



Massachusetts Department of Public Health

105 CMR 430.000: *Minimum Standards for Recreational Camps for Children, State Sanitary Code IV*

Regulatory Amendments and Overview

April 30, 2024 and May 2, 2024

**Kerry Wagner, MPH
Field Supervisor, EA III
Community Sanitation Program
Bureau of Climate and Environmental Health
Massachusetts Department of Public Health**

DPH Mission

To promote and protect health and wellness and prevent injury and illness for all people, prioritizing racial equity in health by improving equitable access to quality public health and health care services and partnering with communities most impacted by health inequities and structural racism.

Presentation Overview

- Summary of Amendments to 105 CMR 430.000
 - Medical Specialty Camps and All Camps
- Applicable Regulations
- Required Written Policies and Procedures
- Minimum Requirements for Directors and Counselors
- Recreational Camp Injury and Incident Report and Notification Form
- Heat Related Illness at Camp
- Health Care at Camp
 - Minimum Requirements for Staff
 - Policies, Procedures, and Trainings
 - Infirmary/First Aid Facility Requirements
- Camp Operations
 - Orientation
 - Camp Site and Field Trips
 - Specialized High Risk Activities
 - Christian's Law (105 CMR 432.000)
- Next Steps

Purpose of Amendments to 105 CMR 430.000

- An outside section of the Fiscal Year 2021 Budget required the Department of Public Health (DPH) to promulgate regulations to allow certain unlicensed individuals at medical specialty camps to administer diabetes medications
- In response to this statutory requirement, the DPH promulgated changes relevant to the administration of medication at medical specialty camps
- The Bureau of Health Professions Licensure also updated the 105 CMR 700.000 regulations to require registration by medical specialty camps for unlicensed personnel to administer diabetes medication at camp
- The amendments fall into 4 categories:
 1. Administration of Medications for Diabetes Care
 2. Training and Parental Consent Requirements for Diabetes Care
 3. Aquatics and Specialized High Risk Activities
 4. Other Changes to Re-Organize, Clarify, or Align with Existing State Codes

Amendments for Medical Specialty Camps

1. Administration of Medications for Diabetes Care

Amended regulation defines individuals and staff authorized to administer medications for diabetes care while under direct supervision at medical specialty camps. These individuals include [.159(F) and .160(D)(1)]:

- A student nurse or a nursing school graduate who is not yet licensed
- A staff person trained by the Health Care Consultant to administer medications for diabetes care or
- A Certified Diabetes Care and Education Specialist in good standing with the Certification Board for Diabetes Care and Education

Direct supervision means the oversight of an authorized individual, in a medical specialty camp, by a licensed health care provider who is present on the camp property and readily available to furnish assistance and direction throughout the course of administration of medications [.020]

Medical specialty camps authorized to administer medications for diabetes care, pursuant to M.G.L. c. 94C, must comply with all registration requirements set forth in regulation 105 CMR 700.000 [.160(D)(2)]

- Documentation of current registration must be maintained for the duration of the camp season

Amendments for Medical Specialty Camps *(continued)*

2. Training and Parental Consent Requirements for Diabetes Care

Requires unlicensed staff who are authorized to administer diabetes medication at medical specialty camps to complete a training by the Health Care Consultant (HCC) on administering diabetes medications [.160(G)(2)(b)]

At a minimum, this training must [.160(I)(4)]:

- Be developed and approved by the DPH
- Include content standards and
- Require a test of competency

Requires written informed consent from the camper's parents/guardians for unlicensed staff members in a medical specialty camp to monitor a camper's blood sugar and administer diabetes medications [160(G)(2)(a)]

Amendments for All Camps

3. Aquatics and Specialized High Risk Activities

• 430.020 Definitions

- Added a definition of Aquatic Activities
- Updated the list of approved Lifeguard certifications
 - Lifesaving Society of Canada National Lifeguard Service and
 - Ellis and Associates International Lifeguard Service
- Updated the definition of a Swimming Pool to align with 105 CMR 435.000 *Minimum Standards for Swimming Pools*

• 430.103 Supervision and Operation of Specialized High Risk Activities

- High risk activities conducted at out-of-state sites must comply with all state and local laws or regulations where the activities are held
- Clarifies an Aquatics Director is required if on-site aquatic activities are offered at camp
- Updates training and certification requirements for paddle sports, sailing, and motor-powered boating activities
- Clarifies sailing and motor-powered boating activities are not permitted in hazardous conditions
- All camps offering watercraft activities must develop a written boating safety plan

Amendments for All Camps *(continued)*

4. Other Changes

• 430.010 Scope

- Relocated the list of exempt programs from the definition of a Recreational Camp to the Scope
- A new exemption to licensure for the Department of Early Education and Care (EEC) programs operating summer camps in their EEC licensed space, provided no specialized high risk activities are offered unless approved in writing by DPH and conducted in accordance with the requirements in 105 CMR 430.000 related to such activity

• 430.020 Definitions

- Requires CPR and First Aid certifications that are applicable to the age groups at camp
 - CPR course must have a hands-on practical test, completely virtual CPR courses are not permitted
- MA licensed Physician Assistants no longer need to provide documentation of pediatric training to serve as a Health Care Consultant (HCC)

• 430.091 Orientation and Training

- Clarifies the online head injury training is an annual requirement for all staff and volunteers
 - New approved course: National Federation of State High School Associations Concussion in Sports

• 430.145 Maintenance of Records

- Operators are responsible for the destruction of all records in a manner that protects the privacy of campers, staff, and volunteers. Criminal history checks shall be maintained in accordance with 803 CMR 2.15 *Destruction of CORI and CORI Acknowledgement Forms*

Amendments for All Camps *(continued)*

4. Other Changes

- **430.150 Health Records**

- Operators must obtain written authorization for emergency care for all adult staff and volunteers

- **430.372 Hygiene Supplies at Toilet and Handwashing Facilities**

- Required supplies include toilet paper, soap, a hand drying method, and covered waste receptacles

- **430.373 Handwashing Facilities**

- If additional toilet facilities are provided, beyond what is required in 430.370, hand sanitizer may be substituted for hand hygiene supplies at these additional toilet facilities only (i.e. porta potties)

- **430.376 Hot Water Temperatures**

- Consistent with other state sanitary code requirements, shower and bathtub hot water temperature: 110°F to 120°F

- **New or clarified procedural and reporting requirements**

- Camps must report any administration of medication in a manner inconsistent with the individual's prescription or in violation of 105 CMR 700.000 to the DPH within 7 calendar days of the incident [430.154]
 - Administration of glucagon is considered a serious injury and must be reported to DPH
- A Disease Outbreak Response Plan must be developed [430.210]

Amendments for All Camps *(continued)*

4. Other Changes

- **Re-ordered or re-worded requirements with some minor changes**
 - Training requirements for orientation [430.091]
 - Injuries or incidents that require reporting [430.154]
 - New additions: concussions, administration of an epinephrine auto-injector, and injuries resulting from errors in the administration of medications including diabetes care
 - Parental Education Requirements [430.157]
 - Components of a Health Care Policy [430.159]
 - Policy requirements for medication administration and training standards for unlicensed Health Care Supervisors [430.160]
 - Policy on use of inhalers
 - General Program Requirements [430.190]
 - List of designated individuals who can pickup a camper can be provided in electronic or hard copy form
 - Waterfront and Boating Program Requirements [430.204]
 - Toilet Facilities Required [430.370]
 - Each toilet/privy seat must be separated by walls/partitions and a door to afford privacy
 - Board of Health Shall Grant, Suspend or Revoke License; Annual Notification [430.632]
 - In an electronic format approved by the DPH

Applicable Regulations

When inspecting recreational camps, the DPH and Local Boards of Health/Health Departments apply

1. 105 CMR 430.000: Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV
2. 105 CMR 432.000: Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps
3. 105 CMR 435.000: Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V
4. 105 CMR 445.000: Minimum Standards for Bathing Beaches, State Sanitary Code, Chapter VII
5. 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological waste, State Sanitary Code, Chapter VIII
6. 105 CMR 590.000: Minimum Sanitation Standards for Food Establishments, State Sanitary Code, Chapter X

Amendments to 105 CMR 430.000 are in red font throughout the presentation for identification purposes

Required Written Policies and Procedures

A Discipline Policy must include [.191]:

- A description of behavior that warrants discipline
- How campers will be appropriately disciplined at camp

The Goal: To maximize campers growth and development while protecting campers and staff



All Discipline Policies must include this list of specific 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

Required Written Policies and Procedures *(continued)*

Abuse and Neglect Prevention Policy requirements [.093]:

- All staff must immediately report suspected incidents of abuse or neglect that occur at camp to:
 - The Department of Children and Families (DCF) or
 - The Camp Director
- If the Camp Director is informed of any incidents of abuse or neglect, they must immediately report the concern to DCF
- Suspected incidents of abuse or neglect that occur outside of camp must be reported to DCF



Camps must notify **the Local Board of Health and the DPH** that a 51A report was filed

- Do not send the actual 51A report to the Local Board of Health or the DPH
- Use the Recreational Camp Injury and Incident Report and Notification Form

After DCF is notified:

- Allegedly abusive/neglectful staff cannot have any unsupervised contact with campers
- Camp staff must cooperate with all official investigations of abuse or neglect

DCF Resources and Educational Material



Report of Child(ren) Alleged to be Suffering from Abuse or Neglect

Massachusetts law requires mandated reporters to immediately make a report to the Department of Children and Families (DCF) when they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect by:



STEP 1: Immediately reporting by oral communication to the local DCF Area Office (see contact information at end of form); and

STEP 2: Completing and sending this written report to the local DCF Area Office within 48 hours of making the oral report.

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see A **Guide for Mandated Reporters** available on the DCF website at www.mass.gov/dcf.

To report child abuse and/or neglect: Weekdays from 9:00 am to 5:00 pm call the local DCF Area Office.
Weekdays after 5:00 pm and 24 hours on weekends and holidays call the **Child-At-Risk-Hotline 1-800-792-5200**

DCF AREA OFFICES

Boston Region

Dimock Street, Roxbury 617-989-2800
Harbor, Chelsea 617-660-3400
Hyde Park 617-363-5000
Park Street, Dorchester 617-822-4700

Central Region

North Central, Leominster 978-353-3600
South Central, Whitinsville 508-929-1000
Worcester East 508-793-8000
Worcester West 508-929-2000

Northern Region

Cambridge/Somerville 617-520-8700
Cape Ann, Salem 978-825-3800
Framingham 508-424-0100
Haverhill 978-469-8800
Lawrence 978-557-2500
Lowell 978-275-6800
Lynn 781-477-1600
Malden 781-388-7100

Southern Region

Arlington 781-641-8500
Brockton 508-894-3700
Cape Cod & Islands 508-760-0200
Coastal, Braintree 781-794-4400
Fall River 508-235-9800
Plymouth 508-732-6200
New Bedford 508-910-1000
Taunton/Attleboro 508-821-7000

Western Region

Greenfield 413-775-5000
Holyoke 413-493-2600
Pittsfield 413-236-1800
Robert Van Wart Center, East Springfield 413-205-0500
Springfield 413-452-3200

Find your local DCF location

- <https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations>

Immediate assistance is available at

- Child-At-Risk Hotline 800-792-5200

More information

- The DCF has developed educational materials to provide information regarding the [Warning Signs of Child Abuse and Neglect](#)

Required Written Policies and Procedures *(continued)*

A Fire Evacuation Plan must [.210(A)]:

- Include the evacuation routes for each building used at camp
- Indicate the frequency of fire drills during the camping season
 - **Drills must be held within the first 24 hours of each camp session**
- Be reviewed and approved by the Local Fire Department

A Disaster/Emergency Plan must [.210(B)]:

- Identify shelter location(s) at camp
 - Large enough to accommodate all staff/volunteers present at camp
- Include arrangements for transportation to emergency facilities

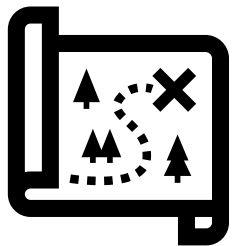


Required Written Policies and Procedures *(continued)*

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

- Include the search of the entire campground
- Detail shallow water and deep water searches
- Clearly outline staff/volunteer responsibilities
- Identify when and who calls 911

Don't delay contacting emergency services!



Disease Outbreak Response Plan [.210(E)]:

- Develop written procedures on how to prepare for and respond to disease outbreaks at camp
- Plans must include but are not limited to:
 - Alternative staffing plans
 - Isolation and quarantine spaces
 - Disease reporting requirements

Required Written Policies and Procedures *(continued)*

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

- Include when/how initial contact is made with the unrecognized person
- Ensure staff/volunteers are informed of the protocols and understand their roles

Procedures Relative to Releasing Campers [.190(B)]:

Procedure must state that campers may only be released to:

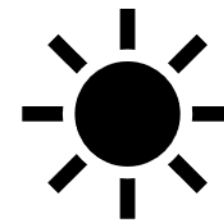
- Parents/legal guardians or
- Other individuals designated by the parents/guardians
 - List of designated individuals can be provided in electronic or hard copy form

Day Camp Contingency Plans for when a [.211]:

- Registered camper doesn't show up in the morning
- Camper is missing from their pick-up location
- Camper that is unregistered arrives

Sunscreen Policy must [.163]:

- Detail procedures for sunscreen application at camp
- Obtain parent/guardian authorization



Required Written Policies and Procedures *(continued)*

At the *time of application*, all parents/guardians must be informed of their right to review policies pertaining to **[.157(E)]**:

- Discipline
- Background checks (the policy only)
- Health care and
- Procedures for filing a grievance



ALL promotional literature must have the compliance statement **[.190(C)]**

Parents/guardians must be **provided**:

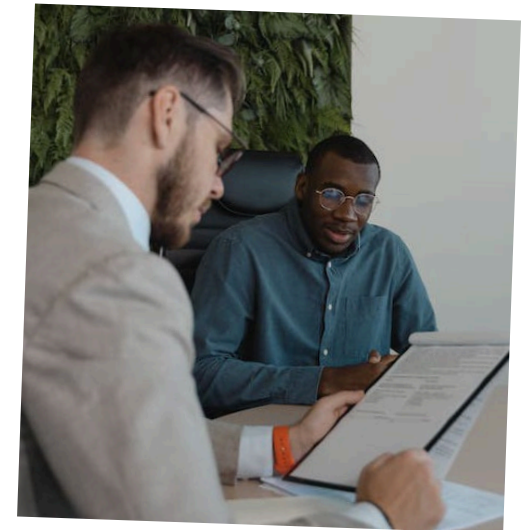
- Care for a mildly ill camper policy **[.157(D)]**
- Administration of medication policy **[.157(D)]**
- Emergency health care provisions **[.157(D)]**
- Information on Meningococcal Disease and Immunization **[.157(C)]**

“This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Local Board of Health.”

Required Written Policies and Procedures (continued)

Review of Background Information [.090]

- Identify what information is collected on:
 - Minors vs Adults
 - Staff vs Volunteers
 - Seasonal vs Year-round counselors
 - MA residents vs Out-Of-State or International
- Identify who is authorized to view results of background checks
- Identify who makes determinations on employment
- Ensure records are stored securely, at all times
- **Operators are responsible for the destruction of records in accordance with 803 CMR 2.15**
Destruction of CORI and CORI
Acknowledgement Forms [.145(B)]

A sample of a Massachusetts Criminal Offender Record Information (CORI) form. The form is titled "Subject 1 of 1" and contains personal information for "RECORD, TEST". It lists three "Adult Offender Offenses": 1) "MISDEMEANOR - OPER UNDR INFL OF LIQ" (Case Status: OPEN), 2) "MISDEMEANOR - DISTURBING THE PEACE/BREACH" (Case Status: CLOSED), and 3) "MISDEMEANOR - RECEIVING STOLEN PROPERTY" (Case Status: CLOSED). The form includes fields for Name, Date of Birth, Sex, Height, Hair Color, Address, Father's Name, Mother's Name, SSN, Place of Birth, Weight, Eye Color, and various court appearance details. The DCJIS logo is visible in the top left and bottom right corners.

No person shall be employed or allowed to volunteer until all background information has been reviewed [.090(F)]

Minimum Requirements for Directors and Counselors

Camp Director

Day Camp

- 21+ years old
- Camping administration training or sufficient experience

Residential Camp

- 25+ years old
- Camping administration training or sufficient experience

Primitive, Travel, or Trip Camp

- 25+ years old
- Proof of experience

Director Experience: 2+ seasons working as an administrative staff member for a camp

Counselors and Junior Counselors

Day Camp

- Counselor: 16+ years old with experience
- Junior Counselor: 15+ years old

Residential, Primitive, Travel, Trip, Sport, and Medical Specialty Camp

- Counselor: 18+ years old or High School graduate with experience
- Junior Counselor: 16+ years old

Counselor Experience: 4+ weeks as a junior counselor, participation in structured group camping, or working in a supervisory role with children

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	✓		

***A gap in employment for 1+ camping seasons requires new references**

Health/Medical Information

Prior to attending camp or after receiving an offer of employment, every camper and staff must provide [.151]:



Medical History

- Allergies
- Medications
- Health Conditions or Impairments that may affect an individual's participation in camp activities



Physical

- Required for Residential, Travel, Sport, or Trip Camps
- Conducted within the last 18 months



Immunizations

- Annual DPH memo
- List the vaccine type/name and month and year of administration

Health/Medical Information *(continued)*

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
	Under 18	18+		Under 18	18+		Under 18	18+	
Health Record	✓	✓ Authorization for Emergency Care	✓	✓	✓ Authorization for Emergency Care	✓	✓	✓ Authorization for Emergency Care	✓
Immunization/ Exemption Documentation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Injury Reports (if applicable)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Current Medical 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				✓	✓	✓	✓	✓	✓

Injury and Incident Report and Notification Form

DPH developed a new electronic **Recreational Camp Injury and Incident Report and Notification Form** in 2023 for camp operators pursuant to 105 CMR 430.154 Injury Reports which states:

A report shall be completed on a form available from the Department for each fatality or serious injury **or incident that results in** a camper, staff person, or volunteer **being** sent home or brought to the hospital **or treated by a health care provider**, and where a positive diagnosis is made. **A copy of each injury or incident report shall be sent to the Department, as well as the Board of Health, as soon as possible but no later than seven calendar days after the occurrence of the injury or incident.** Such injuries **or incidents** shall include, but not be limited to:

- (1) **cuts or lacerations** for which suturing is required
- (2) **when resuscitation or other life saving measures are required**
- (3) **fracture or dislocation**
- (4) **concussion**
- (5) **administration of an epinephrine auto-injector or**
- (6) **those resulting from errors in the administration of medications including diabetes care**

Injury and Incident Report and Notification Form *(continued)*

This web-based form has been in use since the 2023 summer camping season to report:

- Injuries
- Illnesses and
- When a 51A report is filed with the Department of Children and Families (DCF) pursuant to 105 CMR 430.093(B)(3)
 - **Do not include** names or any personal information

This form is designed to protect the data reported on campers, staff, and volunteers while being user friendly and easy to use

Submit a new form for each injured/ill individual

Injury and Incident Report and Notification Form *(continued)*

The form can be accessed at this link:

<https://redcap.link/campinjuryreporting>

Please bookmark or save this link for use throughout the camping season

The form can be accessed by scanning on your phone:



Injury and Incident Report and Notification Form *(continued)*

The Commonwealth of Massachusetts
Department of Public Health

Community Sanitation Program
Recreational Camp Injury and Incident Report & Notification Form

This form is issued pursuant to 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV) which requires a camp to submit a report on a form available from the Department for each fatality or serious injury or incident that results in a camper, staff person, or volunteer being sent home or brought to the hospital or treated by a health care provider, and where a positive diagnosis is made (105 CMR 430.154).

A copy of this report must be sent to the Massachusetts Department of Public Health and the local Board of Health within SEVEN (7) days of the occurrence of the injury.

This form may also be used for notification of filing a 51A Report with the Department of Children and Families (DCF) (105 CMR 430.093). If using for that purpose, please ONLY fill out questions # 1 - 6.

Date of Submission
* must provide value

1. Name of Camp (as stated on the Recreational Camp License)
* must provide value

2. Street Address (please indicate the camp's in-session, physical address):
* must provide value

City/Town:
* must provide value

State:

ZIP Code:
* must provide value

3. Telephone Number (in-season number):
* must provide value

4. Name of Camp Director:
* must provide value

5. Name of Person Completing Form:
* must provide value

- First, operators must provide the date they are submitting the report and notification form
 - Clicking on “Today” will automatically populate the current date
- Next, basic information about the camp must be entered
 - Please provide the name of the camp as it appears on the recreational camp license issued by the Local Board of Health (LBOH)
- Information must be provided in all areas that contain the phrase: ***must provide value**
- **IMPORTANT:** Do not provide any names or other personal information of the injured/ill individual anywhere on this form

Injury and Incident Report and Notification Form *(continued)*

For 51A Notifications ONLY

6. Did a suspected incident of child abuse or neglect occur at camp, resulting in the filing of 51A report to DCF? If yes, enter the date the report was sent to DCF.
** must provide value*

Yes Today M-D-Y

No

reset

18. Has this incident been reported to the local board of health/health department?
** must provide value*

Yes

No

reset

Submit

- **Question # 6** - When suspected incidents of abuse or neglect that occur at camp are reported to the Department of Children and Families (DCF), operators must notify the DPH and LBOH using this form
 - Select “Yes”
 - Enter the date the 51A report was sent to DCF
 - If “Yes” is selected, only Question # 18 will appear underneath
- **Question # 18** – Most will answer “No”
 - Serves as a reminder to send the form to the LBOH after hitting “Submit”, which only notifies the DPH

Injury and Incident Report and Notification Form *(continued)*

6. Did a suspected incident of child abuse or neglect occur at camp, resulting in the filing of 51A report to DCF? If yes, enter the date the report was sent to DCF.
** must provide value*

reset

PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EACH QUESTION.

7. Date of Incident or Injury:
** must provide value*

Today M-D-Y

8. What was the incident outcome? Please check all that apply.
** must provide value*

9. Please specify where the incident occurred:
** must provide value*

reset

10. If applicable, please specify if the incident occurred at or involved:
** must provide value*

reset

11. Provide the total number of individuals injured from this incident.

[Please submit additional forms for each injured/ill individual.](#)
** must provide value*

12. Please select the age of injured/ill person (being reported on this form):
** must provide value*

reset

Question # 6 – Select “No” to report all other injuries and illnesses

After “No” is selected, question # 7-17 regarding more injury/illness related questions will appear

Injury and Incident Report and Notification Form *(continued)*

18. Has this incident been reported to the local board of health/health department?

* must provide value

Yes

No

reset

Submit

NOTE: Some fields are required!

Your data was successfully saved, but you did not provide a value for some fields that require a value. Please enter a value for the fields on this page that are listed below.

Provide a value for...

- 4. Name of Camp Director:
- 7. Date of Incident or Injury:

Okay

Question # 18 – The most common answer will be “No”

- This question serves as a reminder to send the form to the LBOH.

Once the form is complete, hit “**Submit**”

- This automatically sends a copy to the DPH

If a required section is not completed, a pop-up box will appear identifying the sections that have not been completed


- Please enter in the missing data and then re-submit the form
- The form cannot be submitted until all required sections are completed

Injury and Incident Report and Notification Form *(continued)*

Once you hit “Submit” this page appears:

Close survey

Thank you for submitting your report. Please submit a copy to your Local Board of Health/Health Department.

 Enter your email to receive confirmation message?
A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

* Your email address will not be associated with or stored with your survey responses.

Download your survey response (PDF):

Please enter your email address in the “Enter email address” field

- You will receive an email from RecreationalCamps@mass.gov which includes an attached PDF copy of the report and notification form

Click “**Download**” at the bottom of the screen to download a PDF copy of the report and notification form for your records

Injury and Incident Report and Notification Form *(continued)*

Page 1

Recreational Camp Injury/Incident Report & Notification Form

Community Sanitation Program Recreational Camp Injury/Incident Report & Notification Form

This form is issued pursuant to 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV) which requires a camp to submit a report on a form available from the Department for each fatality or serious injury or incident that results in a camper, staff person, or volunteer being sent home or brought to the hospital or treated by a health care provider, and where a positive diagnosis is made (105 CMR 430.154).

A copy of this report must be sent to the Massachusetts Department of Public Health and the local Board of Health within SEVEN (7) days of the occurrence of the injury.

This form may also be used for notification of filing a 51A Report with the Department of Children and Families (DCF) (105 CMR 430.093). If using for that purpose, please ONLY fill out questions # 1 - 6.

Response was added on 06-09-2023 12:56.

Date of Submission	06-09-2023
1. Name of Camp (as stated on the Recreational Camp License)	Summer Camp
2. Street Address (please indicate the camp's in-session, physical address):	123 Main Street
City/Town:	Test Town
State:	Ma
ZIP Code:	02468
3. Telephone Number (in-season number):	(617) 555-4444
4. Name of Camp Director:	Test Director
5. Name of Person Completing Form:	Test Counselor
6. Did a suspected incident of child abuse or neglect occur at camp, resulting in the filing of 51A report to DCF? If yes, enter the date the report was sent to DCF.	<input type="radio"/> Yes _____ <input checked="" type="radio"/> No _____

PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EACH QUESTION.

7. Date of Incident or Injury:	06-09-2023
8. What was the incident outcome? Please check all that apply.	<input checked="" type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Death <input type="checkbox"/> Other
9. Please specify where the incident occurred:	<input checked="" type="radio"/> On camp property <input type="radio"/> Off camp property

Page 2

10. If applicable, please specify if the incident occurred at or involved:	<input checked="" type="checkbox"/> Waterfront/Natural Body of Water <input type="checkbox"/> Swimming/Wading Pool or Splash Pad <input type="checkbox"/> Challenge/Ropes Course <input type="checkbox"/> Archery/Firearms Range <input type="checkbox"/> Motorized vehicle <input type="checkbox"/> N/A
11. Provide the total number of individuals injured from this incident.	1
Please submit additional forms for each injured/ill individual.	
12. Please select the age of injured/ill person (being reported on this form):	<input type="radio"/> under 7 <input type="radio"/> 7 to 10 <input checked="" type="radio"/> 11 to 14 <input type="radio"/> 15 to 18 <input type="radio"/> 19 to 22 <input type="radio"/> 23 or above
13. Specify what body part was injured. Please select all that apply.	<input type="checkbox"/> Head, Neck and/or Face <input type="checkbox"/> Torso <input type="checkbox"/> Upper Extremity <input checked="" type="checkbox"/> Lower Extremity <input type="checkbox"/> Internal <input type="checkbox"/> Other _____
Please provided additional information on where the injury occurred. Select all that apply.	<input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input checked="" type="checkbox"/> Foot <input type="checkbox"/> Toe(s) <input type="checkbox"/> Injury location not listed
14. Specify the 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"/> Cold Related Illness (ex. Hypothermia) _____ <input type="checkbox"/> Concussion <input checked="" type="checkbox"/> Cut or laceration <input type="checkbox"/> Drowning <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Heat Related Illness (ex. Heat Exhaustion) <input type="checkbox"/> Incident resulting in the administration of glucagon <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Medication administration error <input type="checkbox"/> Muscle strain <input type="checkbox"/> Near drowning <input type="checkbox"/> Previous medical condition <input type="checkbox"/> Psychological or mental health condition <input type="checkbox"/> Seizure <input type="checkbox"/> Sprain <input type="checkbox"/> Undetermined <input type="checkbox"/> Viral or bacterial infection _____ <input type="checkbox"/> Other _____

Page 3

Please specify if any of the following were required:

<input checked="" type="checkbox"/> Stitches/sutures	<input type="checkbox"/> Staples
<input type="checkbox"/> None of the above	

15. 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.

A camper was running on the beach and stepped on a rock which cut their foot. The camper was brought to the infirmary and their parents were called. The parents brought the camper to the Emergency Room where they were treated and provided stitches.

IMPORTANT: Do not include names or other personal identifying information regarding the injured individual or other involved parties.

16. Explain how the individual was treated:

<input type="radio"/> Onsite and individual remained at camp	<input type="radio"/> Onsite and individual sent home to recover
<input checked="" type="radio"/> Off-site (e.g. care provided at Emergency Room, Physician's Office, Dentist's Office)	<input type="radio"/> Off-site and admitted to Hospital
<input type="radio"/> Other _____	

17. Were corrective actions taken to prevent a similar occurrence?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

Please check all that apply:

<input type="checkbox"/> Activity removed or prohibited	<input type="checkbox"/> Changes to equipment implemented
<input type="checkbox"/> New safety procedures implemented	<input type="checkbox"/> Safety education provided
<input type="checkbox"/> Training provided to staff/volunteers	<input checked="" type="checkbox"/> Venue changed or altered
<input type="checkbox"/> Other _____	

Briefly explain changes implemented as a result of this incident.

The beach was cleared of any visible rocks and debris. The counselors were reminded to inspect the beach every day for possible hazards.

18. Has this incident been reported to the local board of health/health department?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Sample Injury and Incident Report Form

- This form must be submitted to the DPH and LBOH within 7 days of the injury/incident [430.154]
- A copy of the form must be placed in the individual's health record [430.150]

Injury and Incident Report and Notification Form *(continued)*

Question # 7 - 17

Depending on the type of injury or illness being reported, additional fields may appear underneath certain questions requesting additional information.

For example, if **Heat Related Illness** is selected as the injury type, the following question will appear directly underneath Question # 14. Please select the appropriate option.

Please specify the type of heat related illness:

* must provide value

Heat Cramps

Heat Exhaustion

Heat Stroke

Other

reset

The DPH will issue a Heat Advisory for Recreational Camps in May 2024 on preventing heat related illness at camp. The advisory will be posted at <https://www.mass.gov/lists/recreational-camps-for-children-community-sanitation>

Climate Change and Extreme Heat

Extreme heat events have claimed more lives in the United States over the past 10 years *than any other weather-related event.*



Hot weather conditions contribute to unhealthy air quality. Climate models predict that climate change will lead to an increase in extreme heat events and associated air pollution episodes in Massachusetts.¹

¹ - <https://www.mass.gov/doc/climate-hazard-assessment-profile-extreme-heat-and-poor-air-quality/download>

Preventing Heat Related Illness at Camp

Many summer recreational camps for children offer outdoor activities which may involve strenuous physical exercise performed during the extreme heat and humidity. As a result, many people including young and healthy children, can be at risk of heat related illness.

Camp operators should review and implement preventative measures to protect all campers, staff, and volunteers from heat related illness. These preventative measures may include, but not be limited to:

- Reschedule outdoor activities to the coolest part of the day, like the morning and evening hours;
- Stay hydrated and ensure water is available at all times;
- Encourage everyone to wear appropriate lightweight and loose-fitting clothing;
- Always use sunscreen;
- Rest more often in shady or indoor areas; and
- Monitor those at increased risk for heat related illnesses.

Operators are encouraged to learn the warning signs and treatment recommendations based on the severity and type of heat related illness (heat cramps, heat exhaustion, and heat stroke).

Know the Signs and Symptoms of Heat Related Illness

Heat Cramps:

Recognize the signs:

- Heavy sweating
- Muscle spasms

You should:

- Give them water or a sports drink
- Have the person sit and rest, wait for the heat cramps to go away

Go to the hospital if:

- The cramps last longer than 1 hour
- The person is on a low sodium diet
- The person has a history of heart problems

Know the Signs and Symptoms of Heat Related Illness (continued)

Heat Exhaustion:

Recognize the signs:

- Fast/weak pulse
- Lots of sweating
- Headache/dizziness
- Fainting

You should:

- Give the person water
- Move them to a cool place
- Loosen their clothing
- Apply a cool wet towel to their head

Go to the hospital if:

- They are throwing up
- They are getting worse
- Symptoms last longer than 1 hour



Know the Signs and Symptoms of Heat Related Illness (continued)

Heat Stroke:

Recognize the signs:

- Fast/strong pulse
- High body temperature (above 103°F)
- Confusion
- Dizziness
- Headache
- In and out of consciousness

You should:

- Call 911
- Apply cool cloths to the person
- Move them to a cool place

Wait until clearance from a medical professional BEFORE giving them anything to drink



Health Care at Camp



Professional Oversight: Health Care Consultant (HCC)



Onsite Care: Health Care Supervisor (HCS)

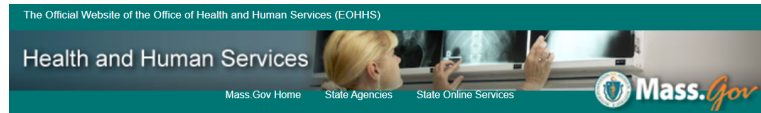


Policies and Procedures



Infirmery Requirements

Health Care 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

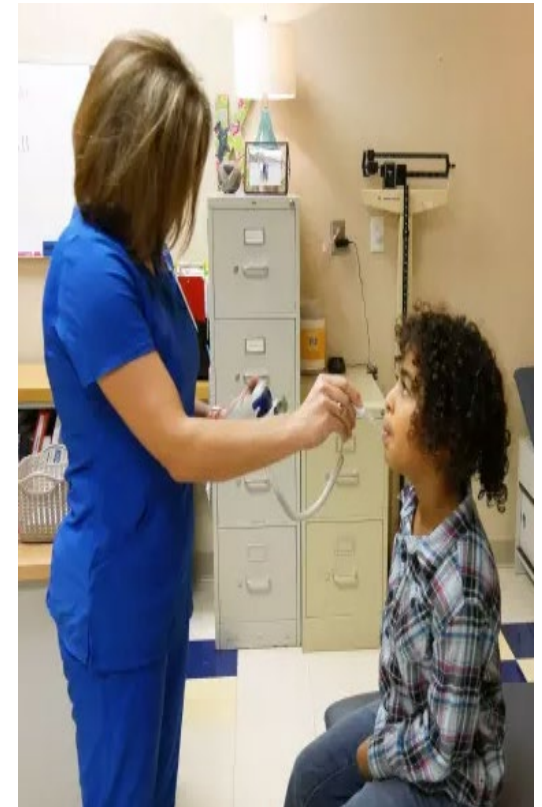
- All camps must have a Health Care Consultant (HCC):
 - MA Physician, Nurse Practitioner, or a **Physician's Assistant**
- The HCC must sign off on all the health care policies
- Camps must provide a list to the HCC of:
 - All Health Care Supervisors (HCS) and
 - All prescription medication to be administered at camp
- The HCC must acknowledge in writing the list of prescription medications administered at camp
- The HCC must train *all unlicensed* HCS
- Document the training and test of competency for unlicensed HCS in accordance with 430.160(I)

Health Care Supervisor (HCS)

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

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

HCS	Required Certifications / Provided Trainings
Physician, Physician Assistant, Nurse Practitioner, or Registered 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 Training• Training on Signs and Symptoms of Hypo and Hyperglycemia and diabetic plan management



Health Care Policy Components [.159(B) and .160]

Operators must develop a written camp health care policy, approved by the Board of Health and by the camp Health Care Consultant (HCC). Such policy shall include, but not be limited to:

- (1) Daily health supervision
- (2) Infection control
- (3) Medication storage and administration
 - Includes storage locations, medications are provided and administered from the original container, and self-administration when appropriate
- (4) Procedures for using insect repellent and conducting tick checks
- (5) Promoting allergy awareness
- (6) Handling health emergencies and accidents, including parental/guardian notifications
- (7) Available ambulance services
- (8) Provision for medical, nursing and first aid services
- (9) The name of the designated on-site camp Health Care Supervisor
- (10) The name, address, and phone number of the camp Health Care Consultant required by 105 CMR 430.159(A) and
- (11) The name of the Health Care Supervisor(s) required by 105 CMR 430.159(E), if applicable

Storage and Administration of Medications [.160]

Policy on Administering Medications [.160(E)]

1. List individuals at camp who are:
 - HCC or designated HCS authorized by scope of practice to administer medications
 - Qualified HCS who are properly trained and designated to administer oral and topical medications
 - Authorized to administer epinephrine auto-injectors
 - **Authorized to administer medications for diabetes care at medical specialty camps**
2. Require designated unlicensed HCS(s) be trained by the HCC to administer oral and topical prescription medications
3. Require individuals authorized to administer epinephrine auto-injectors be specifically trained to administer epinephrine auto-injectors under the direction of the HCC
4. **Require individuals authorized to administer medications for diabetes care at medical specialty camps be specially trained by the HCC to administer medications for diabetes care and shall only be administered under the direct supervision of a health care provider listed in 105 CMR 430.159(E)**

Storage and Administration of Medications [.160]

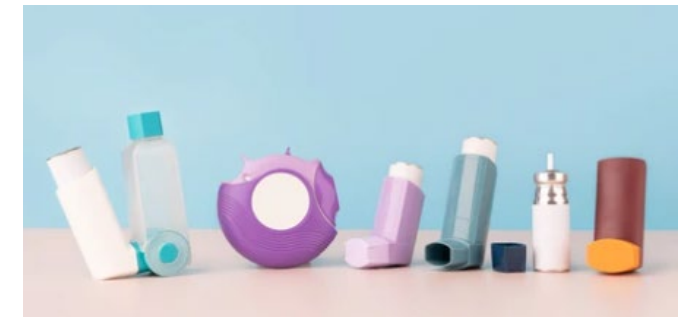
Policy on Administration of Epinephrine Auto-Injectors [160(F)]

- Identify what is permitted at camp:
 - Self-Carry/Administration
 - By specially trained staff and the HCS or
 - Both
- The HCC and the camper's parents/guardians must provide written approval for the camper to self-administer or receive an injection by a licensed health care professional
- The HCC must provide written approval and the parent/guardian must give **written informed consent** for unlicensed staff to administer an epinephrine auto-injector to the camper, as needed
- All unlicensed individuals designated to administer epinephrine auto-injectors must complete a training developed by the HCC

Policy on Use of Inhalers [.160(H)]

A camp may allow a camper who has a prescription for an inhaler for a pre-existing medical condition to self-administer and possess an inhaler at all times for the purposes of self-administration if:

- The camper is capable of self-administration and
- The HCC and camper's parent/guardian have given written approval for the camper to self-administer



Storage and Administration of Medications [.160]

Administration of Medications for Diabetes Care [.160(G)]

A camp may allow a camper or individual authorized under 105 CMR 430.159(F) to monitor blood sugar or administer medication for diabetes care, including insulin injections:

A camper may self-monitor and/or self-administer medication for diabetes care if:

- Blood monitoring activities take place in the presence of a properly trained HCS or **individual authorized under 105 CMR 430.159(F)** and
- The HCC and parents/guardians have given **written informed consent** for the camper to self-monitor and self-administer

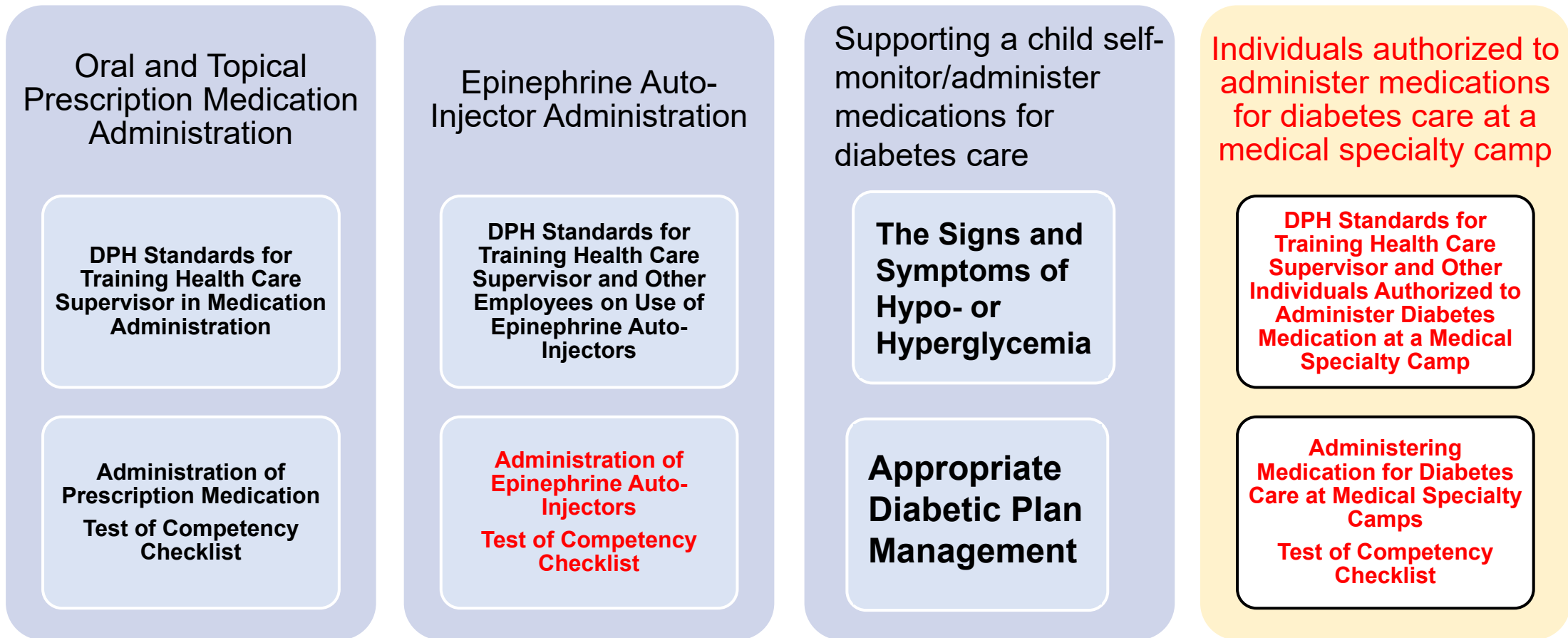
An individual authorized under 105 CMR 430.159(F) may monitor a camper's blood sugar or administer medications for diabetes care if:

- The HCC and parents/guardians have given written informed consent for an unlicensed individual authorized under 105 CMR 430.159(F) to monitor the camper's blood sugar and administer medications for diabetes care and
- All unlicensed individuals authorized under 105 CMR 430.159(F) must complete a training by the HCC and are under the direct supervision of a health care provider listed in 105 CMR 430.159(E)



Storage and Administration of Medications [.160]

Required Trainings for unlicensed HCS or individuals authorized to administer medications for diabetes care at a medical specialty camp pursuant to 105 CMR 430.159(F) must include [.160(I)]:



Infirmary/First Aid Facility Requirements

<u>What is needed?</u>	<u>Day Camp</u>	<u>Residential Camp</u>
Single facility identified as the Infirmary/First Aid Facility	✓	✓
Adequate lighting provided	✓	✓
Infirmary/First Aid Facility is easily recognizable and accessible during the day and night		✓
Designated space for the isolation of a sick child with the 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 *must now include information on all medication administration errors	✓	✓
Injury Report Forms	✓	✓

Camp Operations



Orientation



Camp Site and Field Trips



High Risk Activities



Christian's Law (105 CMR 432.000)

Requirements for Orientation

- Describe, in writing, the necessary trainings for all camp activities [.091(A)]
- Specialized trainings to meet the requirements of campers with unique physical/behavioral needs [.091(A)]
- Online Head Injury Safety Awareness Training – completed **annually** [.091(B)]
- Health Care Policy **and infection control procedures**
 - Physical copy provided to **all staff and volunteers** [.091(A)]
- Fire Drills [.210]
- Disaster/Emergency Plans [.210]
- Lost Camper/Swimmer Plan [.210]
- Traffic Control Plan [.210]
- **Disease Outbreak Response Plans** [.210]

	Monday	Tuesday	Wednesday	Thursday	Friday
Steve	X	X	X	X	X
Amy	X	X	X	X	X
Celeste	X	X	X	X	X
Nick	X	X	X	X	X
Bharathi	X	X	X	X	X
Kerry	X	X	X	X	X
Scott	X	X	X	X	X
Amy	X	X	X	X	X
Pat	X	X	X	X	X
Shanene	X	X	X	X	X
Katharine	X	X	X	X	X

Take Attendance!

Camp Site Requirements

Safety Requirements

- Immediate access to a reliable phone with emergency contact numbers posted/readily accessible [.209]
- An emergency communication system [.213]
- Fire/CO alarms [.216]
- A current certificate of inspection from the local building inspector for all structures used for sleeping or assembly purposes [.451]
- Egresses unobstructed and maintained in accordance with *780 MA State Building Code* requirements [.456]

Additional Requirements

- Sufficient shelter space large enough to house all campers and staff at Day Camps [.457]
- Adequate lighting in all infirmaries and stairways [.453]
- Structural and interior maintenance [.454]
 - Elements maintained in good repair and
 - Interior of the facility maintained in a safe, clean, and sanitary condition
- Potable water that is always available [.300]
 - Drinking facilities must be centrally located

Camp Site Requirements *(continued)*

Sleeping Area and Spacing Requirements

- Provide adequate square footage per person in the cabin/sleeping areas [.458]:
 - 40 ft² for single beds
 - 35 ft² for bunk beds
 - 50 ft² for individuals with special equipment
- Maintain appropriate bed arrangements [.470]:
 - 6 ft of distance between the heads of sleepers
 - Head to toe sleeping is a 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 must be in place for all windows [.452]
- Self-closing doors that open in the direction of the flow of traffic out of the building [.452]

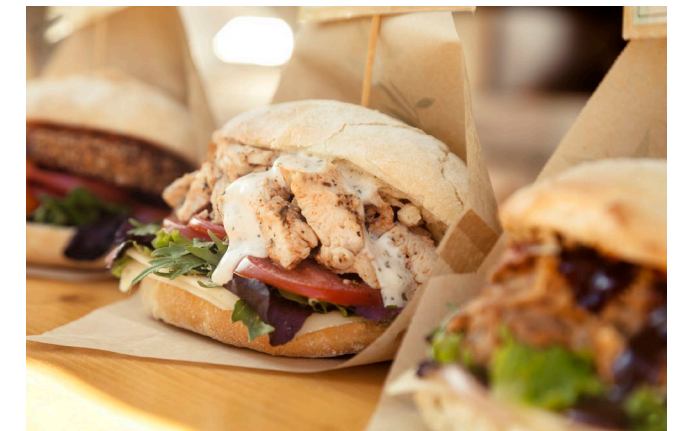


Camp Site Requirements *(continued)*

Food Service at Camp

Camps that prepare and/or serve meals must comply with 105 CMR 590.000 *Minimum Sanitation Standards for Food Establishments*

- Prominently display a Food Service permit
- Obtain written compliance with 105 CMR 590 for the USDA Summer Food Service Program (if applicable) [.320]
- Ensure proper storage methods for meals brought from home [.335]
- Provide lunches if a camper arrives without one [.335]
- Install screens in all windows and self-closing exterior doors [.452]
- Ensure adequate lighting in all kitchens and dining areas [.453]



Field Trips



All camps that conduct field trips must:

- Develop a written itinerary [.212(A)]
 - Have a means to notify parents/guardians of changes to the itinerary
- Provide at least 1 designated HCS [.212(B)]
- Maintain health records in a readily accessible format [.212(C)]
- Store medications in a secure manner and bring a First Aid Kit [.212(C)]
- Develop contingency plans for off-site field trip locations [.212(D)]



In addition, Primitive, Travel, or Trip Camps must:

- Identify on the itinerary the available emergency services and the means to contact them [.212(B)]



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

Any recreational camp for children that operates specialized high risk activities outside of Massachusetts shall comply with all state and local laws or regulations for such activities in the state or local jurisdiction where the activity is held

Specialized High Risk Activities *(continued)*

Aquatics



Specialized High Risk Activities *(continued)*

Swimming Pools must comply with 105 CMR 435.00 *Minimum Standards for Swimming Pools*

Swimming Pools must have:

- A posted current pool permit
- Written confirmation of *Virginia Graeme Baker Pool and Spa Safety Act* compliance
- Appropriate pool fencing
- An appropriate water chemistry test kit and secchi disc

Staff must include:

- A properly trained Certified Pool Operator (CPO)
- **Lifeguards (LG)**
- Trained Counselors

Safety Equipment must include:

- A hard wired emergency communication device that connects directly to 911 with emergency contact numbers posted near phone
- A US Coast Guard approved ring buoy and assembled rescue hook
- LG equipment including a rescue tube, whistle, voice amplifying device, and proper bathing suit
- A backboard with straps

Camps must:

- Conduct swim tests at a camper's first swimming session
- Have the ability to confine campers to swimming areas consistent with their skill level

Operators are responsible for confirming out-of-state pools hold all required licenses and permits where they operate [.103]

Specialized High Risk Activities *(continued)*

Beaches must comply with 105 CMR 445.000 *Minimum Standards for Bathing Beaches*

- A Bathing Beach permit must be kept on file
- Water quality testing must be conducted and kept on file [430.432(A)(1)]
- Proper signage must be posted at the beach entrance [430.432(A)(1)]
- Sufficient water clarity must be maintained [430.432(A)(2)]
 - A secchi disc must be readily visible in 4 ft of water
- 1 **US Coast Guard approved ring buoy** must be provided for every 2,000ft² of water surface [430.432(C)]
 - A ring buoy must weigh at least 2.5 lbs, have a minimum inside diameter of 15", and be attached to a 1/4" rope that is no less than 60 ft in length
- All piers, floats, and platforms must be maintained in good repair [.204(E)]
 - There should be no sharp corners/projections
 - Ladders and platforms must be secured in place
 - Treads of stairs and ladders for diving areas must have a non-slip covering and handrail [430.432(B)]

Operators are responsible for confirming out-of-state beaches hold all required licenses and permits where they operate [.103]

**BEACH NAME
HERE**

**Open June 21-
September 1**

Operated by Such and Such Party
PHONE: ###-###-#### PERMIT: ###-####-###

**NOTICE:
Bacteria levels are
not monitored
outside the above
dates of operation.**

Specialized High Risk Activities (continued)

Supervision of Aquatic Activities



Aquatics Director

- **Camps that offer onsite aquatic activities must have an Aquatics Director [.103]**
- A trained water safety professional
- Certified Lifeguard
- 21+ years old with 6+ weeks of experience
- Present when 50 or more campers are in/near the water [.103]



Swimming

- 1 Lifeguard for every 25 people [.103(A)]
- 1 additional staff member for every 10 campers in or near the water [.103(A)]
- A Buddy System is in place [.204(C)]



Paddle Sport Activities

- **1 properly trained staff for every 10 campers in a watercraft activity [.103(B)(1) and (B)(2)]**
- **1 LG for every 25 campers [.103(B)(1)]**
- Personal Flotation Devices (PFDs) are always worn [.204(G)]



Sailing and Boating

- **1 properly trained staff for every 10 campers in a watercraft activity [.103(B)(1) and (B)(3)]**
- **1 LG for every 25 campers [.103(B)(1)]**
- Personal Flotation Devices (PFDs) are always worn [.204(G)]

Specialized High Risk Activities (continued)

Training Requirements to Supervise Paddle Sport Activities [.103(B1 and 2)]

For every **10 campers** participating in watercraft activities there shall be **1 specially trained counselor** and for every **25 campers** participating in watercraft activities, **1 counselor shall be a Lifeguard**

Option # 1	Option # 2
<ul style="list-style-type: none"> • Lifeguard <p>AND</p> <ul style="list-style-type: none"> • American Canoe Association Paddle Sports course (online) <u>or</u> • American Red Cross Small Craft Safety <p>AND</p> <ul style="list-style-type: none"> • In-person participatory training specific to the watercraft activities staff will oversee 	<ul style="list-style-type: none"> • American Red Cross Basic Water Rescue <p>AND</p> <ul style="list-style-type: none"> • American Canoe Association Paddle Sports course (online) <u>or</u> • American Red Cross Small Craft Safety <p>AND</p> <ul style="list-style-type: none"> • In-person participatory training specific to the watercraft activities staff will oversee <p>AND Lifeguards at a 1:25 ratio</p>



<https://www.boat-ed.com/paddlesports/>

Specialized High Risk Activities (continued)

Training Requirements to Supervise Sailing or Motor-Powered Watercraft Activities [.103(B1 and 3)]

For every **10 campers** participating in watercraft activities there shall be **1 specially trained counselor**. **AND** For every **25 campers** participating in sailing and motor-powered watercraft activities, **1 counselor shall be a Lifeguard**

Specially trained means:

- Obtain a Boater Safety Education Certificate issued by the Commonwealth of Massachusetts
 - In Person (free): Massachusetts Environmental Police Boating Safety Course or
 - Online: Boat-Ed Boating Safety Course <https://www.boat-ed.com/massachusetts/>
- Complete an in-person participatory training specific to the watercraft activities staff will oversee

Operators shall comply with all Federal and MA Boating Laws including the use of PFDs

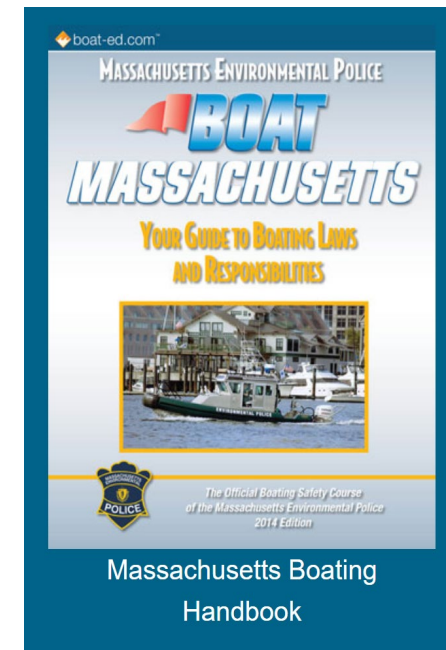


Commonwealth of Massachusetts
Boating Safety Certificate

John B. Boater

Eye Color: Brown Course Provider: MEP
Hair Color: Brown Valid From: 4/13/2013
DOB: 7/28/2000 Card Number: 14234567
Gender: M

 ASBLA USCG Recognized



Specialized High Risk Activities (continued)

Challenge Courses, Climbing Walls, and Inflatables

- Licensed and maintained in accordance with 520 CMR 5.00 Amusement Devices [.103(G)]
- All elements have an annual inspection with a written report [.103(G)]
- US identification (USID) plate visibly displayed at the site of the course/climbing wall [5.14 and 5.15]
 - Updated each year with the annual permit which includes individual numbers for each element
- Inflatables must be marked with a number issued by the Office of Public Safety and Inspections [5.09]
- Sufficient supervision is provided at all times [.103(G)]:
 - 1 counselor for every 10 campers
- Operators are responsible for confirming out-of-state sites hold all required licenses and permits where they operate [.103]

Sample License:

The Commonwealth of Massachusetts
Office of Public Safety and Inspections
License to Operate Challenge Course

License #: MA-###
Expiration Date: MM/DD/YYYY

Challenge Course Manager
Challenge Course Manager's Name

Owner's Name
Name of Camp/Company
Camp/Company Address
City / Town MA Zip Code

Contact's Name
Contact's Phone Number

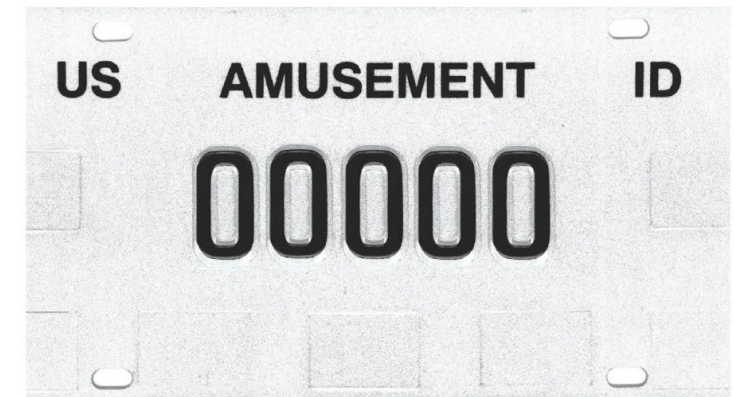
U.S.I.D. #	Device	U.S.I.D. #	Device	U.S.I.D. #	Device
00000-01	Element #1	00000-03	Element #3	00000-05	Element #5
00000-02	Element #2	00000-04	Element #4	00000-06	Element #6

Layla R. D'Emilia
Layla R. D'Emilia
Commissioner of Public Safety and Inspection

MM/DD/YYYY
Issued Date

Page 1 of 1

Sample USID Plate:



Sample Sticker:



Specialized High Risk Activities *(continued)*

Firearms/Riflery Programs

- A segregated shooting range is provided in accordance with NRA standards [.201(B)]
- A firing line is in place [.201(D)]
- Firearms must be [.201(A)]:
 - Maintained in good condition and
 - Stored in a locked cabinet
- Ammunition must be stored in a locked facility separate from the firearms
- Personal equipment is only allowed with the camp operator's written permission [.203]
- Sufficient supervision is provided at all times [.103(D)]:
 - 1 NRA Instructor directly supervising (can be included in below ratio)
 - 1 counselor for every 10 campers

Archery Programs

- A segregated archery range is provided separate from other activities [.202(B)]
- 25 yards of clearance is maintained behind each target [.202(B)]
- A common firing line is in place [.202(B)]
- A ready line is marked behind the firing line [.202(B)]
- Danger area is clearly marked behind targets [.202(B)]
- Bows and Arrows must be [.202(A)]:
 - Maintained in good condition and
 - Stored under lock and key
- Personal equipment is only allowed with the camp operator's written permission [.203]
- Sufficient supervision is provided at all times [.103(E)]:
 - 1 counselor for every 10 campers

Operators are responsible for confirming out-of-state sites hold all required licenses and permits where they operate [.103]

105 CMR 432.000 Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps

Protects all minor campers, staff, and volunteers who swim at fresh or saltwater beaches while attending recreational camps or programs

These Regulations:

- Set the minimum requirements for swim tests of all minors and the use of personal flotation devices (PFDs)
- Provide qualifications to determine swimmers, non-swimmers, and at-risk swimmers
- Apply to the operators of recreational camps or programs that swim at public, semi public, or private bathing beaches
 - Do not apply to swimming pools



Swim Tests

- **All minors must be swim tested at their first swimming session [432.100(C)]**
- A swimming ability determination must be conducted at a minimum once per summer for every minor at each program or camp by a certified swim instructor or a swim assessor
- Qualifications for a Certified Swim Instructor (CSI) or Swim Assessor [432.100(B)]
 - Certified Swim Instructor (CSI):
 - American Red Cross (ARC) Water Safety Instructor (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 conducted by a CSI
 - Both must be documented

Classification

The identification of Swimmers and Non-Swimmers/At-Risk Swimmers [432.010]

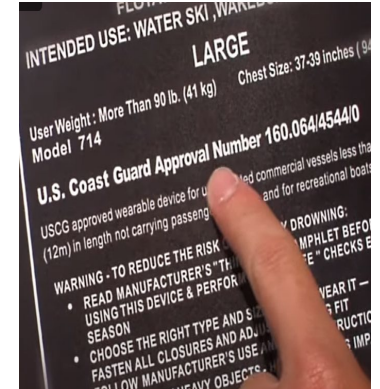
- Non-Swimmers have not passed an YMCA level 4 (minnow) or an ARC level 3 swim test
- At-Risk Swimmers may or may not have passed a YMCA level 4 (minnow) or a ARC level 3 swim test, but have been determined to have a physical, psychological, medical or cognitive disability that could have a negative impact on their swimming ability

The swim test location [432.100(D)]

- If the camp/program is bringing dedicated lifeguards on a field trip, the swim tests may be conducted in a pool prior to the field trip
- If the waterfront provides lifeguards through a contractual agreement, the swim tests must be conducted at the waterfront

Operator's Responsibilities

1. Operators must ensure that properly sized PFDs are made available [432.120(A)]
2. All PFDs shall be in serviceable condition [432.120(B)]
3. Operators shall ensure the PFDs are properly sized and fitted for each minor prior to swimming [432.120(C)]
4. Operators must have an adequate number and range of sizes of PFDs [432.120(D)]
5. Operators may contract with an off-site bathing beach operator for the supply of PFDs [432.120(E)]



A Parent/Guardian Provided PFD

1. An operator shall not refuse a PFD provided by a parent/guardian [432.130(A)]
2. Any minor designated as a non or at-risk swimmer shall wear a PFD at all times except during:
 - Swim tests
 - Swimming lessons
 - Diving Lessons and
 - Closely supervised beach waterfront activities [432.130(B)]
3. The PFD must be clearly labeled with the child's name and the parent/guardian emergency contact information and it must be a properly sized and fitted Type I, II, or III PFD [432.130(C) + (D)]
4. If the PFD provided by a parent/guardian is not properly fitting, or is damaged, or otherwise not in serviceable condition [432.130(E)]:
 - The child should not be allowed to swim until the Operator has gained permission from parent/guardian to provide a different, properly sized, and fitted PFD to the child
 - Ensure EVERYTHING is documented

Policies and Record Keeping

An operator must develop and implement written policies and procedures to ensure compliance with 105 CMR 432.000, which include but are not limited to [432.400]:

- 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 minors
- Appropriate training for staff and
- Compliance with required record keeping

DPH Guidance Tools

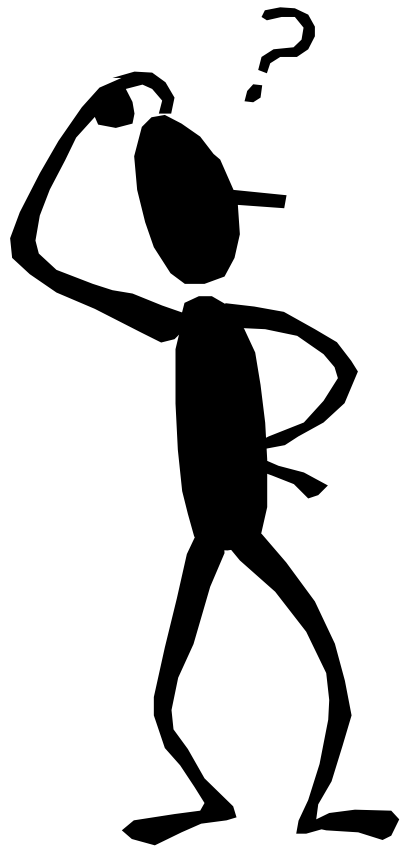
- The Swim and Fit Test Model Documentation Form
- The Christian's Law Guidance Checklist
 - To help ensure compliance with the regulatory requirements
- The Guidance for Implementing Regulation 105 CMR 432.000:
 - To clarify swimming ability determinations
 - To provide suggested methods for identifying non-swimmers and at-risk swimmers
 - To provide examples of confinement areas based on swimming levels
- All guidance documents can be found at <https://www.mass.gov/service-details/christians-law>

Municipal and Recreational Program or Camp: _____	
Address: _____	
Operator/Director: _____	Phone Number: _____
SWIM TEST	FIT TEST
Name and Age of Child: _____	
Date: _____	PFD Provided by Parent? (circle) Yes / No
Swim Level: _____	PFD Required Per Swim Test? (circle) Yes / No
Swim Test Location: _____	Type of PFD: _____ Size of PFD: _____
CSI or Swim Assessor - Print NAME: _____	Individual conducting Fit Test - Print NAME: _____

Next Steps

- Provide several virtual and in-person trainings to special interest groups including LBOH and camp operators summarizing the changes and effective dates of the amended 105 CMR 430.000 regulations
- Provide virtual trainings on the use of the electronic **Recreational Camp Injury and Incident Report and Notification Form** which will include additional information on preventing heat related illness
- Update recreational camp guidance documents and advisories to reflect the amended regulations
- Provide a virtual training to LBOH on the new Recreational Camp Reporting process for all camps licensed in their jurisdiction at the conclusion of the 2024 camp season
- Continue to be a resource for LBOH and camp operators on the implementation of 105 CMR 430.000

Questions ?



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