.
 - A minimum counselor-to-camper ration of 1:10 must be maintained for archery at camp or on a trip.
 - A minimum counselor to camper ratio of 1:8 must be maintained for swimming, wilderness, equestrian, boating and similar specialized trips, unless the children are less than six years of age; then the ratio must be 1:6. Ratios must match the required activity specific safety plan.
 - Ratios for developmentally disabled campers, 1:2 if not ambulatory, 1:5 for swimming, 1:1 for swimming with seizure disorder.
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Camp Trip Safety Plan

Additional Items

- Prerequisites for campers to attend the camp trip
 - Complete Activity Specific Templates for Swimming, Boating, & Horseback Riding
 - Buddy system during the trip
 - Proper supervision and accounting for the campers
 - Safety equipment required for the activity
 - Either provided by the facility or by the camp, or required camper clothing
 - Dispensing of Medications
 - Lost camper plan
 - Food and beverages
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Transportation

- Use of truck or trailer bed is prohibited
 - Areas must be designated for passenger occupancy
 - Minimum counselor-to-camper ratio of 1:12 must be maintained per vehicle
 - Seating charts are a good idea in case of illness or outbreak
 - Driver must be 18 years of age and have a valid license for the vehicle class they are driving
 - Seatbelts and occupancy limits must be maintained
 - Vehicle must be registered & inspected with all required safety equipment provided
 - The transportation company information must be provided on the emergency contact form that is submitted with the camp permit application
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Roundtable Questions

Question:

The camp director is also the onsite health director designee with certifications in advanced first aid and CPR. What should happen at the camp if the camp director has an emergency and cannot come to work?

Answer:

- a. Staff with approved certifications may take over the role
 - b. Camp must operate on passive activities only
 - c. Camp must close for the day
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Question:

The parent of a camper provides the onsite health director designee with an epi pen and a bottle of liquid Benadryl for an allergy to bee stings. The epi pen is not in the package and a prescription has not been included. The written doctor's order states that the camper is to be given 1 tablet of Benadryl if they are stung by a bee and the epi pen is to be used if symptoms of an allergic reaction become persistent. What should the onsite health director designee do?

Answer:

Advise the parent of the requirements for medications in camp, prescription and written doctor's order for all medications. Also, advise that the medications must match the written doctor's order.

Question:

Several campers do not have records of immunizations due to religious beliefs. What is required to be on file and what should be done with this information?

Answer:

Camp must have a record of which campers do not have immunizations in case of an outbreak these campers can be isolated.

Question:

What information is required to be on file for all staff members?

Answer:

- a. Record of 2 written references that have been checked by the camp director each year.
 - i. One can be a national background check or an evaluation for staff returning from prior season.

- b. Record that all employees sent through the NYS DCJS clearance check.
- c. Record of orientation with all topics covered
- d. Copies of all certifications that meet the requirements of the fact sheets
- e. Emergency contact number

Question:

What information must be included in the injury illness log?

Answer:

- a. All camper and staff illness, injuries, and reportable diseases
 - i. Date and time of visit
 - ii. Name of patient
 - iii. Camper, staff (title) or other (indicate)

 - iv. Name of bunk or group
 - v. Nature of complaint
 - vi. Description of treatment and follow-up, if required
 - vii. Name of certified first aider providing care

Question:

How do you explain the buddy system to your staff during orientation?

Answer:

- a. Review ratios
- b. Describe their role and expectations
- c. Describe the buddy system and board system implemented at the camp, ensuring staff understand the buddy system **MUST** be implemented both in and out of the water with
 - i. Buddy pairs being in close proximity
 - ii. Buddy pairs being aware of each other's well being
 - iii. Knowing when one buddy leaves the water so should the other
 - iv. How to re-pair campers when needed
 - v. Having efficient and orderly buddy checks
 - vi. Only one triple per swim area and possible coordination with other groups
 - vii. Location of counselors during swim

Question:

How do you explain the buddy system to your campers during orientation?

Answer:

- a. Describe their role and expectations
- b. Provide an age appropriate describe of the buddy system and board system implemented at the camp, ensuring campers understand the buddy system **MUST** be implemented both in and out of the water with
 - i. Buddy pairs being in close proximity
 - ii. Buddy pairs being aware of each other's well being
 - iii. Knowing when one buddy leaves the water so should the other
 - iv. Having efficient and orderly buddy checks

Question:

What is the role of a CIT and their supervision limitations?

Answer:

- a. A CIT or Junior Counselor is a camper who is assigned to an on-duty counselor or other staff member to assist in performing specific duties, as described in the camp's safety plan. A CIT may not independently supervise campers, and shall be supervised as a camper. All CITs shall receive training specific to their duties, and camper orientation.
- b. Max of 10% of the total number of counselors required
- c. At least 15 years old for day camp and at least 16 years for overnight camp and two seasons prior experience as a camper

Question:

It is a cool summer morning but swimming is still on!
How do staff handle some campers requesting to no longer swim because they are cold?

Answer:

- a. Campers can be repaired at any time but both buddies must exit the water together and notify the counselor of one or both not wanting to swim.
 - i. Camper(s) no longer swimming must still be accounted for on the buddy sheet as being out of the water
 - ii. Triple can be made (if no other triple present in swim area) or divided up if needed
 - iii. New buddy pair must be reflected on the buddy sheet

Question:

What steps do you take to prepare for a trip?

Answer:

- a. Make pre-arrangements with off-site facilities
- b. Obtain facility rules and requirements.
- c. Ensure the facility is able to accommodate the camp.
- d. Determine the best time(s) for your visit and what area(s) the campers may and may not use.
- e. Exchange information with the facility, including the camp's address and emergency telephone number(s) and name(s) of camp staff who will oversee the camp group at the facility.
- f. If possible, visit the facility prior to taking campers there.
- g. Have an itinerary setup and meeting place at the facility
- h. Know where the closest medical facility is located.
- i. Attendance sheet
- j. Bring all needed medical paperwork, emergency phone numbers and medications.

Question:

During a swim session, Jack and Jill are a buddy pair in group 1. Group 2 also swims at the same time as group 1. Jill's best friend is in group 2, so she always goes off to swim with her and Jack swims with some of the other boys in his group. During the buddy check Jack and Jill still meet to be accounted for by their group leader. Is this acceptable yes or no? Explain why.

Answer:

No, there has been a breakdown in the first layer of protection. This buddy pair is not in close proximity to each other and not aware of each other's well-being.

Question:

How do you handle the situation of two triples in one swim area?

Answer:

Pre-plan to determine ahead of time the setup of your group's buddy pairs in relation other groups buddy setup for the same swim area to ensure only one triple will be present.

Question:

What is requirements of the vehicle driver and the vehicle transporting campers?

Answer:

- a. Passengers shall only be transported in portions of vehicles that are designed for passenger occupancy. Transportation in the bed of a truck or trailer shall be prohibited.
- b. Every vehicle used for transporting staff or campers shall bear required registration and inspection stickers and be equipped with at least a first-aid kit, tools, fire extinguisher, and flares or reflective triangles that are labeled with the Federal DOT symbol or a statement that the device complies with all Federal Motor Vehicle Safety Standards.
- c. The driver of any vehicle transporting campers will be at least 18 years old and possess a valid driver's license.
- d. Seat belts shall be utilized by all passengers in vehicles so equipped.
- e. Occupancy of a vehicle shall be limited to its rated capacity.

Question:

You have 100 campers enrolled for summer day camp. A trip is scheduled tomorrow that 50 of the campers will be attending. How many first aid (equivalent to RTE) and CPR certified staff are required for both at the main camp site and for on the trip?

Answer:

- a. The number of required CPR and first aid (equivalent to RTE) staff that remain on-site would still need to meet minimum requirements: The health director/on-site designee would possess first aid (equivalent to RTE) and CPR and one additional CPR for the first 200 campers and then one CPR and one first aid (equivalent to RTE) certified staff for each additional 200 campers.
- b. Trip leader to possess CPR and First aid (equivalent to RTE)

Question:

What are all the required documents/information that must be obtained/completed for your campers prior to the start of camp?

Answer:

- a. Complete health history
 - b. Immunization record (vaccination history)
 - c. Missing immunization form (excel spreadsheet previously provided by DOH)
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- d. Emergency contact numbers
 - e. Doctor's note for any medications
 - f. Signed swim permission for trip swimming

Question:

What is adequate supervision?

Answer:

- a. The camp operator shall provide adequate supervision. Adequate supervision shall mean:
 - i. supervision such that a camper is protected from any unreasonable risk to his or her health or safety, including physical or sexual abuse or any public health hazard; and
 - ii. as a minimum, there shall exist visual or verbal communications capabilities between camper and counselor during activities and a method of accounting for the camper's whereabouts at all times.

Question:

When do you need to bring a lifeguard on a trip?

Answer:

- a. Any trip which involves swimming in a pool or beach/lake setting
- b. A camp supplied lifeguard is required for aquatic amusement park activities, unless the only activities at the facility allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.

Question:

The parent of a camper refuses to provide an updated medical form because the camper isn't scheduled for a physical until after camp has ended. What should the camp director advise the parent?

Answer:

- a. That the medical form can be dated within the last 12 months
 - b. That the camper must be excluded from camp
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Question:

A staff member suffers a compound fracture of the leg and a concussion while working with the campers. Is this required to be reported to the Health Department?

Answer:

No, this is not a reportable injury because it involved a staff member

Question:

A staff member complains to the camp director that they have been a victim of sexual abuse by another staff member. Is the required to be reported to the Health Department?

Answer:

No, this is not reportable to the Health Department because it only involves staff.

Question:

Camper John is in a triple buddy group and has to use the bathroom. How does your staff handle this situation?

Answer:

Entire buddy pair must exit the water, tell a counselor and then have the buddy sheet reflect the new arrangement (i.e. all out of the water, one out of the water and remaining two are a buddy pair).

Question:

Several campers have been stung by bees while playing on the jungle gym over the course of the first week of camp. What should the on-site health director designee do?

Answer:

Review the medical log and see that numerous bee stings have occurred in a particular area. With this information in hand, the camp director must be notified and the area closed until staff can evaluate stop the infestation.

Question:

What is a trip leader?

Answer:

- a. Must be at least 18 years of age and have participated in at least three camp trips in a similar program activity as a children's camp staff member, or have experience and training in the activity which the local health department has determined to be equivalent to three camp trips.

- b. Trip leaders for wilderness, equestrian, boating and similar specialized activities must be competent in the activity or may rely on off-site facility to provide staff competent in the activity.
- c. Must possess CPR and first aid (equivalent to RTE).

Question:

What documents must be taken on your camp trip?

Answer:

- a. Camper and staff emergency numbers
 - b. Camper emergency medications (and daily medications if qualified staff present on trip to administer)
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- c. Camper medical records
 - d. Attendance sheet
 - e. Contact information for facility, agenda for the day

Question:

A camp for the developmentally disabled loses their registered nurse mid-season. What should the camp do in order to continue to operate?

Answer:

The camp cannot operate without the services of a licensed physician, physician assistant, RN or LPN.

Note: A day camp's health director is not required to be on-site. Instead, the designee to the health director would be available at the camp.

Questions?
