

Getting Back to Camp

MHOA

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Presentation Overview

- What is a camp
- Policies and Procedures
- Staffing Requirements and File Reviews
- Healthcare and Infirmary Requirements
- Orientation
- High Risk Activities - Aquatics
- On-site Camp Requirements

What is a camp?

Recreational Camp for Children means:

Any day, primitive or outpost, residential, sports, travel or trip camp conducted wholly or in part for recreation or recreational instruction which:

- (a) operates for profit or philanthropic or charitable purposes, whether or not a fee is charged;
- (b) serves five or more children who are not members of the family or personal guests of the operator; and
- (c) operates for any period of time between June 1st and September 30th of any year or fewer than 15 business days during any other time of the year.



What is a camp?

Areas to Consider:

1. All advertisements and promotions
2. Dates of operation throughout the year
3. Number of days in operation in a 2-week period in the same city/town
4. Length of the day
5. Registration required or drop-in only
6. EEC licensed childcare program
7. Sponsored by a municipal recreation department
 - Run by city/town employees receives a W-2 from city/town
8. Classroom based instructional program
 - What structured programming is being offered?
 - Are specialized high-risk activities offered?
9. Summer school program accredited by a recognized educational accreditation agency

Reviewing Camp's Written Policies and Procedures

- Recommend developing a Camp “Policies and Procedures” binder
- Site specific information
 - Including field trips
- Reviewed for completeness
- Written policies match what is provided to parents



Reviewing Camp's Written Policies and Procedures

Did the camp develop:

Background check policies [.090]

- What information is collected
- Who is authorized to view results
- Minor vs Adult staff/volunteers

Abuse and Neglect Prevention policy [.093] including:

- Immediately reporting suspected incidents to Camp Director and/or DCF
 - Incidents that occur at camp
- Allegedly abusive/neglectful staff person does not have any unsupervised contact with campers
- Notifying **BOH and DPH** that a 51A report was filed
 - Do not send actual report
 - Follow instructions on *Camper Injury Report and Notification Form*

Reviewing Camp's Written Policies and Procedures

Did the camp develop:

Discipline Policies [.191] including:

- Describes behavior that warrants discipline
- How campers will be appropriately disciplined at camp
- Encourage camps to copy and paste prohibitions statement into policy

Prohibitions:

- (1) Corporal punishment, including spanking, is prohibited;
- (2) No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse;
- (3) No camper shall be denied food, water or shelter;
- (4) No child shall be punished for soiling, wetting or not using the toilet.

Reviewing Camp's Written Policies and Procedures

Did the camp develop:

Fire Evacuation Plan [.210(A)]

- Plan must indicate drill conducted within first 24 hours of EACH camp session

Disaster/Emergency Plans [.210(B)]

- Identify shelter location(s)
 - Large enough to accommodate all staff/volunteers present at camp?
 - Transportation resources



Lost Camper/Swimmer Plan [.210(C)]

- Include search of entire campground
- Staff/Volunteer responsibilities clearly outlined
- When and who calls 911

Reviewing Camp's Written Policies and Procedures

Did the camp develop:

Protocols for Unrecognized Persons at Camp [.190(E)]

- When/how initial contact is made
- Staff/volunteers informed of protocol

Day Camp Contingency Plans [.211]

- Registered camper doesn't show up in the morning
- Fails to arrive at point of pickup at the end of the day
- Unregistered camper arrives

Procedures relative to releasing campers [.190(B)]

Sunscreen policy [.163]

- Obtaining parent/guardian authorization



Reviewing Camp's Written Policies and Procedures

For any Field Trips, did the camp:

- Develop a written itinerary [.212(A)]
 - Do they have a means to notify parents/guardians of changes
- Provide at least 1 designated HCS [.212(B)]
 - Did the HCS receive proper training and obtained proper authorization?
- Maintain health records in a readily accessible format [.212(C)]
- Store medications in a secure manner and provide a First Aid Kit
- Have contingency plans available [.212(D)]

For Primitive, Travel, Trip Camps:

- Available emergency care and means to contact them identified on itinerary [.212(B)]

Promotional Literature & Parent/Guardian Information

Are all parents/guardians **provided**:

- Care for a mildly ill camper policy [.159(B)(2)]
- Administration of medication policy [.159(B)(2)]
- Emergency health care provisions [.159(B)(2)]
- Meningococcal Disease and Immunization [.157(C)]

At the *time of application*, are all parents/guardians informed of their right to review policies pertaining to [190(D)]:

- Background checks
- Health care
- Discipline policies
- Procedures for filing a grievance

Does ALL promotional literature have the compliance statement [.190(C)]:

“This camp must comply with regulations of the MDPH & be licensed by the LBOH.”

Information for Parents/Guardians

- Information About Recreational Camps for Children in Massachusetts: Question and answers for Parents and Guardians
 - A four-page document in word and pamphlet forms to help clarify questions related to Rec camps

*Information about
Recreational Camps
for children in Massachusetts*

Questions and Answers for Parents and Guardians

Published by the
Massachusetts Department of Public Health
Bureau of Environmental Health
Community Sanitation Program



Information for Parents/Guardians

- Important Webpage Links regarding Recreational Camps for Children

- **MEDICAL SAFETY**

- Epinephrine Auto-Injector Guidance
- “Heads Up” - Concussion Awareness
- Immunizations
- Influenza
- Rabies
- Swine Flu
- Tuberculosis
- West Nile Virus & Eastern Equine Encephalitis

- **OUTDOOR SAFETY**

- Bats
- Beaches
- Playground Handbook
- DEET Insect Repellent
- Extreme Heat Guidance
- Security & Safety Plans

- **GENERAL REFERENCES**

- American Camp Association Camp Administrator Training
- Office of Public Safety and Inspections – Challenge Courses and Climbing Walls
- Medical & Biological Waste Management

Information for Parents/Guardians

- Immunizations – from the DPH Immunization Division
 - Required Immunizations for Children Attending Camp and Camp Staff
 - Required vaccinations breakdown by age –
 - Kindergarten to Grade 6 (Kindergarten requirements apply to under 5yrs)
 - Grades 7-12
 - Campers, Staff and Volunteers 18 years of age and up
 - Meningococcal Disease and Camp Attendees: Commonly Asked Questions

Camp Safety

- Department of Criminal Justice Information Services (DCJIS)
 - Manages and administers the Commonwealth's law enforcement information and criminal records systems, the Firearms Records Bureau (FRB), and the post-conviction victim notification program.
- Request Sex Offender Registry Information (SORI)
 - Information on the levels of offenders, how to request for information through phone, by mail or in-person

Camp Safety

• Recreation Camp Emergency Plans for Incidents and Natural Disasters

Recreational Camp Emergency Plans for Incidents and Natural Disasters

Fire Prevention Inspection Checklist:

FIRE DRILL CHECKLIST:

All Recreational Camps are required to have policies for emergencies. Below are sample plans for various natural events. Each camp is unique in character and operation and should make appropriate modifications to ensure the plan works for their facilities, buildings, directions for proper egress, (e.g., fire extinguishers, intercoms, etc.) and emergency response numbers.

Note: These plans are very general. They are intended to be a comprehensive plan that is appropriate for their situation.

Additionally, all appropriate staff must be trained in fire drill procedures.

Please review regulations 105 CMR 430.159(B), 105 CMR 430.215 regarding emergency plans.

Each camp should have plans for events in

Contingency Plans for Day Camp

Disaster/Emergency Plan

Tornado or High Winds

Flash Floods

Lightning

Wildfire

Medical Power Outage

Lost Camp

Lost Swimmer

Name of Building: _____

Building Address: _____

Name of Camp: _____

Drill Monitor: _____ Title/Position: _____

Fire Drill Location: _____

Floor/Location to which occupants relocated: _____

Method of activation of fire alarm: _____

Time fire alarm activated: _____ Time occupants vacated fire drill floor: _____

Floor Response Personnel:

1. Evacuation Director present	No	OK	Unobserved
2. Assistant Evacuation Director (s) present	No	OK	Unobserved
3. Stair well monitors	No	OK	Unobserved
4. Elevator monitors	No	OK	Unobserved
5. Search monitors	No	OK	Unobserved
6. Assistants to the physically disabled and non-ambulatory	No	OK	Unobserved
7. Interior doors closed but not locked after searched	No	OK	Unobserved
8. Evacuation assistants checked rest rooms	No	OK	Unobserved
Over all response of floor response team	Satisfactory		Unsatisfactory

	Yes	No
	Yes	No
Stairwell monitors away from combustibles.	Yes	No
	Yes	No
Stairwell monitors in good repair.	Yes	No
Stairwell monitors on carpets or mats where they may be damaged.	Yes	No
	Yes	No
	Yes	No
	Yes	No
Stairwell monitors reported or taken out of service.	Yes	No
	Yes	No
	Yes	No
Stairwell monitors instructions.	Yes	No
	Yes	No
	Yes	No
	Yes	No
Stairwell monitors in good repair.	Yes	No
Stairwell monitors on stairwells.	Yes	No
	Yes	No
Stairwell monitors (e.g., chairs, tables, furniture, etc.).	Yes	No
Stairwell monitors clear of hazards.	Yes	No
	Yes	No
Stairwell monitors clear and accessible.	Yes	No
	Yes	No
Stairwell monitors and hoses.	Yes	No

Camp Safety

Unknown or Unauthorized Person Emergency Plan

Sample plan for unrecognized person(s) emergencies pursuant to 430.190(E).

The aim of an Unrecognized Persons policy is to ensure the safety of those on the premises by making the responsibilities and expectations of all camp staff clear when dealing with unknown or unrecognized persons.

Unknown or Unauthorized Person at Camp Checklist

Implement and regularly review procedures to <u>ensure the safety of all children and staff at all times</u> , including a procedure for recognizing and addressing unknown or unrecognized persons on the premises.	Yes	No
Train appropriate staff in all the above procedures	Yes	No
Parents/guardians must specify who is authorized to have access to the children and notify any changes immediately	Yes	No
Overall response of trained staff	Satisfactory	Unsatisfactory

Recommended Procedures

- If an unknown or unrecognized person enters the premises **staff** should:

1. Immediately inquire about the purpose for being at the camp and to clarify any misunderstanding regarding the location being sought
2. Confirm if the person has any authorization, such as from a parent/guardian, to be at the location
3. If necessary, explain politely to the person that they are not permitted and escort them off the premises
4. Ensure that the person leaves the premises immediately
5. Notify the person in charge of the incident
6. Notify the camper's parent/guardian of the incident

- If the person refuses to leave the premises, becomes aggressive or violent or attempts an unauthorized removal of a child, **the person in charge** should:

1. Call emergency personnel (911, if available) to report the incident and request immediate assistance
2. Alert other staff to the situation, order all premises secured and locked
3. Ensure that no person enters or exits the premises until the local Police have arrived
4. Provide a main point of contact for staff, <u>parent/guardian</u> and the Police
5. When resolved, write a detailed report of the incident indicating dates, times and persons involved

Camp licensing applications, forms and guidelines

- Recreational Camp License Application

- File an application with the Board of Health at least 90 days prior to the desired opening date
 - Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
 - A camp health care policy [105 CMR 430.159(B)]
 - A discipline policy [105 CMR 430.191]
 - A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
 - A written statement of compliance from the local fire department [105 CMR 430.215]
 - A lost camper plan [105 CMR 430.210(C)] and lost swimmer plan (when applicable) [105 CMR 430.210(C)]
 - A traffic control plan [105 CMR 430.210(D)]
 - Procedures for the background review of staff and volunteers [105 CMR 430.090]
 - A copy of promotional literature [105 CMR 430.190(C)]
 - Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]

Camp licensing applications, forms and guidelines

Firearms Instructor Information <input type="checkbox"/> N/A	
Name: _____	
National Rifle Association Instructor's card (or equivalent): _____	
Date Certified: _____	Expiration date: _____
Horseback Riding Instructor Information <input type="checkbox"/> N/A	
Name: _____	
License Number: _____	Expiration date: _____
Stable Location: _____	
Licensed in accordance with MGL c.111 §155, 158:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drinking Water and Plumbing Information	
Is the camp a Public Water System (PWS) or connected to a town water supply?	
<input type="checkbox"/> PWS	
<input type="checkbox"/> Town water supply	
<input type="checkbox"/> Other: _____	
Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?	
<input type="checkbox"/> Municipal/Off-Site	
<input type="checkbox"/> On-Site (if on-site, Date of most recent septic tank pumping and inspection: _____)	
<input type="checkbox"/> Other: _____	
Renewal or Previously Submitted Information	
If ALL of the above information was previously submitted and has not changed, please note:	
<input type="checkbox"/> INFORMATION ON FILE from previous years	

Camp licensing applications, forms and guidelines

• Recreational Camp operator Checklist

- List of the documents that a camp may be required to have, along with a check-list to facilitate record keeping provisions and compliance.

Documentation to Have on File	All Camps	Only If Applicable
Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)	✓	
Procedures for the background review of staff and volunteers [105 CMR 430.090]	✓	
A copy of promotional literature [105 CMR 430.190(C)]		✓
Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]	✓	
A camp health care policy [105 CMR 430.159(B)]	✓	
A discipline policy [105 CMR 430.191]	✓	
A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]	✓	
A written statement of compliance from the local fire department [105 CMR 430.215]	✓	
A Disaster/Emergency plan [105 CMR 430.210(B)]	✓	
A lost camper plan [105 CMR 430.210(C)]	✓	
A lost swimmer plan (when applicable) [105 CMR 430.210(C)]		✓
A traffic control plan [105 CMR 430.210(D)]	✓	
For Day Camps – contingency plans [105 CMR 430.211]		✓
For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]		✓
A current certificate of inspection from the local building inspector [105 CMR 430.451]	✓	
If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300]		✓

Camp licensing applications, forms and guidelines

- Boards of Health Reporting Form for Recreational Camps for Children 2020 (doc/pdf)
 - All camps must be inspected and licensed by the local Board of Health or Health Department.
 - The local board of health shall notify the CSP of all licenses issued within their community.

Board of Health/Health Department Information			
Address:		City:	Zip:
Contact Person:	Tel#:	Email:	
<input type="checkbox"/> No recreational camps for children were licensed		Date:	
<u>RECREATIONAL CAMP INFORMATION</u>			
Camp Name:	Tel#:	Email:	
Owner's Name:		Director's Name:	
In-Season Address (No PO Boxes):		City:	Zip:
Off-Season Address:		City:	State: Zip:
Type of Camp:	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):
# Staff per season:	# Volunteers per season:	# Campers per season:	
Health Care Consultant Name:		License/Registration # :	

Conducting File Reviews - Background Information

Background Check Requirements:	Staff						Volunteer	
	MA Resident		Out-Of-State		International		Year-Round	Seasonal
	Year-Round	Seasonal	Year-Round	Seasonal	Year-Round	Seasonal		
5 Year Work History	✓	✓	✓	✓	✓	✓	✓	✓
3 Positive References	May use references on file*		May use references on file*		May use references on file*			
MA CORI/Juvenile Report (Level 3)	Once every 3 years	✓	Once every 3 years	✓	Once every 3 years	✓	✓	✓
MA SORI	Once every 3 years	✓	Once every 3 years	✓	Once every 3 years	X Exempt if never been in the US	✓	✓
Criminal Record Check (or equivalent) from State of Residence			Once every 3 years	✓				
			<i>National Background Check Fingerprinting - Acceptable</i>					
Criminal Record Check (or equivalent) from Country of Residence					Once every 3 years	✓		

*Gap in employment for 1+ camping seasons need new references

Conducting File Reviews - Medical Records

Medical Record Contents:	<u>Day Camp (Non-Sport)</u>			<u>Day Camp (Sport)</u>			<u>Residential, Travel, or Trip Camp</u>		
	Staff		Camper	Staff		Camper	Staff		Camper
	<i>Under 18</i>	<i>18+</i>		<i>Under 18</i>	<i>18+</i>		<i>Under 18</i>	<i>18+</i>	
Health Record	✓	Rec emergency contact info and authorization for care	✓	✓	Rec emergency contact info and authorization for care	✓	Rec emergency contact info and authorization for care	✓	
Immunization/Exemption Documentation	✓	✓	✓	✓	✓	✓	✓	✓	
Injury Reports (if applicable)	✓	✓	✓	✓	✓	✓	✓	✓	
Current Health History	signed by parent/guardian or health care provider	signed by staff member or health care provider	signed by parent/guardian or health care provider	signed by health care provider	signed by health care provider	signed by health care provider	signed by health care provider	signed by health care provider	signed by health care provider
Physical				✓	✓	✓	✓	✓	✓

Healthcare Consultant (HCC)



Welcome to the Massachusetts Health Professions
License Verification Site

On this site you can verify the status of an individual or a business license and view any disciplinary action, or download a data file of your search results at no cost.

The Massachusetts Department of Public Health has implemented a deferral of expiration on all licenses, certifications, permits, and certificates of registration in good standing issued by the Board of Registration in Nursing, the Board of Registration of Physicians Assistants, the Board of Registration of Perfusionists and the Board of Respiratory Care in adherence to [Order of the Commissioner of Public Health Covid 19 Order No. 2021-13](#) extending authorization for the issuance of temporary licenses for certain providers, and renewal or reactivation of certain temporary licenses (issued November 12, 2021).

PLEASE NOTE WHEN REVIEWING THE EXPIRATION DATE:

- If the license expiration date is prior to March 10, 2020, the license is expired.
- Licenses in the professions of Nursing, Physician Assistants, Perfusionists, and Respiratory Care with an expiration date between March 10, 2020 and June 30, 2022, are current under the Commissioner's order, but will expire on June 30, 2022. If the expiration date is on or after June 30, 2022 for a license in one of these professions, the license is current and will expire on the stated date. MCSRs in these professions with a status of "Current COVID-19" will expire on June 30, 2022.

Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See [Emergency Medical Technicians \(EMTs\) and Paramedics](#) for more information.

Select a Profession and enter one or more additional fields below. Searching by license number or last name will produce the most efficient results. Otherwise you may retrieve too large a data set to work with on your screen.

Profession:

License Type:

First Name:

Last Name:

License Number:

License Status:

City:

State:

Zipcode:

[Visit the DPH public web site](#)

[Public Records Request](#)

<https://madph.mylicense.com/verification/>

430.159 - Health Care Staff to be Provided

- All camps must have a Health Care Consultant (HCC)
 - MA Physician, NP, or PA with documented pediatric experience
- HCC must sign off on all the camp's health care policies
- Camps must provide list to HCC of:
 - All Health Care Supervisors (HCS) and
 - List of all medication administered at camp
- HCC must train *all unlicensed* HCS
- Training & test of competency for unlicensed HCSs per 430.160

Healthcare Supervisor (HCS)

Present at licensed camps at all times and responsible for the day-to-day operation of camp's health program

May have other non-health related duties (counselor, director, etc.)

HCS	Required Certifications / Provided Trainings
Physician, Physician Assistant, Certified Nurse Practitioner, Registered Nurse, or Licensed Practical Nurse	Current MA license
Specially trained 18-year-old	<ul style="list-style-type: none"> • First Aid • CPR • Oral/Topical Prescription Medication Administration Training • Administering Epinephrine Auto-Injectors • Signs and Symptoms of Hypo and Hyperglycemia



Health Care Policy Components [.159(B)]

- Name and contact information of Health Care Consultant (HCC)
 - HCC agreement signed and dated *annually*
- Names of designated Health Care Supervisor(s) (HCS)
- Daily Health Supervision including but not limited to:
 - *Care of mildly ill campers (this should match what is provided to parents)*
 - Written orders developed by camp's HCC
- Infection Control, including but not limited to:
 - Exclusion/isolation of sick campers or staff
- Procedure for using insect repellent and conducting tick checks
- Promoting allergen awareness
- Handling Emergency Care:
 - Must include how and when parents are notified
 - Ambulance services
 - Provision for medical, nursing, and other first aid services
- Supervising and Supporting Diabetic Campers:
 - Document circumstances a camper may self-administer insulin injections

Health Care Policy Components [.159(B)]

Prescription Medication Administration and Storage:

- List all HCS who will be administering medications
 - Unlicensed HCS: Properly trained for oral/topical meds and epi pens
- List of ALL prescription medication to be administered at camp signed by HCC
- Must require written parental approval to administer medication to campers
- Where medications will be stored
- Medications must be provided and administered from original container

Epi Pen Use Written Policies:

- What is permitted at camp:
 - Self-Carry/Administration;
 - By specially trained individuals and HCS; or
 - Both?
- HCC and camper's parents must sign off on the above listed practices
- Documented HCC provided training (content standards) and test of competency for all unlicensed individuals

Infirmary/First Aid Facility Requirements

<u>What to look for?</u>	<u>Day Camp</u>	<u>Residential Camp</u>
Single facility identified as Infirmary/First Aid Facility	✓	✓
Adequate lighting provided	✓	✓
Infirmary/First Aid Facility easily recognizable and accessible during the day and night		✓
Designated space for isolation of sick child with ability to provide negative pressure		✓
Ability to store medications in a secure manner (refrigerated and non-refrigerated medication)	✓	✓
Fully stocked class A and class B First Aid kits	✓	✓
Medical Log Book	✓	✓
Injury Report Forms	✓	✓

Camp licensing applications, forms and guidelines

• Camper Injury Report

- A report submitted to CSP of each fatality or serious injury as a result of which a camper, staff person, or volunteer is sent home, or is brought to the hospital or a physician's office and a positive diagnosis is made.

PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EACH QUESTION.

1. Name of Camp: _____
2. Street Address (please indicate the camp's in-session, physical address):

City/Town: _____ Zip Code: _____
3. Name of Camp Director: _____
4. Telephone: _____
5. Name of Person Completing Form: _____
6. Today's Date: _____

If a fatality or serious injury occurred at camp, complete the following. To notify of a 51A filing ONLY, skip to Question 22:

7. Date of Incident: _____
8. Time of Incident: _____ AM PM
9. Number of individuals who were injured or ill: ___ Camper ___ Staff Person ___ Volunteer

Note: Fill out a separate form for each injured individual

10. a) Age of individual whose incident is described on this form: _____ b) Gender: M F
11. Where did the incident occur? On camp property Off camp property
12. Please specify the type of facility where the incident occurred:

<input type="checkbox"/> Athletic or recreational facility	<input type="checkbox"/> Pool
<input type="checkbox"/> Dorm or sleeping quarters	<input type="checkbox"/> Other water body (not pool)
<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Other, please specify: _____
13. What was the incident outcome? Please check all that apply:

<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Death
---------------------------------	----------------------------------	--------------------------------
14. Explain in detail how the incident occurred (e.g. the type of activity was the individual was engaged in, the initial symptoms exhibited) and describe the nature of the injury or illness. **Do not include names or other personal identifying information regarding the injured individual or other involved parties.**

15. Type of injury or illness. Please check all that apply:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Allergic reaction | <input type="checkbox"/> Bite or sting | <input type="checkbox"/> Bruise or contusion | <input type="checkbox"/> Burn |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Cut or laceration | <input type="checkbox"/> Drowning | <input type="checkbox"/> Fracture or dislocation |
| <input type="checkbox"/> Heat or cold (e.g., heat exhaustion, hypothermia) | <input type="checkbox"/> Muscle strain | <input type="checkbox"/> Near drowning | <input type="checkbox"/> Psychological or mental health issue |
| <input type="checkbox"/> Undetermined | <input type="checkbox"/> Viral or bacterial infection | <input type="checkbox"/> Other, please specify in space below: _____ | |

16. What body part(s) were injured? Please check all that apply:

- | | | | | | |
|---|----------------------------------|----------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Head, neck, and/or face | | | | | |
| <input type="checkbox"/> Torso, please specify: | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Back | <input type="checkbox"/> Chest | <input type="checkbox"/> Hip | |
| <input type="checkbox"/> Upper extremity, please specify: | <input type="checkbox"/> Arm | <input type="checkbox"/> Fingers | <input type="checkbox"/> Hand | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Lower extremity, please specify: | <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot | <input type="checkbox"/> Knee | <input type="checkbox"/> Legs | <input type="checkbox"/> Toes |
| <input type="checkbox"/> Internal | | | | | |
| <input type="checkbox"/> Other, please specify: _____ | | | | | |

17. Where was the individual treated? Please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Admitted to hospital | <input type="checkbox"/> Off-site medical facility (e.g., emergency room, physician's or dentist's office) | <input type="checkbox"/> On-site medical facility (e.g., clinic or infirmary) |
| <input type="checkbox"/> Other, please specify: _____ | | |

18. Was the individual sent home? Yes No

19. Did your camp change equipment, policies, or procedures as a result of this incident? Yes No

20. If yes, please check all that apply:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Activity removed or | <input type="checkbox"/> Changes to equipment | <input type="checkbox"/> New safety procedures | <input type="checkbox"/> Safety education updated |
|--|---|--|---|

Camp licensing applications, forms and guidelines

• DPH Standards for Training Health Care Supervisor in Medication Administration

- Each recreational health and medical staff must provide
- Test of Competency to administer medication

Camp Medication Administration Training/Test Checklist:		✓
1. Confidentiality:	Importance of not sharing information about campers or medications with anyone unless directed to do so by the HCC	
2. Role of Health Care Supervisor:	Administer Medication only by Specific HCC Order to Specific Child Follow Instructions on Medication Sheet Record Time and Effects Observed Reports Any Problem or Uncertainty	
3. Limits of the Health Care Supervisor:	HCS may not administer ANY medication without HCC approval HCS may not administer ANY medication without parent/guardian permission HCS may not administer insulin (unless within scope of practice)	
4. Effects and Possible Side Effects of all Medication Administered:	Describe Effects of Medications Discuss Common Side-Effects of Medications (drowsiness, vomiting, allergic reaction) Report All Changes that may be side-effects to HCC and Parent/Guardian Record All Changes that may be side-effects in log	
5. Steps in Medication Administration:		
<i>5 Rights of Medication Administration</i>	1. Right Camper 2. Right Medication 3. Right Dosage 4. Right Time 5. Right Route	
<i>Steps in Medication Administration</i>	1. Identify Camper 2. Read Medication Administration Sheet 3. Wash Hands 4. Select and Read Label of Medication 5. Prepare Medication and Read Label Again 6. Administer Medication and Make Sure Medication is Taken.	

Health care consultant
Health care supervisor.

test of competency to

Camp licensing applications, forms and guidelines

- DPH Standards for Training Health Care Supervisor and Other Employees on Use of Epinephrine Auto-Injectors
 - The HCC must provide training and document the competency of every HSC on administration of epinephrine auto-injectors.
 - Other employees may also be trained in the administration of an epinephrine auto-injector by the health care consultant.
 - The parent/guardian and the health care consultant must have written approval on file.
 - The parent/guardian authorization should also contain a separate approval for other trained employees to administer, or for self-administration by the camper.
 - Training Topics: An approved training will address, at a minimum, the following issues:
 1. Confidentiality
 2. Understanding Allergic Reactions and the Signs of Anaphylaxis
 - Mild versus Severe Allergic Reaction Symptoms
 3. Allergy Management and Exposure Prevention for Campers with a Diagnosed Allergy
 4. Emergency Action Plan for Anaphylaxis
 5. Proper Use of an Epinephrine Auto-Injector
 6. Documentation and Record-keeping
 - Test of Competency: Each HCS, and other employees, who are trained in the administration of epinephrine auto-injectors by the health care consultant must have a documented test of competency to administer medications.

Camp licensing applications, forms and guidelines

• Health Care Consultant Agreement

Health Care Consultant Agreement

Recreational Camp Information

Camp Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Agreement Information

The Massachusetts Department of Public Health regulations for recreational camps for children, 105 CMR 430.000, require that all recreational camps for children have a health care consultant. The regulation and responsibilities of this person are described below:

430.159(A) Health Care Consultant: A designated Massachusetts licensed physician, certified nurse practitioner or physician assistant having documented pediatric training, as the camp's health care consultant. The consultant shall:

1. Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
2. Review and approve the policy initially and at least annually thereafter;
3. Approve any changes in the policy;
4. Review and approve the first aid training of the staff;
5. Be available for consultation at all times; and
6. Develop and sign written orders, including for prescription medication administration, to be followed by the on-site health care supervisor in the administration of his or her related duties; and
7. Provide training and tests of competency as required by 105 CMR 430.160 to the health care supervisor and other camp staff.

If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. 105 CMR 430.160(C)

430.159(B) Health Care Policy: A written health care policy, approved by the Board of Health and by the camp health care consultant. Such policy shall include, but not be limited to: daily health supervision; infection control; medication storage and administration, including self-administration when appropriate, pursuant to the requirements of 105 CMR 430.160(D);

• Medication Administration Competency Skills Checklist

- Completed by the HCC at the time the HCS (other than licensed medical professional) are assessed.

Checklist:

Steps to follow: √ (Check)

Identifies camper	
Asks camper how he/she feels	
Observes camper	
Reads medication administration plan	
Washes hands	
Checks label of medication	
Prepares medication properly	
Reads label of medication a 2 nd time	
Reads label of medication a 3 rd time and administer med correctly	
Replaces medication in cabinet or refrigerator	
Locks cabinet	
Documents in medication log	

Comments: _____

Signatures:

Health Care Consultant
Name and Title: _____

Signature: _____

Health Care Supervisor
Signature: _____

Camp licensing applications, forms and guidelines

- Sample Health Care Consultant Acknowledgement on On-Site Medications
 - Form acknowledged and signed by the HCC regarding all the medications at camp.

Sample Health Care Consultant Acknowledgement of On-Site Medications

Health Care Consultant Information

Name, Title and License #: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Agreement Information

I, _____, acknowledge that I serve as the Health
(Print Name)

Care Consultant for _____
(Camp Name)

As such, I hereby authorize the following listed medications to be administered to campers as prescribed, provided that, the medications are delivered to the camp, maintained by the camp, and administered in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160 and that the parent/guardian of the camper has provided written permission for the administration of the medication.

I am not the prescribing physician for these medications. My signature indicates only that I have reviewed the listed medications and associated potential side effects, adverse reactions and other pertinent information with all personnel listed below, who administer medications or designated health care supervisors who are appropriately trained to and are doing so under my professional oversight.

Names of individual authorized to administer medications at camp:

Signature of Health Care Consultant

Signature: _____

Date: _____

End of document ■

Camp licensing applications, forms and guidelines

- Authorization to Administer Medication to a Camper
 - Form completed by the parents authorizing the camp to administer medications
 - List all allergies, special requirements and medications to be administered to the camper, including dosage, route of administration, frequency etc.
 - Epinephrine injections system – self administer or by camp employee?
 - Advisory regarding the parent/guardian authorization to administer medication to a camper

Authorization to Administer Medication to a Camper (completed by parent/guardian)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	

Camp licensing applications, forms and guidelines

• Sample Daily Log Medication Administration

- To be completed for EACH medication administered
- Initial with time of medication administration. Include a complete printed name, signature and initials of person administering medication below.

Sample Daily Log for Medication Administration (complete for EACH medication)

Camper and Medication Information

Camper's Name, Gender and Age: _____

Name and Dosage of Medication: _____

Route: _____ Frequency: _____

Year: _____

Medication Administration Log

Directions: Initial with time of medication administration. Include a complete printed name, signature and initials of person administering medication below.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May																															
June																															
July																															
Aug																															

Initials of individual administering medication	Printed Name and Signature of individual administering medication
1.	
2.	
3.	
4.	
5.	

Codes for administration: (A) Absent (E) Early Dismissal (F) Field Trip (N) No Medication available (O) No Show (X) No Camp

Memos and Advisories

- Memorandum to the Massachusetts Local Boards of Health regarding recreational camp reporting requirements
 - All recreational camps in Massachusetts must be inspected and licensed by the local Board of Health or Health Department. In addition, pursuant to 105 CMR 430.632, all local Boards of Health shall notify the Department of recreational camps for children licensed within their community.
- Advisory regarding clarification of recreational camp licensing exemption for programs
 - Advisory to clarify its interpretation of the exemption from the licensing requirement for recreational camps for children for programs that are sponsored by a municipal recreation department. This exemption applies to “single-purpose classes, workshops, clinics or programs sponsored by municipal recreation departments” (MGL c. 111, §127A)
- Advisory regarding guidance on medication storage and administration for recreational camps
 - Summarizes the requirements for the storage and administration of medications, including the roles of the health care consultant and health care supervisor.

Memos and Advisories

- Policy statement regarding background information checks for staff and volunteers at recreational camps.
 - Assist camp operators and boards of health regarding background checks for staff and volunteers
- EEE
 - Mosquito Repellent Guidance for School Staff
 - Guidance for applying EPA-approved mosquito repellent to prevent EEE
 - Protect yourself from Mosquitos!
 - Kid-Friendly Mosquito Repellent Poster in English

Requirements for Orientation

- Necessary trainings for camp activities
- Specialized trainings to meet the requirements of campers with unique physical/behavioral needs
- Online Head Injury Safety Awareness Training – completed annually
- Health Care Policy – discuss implementation thoroughly with staff
 - Physical copy provided to full time staff members [.159(B)(1)]
- Fire Drills [.210]
- Disaster/Emergency Plans [.210]
- Lost Camper/Swimmer [.210]
- Traffic Control [.210]

Specialized High-Risk Activities

Means those activities posing an inherent risk of serious injury or death due to the nature of the activity regardless of reasonable precautions and supervision. Such activities present an increased risk to health and safety beyond the routine risk of exercising and being active in various weather conditions.

Specialized High-Risk Activities

Aquatics



Specialized High-Risk Activities

Swimming Pool:

- ✓ Posted Permit
- ✓ Written VGB confirmation should be readily available in logbook
- ✓ Appropriate pool fencing
- ✓ Testing Kit – K-2006 and Secchi Disc

Staff:

- ✓ Properly trained CPO
- ✓ Aquatics director
- ✓ Lifeguards (LG)
- ✓ Trained Counselors

Safety Equipment:

- ✓ Hard wired emergency communication device that connects to 911
- ✓ Posted emergency contact numbers near phone
- ✓ Ring buoy
- ✓ Assembled rescue hook
- ✓ LG Equipment: rescue tube, whistle, voice amplifying device, proper bathing suit
- ✓ Backboard with straps

Swim Tests:

- ✓ Swim tests conducted at campers first swim session
- ✓ Ability to confine campers to swimming areas consistent with their abilities

Specialized High-Risk Activities

Beaches:

- ✓ 445 permit kept on file
- ✓ Water quality testing conducted and kept on file [.204(B)]
- ✓ Proper signage at entrance [.204(B)]
- ✓ Sufficient water clarity (secchi disk readily visible in 4 ft of water) [.432(A)(2)]
- ✓ 1 ring buoy for every 2,000ft² of water surface [.432(C)]
 - Ring Buoy: 2.5 lbs minimum inside diameter 15" attached to a 1/4" rope no less than 60 ft in length
- ✓ Piers, floats, platforms all in good repair [.204(F)]
 - No sharp corners/projections
 - Ladders and platforms secured in place
 - Treads of stairs and ladders for diving areas must have non-slip covering and handrail [.432(B)]

Specialized High-Risk Activities

Supervision of Swimming Activities:

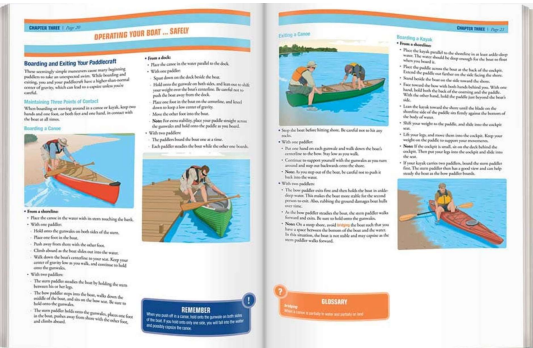
- ✓ Lifeguard Present: 1 Lifeguard for every 25 people [.103(A)]
- ✓ Additional 1 Staff member for every 10 campers in or near the water [.103(A)]
- ✓ Aquatics Director must be present if 50 or more campers are in/near the water [.103(A)]
- ✓ Buddy System in place [.204(D)]

Supervision of Watercraft Activities:

- ✓ Supervision of Watercraft Activities: 1 properly trained staff for every 10 campers in watercraft [.103(B)(1)]
- ✓ PFDs always worn during watercraft activities [.103(B)(4)]

Specialized High-Risk Activities

Guidance issued March 2020 on alternatives for
ARC Small Craft Safety



Option 1	Option 2	Option 3
<ul style="list-style-type: none"> •Lifeguard 	<ul style="list-style-type: none"> •American Red Cross Small Craft Safety (valid until certificate expires) AND •American Red Cross Basic Water Rescue 	<ul style="list-style-type: none"> •American Red Cross Basic Water Rescue AND •American Canoe Association Paddle Sports (online) https://www.boat-ed.com/paddlesports/ AND •In-person participatory training specific for the watercraft activities staff will oversee

Christian's Law

Christian's Law, 2012:



All municipal and recreational programs or licensed camps conducting swimming activities at fresh or saltwater beaches shall:

1. Ensure that all minors are swim tested at the first swimming session,
2. Make available a Type I, II, or III personal flotation device (PFD) to all minor children determined to be either a non-swimmer or an at-risk swimmer, and
3. Allow parents or legal guardians to provide their own PFD to their child if they so choose.

Swim Tests

- **All minors must be swim tested** [432.100(C)]
- **Swim Test:** A swimming ability determination conducted at a minimum once per summer for every minor at each program or camp by a certified swim instructor or a swim assessor
- Conducted by CSI or Swim Assessor [432.100(B)]
 - Certified Swim Instructor (CSI):
 - ARC WSI or
 - YMCA LG 2011 – AQ711B
 - Swim Assessor:
 - At least 16 years old, CPR, First Aid, certified Lifeguard **AND**
 - At a minimum, observed one and participated in one annual swim test training conducted by a CSI.
 - *Both* trainings must be documented.

Classification

- Identify Swimmers and Non-Swimmers/At-Risk Swimmers [432.010]:
 - Non-Swimmers have not passed YMCA level 4 (minnow) or ARC level 3 swim tests
 - At-risk Swimmers may or may not have passed a YMCA level 4 (minnow) or ARC level 3 swim test, but have been determined to have a physical, psychological, medical or cognitive disability that could have a negative impact on their swimming ability.
- Take place at the venue the swimming will take place [432.100(D)]
 - If the camp/program is bringing dedicated lifeguards to a waterfront field trip, swim test may be conducted in a pool prior to field trip
 - If the waterfront provides lifeguards through a contractual agreement, the swim test must be conducted at the waterfront

PFDs and Parents/Guardians

1. An operator shall **not** refuse a PFD from a parent/guardian [\[432.130\(A\)\]](#)
2. The minor shall wear the PFD at all times except during:
 - a. Swim tests;
 - b. Swimming lessons;
 - c. Diving Lessons; and
 - d. Closely supervised beach waterfront activities
[\[432.130\(B\); Guidance for Implementing\]](#)
3. PFD must be clearly labeled with the child's name and the parent/guardian emergency contact info and it must be a Type I, II, III properly sized and fitted [\[432.130\(C\) + \(D\)\]](#)
4. If the PFD provided by a parent or guardian is not properly fitting, or is damaged, or otherwise not in serviceable condition: [\[432.130\(E\)\]](#)
 - a. The child should not be allowed to swim,
 - b. The camp/program must gain permission from parent/guardian before providing a different properly sized and fitted PFD to that child
 - c. Ensure EVERYTHING is documented

Policies and Record Keeping

- An orientation plan for all staff and volunteers;
- Procedures for identifying non-swimmers and at-risk swimmers;
- A daily check-in routine for reviewing and confirming proper swimming level identification;
- A plan to ensure an adequate inventory of serviceable PFD's and their proper storage;
- Procedures for PFD distribution to participants;
- Appropriate training for staff; and
- Compliance with required recordkeeping.

Guidance Tools

- ❑ Swim and Fit Test Model Documentation Form
- ❑ Guidance Checklist
 - ❑ Will help to ensure compliance with 432.000
- ❑ Guidance for Implementing Regulations
 - ❑ Swim Determinations
 - ❑ Identifying Non-Swimmers and At-Risk Swimmers
 - ❑ Suggested Methods
 - ❑ Confinement to Dedicated Swimming Areas

Regulation 105 CMR 432.000 - Guidance Checklist

Municipal and Recreational Program or Camp Name:

Address: _____

Operator/Director: _____ **Phone Number:** _____

Check if present:

- Policies, procedures and records pursuant to 432.400 are current and readily available.
- Orientation plan for staff and volunteers includes compliance with 105 CMR 432.000.
- Training and certification for Certified Swim Instructors and Swim Assessors, including swim test observation and participation dates.
- Documentation of individuals successfully completing PFD fit test training.
- Current inventory of PFDs for use by designated non-swimmers and at-risk swimmers.
- PFDs readily available and in serviceable condition.
- If applicable, confirmation of third party provision of PFDs (e.g. – copy of contract).
- Storage facility (permanent/mobile) protecting PFDs from the elements and providing adequate ventilation.
- Swim ability determinations conducted for all minors and documented appropriately.
- Site-specific procedures to confine participants to areas consistent with their swimming abilities.
- If applicable, a procedure for managing PFDs provided by a parent or legal guardian.
- If applicable, a procedure for contacting a parent or legal guardian that provides a PFD that does not fit properly or is not in serviceable condition.
- Identification system utilized to verify non-swimmers and at-risk swimmers at swimming venue.

Site Requirements

Assembly Areas (including sleeping areas):

- Sufficient shelter space sufficiently large enough to house all campers and staff at Day Camps [.457]
- Current certificate of inspection from local building inspector [.451]
- Egresses unobstructed and maintained in accordance with 780 MA State Building Code [.456]
- Fire/CO alarms [.216]
- Adequate lighting in all infirmaries and stairways [.453]
- Structural and interior maintenance [.454]

Additional Requirements for Sleeping Areas:

- Determining adequate square footage per person in cabin/sleeping area [.458]:
 - 40 ft² single beds
 - 35 ft² bunk beds
 - 50 ft² individuals with special equipment
- Determining appropriate bed arrangements [.470]:
 - 6 ft distance between heads of sleepers
 - Head to toe sleeping common practice
 - 3 ft between single beds
 - 4.5 ft between bunk beds
- Tents under 400 ft² must be labeled as fire resistant [.217]
- Screens in place for all windows [.452]
- Self-closing doors that open in direction of flow of traffic out of building [.452]

Site Requirements

Food Service:

- On-site food service establishment
 - Food permit posted or
 - Written compliance with 590 for USDA Summer Food Service Program (if applicable) [.320]
- Proper methods to store meals brought from home
 - Method to provide lunch if camper arrives without one [.335]
- Screens in all windows and self-closing exterior doors [.452]
- Adequate lighting in all kitchens and dining areas [.453]

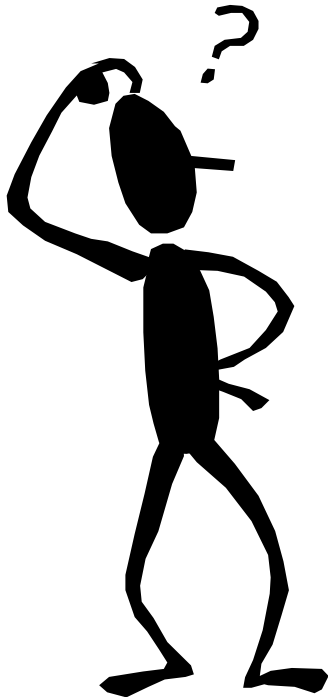


Additional items:

- Potable water [.300]
- Emergency communication system [.213]
- Immediate access to a reliable phone with emergency contact numbers posted/readily accessible [.209]
 - Confirm local Police Department has correct address for camp



Questions ?



Thank You!

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