STARTER'S DAY CAMP SAFETY PLAN

2024

LAMOKA BAPTIST CAMP



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Children's Camp Safety Plan

Camp Name: Lamoka Baptist Camp
Camp Address: 3646 E Lamoka Lake Rd Tyrone NY 14887
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Signature: Greg Howard Date: 3/1/2019

New York State Sanitary Code Subpart 7-2, Children's Camps, requires that children's camp operators develop, review annually, update and implement a written safety plan. This plan must be submitted to the Local Health Department (LHD) or State District Office that has jurisdiction in the county or city where the camp is located for their review and approval. The plan must accurately describe the camp's procedures for personnel, facility operation and maintenance, fire safety, medical, general and activity safety, staff training, and camper orientation.

Camps may complete this document to fulfill safety plan requirements. Include any attachments (e.g. maps, schematics) as necessary. Once completed, it will serve as the camp's comprehensive written safety plan. This plan must address the specific conditions of the camp and its operations, as well as serve as a training and reference document for camp staff. Local rescue, police and fire personnel should be consulted when developing the camp's safety plan. LHDs may require additional information based on the camp's operation, activities, and local requirements.

Additional information may be obtained at www.health.ny.gov

Please send a copy to:

And, please retain a copy of this document for use at the camp.

For Health Department Use Only

Approved: ☐ Yes ☐ No

Reviewer: Date: Comments:

I. PERSONNEL

Chain of Command

Describe the 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 Directors responsibilities.

☐ The above schematic accurately represents the camp's chain of command.

☒ A chain of command schematic is attached separately.

☐ A chain of command schematic is described below:

Staff Job Descriptions

Minimum qualifications and/or certifications for staff must meet State Sanitary Code requirements (7-2.5, 7-2.8, 7-2.11, 7-2.25) for age, certifications, experience, etc., for each position. Refer to Subpart 7-2 or the brochure "Requirements for Children's Camps 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.health.ny.gov/environmental/outdoors/camps/ or from your local health department (LHD).

List the duties and responsibilities of each staff member. 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 is not 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).

☒ Oversee the implementation of the camp's written safety plan.

☐ 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 with campers during activities and account for assigned 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, including off-site swimming.

☒ 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, may assess camper's 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.

☒ Shall not be engaged in duties or activities that distract them from the direct supervision of the waterfront.

☐ Other (list any additional duties/responsibilities):

Counselor-in-Training (CIT)

A CIT or Junior Counselor is a camper who is assigned to an on-duty counselor or other staff member to assist in performing specific duties. A CIT may not independently supervise campers, and shall be supervised as a camper. All CITs shall receive training specific to their duties, and camper orientation.

☐ N/A (CIT not used)
Duties and Responsibilities
☒ Assist assigned staff member in performing the following duties (describe):

In the table below, provide a job description for other staff titles, not listed above, that are utilized by the camp.

Job Title	Duties and Responsibilities
Boat Driver	Drives the boat. Has a PV license
Boat staff	Responsible to put lifejackets on campers and facilitate boating.
Administrative secretary	Responsible for office work and communication.
Cook	Responsible to adhere to all children's camp codes relating to the kitchen and foodservce. Oversees the making of food.
Crafts Coordinator	Responsible to oversee crafts.

Procedure for Verification of Staff Qualifications

Select all staff carefully! It is recommended that applications include questions regarding any past criminal convictions and current charges concerning a crime involving children. Evaluate the specific facts of the conviction or pending case against the prospective staff member and determine if employment as camp staff would involve an unreasonable risk to the safety or welfare of camp participants, the property, or the general public. Screen candidates in person (preferably) or by telephone interviews, asking questions about qualifications for the job and prior employment history, including experience working with children.

The camp operator is also required to obtain and verify references on the character of all prospective camp staff. It is recommended to require references in writing from persons not related to the candidate and include questions specific to the candidate's experience with children, work history and reasons why the candidate would or would not be appropriate for the position. References should be verified by telephone. Interviews, reference questions, and responses must be documented, filed with employment applications at the camp, and available for inspection.

In additional, camp operators must annually check the NYS Sex Offender Registry to determine if a prospective employee or volunteer at the camp is listed. A fact sheet, "NYS Sex Offender Registry Search Procedures" provides guidance on how to conduct a search of the Sex Offender Registry, and is available at www.health.ny.gov/environmental/outdoors/camps or from your local health department.

Camps for Children with Developmental Disabilities (enrollment of 20% or more campers with developmental disabilities) must also check the Justice Center Staff Exclusion List (SEL) and the

Statewide Central Registry (SCR). See the guidance document "Requirements for Camps for Children with Developmental Disabilities" available at www.health.ny.gov/environmental/outdoors/camps or from your local health department.

Indicate how staff qualifications and references are verified in addition to the mandatory checks above.

☒ Prior employment with camp

☒ Written applications

☒ Submittal of written references (specify number required): 3 (2 if they have worked under the current Camp Director)

☒ References checked by telephone

☒ Written references

☐ Past employer interviews

☒ Other (specify): Pastoral Reference (1 of the three references must be from a pastor of like-faith),

II. FACILITY OPERATION AND MAINTENANCE

Potable Water Supply

Camps with an on-site potable water system(s) that are not subject to continuous water use must ensure that an acceptable annual start-up procedure is completed. A camp which receives water from an off-site public water system that, due to seasonal use, is not subject to continuous water use, 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. Start-up procedures, including required sampling, must be completed at least 15 days prior to opening for the season. The fact sheet, "Water Supply Start Up Procedures for Children's Camps" provides guidance on acceptable annual start up procedures and is available from your local health department.

How many water systems serve the camp? 1

Complete the following table for each water source:

Water Source Name and/or Number	Source Type	On-Site Treatment	Startup Procedure*
Pump House ☐ Year-Round ☒ Seasonal	☐ Off-Site Public ☒ On-Site Groundwater (Well) ☐ On-Site Surface Water (Lake/Reservoir)	☐ None ☒ Chlorination ☐ UV Disinfection ☐ Filtration ☐ Other:	☒ Startup Procedure A ☐ Startup Procedure B ☐ Startup Procedure C ☐ Startup Procedure D ☐ None (Year-Round)
☐ Year-Round ☐ Seasonal	☐ Off-Site Public ☐ On-Site Groundwater (Well) ☐ On-Site Surface Water (Lake/Reservoir)	☐ None ☐ Chlorination ☐ UV Disinfection ☐ Filtration ☐ Other:	☐ Startup Procedure A ☐ Startup Procedure B ☐ Startup Procedure C ☐ Startup Procedure D ☐ None (Year-Round)
	☐ Off-Site Public	☐ None	☐ Startup Procedure A

☐ Year-Round ☐ Seasonal	☐ On-Site Groundwater (Well) ☐ On-Site Surface Water (Lake/Reservoir)	☐ Chlorination ☐ UV Disinfection ☐ Filtration ☐ Other:	☐ Startup Procedure B ☐ Startup Procedure C ☐ Startup Procedure D ☐ None (Year-Round)

* For seasonal water sources, obtain the "Acceptable Water Supply Start-up Procedures" from www.health.ny.gov/environmental/outdoors/camps/water_startup.htm or your local health department and include as an appendix to this document. Only use the start-up procedure appropriate for the potable water system type. Facility operators that annually disinfect on-site well(s) as part of their routine start-up procedures should use procedure "C Well Disinfection."

Who will be responsible for performing the annual start-up procedures for the water system?
☐ N/A (year-round water supply) ☒ Camp Director ☐ Head of Maintenance
☐ Other (specify):

Who will be responsible for immediately notifying the local health department of pressure loss in the distribution system to determine the need to issue a Boil Water Order?
☒ Camp Director ☐ Head of Maintenance ☐ Other (specify):

What will be done if water service is interrupted or unavailable for more than a few hours? Address this issue regardless of the camp's source of water. Check each box that applies:
☐ Notify the local health department
☐ Close camp - Send campers home
☒ Obtain bottled water
☐ Go to an alternate location (specify):
☐ Other (specify):

Who will be responsible for the system(s) and maintaining the records of the monitoring?
(Contact your local health department for assistance and the forms to maintain proper records.)
☐ N/A (Off-site/Public Water) ☐ Camp Director ☒ Head of Maintenance
☐ Other (specify):

Water Samples
☐ Off-site/public water. Skip to question 13.
Who will be responsible for collecting water samples?
☐ Camp Director ☒ Head of Maintenance ☐ Other (specify):

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 on-site water sources only

*Additional monitoring may be required when determined by the permit-issuing official as necessary.
Indicate agreement with the above schedule or state an alternative.

☒ Agreement

☐ Alternate schedule (specify):

Sewage Treatment System

Does the camp have an on-site sewage treatment system?

☐ No (Skip to question 16) ☒ Yes (Complete questions 14-15)

Untreated sewage effluent may contain organisms that cause serious disease, such as Shigellosis and Hepatitis A. When uncorrected, a sewage discharge may contaminate the camp's water supply or bathing beach.

Do any of the camp's sewage disposal systems require daily treatment and/or monitoring?

☐ Yes – Specify the job title of the person responsible for performing:

☒ No

What is the frequency of periodic inspection for system failure or leakage?

☒ Daily ☐ Weekly ☐ Other (specify):

Transportation

Does the camp provide or obtain transportation services for campers, including to or from camp or camp trips?

☐ Yes (complete questions 17-18) ☒ No (skip to question 19)

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. Visit NHTSA website (http://www.nhtsa.dot.gov/) for additional information and safety tips if the camp utilizes a 15-passenger van for transporting campers or staff.

What type of vehicles will be used to transport campers? (Check all that apply)

☐ Bus - owned by camp ☐ Chartered Bus ☐ 15 Passenger Van

☐ Other (specify):

The following transportation requirements will be implemented:

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.

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.

The driver of any vehicle transporting campers will be at least 18 years old and possess a valid driver's license.

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

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

Camps serving wheelchair-bound campers will provide an appropriately equipped vehicle for transportation.

☐ Check to indicate agreement with the above procedure. Specify additional or alternative procedures in the space provided below.

Housing and Grounds

Building and grounds maintenance. Measures taken to maintain the buildings and grounds in a safe and clean matter so as to not present hazards to campers will include but are not limited to:
Daily monitoring of building and grounds, including playground equipment and pathways, to ensure they are clean and in good repair.
The premises will be maintained free of insect and rodent infestations that may cause a nuisance or health hazard.
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.
Ragweed, poison ivy, poison oak, poison sumac and other noxious weeds will be controlled to minimize contact by camp occupants.
Trees along pathways and in areas used by campers will be assessed prior to camp opening, after storms, and throughout the season. Unhealthy trees and broken/damaged limbs will be promptly removed.
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.
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.
To prevent scalding, water temperatures in lavatories and showers used by campers with physical, intellectual or developmental disabilities, who are unable to moderate temperatures safely, will be maintained to at no greater than 110 degrees Fahrenheit.
Other (specify):

☒ Check to indicate agreement with the above procedure. Specify additional or alternative procedures in the space provided below.

Reminder: If planning renovations or new construction, contact your local code enforcement officer and health department for specific requirements and necessary approvals early in the planning stages and at least 60 days prior to construction. Notification requirements also apply to water supplies and sewage treatment systems.

Food Protection

Does the camp provide or prepare food?

☒ Yes (Complete questions 21-23)

☐ No (Skip to Waterfront Physical Facility Maintenance information after question 23)

Kitchens, dining areas and food service must comply with Subpart 14-1 of the State Sanitary Code. Obtain a copy of State Sanitary Code Subpart 14-1 from your local health department or the NYS DOH's website.

Foodborne illness has been identified as the cause of large outbreaks at children's camps. Safe food handling procedures will help protect the camp population from foodborne illness. Information regarding safe food handling, preparation and storage can be found in the department's brochures available from your local health department or at www.health.ny.gov/environmental/indoors /food_safety/guidance.htm.

Review the 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 but are not limited to:

At no time shall any ill person be allowed to be involved in food service or preparation.

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 use.

Tongs, spoons, deli paper or other hand barrier will be used by campers and staff during self-service buffet style lunch lines and on-the table "family style" service to prevent bare hand contact with ready-to-eat foods.

Campers and staff will be instructed to wash their hands before serving or eating meals. Staff will monitor camper's hand washing. Plenty of soap and disposable paper towels will be provided at the hand washing areas.

During trips, coolers with ice or ice packs will be used to ensure proper cold holding of 45˚F or less and raw meats will be carried in a separate cooler.

Only food from approved sources will be used.

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.

The kitchen will be cleaned in a manner and frequency sufficient to maintain a clean and sanitary condition.

Other (specify):

☒ Check to indicate agreement with the above procedure with any additional or alternative procedures in the space provided below.

Who is responsible for ensuring that the above steps to prevent foodborne illnesses are followed?

☐ Camp Director ☐ Foodservice Manager ☒ Other (specify): Cook/Foodservice Coordinator

The camp's procedures to ensure that food brought by campers or provided by an approved outside source 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 (specify):

Waterfront Physical Facility Maintenance

Pool, beach, and aquatic spray grounds operated at a children's camp must comply with Part 6 of the State Sanitary Code. Obtain copies of State Sanitary Codes Subpart 6-1 (pools), Subpart 6-2 (beaches), and Subpart 6-3 (aquatic spray grounds) from your local health department or the NYS DOH's website.
If the camp has a pool or beach, complete the Activity-Specific Plan for Swimming.
If the camp has a spray ground, complete the Activity-Specific Plan for Spray Ground Operation.

III. FIRE SAFETY

Evacuation

Who will be 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?
Air horn – 15 blasts – 3 blasts in 5 directions

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 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 assemble area(s): Normal: Flag pole; during inclimate weather: dining hall and craft barn; and in an evacuation: The Tyrone Fire Hall

Describe or attach a facility sketch identifying the camp evacuation route: Attached

Is there an alternate route if the primary route is blocked? ☒ Yes ☐ No

If "yes", describe below or include on facility sketch:

Attached.

☒ 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 firefighting 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 any reason. Rescue efforts involving 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 counselors 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 additional procedures in the space provided below.

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

Fire Drills

Drills must run smoothly and rapidly. Fire drills must be conducted within the first 48 hours of each camp session; if campers arrive late, be certain they receive this training. A log with drill dates and times must be maintained on-site and verified by the camp director. It is recommended to conduct drills from various buildings at varying hours with staff prior to the arrival of campers to identify and eliminate potential exiting problems.

Who is responsible for overseeing fire drills?

☐ Camp Director ☐ Head of Maintenance ☒ Other (specify): Support Staff Leader

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 thereafter ☐ Every two weeks thereafter
☐ Alternate schedule (specify):

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 or for whatever reason 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 additional procedures in the space provided below.

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

Fire 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 materials stored on camp property?
☒ Yes ☐ 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? ☒ ☐ 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):

Are fuel-fired heaters used in any of the buildings utilized by the camp? ☒ Yes ☐ No
If "yes", who will be responsible for inspecting and maintaining them?
☒ Head of Maintenance ☐ Camp Director ☐ Other (specify):
Equipment/heaters requiring inspection (specify): in building heaters are not used during the summer season and are only used for off season retreats, and they are inspected before each use.
Inspection and/or maintenance frequency (specify): Before each use in the off season.

Coordination with Local Fire Officials

The fire department will be notified of a fire by dialing: ☒ 911 ☐ Other (specify):

a. Specify the location(s) of where emergency numbers are posted: Nurse's Station and Office

In the event emergency assistance is called, provide the operator with as much information as possible, including camp address, directions, incident information, and known missing or injured persons. Always let the operator hang up first.
Emergency situations can be stressful. Have scripted information such as camp address, driving directions, and where to go when they arrive at camp readily available.

Upon calling the fire department, the camp director will assign a staff member to wait at the entrance of the camp and direct responding emergency personnel where to go.

☒ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

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

The fire department and EMS service should be invited to visit the camp to become familiar with it and insure that their apparatus can negotiate the roads to and within the site prior to each camp season.

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 the local code enforcement official (CEO) or the NYS Department of State (www.dos.ny.gov/dcea/) for questions regarding Uniform Code standards and compliance.

Complete the table below with the types of fire detection/alarms that are used in camp buildings and the frequency of testing.

Fire Detection/Alarm System Type (Full building alarm system, battery operated smoke detectors, 110-volt single station detectors, etc.)	Building(s) or Location(s)	Frequency of Testing
Battery Operated smoke detectors	All cabins and sleeping areas.	Monthly

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 provide, must be operated and maintained as to provide detection and suppression functions of fire related events as necessary. Documentation should 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 the 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

A variety of classifications of fire extinguishers are available, ranging from Class A through Class K. Class A and Class B extinguishers carry numerical ratings, such as 2-A:5-B, to indicate how large a fire an experienced person can put out with the extinguisher. The larger the number, the larger a fire they can potentially handle; for example, a 10-B extinguisher should extinguish about twice as much fire as a 5-B extinguisher. Extinguishers suitable for more than one class of fire will be identified by multiple letters, such as 4-A:80-B:C. The following is a list of fire extinguisher classes and the types of fire they can most effectively and safely extinguish.

Class A – Ordinary combustible, such as wood, cloth, and paper.
Class B – Flammable liquids, such as oils, gasoline, and grease.
Class C – Electrical equipment, such as wiring, fuse boxes, and energized electrical equipment.
Class D – Combustible metals, such as magnesium, titanium, zirconium, sodium, and potassium.
Class K – Cooking oils and grease such as animal and vegetable fats.

Complete the table below with the types (standpipe, sprinkler, 4-A:80-B:C fire extinguisher, etc.) and locations (kitchen, infirmary, building 1, etc.) of firefighting equipment provided. One location may have multiple types of firefighting equipment, such as a building equipped with a sprinkler system that also has fire extinguishers.

Equipment Type	Locations
Class A	Boys bathroom, pump house, cabin 6/7, cabin 0, kitchen, dining hall, gift shop, chapel
Class K	Kitchen

Equipment Type	Locations

All firefighting equipment will be inspected by a qualified individual prior to the start of camp and appropriately tagged. What will be the inspection frequency of firefighting equipment to ensure it is in proper working order?

☐ Daily ☐ Weekly ☒ Other (specify): Before the start of each season.

Who is responsible for maintaining and testing the firefighting equipment?

☐ Head of Maintenance ☐ Camp Director ☒ Other (specify): Inspector – Larry Day

Inspection and Maintenance of Exits

What measures will be taken to inspect and maintain exits?

☒ Doors will not be able to lock against egress by dead bolts, hooks and eyes, etc. All doorknobs will allow single motion opening.

☒ Where required, lighted exit signs will be in place and in good repair.

☒ Doors swing outward in the direction of egress (except where not required) and unobstructed routes to exits and safe assembly area(s) will be maintained at all times.

☐ Other (specify):

Campfire Safety

Does the camp have campfires? ☒ Yes ☐ No (If no, skip to question 45)

Campfire procedures will include, but are not limited to:

Campfires will only occur in designated fire pits/rings that are away from buildings, tents or other structures, and overhanging branches.
The DEC Fire Danger Map (www.dec.ny.gov/lands/68329.html) will be checked prior to making fires to ensure it is safe.
All litter, leaves, branches, and other combustible materials will be removed from within a 10-foot diameter around the fire pit/ring.
Only clean, dry untreated wood will be used. Painted or treated wood, plastic, glass, metal, or garbage will not be burned.
Gasoline, charcoal lighter fluid, kerosene or other flammable liquids will not be used or stored near the campfire.
Campfires will be maintained to less than 3 feet in height and 4 feet in diameter.
The fire will never be left unattended. Flames or coals, which are not extinguished, can flare up and cause fires.
The fire will be completely extinguished by drowning it with water. Make sure all embers, coals, and sticks are wet. Staff will make sure the fire is completely out prior to leaving the area.

☒ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

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

Electrical Safety

The inspection of the height and condition of overhead electrical wires (including 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?

☐ Camp Director ☒ Head of Maintenance ☐ Other (specify):

How often are inspections conducted?

☐ Daily ☒ Weekly ☐ Other (specify):

Reporting

Who is responsible for reporting to your local health department 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):

A copy of the approved Fire Safety section of the camp safety plan must be submitted to the local fire district or department.

☒ Check this box to indicate that the fire safety section of this plan will be submitted to the fire department prior to the start of camp with a letter providing the camp's operating dates and any special needs.

IV. MEDICAL REQUIREMENTS

The camp medical plan must be tailored to the individual camp based on its location, access to emergency care facilities, the medical needs of the campers, and the health director's credentials.

Description of Health Center

An overnight camp is required to provide an infirmary with hot and cold running water, examining room, isolation and convalescent space, bathroom with flush toilets and showers, and medical supplies, or have alternate provisions for infirmary services included in the camp safety plan.

Summer day camps and children's traveling summer day camps shall provide a holding area satisfactory to the permit-issuing official for all ill or injured children.

What type of health center is provided at the camp?

☐ Holding area ☒ Infirmary ☐ Alternative provisions (describe):

Health Director

The camp health director may be a physician, nurse practitioner, physician assistant, registered nurse, licensed practical nurse, emergency medical technician, or other person acceptable to the permit-issuing official.

At overnight camps, the health director must be on-site;
At day camps, the health director may be on-site or represented on-site by a qualified designee, as described in Section 7-2.8(a) of the State Sanitary Code.
At Camps for Children with Developmental Disabilities (20 percent or more campers have a developmental disability), the health director should be a physician, physician's assistant, registered nurse or licensed practical nurse and must be on-site for the period the camp is in operation.

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 should 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.health.ny.gov/professionals/ems/.
Physicians and Nurses - contact the NYS Education Department at (518) 474-3852 or visit their website (www.op.nysed.gov/prof/).

Check the Health Director's credential(s):

☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner
☒ Registered Nurse ☐ Licensed Practical Nurse
☐ Emergency Medical technician (EMT) ☐ Other (specify):

For day camps only – Will the health director be on-site, or off-site and represented by an on-site designee? ☒ On-site
☐ Off-site (answer question a – b below):
☐ N/A (Overnight Camp)

Qualification of the on-site designee include:

☒ Certified in CPR and First Aid
☒ Trained by the health director in the camp's health procedures and responsibilities
☐ Other (specify):

Specify reasons the on-site designee will contact the health director.

☒ Reportable Injuries ☒ Camper Illness ☒ Medication Error
☐ Other (specify):

First Aid and CPR Staff

The health director, other staff specified in section 7-2.8 of the State Sanitary Code, 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.health.ny.gov/environmental/outdoors/camps/) or contact your local health department.

CPR certification is required for the health director and other staff specified in sections 7-2.5, 7-2.8 and 7-2.11(a)(5) of the State Sanitary Code, aquatics director, lifeguards, and certain trip and activity

leaders. Annual CPR re-certification 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.health.ny.gov/environmental/outdoors/camps/) or contact your local health department.

Specify the camp staff that will possess first aid and CPR certifications:

☒ Health Director ☐ Assistant to the Health Director ☐ Trip Leader

☒ Activity Leader ☒ Lifeguard ☒ Other (specify): Climbing Wall Leader

Camper Confidential Medical Histories

The SSC requires a current confidential medical history to be kept on file for every camper and updated annually. Medical history information must include:

The child's immunization record, which includes immunization dates against diphtheria, haemophilus influenza type B, hepatitis B, measles, mumps, poliomyelitis, rubella, tetanus and varicella (chicken pox), (Notation that immunizations are “up to date” or similar language is not acceptable.)

Any restrictions, allergies, medications, special dietary need, and other pre-existing medical, physical, or psychological conditions and illnesses.

Physician's name, address and telephone number for campers with disabilities and recommended for all campers.

Modified diets and other special needs related to a camper’s disability must be identified for each camper prior to their arrival at camp, reviewed by the camp health director, planned for and provided for in accordance with supplied directions.

In addition, camper and staff's family or other responsible person's name, address and telephone to contact during an emergency must 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.), should be included with the child's health history.

It is strongly recommended that all staff, including international staff, at camps be fully immunized with all vaccinations recommended by the Centers for Disease Control. Camps should maintain current, complete immunization records for staff. Additionally, camps should maintain a detailed list of staff, campers and other individuals who are not fully immunized and protected against Vaccine Preventable Diseases (VPD). The list should clearly identify which disease(s) an individual is vulnerable to contracting. Camps will need this information to quickly identify at-risk individuals if a suspect case of a VPD occurs. Having immunization and health information readily available allows for a timely and appropriate public health response to control illness when required. If a case of a VPD is identified, suitable precautions must be taken to protect individuals 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.health.ny.gov/prevention/immunization/ or contact your Local Health Department or regional New York State Department of Health Immunization Program.

The camp's health history form (attach a copy of the camp's 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 agreement with the above and that the camp's health form is attached.

Items reviewed will include, but are not limited to:
Record of immunization history
Emergency contact information
Recent/current illness/injury/existing medical conditions
Restrictions/limitations
Special needs/diets
Medications/treatments
Allergies (e.g. medications, food, insect stings)
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 additional procedures in the space provided below.

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

Individual Treatment, Care, and Behavioral Plans

Individual treatment, care, or behavioral plans are plans that address an individual's unique physical, medical, behavioral, and/or social needs.

Campers with developmental or other disabilities are not required to have a treatment, care, or behavioral plan to attend a children's camp. However, when a camper has such a plan, camps are required to obtain them and implement adequate procedures, based on the plan, to protect the camper's health and safety. Camp operators should consult with the camper's parents, guardian, and/or clinical team to determine what portions of the plan are relevant to the camp setting.

To determine if a camper has a plan, camp operators must inquire with the camper's parent or guardian. The inquiry should occur as early as possible in the enrollment process, so information about the camper's disability (developmental and/or physical disabilities) and needs can be obtained and planned for. To accomplish this the State Camp Safety Advisory Council recommends including questions as to any special needs of the camper during the camp's enrollment process or during other initial contact with parents. It is not advisable to wait for a health form to be submitted. Follow-up, as needed, with parents or guardians should occur as soon as possible to obtain details about the camper's needs and disabilities.

How will campers with treatment, care, or behavioral plan be identified?

☒ With question on enrolment forms ☐ Other (specify):

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.health.ny.gov/environmental/outdoors/camps/ or available from your local health department. 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
Fax (518) 474-1495

Do campers attend the camp for seven or more consecutive nights? ☐ Yes ☒ No
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
An initial health screening for camp participants (staff and campers) will be conducted by the health director shortly after arrival at camp and will include, but not limited to (check all that apply):
☒ A review, verification and update as needed of individual's health needs/restrictions.
☒ A review/verification of individual's medications and instructions for use.
☒ Asking the individuals about any potential exposure to communicable disease and recent travel in the two weeks prior to their arrival at camp.
☒ Observing general health and referring to a health care provider when necessary.
☒ Asking individuals to share and discuss any health or other concerns they may have.
☐ Other (specify):

Daily Health Surveillance of Campers
Daily health surveillance of campers will be conducted that include but are not be limited to symptoms of illness (loss of appetite, nausea, fever, diarrhea, vomiting, rash, etc.) or injury and indications of child abuse (i.e. frequently appearing injuries such as bruises, cuts and/or burns, where the child is unable to provide an adequate explanation of the cause.)

Who is responsible for completing camper's daily health surveillance?
☒ Health Director ☒ Counselors ☐ Camp Director
☐ Other (specify):

For information on recognizing and reporting child abuse and neglect visit www.ocfs.ny.gov/main/cps/signs.asp.

Provisions and procedures for Medical, Nursing and Emergency Medical Services

First aid and CPR staff must be located on-site and readily available to respond to emergency. When an activity is conducted at a location where the camp staff certified in first aid and CPR are not readily available (within five minutes), the activity leader shall possess or be accompanied by staff who

possesses a current first aid and CPR certificate. First aid staff and CPR staff must also accompany out-of-camp trips 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.

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.

How will on-site first aid and CPR staff be summoned in the event of an emergency?
☐ Two-way radio ☐ Loud speaker☒ Runner ☒ Phone
☐ Other (specify):

For injuries and medical events requiring more than first aid, 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.

What are the camp's procedures for summoning the community emergency medical service (EMS)? 911

☒ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

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

Location and Use of First Aid and CPR Supplies

Indicate in the table below where available first aid supplies are stored (Check all that apply):

Supplies	Not Available	Infirmary Area	Main Office	Dining Hall	Pool Area	Other (specify):
First Aid Kit	☐	☒	☐	☐	☒	
CPR Mask	☐	☒	☐	☐	☒	
Oxygen	☐	☐	☐	☐	☐	
AED*	☐	☐	☐	☐	☐	
Epinephrine Auto Injector	☐	☐	☐	☐	☐	
Spine Board	☐	☒	☐	☐	☒	Climbing Wall
Head Immobilization	☐	☒	☐	☐	☒	Climbing Wall
Other (specify)	☐	☐	☐	☐	☐	

Other (specify)		☐	☐	☐	☐	

* A Public Access Defibrillation (PAD) program must be established for a camp to maintain an automated external defibrillator (AED). For procedures on how to establish a PAD program, contact your local health department or visit www.health.ny.gov. Please attach a copy of the collaborative agreement with the emergency health care provider for PAD programs.

Does the camp have a PAD program? ☒ No ☐ Yes and the collaborative agreement with an emergency health care provider is attached.

Mental Health First Aid

Mental health issues and emergencies encountered at camps present different challenges from other first aid needs. Consideration should be given for staff to receive certification or training that prepares non-mental health professionals (teachers, camp counselors, etc.) to recognize when a child is experiencing a mental health issue (anxiety, behavior, mood, or substance use disorder) and intervene in situations where immediate action is needed. Training is not intended to replace professional diagnosis or treatment, but assist adolescents in obtaining the appropriate professional help and intervention.

Preventing Child Abuse

Staff should receive training to help prevent abuse at camp. All allegations of abuse should be taken seriously. Training should include:

The identification of indicators of physical and sexual abuse, promoting an understanding of child abuse and its potential effects on victims.

Discussion about the camp's policy regarding appropriate touching, displays of affection and discipline. Review and use roll-play exercises to show appropriate ways to address situations which may occur at camp.

Instruction about adequate supervision at the camp. Provide job descriptions outlining supervisory and other responsibilities expected of staff.

An explanation of the camp's procedure to report an allegation of child abuse including the identification of key persons that all suspicions and concerns should be reported to.

Other Suggestions:

Routinely evaluate staff, including unscheduled staff observations at varied hours of the day and night. Assign new staff to work with experienced staff.

Discourage one on one activities/situations between staff and campers. If possible, always pair or "buddy-up" staff with staff, and campers with campers. This is especially important for changing rooms, restrooms, and shower rooms. Encourage respect of privacy of campers and staff.

Identify staff that campers should contact if they encounter situations that make them feel uncomfortable.

What are the procedures for responding to allegations of abuse?

All staff will be instructed to immediately notify the camp director or health director if they are witness to, or hear of, any camper abuse (physical, sexual or verbal). The accused will be separated from the rest of the camp population. All allegations of abuse will be reported to the local health department and to the appropriate law enforcement agency.

☒ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below:

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

Storage and Administration of Medicines

Camps are required to establish general polices for medication storage and administration. Some campers may have preexisting conditions that they are accustomed to self-monitoring and controlling on a routine basis, such as diabetes. The camp's general policies are not intended to address or limit the care or treatment of an individual camper. Individual camper needs should be addressed with the camp health director, camper's parents/guardian, and the camper's physician to ensure a safe delivery of medication and care while at camp.

Medication collection and storage: All medications should be turned over to camp staff and secured in the infirmary or other area under the control of staff except for emergency medications such as epinephrine auto-injectors and inhalers.

For day camps – It is not recommended that campers transport medications each day 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 and certain immunization agents, prescription medication must be prescribed and dispensed to an individual. Repackaging or re-labeling of prescription medications is prohibited. Prescription medication must be in its 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 must provide their medications (prescription and non-prescription) to the camp's health director or designee.

For overnight camps – When transportation is provided from a common pick-up point, all medications will be accounted for and collected prior to departure from the location(s).
Only prescription medications in a pharmacy labeled container will be accepted. All non-prescription medications will be labeled with the camper's name.
For day camps – The camper's medications will remain at the camp.
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.

☒ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

☐ 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 additional procedures in the space provided below.

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

Medication Administration – The children's camp regulations do not grant a camp or individual authority to perform duties that are beyond his/her certification or license (scope of practice). Medication management must comply with applicable State laws. Camp operators should consult appropriate medical and other professionals when developing their policies and procedures.

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.

In general, when a parent or guardian of a child is not available to administer medications, two options are available: administration by a licensed health care practitioner (e.g. physicians, dentist, nurse practitioners, physician's assistants, registered professional nurses, and licensed practical nurses) and self-administration.

An emergency medical technician (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 routinely 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.health.ny.gov/professionals/ems/. First aid staff and staff without medical certification/license are prohibited from routinely administering medication as well.

Administration by a licensed health care practitioner – NYS Education Law allows a licensed health care practitioner to administer medications (prescription and over-the-counter). A registered nurse (RN) can assess patient health and administer medications including PRN (as needed) medications following orders that are written specifically for an individual camper. A licensed practical nurse (LPN) must work "under the direction" of a NYS licensed physician, other licensed health care provider or registered nurse. A 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/questions regarding licensed health care practitioner's scope of practice limitations, contact the NYS Education Department (SED) at (518) 474-3852 or visit their website: www.op.nysed.gov/prof/nurse/.

Because of the need to assess a patient's/camper's condition, PRN (as needed) medications including over-the-counter medications cannot be routinely administered at camps that do not have a licensed health care practitioner (e.g. physicians, dentist, nurse practitioners, physician's assistants, RN, and LPN)

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). 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.

A written order is not required for campers to carry and use sunscreen under the following conditions:
Sunscreen is used to protect against overexposure to the sun;
The sunscreen is approved by the FDA for over-the-counter use; and
Written permission from a parent or guardian for campers to carry and use sunscreen is obtained by the camp.

How will medication be administered? (select all that apply)

☐ No medication will be administered at the camp

☐ By camper's parent

☒ Self-administration (complete corresponding section below)

☒ Administration by a licensed health care practitioner (select all that apply)

☐ Physician ☐ Nurse Practitioner ☐ Physician Assistant

☒ Registered Nurse ☐ Licensed Practical Nurse

Self-administration procedures – only complete this section if self-administration procedures are used at the camp.

Self-administration of medications will only be allowed for those individuals determined to be "independent". Determination as to whether or not a camper should be considered for self-administration will be made by the health director, camper's physician or parent 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.

In general campers will not be allowed to self-administer "as needed" (PRN) medications, except for emergency medications such as inhalers and epinephrine auto-injectors, or when directed by the camper's physician and/or parent.

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.

Medications will be handed, in the original container, to the camper for self-administration. Camp staff that are not licensed health care practitioners 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 camper loosen container cap, if necessary.

Administration of the medication will be witnessed and documented by noting (in the medical log or recipient's health 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 additional procedures in the space provided below.

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

Medication administration including the camper's name, medication, dosage, and date will be documented in the following location.

☒ Medical log ☐ Camper's medical record ☐ Other (specify):

Medication Errors – A carefully designed and executed medication delivery system is the best deterrent to prevent medication errors. A medication error includes any failure to administer medication as prescribed. This includes failure to administer the prescribed medication to the correct camper, at the correct time, in the correct dose or through the correct route.

Medication errors can occur when an individual is interrupted or distracted. Eliminating distractions and/or other responsibilities during periods of concentrated medication administration can increase safety and decrease the potential for errors. Medication errors must be addressed immediately.

What actions will be taken in the event of a medication error?
If adverse reaction, call 911 and/or contact the Poison Control Center (if wrong medication or overdose given).
Notify the health director or other supervising medical staff, if not present.
Notify the camper's parent or guardian.
Notify the camper's physician and/or the licensed prescriber.
Document medication error detailing camper's name, specific details of the medication error, reaction to medication given, which individuals were notified, and remedial action.
Review the medication errors and take necessary steps for appropriate medication administration in the future.
☒ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

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

Injury and Illness Prevention and 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 the 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.

Who is responsible for the camps injury control program?

☒ Camp Director ☒ Health Director ☐ Other (specify):

The spread of gastrointestinal (vomiting and diarrhea), respiratory and other ailments can quickly change a pleasant camp visit into a difficult experience for staff and campers. Early identification and intervention may prevent additional cases of illness.

What are the procedures for identifying and responding to an illness outbreak?

The health director or designee will check the medical log entries daily for common ailments and/or increased frequency of cases of illness with similar symptoms (e.g. headache, vomiting, diarrhea, fever, eye infection, sore throat). If noted:

The local health department will be contacted immediately.
Intervention and control strategies recommended by the local health department and medical staff will be implemented at the camp to prevent the spread and reoccurrence of illness.

General intervention and control strategies to be implemented for an outbreak include but are not limited to:
Ill persons will be excluded from duties (e.g. food preparation/handling) and/or activities until permission is granted by the health director to resume.
Ill individuals will be physically separate from well; housing areas for large number of ill at overnight camps will be designated, and ill day-campers will be sent home.
Entry/exit from camp will be limited; activities involving visitors, including other camps will be postponed or restricted.
Hand washing (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 camper's hand washing. Plenty of soap and disposable paper towels will be provided in hand washing areas.
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 hand washing, and will be encouraged to change to clean clothing prior to resuming other activities.
Discontinuing salad and sandwich bars, "family-style" service, buffets - use servers only.

☒ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

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

Diseases transmitted by insects and ticks:

Protective measures should be used in areas where Lyme disease and other diseases transmitted by ticks and insects are present. This includes but is not limited to wearing clothing to cover legs and arms, eliminating standing water where mosquitoes breed, keeping outdoor play areas well maintained, avoiding areas of tall grass and brush, checking oneself for ticks, and considering the use of repellents.

Ticks that spread disease, including Lyme disease, may be found in outdoor areas where camp activities take place. Ticks will cling to tall grass, brush and shrubs, usually no more than 18-24 inches off the ground. They also live in lawns and gardens, especially at the edges of woods and around old stone walls. If camp activities occur in areas known or suspected of having ticks, provide parents with information regarding the prevention and signs of Lyme disease.

New York State Public Health Law allows campers to carry and use tick and insect repellents when the child's parent or guardian provides written permission for it. Camp staff may assist campers with the application of the repellent when the child is unable to do so, provided the child requests the assistance and it is permitted/authorized by the parent/guardian and the camp. Camp operators must maintain a record of the parental/guardian permission. It is recommended that the camp health form include authorization for the use of specific tick and/or insect repellent and need for assistance.

Staff should receive training in the proper use of tick and insect repellents including:

Read instructions and follow directions on the label, do not over apply, and determine whether product can be used on skin, or if it can only be applied to clothing and gear.
Discontinue use and seek medical attention if a rash or other reaction occurs.
Only use repellents approved by camper's parent/guardian.

If an embedded tick is found on a camper he/she should be immediately taken to the infirmary and parents should be notified.

Information including tick removal, Lyme disease, and safe use of tick and insect repellents can be found at:
www.health.ny.gov/diseases/communicable/lyme/
www.cdc.gov/ticks/


Female Deer Tick

Will campers carry and use repellents during activities where ticks and insects may be present?
☒ Yes ☐ No
If yes, who is responsible for obtaining written parental permission?
☐ Camp Director ☒ Health Director ☐ Other (specify):

Potential Rabies Exposure:
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, must be reported to the camp's 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 www.health.ny.gov/environmental/outdoors/camps/ or contact your local health department.

Pre-camp:

Repair or modify camp buildings to keep bats and other animals out. Make sure that doors and windows are secure, and 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 the 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.

Potential Exposure – 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 local health department 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.
Potential Exposure – BATS – 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 local health department and describe the circumstances.
Try to confine or capture the bat (without causing damage to the head) for testing. See video at www.health.ny.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

Training - Information must be provided to staff and campers during training to prevent potential rabies exposure 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."
Don't touch and avoid injured, ill or stray animals.
Don't touch and avoid pets and domestic animals you're not familiar with.
Don't touch and avoid 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.

Who will be responsible for capturing a bat or contacting a nuisance wildlife agent if a suspect animal is found at the camp?

☐ Camp Director ☐ Health Director ☒ Maintenance staff
☐ Other (specify):

Are bat capture kits maintained at the camp? ☒ Yes ☐ No
If "yes", where are they maintained?
☐ Each bunk ☐ Bunk number(s) ☒ Maintenance area
☐ Other (specify):

Diabetes Prevention and Control: The DOH Bureau of Chronic Disease Services, Diabetes Prevention and Control Program has 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 www.health.ny.gov/publications/0944.pdf or hard copies may be ordered from the DOH forms distribution center.

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
Name of care giver

☒ Check to indicate agreement with the above procedure. Specify additional procedures 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 other body fluids including, but not be 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 water.

☒ Hand washing 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 the 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):

Reporting of Incidents

The 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.

At Camps for Children with Developmental Disabilities (20% or more enrolment of campers with developmental disabilities) staff must also report all allegations of abuse or neglect and significant incidents to the local health department and the Justice Center and possible crimes against campers with disabilities to local law enforcement and the local health department. See the Requirements for Camps for Children with Developmental Disabilities for additional details.

Who will be responsible for establishing reporting policies for the incidents above?
☐ Camp Director ☒ Health director ☐ Other (specify):

Provisions to Supervise Sanitation

Camp Sanitation is important to prevent disease transmission. Camps must establish a procedure to oversee sanitation at the camp.

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 conducting 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	
Refuse management and disposal	☐ Daily	☒ Weekly	☐ Other	
Living quarters	☒ Daily	☐ Weekly	☐ Other	
Sewage system	☐ Daily	☒ Weekly	☐ Other	
Water supply	☐ Daily	☒ Weekly	☐ Other	
Pool/Beach		☒ Daily	☐ Weekly	☐ Other
Other buildings/bathrooms	☒ Daily	☐ Weekly	☐ Other	

V. SUPERVISION AND ACTIVITY 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

Having visual or verbal communication capabilities 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, the activity and individual camper's needs:

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

At day camps, the minimum staff to camper ratios for general activities is:
1:12 for all campers

The minimum 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, is 1:2.

Additional staff may be necessary to ensure the safety of campers based on the type and location of an activity and needs of each camper.

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 to ensure camper activities are safe and consistent with safety plan and camp policies.
Counselors supervising campers with developmental or physical disabilities will be trained in the specific needs and special considerations for the campers.
☒ Check to indicate agreement with the above procedure. Specify additional procedures 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)

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

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

Between scheduled activity periods (traveling from one activity to the next):

☒ Camper supervision will be in accordance with the standards listed above in numbers 75–77 including ratios, accountability and counselor to camper communication capabilities.

☐ 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).

☐ Camper supervision will be in accordance with the standards listed above in numbers 75 – 77 including ratios, accountability and counselor to camper communication capabilities.

☒ A counselor to camper ratio of 1:25. (Select all passive activities at the camp)

☒ Religious instruction ☒ Storytelling ☒ Viewing movies

☐ Board games ☒ Drama ☒ Singing

☐ Other (specify):

☐ Alternative procedures for supervising campers:

Free Time:

☐ No free time periods during camp.

☒ Camper supervision will be in accordance with the standards listed above in numbers 75 – 77 including ratios, accountability and counselor to camper communication capabilities.

☐ Alternative procedures for supervising campers:

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 their health or safety; and
At least one counselor is present on every level used for resting or sleeping in a multi-story building.
Staffing levels must be adequate to respond to emergencies at all times.
Supervision ratios must be reinstated to the code-required level at the conclusion of the resting or sleeping period.

☐ No sleeping or rest periods during camp (day camps only).

☒ Camper supervision will be in accordance with the standards listed above in numbers 75 – 77 including ratios, accountability and counselor to camper communication capabilities.

☐ 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

☐ Camper supervision will be in accordance with the standards listed above in numbers 75 – 77 including ratios, accountability and counselor to camper communication capabilities.

☐ At least one counselor will be in a vehicle transporting campers.

☐ There will be at least one counselor in addition to the driver in any vehicle transporting developmentally disabled campers.

☐ Alternative procedures for supervising campers:

Describe the camp's 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 additional procedures 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 remaining 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:
☐ 10 minutes ☐ 20 minutes ☒ 30 minutes
☐ Other (specify)
Parents/guardians will be notified.
Contact the local health department 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 additional procedures in the space provided below.

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

Activity Safety

Each camp activity must be evaluated to establish appropriate policies and procedures for the supervision and prevention of injuries to camper. Additional staff are required for specialized activities such as 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 first aid and CPR certification in an approved course. NYSDOH Fact Sheets listing approved CPR and First aid certifications are available at www.health.ny.gov/environmental/outdoors/camps or by contacting your local health department. 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 or physically 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 in sections a and b and complete the specified Activity-Specific Plan or Generic Activity Plan Template for that activity.
Complete the Activity-Specific Plan template (available from your local health department) for each of the following activities available to campers:

☐ Archery
☐ Boating/Canoeing/Kayaking
☐ Camp Trips
☐ Horseback Riding
☐ Riflery
☐ Sports

☒ Swimming
☒ On-Site
☐ Off-Site (complete Camp Trip Swimming Plan)
☐ Wilderness (complete Camp Trip Swimming Plan)
☐ Aquatic Theme Parks (complete Camp Trip Swimming Plan)
☐ Ropes/Challenge Course

Complete the Generic Activity Plan template (available from your local health department) for the following activities available to campers:

☐ Aquatic Theme Parks	☐ Ice Skating	☐ Tubing
☒ Arts and Crafts	☐ Mountain Boarding	☐ Whittling/woodcarving
☐ Bicycling	☐ Nature Study	☐ Other (specify):
☐ Cooking	☒ Organized Games (Play)	
☐ Gymnastics	☐ Petting Zoo	
☐ Go Carts	☐ Roller Skating/Blading	
☐ Hiking	☐ Skate Boarding	

Weather Conditions

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 for injury from lightning, camp staff must monitor local forecasts for thunderstorms and restrict activities to locations that provide adequate shelter. For additional information regarding lightning safety, the Department's Fact Sheet titled "Lightning Safety Basics" is available at www.health.ny.gov/environmental/outdoors/camps/.

Heat-related illnesses occur when the body is unable to cool itself. The most common heat-related illnesses are heat stroke (sunstroke), 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 "Keep Your Cool During Summer Heat".

The key in 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.

Who monitors and assesses weather conditions to cancel or curtail activities (on-site and during camp trips) due to weather, such as thunderstorms, high heat and/or humidity and elevated ozone levels, and notifies activity staff leaders of activity restrictions?

☒ Camp Director ☐ Program Director ☐ Other (specify):

Means of staff notification will include but not be limited to:

☒ Direct verbal contact ☒ Cell phone ☐ Portable radios

☐ Public address systems ☐ Other (specify):

Which activities will be suspended or minimized in anticipation and response to thunderstorm and lightning activity? (check all that apply)

☒ Hikes and other activities that would prevent staff and campers from access to 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):

A substantial building that has plumbing or electrical service, is completely enclosed and has sufficient capacity to shelter all campers should be used as a shelter against storms. In addition, on high-risk days or during high-risk periods, the camp may modify their daily program and replace outdoor activity with indoor activity in a primary structure either on the camp property or off-site such as a movie theater, bowling alley, etc.

Specify the locations/buildings designated as shelters for storms:
Dining Hall Craft Barn/Noah's Ark

What 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 utility poles and tall, isolated or lone trees.
☒ Stay off of or leave hill tops.
☒ Avoid wire fences, pipes, and metal poles.
☒ If unable to get to a substantial shelter, assume a protective crouch position 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 at least a full thirty minutes. ☒ Yes

Sun protection – skin cancer is the most commonly diagnosed cancer in the United 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.health.ny.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-site or off-site)?
☐ Yes ☒ No
If "yes", complete the following section.
List below the activities (on-site or off-site) during which incidental immersion is permitted:
1)
2)
What are the procedures for incidental water immersion?
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.
Water Depth: (Select one)
☐ Incidental water immersion is not permitted in water deeper than mid-calf of the shortest camper.
☐ The following procedures(s) will be used for incidental water immersion in water deeper than mid-calf of the shortest camper (specify below)

Staff will test the entire area in which incidental immersion will occur prior to campers entering the water.
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 additional procedures in the space provided below.

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

VI. ORIENTATION AND TRAINING

While the two processes (staff training and camper orientation) are similar, they 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 and 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 (e.g. 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.

Camp directors for camps with camper enrollments of 20 percent or more developmentally disabled campers 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 staff training for each of the following subject areas:

Subject	Estimated time (hours/minutes)
An outline of the training curriculum	1 hour
Tour of camp property	1 hour
Description of camp hazards and policies for eliminating or minimizing them	30 minutes
Chain of command	30 minutes
Procedures for camper supervision and discipline	30 minutes
Child abuse recognition and reporting	1 hour
Provisions for first aid and emergency medical assistance	1 hour
Reporting of camper injury and illness	30 minutes
Identification and reporting of crimes against campers with disabilities (Required for Camps for Children with Developmental Disabilities only)	
Buddy system and lost swimmer plan (if camp has an aquatics program)	30 minutes
Lost camper plan	30 minutes
Lightning plan	30 minutes
Fire safety and fire drills	30 minutes
Camp evacuation procedures	30 minutes
Activity specific training for assigned activities	4 hours
Camp trips (if provided)	

Other (specify)	
Other (specify)	
Other (specify)	

What are the procedures for conducting staff training?

☒ Prior to any counselor starting work at the camp, they will attend staff training minimally consisting of the topic list above and based on the contents of this safety plan. A "sign-in-sheet" will be provided at all staff training to document the attending staff members, date of training, and content of what was covered during the training. Sign-in-sheets will be maintained at the camp for inspection by the local health department.

☒ Prior to assuming direct care responsibilities of a camper with disabilities, camp staff will receive training in the specific needs of the camper in their charge. Training provided will be based on information provided by the camper's parent, guardian, and/or clinical team. The training/instruction will be documented including the name of the person receiving training, the date of training, the name of the trainer, and topics discussed.

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

Camper Orientation

Every camper must receive, on arrival at the camp, an orientation to the camp and the camp's policies and procedures. Provide an estimated time spent during camper orientation for each of the following subject areas:

Subject	Estimated time (hours/minutes)
Orientation curriculum outline	5 minutes
Tour of camp property	30 minutes
Description of camp hazards	10 minutes
Chain of Command	5 minutes
Reporting illness, injury, abuse and other incidents	5 minutes
Buddy system	5 minutes
Lost camper plan	10 minutes
Lightning plan	10 minutes
Fire drills and evacuation	10 minutes
Camp trips	
Other (specify)	
Other (specify)	

How will camper orientation be documented?

☐ Camper sign-in sheet

☒ Camp Director documentation of participating campers and date of orientation

Swimming Activity-Specific Plan

Camp Name: Lamoka Baptist Camp Date: 3/1/2019
Prepared By: Greg Howard Title: Director/Administrator
Phone number: 607-463-0324 Email: camp@lamoka.com
Signature: Greg Howard

Complete the following plan for on-site swimming activities. For off-site and wilderness swimming, compete the Activity-Specific Plan for Camp Trip Swimming. For on-site aquatic spray grounds, complete the Activity-Specific Plan for Spray Grounds Operation. Include any attachments (e.g. diagrams, photos) as necessary. Once completed, it will serve as your facility's comprehensive swimming safety plan. The plan must meet the specific conditions of your pool or beach facility and operations, as well as serve as a training and reference document for you and your staff.

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 activity leader prior to overseeing the activity.

Pools and beaches operated at a children's camp must comply with Subpart 6-1 (pools), Subpart 6-2 (beaches), and Subpart 7-2 (Children's Camps) of the State Sanitary Code. Obtain copies of State Sanitary Codes from your local health department or www.health.ny.gov/environmental/outdoors/camps/.

For Health Department Use Only

Approved: ☐ Yes ☐ No

Reviewer: Date: Comments:

The camp's swimming program is one of the most potential hazardous activities in the camp environment. A comprehensive safety plan will specify camp policies and procedures and help staff understand their responsibilities for implementation. Swimming pools and beaches at children's camps must be supervised by a qualified camp aquatics director. See the Camp Aquatics Director Fact Sheet available from your local health department or www.health.ny.gov/environmental/outdoors/camps/cad.htm for details.

Fill in the table below for all pools or beaches operated at your camp.

Pool or Beach?	Type of Bathing Facility (e.g. Outdoor Pool, Indoor Pool, Lake)	Pool / Beach Name (e.g. Main Pool)	Pool Square Footage (feet2) or Beachfront Length (yards)	Minimum Depth (feet)	Maximum Depth (feet)	Bather Capacity	Diving Allowed ?	Slides?	Other Water Features (e.g. Inflatables, trampoline, Blob, etc.)
☐ Pool ☒ Beach	Outdoor Waterfront	Waterfront	4,200	1 foot	8 foot	112	☒ No ☐ Yes	☐ No ☒ Yes	☒ No ☐ Yes (specify)
☐ Pool ☐ Beach							☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes (specify)
☐ Pool ☐ Beach							☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes (specify)
☐ Pool ☐ Beach							☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes (specify)
☐ Pool ☐ Beach							☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes (specify)

Assessment of camper's swimming ability

Prior to allowing campers to enter water that is chest deep or greater, they must have his or her swimming ability assessed and be categorized as a "swimmer." Only someone who is certified as a Progressive Swimming Instructor, as specified in Subpart 7-2 of the SSC, may assess/classify a camper as a "swimmer." No swimming ability assessment is required to designate a camper as a "non-swimmer" and restrict the camper to water that is less than chest deep.

The Progressive Swimming Instructor should evaluate bather swimming ability using standards and criteria established by the provider that certified the Progressive Swimming Instructor. Consideration should be given to the aquatic environment (size, pool, open water, water temperature, currents, depth, water clarity, etc.) that the camp will be utilizing.

How, when and by whom will the swimming ability of campers be assessed?

☒ No swimming ability assessment will be conducted. All campers are considered non-swimmers and restricted to water less than chest deep.

☐ Prior to participating in any swimming activity, a progressive swimming instructor will assess the swimming abilities of all campers and categorize him/her as either a non-swimmer or swimmer. A record of each camper's swimming evaluation including the camper's full name, date of test and their assessed ability will be maintained at the camp.

Campers will be assessed in shallow water to determine if he/she has basic swimming skills to qualify for the deep-water assessment. Assessment criteria for "swimmers" will minimally consist of the following in sequence with no breaks (Check one of the following):

☐ Feet first entry into water greater than chest deep and completely submerge
Tread water for 1 minute
Maintain position on back 1 minute
Swim 40 yards continuously using any stroke or a combination of strokes. Dog paddling is not an acceptable stroke.
Rotate 360 degrees and orient to the exit.
Exit from the water.

☐ Based on the Progressive Swimming Instructor's certification and standards from the certifying provider (e.g. American Red Cross (ARC), YMCA, Boy Scouts, etc.), and aquatic environment (size, pool, open water, currents, depth, etc.) specify the assessment criteria that will be utilized and the course provider they are based on below.
Assessment Criteria:

Provider (e.g. ARC, YMCA, Boy Scouts, etc.):

☐ Additional assessment procedures for when the aquatic area is divided into more areas than swimmer and non-swimmer.

Use different visual identifiers for non-swimmers and swimmers or identify swimmers only. If only non-swimmers are visually identified, they can remove the identifier and enter the swimmer area unnoticed.

How are campers visually identified according to their swimming ability?

☐ Campers determined to be "swimmers" will be visually distinguished from "non-swimmers" by wearing a (specify color) colored wristband.

☐ Campers determined to be "swimmers" will be visually identified from "non-swimmers" by "swimmers" wearing a (specify color) colored wristband and "non-swimmers" wearing a blue (previous blank is not editable, but should say green) (specify color) colored wristband.

☐ No visual identifier is used because "non-swimmers" are restricted from entering the "swimmer" area by a physical barrier. A float line is not considered a physical barrier. What type of physical barriers is used? (check all that apply)

☐ Swim crib ☐ Dock ☐ Other

☐ No visual identifier is used because "swimmers" and "non-swimmers" use separate pools or swim at different times.

☒ No visual identifier is used because the water depth of the swimming area is less than chest deep of the shortest camper.

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

Water Depth Restrictions

Non-swimmer water depth restriction concept – Bathers become buoyant in water chest deep and above, which causes them to lose contact with the bottom of the pool/beach. Non-swimmers who lose contact with the bottom may not have the ability to prevent themselves from entering deeper water, where they may not have the skill necessary to prevent submersion. At children's camps, a non-swimmer in greater-than-chest-deep water has been identified as a contributing factor in non-swimmer drownings.

Non-swimmers will be restricted to water less than chest deep, except:
(check all that apply)

☒ No exceptions

☐ During a learn-to-swim program approved by the State Department of Health. See the Fact Sheet available at www.health.ny.gov/environmental/outdoors/camps/learn_to_swim.htm for a list of approved programs. Specify provider .

☐ When counselors are in shallow water in the non-swimmer area and providing direct supervision of non-swimmers at a counselor to camper ratio of:

☐ 1:1 ☐ 1:2 ☐ 1:3

Select the method of ensuring that non-swimmers are restricted to water less than chest deep during required times.

☒ Floating line positioned no greater than the water's depth that corresponds to the shortest camper's chest height

☒ Counselors/staff positioned in the water

☐ Other (specify)

Buddy System and Board System

A Buddy and Board System (or equivalent accountability system) of supervising and accounting for bathers is required for all swimming activities (on-site or off-site). Failure to implement a complete buddy system has been identified as a significant contributing factor in drowning related to children's camps. When campers are unable to comprehend or implement the buddy system, another method must be specified and used.

Buddy Concept – The buddy system provides each camper with a partner/"personal lifeguard" to summon help in case of an emergency. Campers should be paired, whenever possible, to a buddy of the same swimming ability. When campers of different swimming abilities are paired they must remain in the swimming area for the lesser skilled of the two. A maximum of one threesome per area is allowed. Campers must be instructed to stay with their "buddy" at all times and to contact a staff member if his/her "buddy" experiences "trouble" while swimming or is missing.

Board System Concept – A board system or equivalent accounting system is a method of recording entry and exit from the pool/beach areas to account for all campers participating in the swimming activity. An accounting system may be maintained on a stationary (conventional) "buddy board" or on a hand held "clip board."

It is recommended that all staff participating in swimming activities are included in the Buddy and Board Systems and are restricted to the appropriate swimming areas based on an assessment of their swimming ability.

Describe the camp's Buddy System and Board System (accounting system).
A staff member will be assigned to maintain the board/accounting system. He/she will be positioned at the entry point of the swimming area. Buddies will enter the swimming area together and checked into the accounting system, which will minimally:

Identify each camper by full name, swimming ability and the swim area to which they are assigned;
Record entry to and exit from the swim area and various sections of the waterfront for each bather. When the camper leaves the waterfront, they will be removed from the "board." If their buddy wishes to remain they will be paired with another camper and the pair will be incorporated into the accounting system.
Identify each camper's assigned buddy and swim area (if a non-swimmer is paired with a swimmer, both must remain in the non-swimmer area); and
Ensure only one threesome per swim area.

☐ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

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

Day Campers are kept in an small area surrounded by staff, counselors, and lifeguards. Each camper is assigned to a specific counselor. These counselors will be responsible to count their specific campers every 3-5 minutes. Every 15 minutes the lifeguards will call for all campers to stop swimming and conduct a formal roll call, where they will compare the number of campers and staff present to the number of campers and staff present at the beginning of the swim time.

How are buddy checks conducted?
Buddy checks, which account for all campers within the pool enclosure or at the beach, will be conducted minimally every 15 minutes.
Buddy checks are signaled by a long blast of a whistle followed by calling out "buddies."
When signaled, buddies will move together, grasp each other's hands and raise them above their heads.
The number of buddy pairs in each swimming area will be counted and relayed to the person maintaining the buddy board/accounting system, who will check the numbers against the buddy board/accounting system. If there is an inconsistency, a recount will be conducted.
If a bather indicates that their buddy is missing or a buddy check fails to account for the whereabouts of a bather, the lost swimmer plan will be immediately implemented.
☐ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

☒ Alternative procedures (when one of the above procedures is not utilized, a comprehensive alternative must be provided):
Every 15 minutes the lifeguards will call for a stop to all swimming. Campers will be instructed to stand still and quiet while their counselor counts their specific campers and while the lifeguards count all participants. Swimming will resume when every camper is accounted for.

Supervision

During swimming activities, adequate supervision is achieved by the combined efforts of the camp aquatics staff and counselors.

The camp Aquatics Director is responsible for overseeing the entire swimming activity, including implementation of the safety plan, training and supervising lifeguards and counselor, and ensuring adequate bather supervision.

Only someone who possesses current certification as a lifeguard may perform lifeguarding duties. One lifeguard is required for every 25 bathers. Additionally, each lifeguard shall supervise no more than 3,400 square feet of pool area or 50 yards of shoreline at a beach.

At beaches that allow swimming more than 150 feet from shore, lifeguards must be positioned in patrol boats or at offshore lifesaving stations.

Counselors should be assigned to supervise specific campers and must be located at the poolside, beachfront or in the water providing direct visual surveillance of campers at all times. Counselors must have supervision responsibilities to ensure that lifeguards are not burdened with non-lifeguard tasks. At a minimum, the following ratios of counselors to campers will be maintained while swimming:

Age Group	Counselor to Camper Ratio

8 years and older	1:10
6 and 7 years old	1:8
under 6	1:6

Campers with developmental disabilities may be at an increased risk of an emergency during swimming activities and therefore require additional supervision. At a minimum, the following ratios of counselors to campers will be maintained for campers with disabilities of all ages:
1:1 for non-ambulatory campers or campers with a disability that may result in an increased risk of an emergency in the water, such as uncontrolled epilepsy.
1:5 for campers with a developmental disability. Staff supervising campers with a developmental disability at a 1:5 ratio may also supervise campers without a disability during a swimming activity, provided that the total number of campers does not exceed one counselor for five campers and the assigned campers are swimming in the same general area. For example, a counselor may supervise two campers with developmental disabilities and up to three other campers without a developmental disability.
Camps must obtain written permission, signed by the child's parent or guardian, to allow a camper with a developmental disability to swim. It is recommended the permission slips identify campers with increased risk of an emergency during swimming activities.

Who is responsible for ensuring that signed written permission is on file prior to allowing a camper with a developmental disability to participate in a swimming activity?
☐ Aquatics Director ☐ Camp Director ☐ Lifeguard ☒ Other (specify): Health Director

Lifeguard positioning

Glare and poor water clarity are key contributing factors in many drownings
Elevated lifeguard chairs must be located to compensate for glare and blind spots, provide a clear view of the pool bottom, and in positions which provide complete surveillance coverage of the pool area
Equip lifeguard chairs with an umbrella or sun shade
Lifeguards must have designated areas of responsibility and be able to have total visual surveillance of that swim area
Consider bather densities and locations, which may require additional lifeguards and various positioning schemes

Attach a sketch, diagram, or photograph(s) of the camp's pool(s)/beach area(s) that includes:
The location of lifeguard positions and areas of lifeguard coverage for each position. Indicate how you adjust for factors, which could affect adequate supervision and coverage, such as glare, blind spots, bather load and density
Float line placement
Diving boards and slides
Access points and sign locations
First aid stations, emergency equipment and telephone location
☒ Check here to indicate sketch, diagram, or photo depicting the above items is attached.

How will staff compensate for glare and blind spots and obtain complete visual coverage?
(check all that apply)

☐ Not a problem at my facility ☐ Move lifeguard chairs ☒ Other (specify) Move position and/or polarized sunglasses

Beaches only:
☒ N/A (No beaches skip to question 13)
Do you provide lifesaving patrol boats/boards or offshore lifesaving stations (required when swimming or diving is permitted more than 150 ft. from shore)? ☐ Yes ☐ No
What is the distance between the elevated lifeguard chairs?
☐ Less than or equal to 50 yards ☐ Greater than 50 yards (specify) yards

If greater than 50 yards, please explain your rationale for this. (Indicate the response time for the lifeguard from the chair to the furthest point within his/her surveillance area)

Lifeguard Rotations

NYS drowning data indicates that many drowning incidents have occurred directly before, during, and directly after a chair rotation, because the lifeguards were distracted and did not provide constant patron surveillance during the rotation procedure.
Lifeguard rotations should take place on a regular schedule and should follow a defined pattern.
Continuous coverage must be provided when changing or rotating lifeguards.
Additionally, periodic rotations to different stations helps keep lifeguards alert.

Do you use multiple lifeguards at your swimming pool or beach? ☒ Yes ☐ No
(If "Yes", please complete a, b and c)
a. Do you have an established chair rotation procedure? ☒ Yes
b. Does your chair rotation procedure ensure that there is continuous lifeguard surveillance of patrons during the change? ☒ Yes
c. How frequently do your lifeguards rotate?
☒ Every 30 minutes ☐ Every 60 minutes ☐ Other (specify)

Lifeguard Breaks

Failure to take breaks has been identified as a contributing factor in drownings in NYS.
Lifeguards need to take frequent breaks to avoid mental and physical fatigue.
Research indicates that lifeguard attentiveness declines after 30 minutes.
Scheduled breaks and rotating to different stations can keep lifeguards alert and ready to respond.
If another lifeguard is not available to cover during breaks, (at single guard facilities), the pool must be closed during the breaks.

How frequently do your lifeguards take breaks (include lunch)?
☒ Every 30 minutes ☐ Every 60 minutes ☐ Other (specify)

What is your protocol for bather supervision during lifeguard breaks or when a lifeguard takes the day off?
☒ Use other lifeguards to cover ☐ Close the pool/sections (please answer a and b.)
Who is responsible for clearing and closing the pool during these breaks?
☐ Aquatics Director ☐ Counselor

☐ Lifeguard ☐ Other (specify)

Who assures that no one enters the water while the pool is closed?

☐ Aquatics Director ☒ Counselor

☐ Lifeguard ☐ Other (specify)

Distractions

Lifeguard distractions and intrusions have been identified as contributing factors in drownings. Distractions occur when lifeguards engage in activities such as using cell phones, reading or having lengthy conversations with patrons or others.
Many lifeguards are assigned additional duties at a bathing facility. These duties must not intrude upon the lifeguard's primary responsibility of guarding.

Are your lifeguards assigned any additional duties at your facility? ☐ Yes ☐ No

If yes, list other duties below:

1.
2.
3.
4.

Will you restrict the lifeguards from performing these other duties while guarding?

☒ N/A (No other duties assigned) ☐ Yes

Communication

Communication is essential during an emergency. A chain of command should be developed as part of an emergency response plan. A phone or other acceptable means of communication must be provided at a convenient location at all pools. All staff should know the location of the nearest telephone. Emergency phone numbers must be prominently posted at the telephone(s). A method of communication between staff such as whistles or hand signals should be established and staff should be familiar with it.

What type of emergency communication is readily accessible at the waterfront?

☐ Telephone ☒ Other (describe) Cell Phones

Where is the emergency phone with emergency numbers located?

☐ Poolside/Beachfront ☐ Bathhouse/Locker Room

☐ Facility Office ☒ Other (specify) Nurse's Office in Dining Hall

In a near-drowning emergency, the sooner the rescue and first aid begin, the greater the victim's chance of survival.

If a drowning victim is rescued and effective ventilation and circulation is restored within 0 – 3 minutes of submersion, the victim has an excellent chance of normal survival.
Within 3 – 5 minutes, survival may be likely, but the more probable it is that permanent neurological damage will occur.
5 minutes or more, normal recovery is uncommon unless the water temperature is below 70 °F.

How far is the emergency communication item from the waterfront?
☐ At beachfront/Poolside ☐ 5 - 50 feet ☒ 51 – 100 feet
☐ 100 – 200 feet ☐ Other (specify)

Environmental conditions must be constantly evaluated at all bathing facilities. Conditions which may require that the pool be cleared of bathers include: unsanitary water conditions, inadequate disinfection levels, cloudy pool water, glare, spa water temperature over 104°F, power outages, and thunderstorms.

Each facility should have procedures in place for clearing the water when necessary. These procedures should include who is responsible for monitoring pool closure and what type of communication system will be used.

When unsafe conditions occur, who is responsible for monitoring pool closure at your facility?
☒ Aquatics Director ☐ Camp Director ☐ Lifeguard
☐ Other (specify)

What communication system is used for clearing the pool?
☒ Whistle (specify signal) Long Blast ☐ Bullhorn (specify signal)
☐ Voice (specify) ☐ Other (specify)

Voluntary Hyperventilating and Extended Breath Holding
The practice of voluntarily hyperventilating (taking a series of deep breaths in rapid succession and forcefully exhaling) followed by underwater swimming or holding your breath for extended periods of time is dangerous and has led to deaths.

When you hyperventilate, you lower the percentage of carbon dioxide in the air that always remains in your lungs.
The carbon dioxide in the bloodstream is what triggers that part of the brain that controls breathing to initiate taking a breath.
By decreasing the available carbon dioxide, you can remain underwater because you delay the point at which the brain signals the need to take a breath.
When the oxygen level in the blood runs low before the carbon dioxide level rises to the point that triggers the breathing reflex, the swimmer loses consciousness.
The swimmer never actually feels as though a breath is needed.

Shallow Water Blackout
Swimmers who practice prolonged underwater breath-holding are at risk for Shallow Water Blackout (SWB).
SWB results from an insufficient amount of carbon dioxide to activate the body's natural impulse to breathe.
Victims of hyperventilation and SWB are often skilled swimmers.
Victims can also be children and others who participate in 'hold your breath' games.
Lifeguards and other supervisory staff should be alert for this safety hazard and should discourage this behavior.
Operators should consider posting a sign explaining this hazard and prohibiting it at their pool.

Lost Swimmer Plan

Time can be critical when searching for a lost bather. Masks and fins should be readily available to aid in underwater searches.

Lifeguards are trained in proper search methods and these can vary depending on the facility characteristics. Specific water search procedures should be established. Obtain a description of the missing individual and last location seen. A simultaneous land and water search should be initiated immediately.

What is the camp's lost swimmer procedures?
Whenever a "buddy check" fails to account for the whereabouts of all bathers or upon notification of a missing bather the following will be implemented:
Signal a lost bather by blowing the whistle three times and clear the water of all bathers.
The Camp Director and Aquatics Director (if not at the waterfront) will be immediately notified of a missing bather.
At pools, aquatic staff will scan the pool bottom from lifeguard chairs and pool deck.
The Aquatics Director will question the missing bather's buddy regarding the name of the missing bather and area he/she was last seen.
At beaches, lifeguards will immediately search in the area that the camper was last observed. If the bather is not found in the immediate area, a systematic grid search of the remainder of the waterfront will be conducted. The camp should establish and practice search procedures for various water depths. Counselors and other staff can be utilized to assist with walking "human chain" searches in shallow water.
Initiate a land search for the missing bather, starting with the nearest restrooms and the bather's bunk, and systematically progress throughout the camp.
Counselors will supervise the campers away from the waterfront. Counselors will bring campers as a group to (indicate the location where campers can be supervised while they wait for their next activity).
Location:
The camp director will notify the police via 911 if the camper remains unaccounted for greater than:
☐ 10 minutes ☐ 20 minutes ☒ 30 minutes ☐ Other (specify)
The Camp Director will notify parents/guardians.
The Camp Director will notify the local health department within 24 hours of any near drowning or drowning.
☒ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

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

Training and drills

All staff involved in emergency response must be trained. Frequent training to reinforce the principles and rehearse the plan must be conducted.

Supervisory staff must also practice their lifesaving skills regularly to remain proficient and able to perform rescues when required.

How often do staff practice the lost swimmer drill?
The Aquatics Director will (check all that apply):

☒ Instruct all lifeguards in the lost swimmer plan prior to them performing any lifeguarding duties at camp.

☒ Require all lifeguards to participate in a lost swimmer drill prior to them performing any lifeguarding duties.

☒ Conduct lost swimmer drills (check below box(es) to indicate frequency):

☒ Within the first week of camp

☐ Every two weeks

☐ Once a month

☐ Other (specify)

☒ Record all drills in a log and keep on file at the camp.

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

Seizure/Choking Response and Training

An individual who has a seizure in the water:
Is likely to submerge quickly and silently without portraying the distinctive drowning signs or calling for help, although convulsive movements may be exhibited;
Is susceptible to aspirate/ingest water due to an open/passive airway; and
Will not be able to react or assist in a rescue attempt.
If the bather survives, a medical check-up is essential (even if the rescued/resuscitated victim appears to be recovered), as life-threatening complications may result.
A person who experiences a seizure in/out of the water should not return to/participate in aquatic activities that day, even if he/she appears recovered, as the likelihood of experiencing another seizure is increased.
Contributing factors to drownings of persons with known seizure disorders identified in NYS investigations include:
An uncontrolled or poorly controlled seizure disorder; and
Missed seizure medication
Other potential factors that may trigger a seizure include fatigue, stress, use of non-compatible medications, illness/injury, etc.
One-to-one supervision is required for campers with an uncontrolled seizure disorder. . These campers should be accompanied in the water by someone familiar with their condition and who is trained and able to aid them should a seizure occur.
The identity of seizure prone campers should be made known to aquatic staff, who must be trained how to recognize and respond to a victim experiencing a seizure in the aquatic area.
For additional information on this subject, contact the Epilepsy Foundation of America or your local epilepsy association.

When a camper with a developmental disability is enrolled at the camp, the following training and procedures for responding to seizures and choking on ingested water will be implemented:

All waterfront and swimming pool staff must be trained in procedures for responding to seizures and choking on ingested water prior to the first swimming activity.
In-service training using these procedures will be conducted and documented at two-week intervals during the duration of the camper's enrollment.
Procedures for responding to seizures and choking on ingested water include:
Recognize the bather is in distress;
Support the victim's head and face out of the water to minimize ingestion of water;
Tilt their head back to keep their airway open unless there is a suspected spinal injury;
If having a seizure, keep the victim away from pool sides or docks in the water to avoid injury if uncontrolled body movements occur;
Remove the victim from the water as soon as possible to further respond to the person's needs; and
Seek medical assistance.

☒ Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

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

Waterfront Hazards

Identify potentially hazardous areas such as underwater slopes, holes, currents, stumps, rocks, diving boards, slides, etc. Such areas should be eliminated or marked to help patrons avoid the areas, or additional supervision should be provided for these areas.

Are there any potentially hazardous areas at your facility?
Beaches:
☐ N/A (No Beaches) ☐ Diving boards ☐ Slides ☐ Underwater slopes
☐ Holes ☐ Stumps/Rocks ☐ Currents ☐ Other (specify)
Pools:
☒ N/A (No Pools) ☐ Diving boards ☐ Deck slides ☐ Entrance Areas
☐ Underwater slopes ☐ Starting blocks ☐ Fill spouts ☐ Other (specify)

What are your plans for controlling or eliminating the hazards associated with these areas?
(Please specify hazards and how you will eliminate or control, e.g. slide – position an additional lifeguard here.)
☐ Eliminate Hazards: Specify how:
☐ Mark Hazards: Specify how:
☐ Supervise Hazards: Specify how:
☐ Other Hazards: Specify how:

Who is responsible for addressing the hazards listed above?
☐ Owner/Operator ☒ Aquatics Director ☐ Camp Director
☐ Maintenance Staff ☐ Other (specify)

Rules and Regulations

Operators must post signs stating the maximum capacity of the pool/beach, the hours during which the pool/beach is open, and that swimming at other times is prohibited.

Signs stating general rules must be posted conspicuously at the pool/beach, dressing rooms and facility offices. These rules should prohibit urination, discharge of fecal matter, spitting and nose blowing, as well as govern the use of diving boards and slides. These rules may also include prohibitions against running, horseplay, drinking, etc.

Spas have additional requirements, including that warning signs stating specific cautionary statements must be conspicuously posted in the vicinity of the spa. Please refer to SSC Section 6-1.29, item 14.13.

Where are your rules posted? (Check all that apply)
☐ Pool Entrance ☐ Poolside (specify below) ☐ Near spa
☒ Waterfront ☐ Bathhouse ☐ Other (specify)

Who is responsible for enforcing the rules at your bathing facility?
☐ Camp Director ☒ Aquatics Director ☒ Lifeguard
☒ Counselors ☐ Other (specify)

Beaches only: Who is responsible for preventing boaters from entering the swim area?
☐ N/A (No Beaches) ☐ Camp Director ☒ Aquatics Director ☒ Lifeguards
☒ Counselors ☒ Other (specify) Boat Dock Staff

Diving Areas

Diving areas require extra attention due to the potential for serious injury. Rules for the use of diving equipment should be developed, posted at the diving area and enforced. See the Department's fact sheet, Minimum Water Depths for Head First Diving From Pool Decks, Starting Blocks, Docks and Similar Low Fixed Platforms.

www.health.ny.gov/environmental/outdoors/camps/aquatics/minimum_water_depths_for_head_first_diving.htm

At pools, diving from the pool deck is prohibited in water less than 8 feet deep except during competitive swimming or swimmer training activities (Refer to SSC Section 6-1.10(l)).

At beaches, diving from a raft, pier, or other platform is permitted in water at least 8 feet deep and extending out for at least 10 feet. (Refer to SSC Section 6-2.19 item 4.8.)
Most spinal cord injuries associated with diving incidents occur in the natural environment (lakes, rivers, etc.) and,
Most occur in water depths less than 6 feet.

Warning signs stating "No Diving" must be clearly posted in areas (docks, rafts, etc.) where diving is not allowed.

Do you allow diving at your bathing facility? ☐ Yes ☒ No

If no, are warning signs stating “No Diving” clearly posted? ☒ Yes ☐ No
If yes, list the rules for use of the diving board below.

Where are the diving rules clearly posted? It is posted on our rules sign as well as painted on both swim area docks.
Who enforces these rules?
☒ Aquatics Director ☒ Lifeguard ☐ Camp Director
☒ Counselors ☐ Other (specify)
Starting Block Use

Spinal cord injuries from using starting blocks can occur.
Use of starting blocks is prohibited except during competitive swimming or swimmer-training activities.
Operators should have a method to restrict their use during all other times.
There should be a physical/visual barrier when starting blocks are not in use.

Do you have starting blocks at your pool? ☐ Yes ☒ No ☐ N/A (No Pools)
If yes, how do you restrict their use when not competitive swimming or swimmer-training activities? (Check all that apply.)
☐ Covers ☐ Signs ☐ Lifeguard ☐ Other (specify)

Water Slides

Improper use of deck slides can result in serious injuries similar to those for diving boards.
Slides must be installed at the water depth specified by the manufacturer and sliding should only be performed in the sitting position facing forward.
Rules for use of slides should be developed, posted at the slide and enforced.

Do you have slides at your bathing facility? ☐ Yes ☒ No
If yes, list the rules for use of the slide below and answer questions 36 and 37:
The waterslide shall not be used dry. A pump or another means of wetting the slide will be used to assure smooth and safe rides. No one over 160 lbs will be allowed to ride the slide. Only one camper at a time will be allowed to climb the ladder and ride the slide. Once a rider enters the water and moves away from the end of the slide, another rider will be allowed to ride the slide. If the water at the end of the slide is not vacant, a lifeguard or a counselor will instruct riders to not ride until the water below the slide is vacant. Only swimmers allowed in the deep end will be allowed to ride the slide. The aquatics director or a designee will be responsible to check the slide each day before it is used. During a buddy check, use of the slide will cease.
Where are the slide rules clearly posted? Next to Slide
Who is responsible for enforcing the rules at your bathing facility?
☐ Aquatics Director ☐ Maintenance Staff ☐ Owner/Operator
☐ Lifeguard ☐ Camp Director ☐ Other (specify)

Night swimming (pools only)
Is night swimming allowed at the pool?
☐ No ☐ Yes (must provide adequate lighting to effectively supervise swimming)

Environmental Conditions

Environmental conditions must be continuously evaluated at all bathing facilities. Conditions which may require that the pool or beach be cleared of bathers include: unsanitary water conditions, inadequate disinfection levels, cloudy pool water, glare, spa water temperature over 104 °F, power outages, and thunderstorms.

Each facility should have procedures in place for clearing the water when necessary. These procedures should include who is responsible for monitoring pool closure and what type of communication system will be used.

The National Lightning Safety Institute recommends bathing facilities suspend swimming activities when lightning is within 6-8 miles and wait until 30 minutes after lightning has been observed before resuming water activities.

When unsafe conditions occur, who is responsible for monitoring pool or beach closure at your facility?
☒ Aquatics Director ☐ Camp Director ☐ Lifeguards
☐ Other (specify)

When will you close the bathing facility for thunderstorms?
☒ At first sign of thunder/lightening
☐ Other (specify):

What communication system is used for clearing the bathing facility?
☒ Whistle (specify signal): Long blast ☐ Bullhorn (specify signal):
☐ Voice (specify): ☐ Other (specify):
When will you allow re-entry into the water?
☒ After at least 30 minutes without any thunder or lightning
☐ Other (specify):

Fecal, Vomit and Blood Contamination

Fecal, vomit and blood incidents that occur at pools or beaches pose a potential risk of infection to bathers. Special precautions must be taken to ensure that the water is made safe for bathers.

Pools:
Feces, vomit and blood may contain bacteria, viruses, and parasites that are resistant to chlorine at concentrations found in a pool under normal operating conditions.
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 the NYS DOH Factsheets:
"Fecal Incident Response Recommendations for Pool and Spray Ground Staff" at:
www.nyhealth.gov/environmental/outdoors/swimming/docs/fs_fecal_incident.pdf
"Vomit and Blood Contamination of Pools and Spray Grounds" at:
www.nyhealth.gov/environmental/outdoors/swimming/docs/fs_vomit_blood_contamination.pdf
Beaches:

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. Consult your local health department or State District Office for more information.

Daily Inspection

Daily inspections of pools and beaches 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 swim area or entire pool or beach 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?

☒ Aquatics Director ☐ Lifeguard ☐ Maintenance Staff
☐ Camp Director ☐ Owner/Operator ☐ Other (specify):

To whom will maintenance issues and unsafe conditions be reported?

☐ Aquatics Director ☐ Lifeguard ☒ Maintenance Staff
☐ Camp Director ☐ Owner/Operator ☐ Other (specify):

How is the main drain grate inspected each day? (Pools Only)

☐ N/A (No Pool) ☐ Visually ☐ Reach pole ☐ Other (specify):

RECORD KEEPING

The operator must keep daily records of the number of lifeguards on duty, weather conditions, water clarity, water quality, any reported rescues, injuries and illnesses. Daily records must indicate chemical levels for pools (e.g. chlorine, pH). 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?

☒ Aquatics Director ☐ Lifeguard ☐ Maintenance Staff
☐ Camp Director ☐ Owner/Operator ☐ Other (specify):

Chemical Storage and Handling

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.

Safety rules should 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.

What type of disinfection do you use in your pools/spas? (Check all that apply):
☒ N/A (No Pools/Spas)
☐ Sodium Hypochlorite (liquid) ☐ Bromine (solid)
☐ Calcium Hypochlorite (powder) ☐ Chlorine Gas
☐ Calcium Hypochlorite (tablet) ☐ Other (specify):
How are chemicals for pH adjustment added to the pool/spa?
☒ N/A (No Pools/Spas)
☐ Mechanical Feed Equipment
☐ By hand when the pool is closed with the pool remaining closed until chemicals are evenly distributed and the pH is acceptable and determined by testing

Where do you store your chemicals? (specify):
☒ N/A (No chemical stored for aquatic facility)

Is this storage area inaccessible to the campers and unauthorized staff, and kept locked?
☒ Yes ☐ No
If "no", please explain how unauthorized access is prevented:

Do you have established safety rules and are they posted in the storage area? ☐ Yes

Disinfectant Residuals: The swimming pool disinfectant residual must be checked at least three times (3x) a day, especially before and after periods of heavy bathing.

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 is as follows:
For a pH range of 7.2 - 7.8 (ideal pH approximately 7.5):
Minimum concentration of 0.6 milligrams per liter (mg/l) free chlorine residual (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 residual.

Chlorine and bromide levels must be measured by the DPD method.

Who is responsible for maintaining the chemical levels in your pool/spa?
☒ N/A (No Pool/Spa) ☐ Aquatics Director ☐ Maintenance Staff ☐ Owner/Operator
☐ Lifeguard ☐ Camp Director ☐ Other (specify):

Spas must be chlorinated to 10 mg/l at least once a week, when the pool is not in use.

This is 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:

Water Replacement Interval (days) = Spa gals ÷ 3 ÷ Average users per day
Example: 600 gallons ÷ 3 = 200 ÷ 25 (average users per day) = 8 days (water replacement interval)

How often is the spa drained and cleaned?
☒ N/A (No Spa) ☐ Once every 2 weeks ☐ Once a week ☐ Other (specify):

How often is the spa chlorinated to 10 mg/l?
☒ N/A (No Spa) ☐ Once a /2 weeks ☐ Once/week ☐ Other (specify):

LIGHTING AND ELECTRICAL (POOLS ONLY)

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.

Indicate lighting and emergency lighting that is provided (select all that apply).
☒ N/A (No Pools) ☐ Overhead lights ☐ Automatic lights
☐ Flashlight
☐ Underwater light ☐ Generator backup ☐ Other (specify):

Medical Waste Contamination (beaches only)

Presence of Medical Waste at Beaches
Medical debris consisting of blood vials, syringes, needles, medical or surgical gloves and other discarded medical supplies are sometimes found on beaches.
Operators of beaches which have the potential for medical waste to wash up, must have procedures in place for addressing this type of incident.

Is your beach at risk for medical waste contamination? ☐ Yes ☒ No ☐ N/A (No Beaches)
(If "Yes", please complete a - c. Check all that apply for each question.)
a. Who is responsible for identifying medical waste and monitoring the affected beach area at your beach?

☒ Aquatics Director ☐ Maintenance Staff ☐ Owner/Operator
☐ Lifeguard ☐ Camp Director ☐ Other (specify)

b. Who is responsible for handling, storing and disposing of medical waste?
☒ Aquatics Director ☐ Maintenance Staff ☐ Owner/Operator
☐ Lifeguard ☐ Camp Director ☐ Other (specify)

c. What is your procedure for addressing medical waste contamination?
☐ Close beach.
☐ Notify LHD
☒ If small amounts of medical waste are found on the beach only, do not close beach.
☐ If larger amounts of medical waste are found on the beach only, affected portion of the beach is closed.
☒ If large amounts of medical waste are found on the beach and/or floating in the water, close the entire beach.
☐ Other (specify)

Activity Plan

Camp Name:	Lamoka Baptist Camp	Date:	3/1/2019
Prepared By:	Greg Howard	Title:	Director/Administrator
Phone number:	607-463-0324	Email Address:	camp@lamoka.com
Signature:	Greg Howard		

Complete the following plan for each activity without an Activity-Specific Plan or that requires additional supervision or safety procedures from what has been provided in Section V (Supervision and Activity Safety) of the main document (e.g. requires additional/specialized staff, minimum participant prerequisites, safety equipment). Activities that have similar safety and supervision procedures may be listed on the same worksheet. 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 activity leader prior to overseeing the activity.

For Health Department Use Only

Approved: ☐ Yes ☐ No

Reviewer: Date: Comments:

ACTIVITY: Arts and Crafts

SUPERVISION

- Each activity at camp must be supervised by an activity leader that is competent in the activity being conducted. Activity leaders of an activity that includes wilderness hiking, camping, rock climbing, horseback riding, bicycling, swimming and/or boating must be at least 18 years of age.
- 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 the 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 first aid and CPR certification in an approved course. NYSDOH Factsheets listing approved CPR and First Aid certification are available at www.health.ny.gov/environmental/outdoors/camps or by contacting your local health department.

1. What ratio of counselors to campers will be maintained for this activity?

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

☒ 1:12 (day camps only) ☐ Other (specify):

2. List the required prerequisites for the activity leader (e.g. training, skills, experience, certification):

☒ No specialized prerequisites required

☐ Minimum age: ☐ 18 years-old ☐ 21 years-old or older ☐ Other (specify):

☐ Experience (specify in number of weeks or other quantifiable time period):

☐ Certification(s) (specify):

☐ Training (specify):

☐ Other Skill or knowledge required (specify):

3. Does the activity leader need to possess or be accompanied by staff who possesses current first aid and CPR certifications for this activity?

☐ Yes ☒ No

4. At a minimum, there must be visual or verbal communications capabilities between campers and counselors at all times during the activity. Describe any specific duties of the activity leader, counselors and other specialty staff (if any) for this activity:

Help campers with the arts and crafts.

PARTICIPANT PREREQUISITES AND SAFETY PROCEDURES

5. List participant prerequisites, if any (e.g. training, skills, experience, age).

☐ No participant prerequisites

☒ Activity safety orientation including, but not limited to, instruction on the following topics:

Using paints and other crafting elements.

☐ Other (specify):

6. What safety equipment will be used?

☒ No safety equipment needed ☐ Helmet ☐ Safety goggles ☐ Earplugs

☐ Gloves ☐ Mouth guard ☐ Lifejacket ☐ Shin guards ☐ Long pants

☐ Other (specify):

7. Describe the inspection/maintenance requirements for the required equipment:

☒ No safety equipment/techniques needed

8. What are the rules and/or safety precautions that will be taken during the activity?

No specific rules, beyond normal camp rules.

ACTIVITY: Organized Games

SUPERVISION

- Each activity at camp must be supervised by an activity leader that is competent in the activity being conducted. Activity leaders of an activity that includes wilderness hiking, camping, rock climbing, horseback riding, bicycling, swimming and/or boating must be at least 18 years of age.
- 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 the 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 first aid and CPR certification in an approved course. NYSDOH Factsheets listing approved CPR and First Aid certification are available at www.health.ny.gov/environmental/outdoors/camps or by contacting your local health department.

9. What ratio of counselors to campers will be maintained for this activity?

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

☒ 1:12 (day camps only) ☐ Other (specify):

10. List the required prerequisites for the activity leader (e.g. training, skills, experience, certification):

☒ No specialized prerequisites required

☐ Minimum age: ☐ 18 years-old ☐ 21 years-old or older ☐ Other (specify):

☐ Experience (specify in number of weeks or other quantifiable time period):

☐ Certification(s) (specify):

☐ Training (specify):

☒ Other Skill or knowledge required (specify): Game and activity rules.

11. Does the activity leader need to possess or be accompanied by staff who possesses current first aid and CPR certifications for this activity?

☒ Yes ☐ No

12. At a minimum, there must be visual or verbal communications capabilities between campers and counselors at all times during the activity. Describe any specific duties of the activity leader, counselors and other specialty staff (if any) for this activity:

Going over rules and running the games.

PARTICIPANT PREREQUISITES AND SAFETY PROCEDURES

13. List participant prerequisites, if any (e.g. training, skills, experience, age).

☒ No participant prerequisites

☐ Activity safety orientation including, but not limited to, instruction on the following topics:

☐ Other (specify):

14. What safety equipment will be used?

☒ No safety equipment needed ☐ Helmet ☐ Safety goggles ☐ Earplugs

☐ Gloves ☐ Mouth guard ☐ Lifejacket ☐ Shin guards ☐ Long pants

☐ Other (specify):

15. Describe the inspection/maintenance requirements for the required equipment:

☒ No safety equipment/techniques needed

16. What are the rules and/or safety precautions that will be taken during the activity?

No specific rules beyond camp rules.

LAMOKA
BAPTIST
CAMP