

Digital Camp Director Meeting

2017



Ulster County Department of Health

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Medications at Camp

Medication Collection and Storage



For day camps - some medication schedules can be altered to non-camp times, which will eliminate the camp's responsibility for oversight. Camp operators can check with the parents/guardians to determine when this is possible.

Medications should not be transported daily to and from camp. Parents/guardians should request that the pharmacy provide two containers, one to remain at home and one to remain at camp.

With the exception of Epinephrine Auto-injectors (see DOH fact sheet entitled Children's Camp Epinephrine Auto-injector Program (www.nyhealth.gov/environmental/outdoors/camps/epinephrine) prescription medication must be prescribed and dispensed to an individual. Camps may not maintain a bulk supply of prescription medications.



Medications at Camp



Repackaging or relabeling of prescription medications is prohibited. All prescription medication must be in their original container with labeling that includes but is not limited to:

- Complete name of patient

- Date prescription filled

- Expiration date

- Directions for use, precautions (if any), and storage (if any)

- Dispensing pharmacy name & address

- Name of physician prescribing medication

Stock supplies of non-prescription medications (over-the-counter items) may be maintained by the camp or brought to camp by individuals (campers and staff).

Individual patient non-prescription medications should be labeled with the complete name of the patient.

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



Medications at Camp



Upon arrival at camp, campers and staff (housed with campers) must provide their medications (prescription and non-prescription) to the camp's health director or designee.

The camp health director will review licensed prescriber's written orders and health histories to ensure required medication have been turned in and properly ordered. When there is an inconsistency between health records and medications brought to camp, the camp will resolve the discrepancy by contacting the parent/guardian. Additional follow-up with the camper's physician may be necessary as well.

When transportation is provided to camp from a common pick-up point, all medications will be collected prior to departure from the location.



Medications at Camp

Medication Storage



All medications are to be stored per product directions (e.g. refrigerate, avoid excessive heat) and kept in a secure (locked) area accessible only to the camp health director/designated staff. Those individuals that need emergency medications (Epi-Pen or Inhaler) may carry the medications themselves. When necessary, staff may be assigned to carry the medication; assigned staff will ensure that at all times the patient and medication will remain in close proximity and are not separated.

Controlled substances (narcotics) and syringes must be "double-locked" (e.g. locked in a box locked in a cabinet) and standards of best practice followed, including counting the controlled substances upon arrival and periodically thereafter.



Medications at Camp



Medication Administration

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

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



Medications at Camp



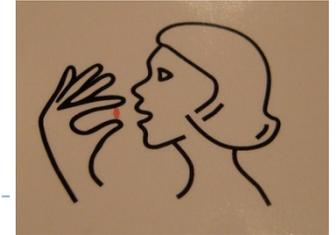
Administration by a licensed health care practitioner –

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

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



Medications at Camp



Self-administration of medications will only be allowed for those individuals determined to be "self-directed". Determination as to whether or not a camper should be considered for self-administration will be conducted by the health director or designee and will be based on the camper's ability to:

- Identify the correct medication (e.g., color, shape),
- Identify the purpose of the medication (e.g., to improve attention),
- Determine that the correct dosage is being administered (e.g., one pill),
- Identify the time the medication is needed (e.g., lunch time, before/after lunch),
- Describe what will happen if medication is not taken (e.g., unable to pay attention), and
- Refuse to take medication if camper has any concerns about its appropriateness.

Camper will not be allowed to self-administer "as needed" medications, except for emergency medications such as inhalers and Epi-pens.



Medications at Camp



Self-Administration Procedures:

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



Camp Name: _____

INDIVIDUALIZED ORDERS for: Name _____

DOB: _____ Weight: _____

Standard Over the Counter/PRN Medications (The following medications are available in the Infirmary and will be administered at the discretion of a RN, if approval is indicated by the camper's healthcare provider.):

| Drug Name | Route (please circle preferred formulation(s)) | Dosage | Schedule and Indications | Camper Healthcare Provider Order | Comments |
|-----------|---|--------|-----------------------------|---|----------|
| | | | | Yes No | |
| | | | | Yes No | |
| | | | | Yes No | |
| | | | | Yes No | |
| | | | | Yes No | |
| | | | | Yes No | |
| | | | | Yes No | |
| | | | | Yes No | |

Prescription Medications (Please complete with patient's current regimen for both scheduled and prn medications use 2nd page if needed)

| Drug | Route | Dosage | Schedule and Indications | Comments |
|------|-------|--------|-----------------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Camper's Health Care Provider Name: _____ Phone # _____

Address: _____ License # _____

Signature: _____ Date: _____

N:\Indoders.doc

Here is an example of a standing orders form to help a camp's RN to appropriately administer standard over the counter/PRN (as needed) and prescription medications.

Reporting

- o Upon review of the medical log books during camp inspections, multiple cases of injury and illness were seen that were not being properly reported and the camps were cited violations.
- o **Children's camp operators must notify the local health department within 24 hours of occurrences.**

What type of Injury/Illness has to be reported?

- ❖ **Camper and staff injuries or illnesses which result in death or require resuscitation, admission to a hospital or the administration of epinephrine.**
- ❖ **Camper or staff exposures to animals potentially infected with rabies.**
- ❖ **Camper injuries to the eye, head, neck or spine which require referral to a hospital or other facility for medical treatment.**
- ❖ **Injuries where the camper sustains second- or third-degree burns to 5 percent or more of the body.**
- ❖ **Camper injuries that involve bone fractures or dislocations.**
- ❖ **Lacerations sustained by a camper which require sutures, staples or medical glue.**
- ❖ **Camper physical or sexual abuse allegations.**
- ❖ **Camper and staff illnesses suspected of being water-, food- or air-borne or spread by contact**

See salmon injury reporting form in your application packet.



Mumps

- o 63 confirmed cases at SUNY New Paltz
- o More information about Mumps can be found on the attached link:
 - o <https://www.cdc.gov/mumps/about/>

Aquatics Director

- A camp aquatics director must oversee all swimming activities that occur at swimming pools and bathing beaches operated as part of a children's camp. This person shall supervise lifeguards and other required staff during swimming activities and implement the camp safety plan.



- Although the Lifeguard Management class is only being offered online, certifications must be accompanied by a separate certification or statement from the instructor indicating an in-person testing session.
- Certification cards with no expiration date are no longer valid.



Aquatics Director

The camp aquatics director must:

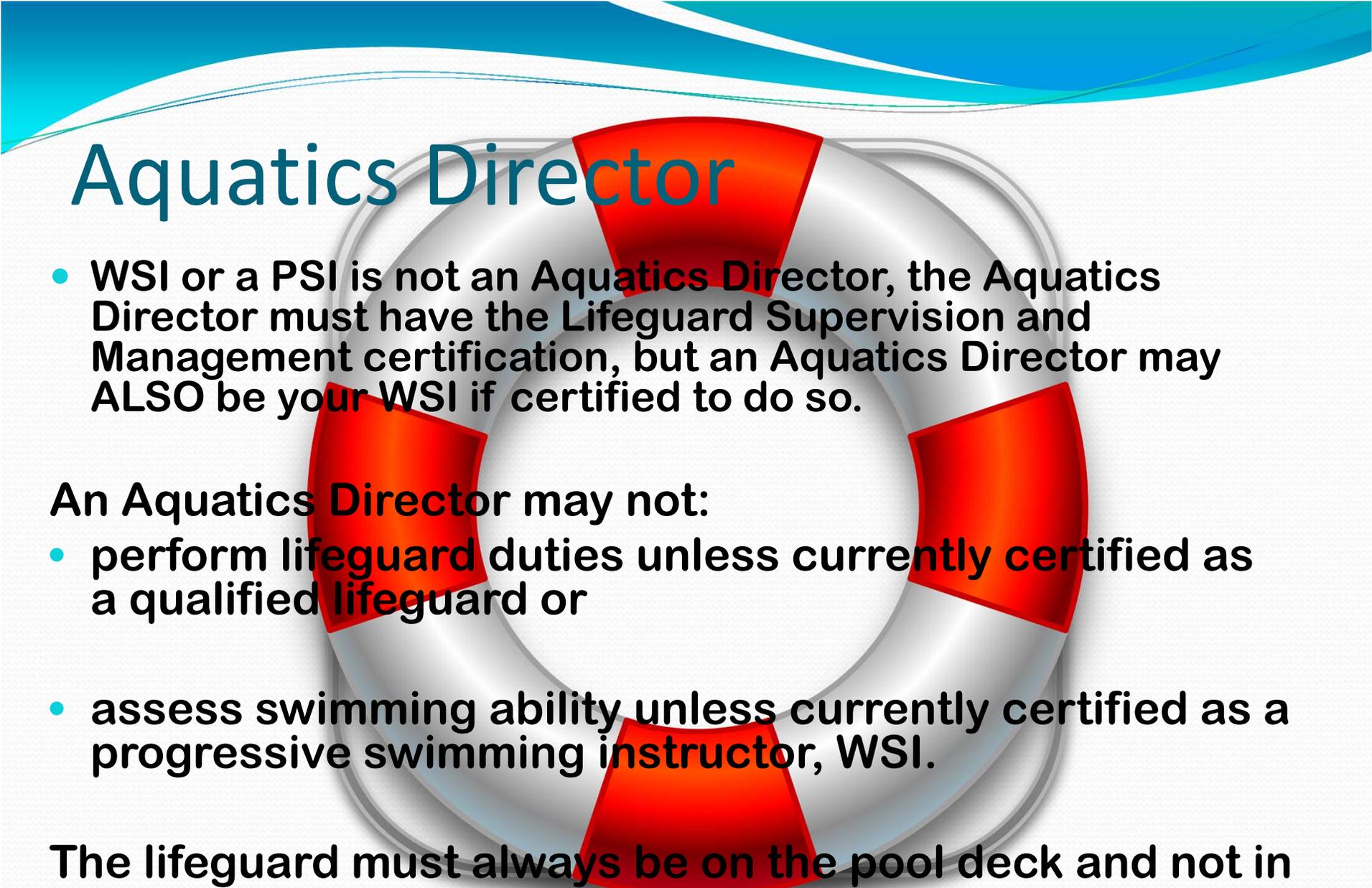
- be at least 21 years of age and have a minimum of:
 - one season of previous experience as a camp aquatics director at a New York State children's camp; or
 - two seasons of previous experience consisting of at least 12 weeks as a children's camp lifeguard which had more than one lifeguard supervising it at a time; or
 - 18 weeks of previous experience as a lifeguard at a swimming pool or bathing beach, which had more than one lifeguard supervising it at a time.
- hold an accepted and current cardiopulmonary resuscitation (CPR) certificate as listed on the Fact Sheet
 - annually review and document the review of the camp's safety plan for swimming



Example: I _____, the aquatics director for camp _____, have reviewed the camp safety plan and will operate the aquatics program accordingly.

Date _____

- possess current certification in a training course for lifeguard supervision and management with an in person test statement from the instructor.



Aquatics Director

- WSI or a PSI is not an Aquatics Director, the Aquatics Director must have the Lifeguard Supervision and Management certification, but an Aquatics Director may ALSO be your WSI if certified to do so.

An Aquatics Director may not:

- perform lifeguard duties unless currently certified as a qualified lifeguard or
- assess swimming ability unless currently certified as a progressive swimming instructor, WSI.

The lifeguard must always be on the pool deck and not in the pool with campers unless an additional lifeguard is on deck.

Buddy Check



- Failure to implement a complete buddy system has been a significant contributing factor in every camper drowning related to a children's camp since 1986.
- A Water Safety Instructor (WSI) assesses the swim ability of all campers.
- Campers are broken down into buddy pairs with similar swim abilities and given buddy numbers.
- If there is an odd number of campers one triple pair is allowed for each swim level.
- If a swimmer is paired with a non-swimmer both bathers must stay in water less than chest deep.
- If the shallowest part of the pool is still greater than chest deep on non-swimmers an approved alternate procedure must be addressed in the camp safety plan.

Buddy Check



- As campers enter the swim area a counselor assists them with their buddy tag or writes their name down on a buddy clip board.
- Swimmers/Non-Swimmers must be physically readily identifiable (caps/bracelets).



Buddy Check



| Buddy Pair | Swimmer | Non-Swimmer | Enter | Leave | Return | Exit |
|----------------|---------|-------------|-------|-------|--------|------|
| 1 _Bob_____ | X | | X | | | |
| _Laura_____ | | | | | | |
| 2 _Denise_____ | | X | X | X | | |
| _Kevin_____ | | | | | | |
| 3 _____ | | | | | | |
| 4 _____ | | | | | | |
| 5 _____ | | | | | | |
| 6 _____ | | | | | | |
| 7 _____ | | | | | | |
| 8 _____ | | | | | | |
| 9 _____ | | | | | | |

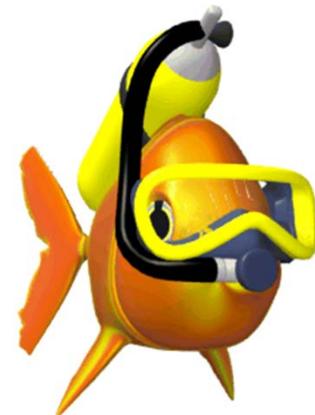
Buddy Check



- At least every 15 minutes a buddy check is called.
- At this time swimmers must quietly go to the side of the pool and stand next to their buddy.
- Once all campers are to the side of the pool counselors will count the pairs of buddies or campers will count out their numbers aloud.
- After all campers are accounted for they may resume swimming.

Buddy Check

- If a camper is not accounted for counselors can refer to the buddy board or clip board to see who the missing camper is and the lost camper/swimmer plan will go into effect.
- Swimming is the most dangerous activity done at a camp and an appropriately orchestrated buddy system could save a life.



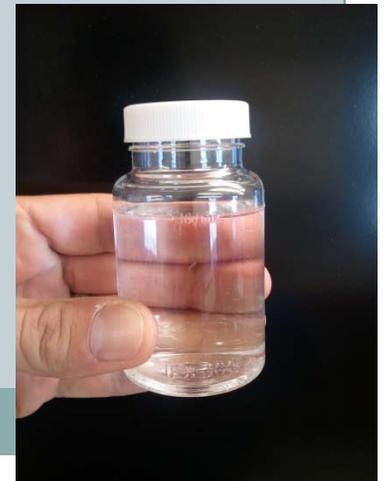
Water Systems

Pages 23-28 are for camps with their own wells.



Sampling:

- A satisfactory preoperational water sample result must be submitted to the DOH before a permit can be issued. Prior to sampling make sure disinfection of the well and flushing have been completed.
- Samples are to be collected each month that camp operates, even if it is only for a portion of the month. Pre-op samples can count towards the routine sample for the month that they were collected in.
- A nitrate sample is to be collected during the season, it is a good idea to take along with your first sample so it does not get over looked.



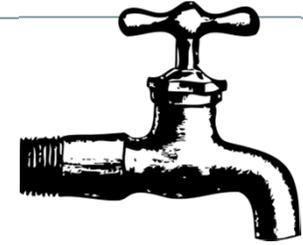
Water System



- All wells and distribution systems that are not operated continuously should be disinfected to neutralize any contamination that might have been introduced into them by equipment, material, surface drainage, construction or repair. The following steps must be taken for each water system and completed at least 15 days prior to the property's occupancy:
- **Well Disinfection**
 - 1. Prepare a strong chlorine solution by using 2 quarts of an NSF approved unscented hypochlorite or bleach in 5 gallons of safe water. Pour this directly into the well. These doses may vary according to well depth, and are good for wells up to 150 feet.
 - 2. Draw water until a strong chlorine odor is present at a tap at the beginning of the distribution system. Allow the well to sit idle for at least 24 hours. Do not use the water during this time.
 - 3. After 24 hours let the well pump to waste, preferably through an outside tap being careful not to allow the water to flow on shrubbery or flowers. This should be done until the chlorine odor is no longer apparent at the tap.



Water System



Distribution Disinfection



- (1) All water mains shall be disinfected by filling the main to remove all air pockets, flushing the main to remove particulates, and filling the main with potable water. The potable water shall then be chlorinated by feeding liquid hypochlorite at a constant rate such that the water will not have less than a 25 mg/l free chlorine residual (25 ppm) throughout the water system. After a 24-hour holding period there must be a free chlorine residual of not less than 10 mg/l throughout the children's camp water system.



Water System



- To achieve 25 ppm in storage tank, use the following amount of bleach or Hypochlorite for every 1000 gallons of storage:
 - Unscented household bleach (8 % hypochlorite) : Add 5 cups per 1,000 gallons of storage
 - Commercial Hypochlorite (12.5 %) : Add 3.5 cups per 1,000 gallon of storage

Water System



- (2) All water mains shall be flushed and free chlorine residual disinfection concentrations shall be measured for the two days immediately following the completion of the main disinfection at representative points in the distribution system to ensure chlorine residuals of not less than 0.2 mg/l.
- (3) A Total Coliform sample shall be collected from each water source at a representative point in the distribution system following the two-day flushing and chlorine monitoring period and when a free chlorine residual of not more than 2.0 mg/l is present. Pre-operational water analysis reports must be submitted to the permit-issuing official prior to permit issuance.



Example Monthly Operation Sheet

| Public Water System Name | | Reporting Month/Year | | Date Report Submitted | | Source Water Type(s) | | | | |
|-------------------------------|------------------|--|--------------------------------|------------------------------|--|---|-------------------------|-----------------------|--------------------------------|-----------------------|
| CAMP UCHD | | 7/1/2015 | | 8/5/2015 | | <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> BWDI <input type="checkbox"/> No treatment required <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination | | | | |
| Public Water Supply ID Number | | County | | Town, Village, or City | | | | | | |
| 55-12345 | | ULSTER | | KINGSTON | | | | | | |
| DATE | Source(s) in use | Treated water volume (1,000 gallons/day) | Chlorination | | | Ultraviolet Radiation / Other Treatments | | | | |
| | | | Gaseous Cylinder weight (lbs.) | Chlorine used per day (lbs.) | Liquid Hypochlorite added to crock (gallons or quarts) | Free Chlorine residual at entry point (mg/l) | UV Unit Active (Yes/No) | Intensity Meter > 70% | Quartz Sleeve Cleaned (Yes/No) | Checked by (Initials) |
| 1 | 1 | | | | 0.4 | Y | 80 | | LB | |
| 2 | 1 | | | | 0.4 | Y | 90 | | LB | |
| 3 | 1 | | | 3 | 0.5 | Y | 100 | | LB | |
| 4 | 1 | | | | 0.4 | Y | 100 | | LB | |
| 5 | 1 | 2016 | | | 0.6 | Y | 100 | | LB | |
| 6 | 1 | | | | 0.4 | Y | 90 | | LB | |
| 7 | 1 | | | | 0.1 | Y | 90 | Y | DW | |
| 8 | 1 | | | | 0.4 | Y | 100 | | DW | |
| 9 | 1 | | | | 0.4 | Y | 90 | | DW | |
| 10 | 1 | | | | 0.4 | Y | 90 | | LB | |
| 11 | 1 | | | | 0.5 | Y | 90 | | LB | |
| 12 | 1 | 1999 | | | 0.6 | Y | 80 | | LB | |
| 13 | 1 | | | 2 | 0.5 | Y | 70 | | LB | |
| 14 | 1 | | | | 0.5 | Y | 100 | Y | LB | BULB CHANGED |
| 15 | 1 | | | | 0.4 | Y | 100 | | DW | |
| 16 | 1 | | | | 0.4 | Y | 100 | | DW | |
| 17 | 1 | | | | 0.6 | Y | 100 | | DW | |
| 18 | 1 | | | | 0.5 | Y | 100 | | LB | |
| 19 | 1 | 2111 | | | 0.4 | Y | 100 | | LB | |
| 20 | 1 | | | 5 | 0.4 | Y | 100 | | LB | |
| 21 | 1 | | | | 0.4 | Y | 100 | Y | LB | |
| 22 | 1 | | | | 0.5 | Y | 100 | | LB | |
| 23 | 1 | | | | 0.5 | Y | 100 | | LB | |
| 24 | 1 | | | | 0.4 | Y | 100 | | DW | |
| 25 | 1 | | | | 0.4 | Y | 100 | | DW | |
| 26 | 1 | | | | 0.4 | Y | 100 | | DW | |
| 27 | 1 | 2652 | | | 0.4 | Y | 90 | | LB | |
| 28 | 1 | | | 3 | 0.4 | Y | 90 | Y | LB | |
| 29 | 1 | | | | 0.4 | Y | 90 | | LB | |
| 30 | 1 | | | | 0.5 | Y | 90 | | LB | |
| 31 | 1 | | | | 0.6 | Y | 90 | | LB | |
| Total | | 8778 | | 13 | | | 2920 | | | |
| AVG. | | 2194.5 | | 3.25 | 0.44193548 | | 94.19354839 | | | |

Chlorine Mix Ratio = 11 QUARTS quarts/gallons of 12.5 % chlorine added to 50 gallons of water in crock

Date UV quartz sleeve last cleaned: 7/28/2015 Date UV lamp replaced: 7/14/2015 Alarm activation (yes or no) If "yes," date of activation NO

Reported by: LAURA BEHL Title: CERTIFIED WATER OPERATOR NYS DOH Operator Number: 12345

Signature:  Date: 8/1/2015 Operator Grade Level: C

Make sure to submit your MOR by the 10th of the following month.

Chlorine residual is to be maintained at a minimum of 0.2 ppm and a max of 4.0

Make sure to note any changes.

Make sure to sign and fill out header and footer the best you can.

Sewage Disposal System

Pre-op:

- Check pipes, tanks, meters, fields and any other components in your systems. Fix winter damage, operate pumps, clear brush, rake, set up chlorinators and de-chlorinators,
- Review NYS SPDES permit requirements. Some require monitoring.

During Season:

- Maintain fields, tanks, pumps, etc.
- Conduct monitoring and flow readings if required by NYSDEC or UCDOH. Maintain monitoring logs and submit if necessary.
- Be prepared for an inspection from the New York State Department of Environmental Conservation.



FOOD SERVICE



- All coolers/freezers are to be operating at proper temperatures, cleaned and sanitized.
- Floors, walls, and ceilings are to be smooth and easily cleanable.
- Lights are to be shielded or shatterproof.
- All coolers and freezers are to have numerically scaled thermometers $\pm 2^{\circ}$ F.
- A probe thermometer (0-220 $^{\circ}$ F), plastic gloves, sanitizer, and sanitizer test strips are to be on site.
- All plumbing is to be installed properly and functioning properly.
- All ventilation hoods are functioning and clean with all filters in place. Ansell system is to be inspected.
- Dumpsters and their areas are to be clean, well maintained, have lids that close and to be on impermeable surfaces.
- All kitchen equipment and utensils are cleaned and sanitized prior to use.
- All cooking equipment is operating, clean, and sanitized.
- Screen windows and doors to be in good condition.
- Pest control has started and is maintained for the duration of the permit cycle.
- No food or related items are to be stored under exposed waste lines.
- Hand wash sinks are working and have soap and paper towels.



SUPERVISION RATIOS

- Passive Activity - 1:25
- Day Camp - 1:12
- Overnight Camp - 8 years of age and older 1:10, less than 8 years of age 1:8, 20% of counselors can be 17.
- Rest Area - 1 counselor to sleeping area.
- Archery - 1:10
- Boating - 1:8 for campers 6 years of age and older and 1:6 for campers younger than 6 years of age. Boats with 8 or more campers carrying non-swimmers need a lifeguard in boat.
- Horseback Riding - 1:8 for campers 6 years of age and older and 1:6 for campers younger than 6 years of age.
- Transportation - 1:12
- Lifeguard - 1:25
- Aquatic Activities - 8 years of age and older 1:10, 6 and 7 years of age 1:8, under 6 years old 1:6.
- Wilderness swimming - 1:8 for campers 6 years of age and older and 1:6 for campers younger than 6 years of age.
- Camp Trip Activities Including Swimming - 1:8 for campers 6 years of age and older and 1:6 for campers younger than 6 years of age.
- Non-ambulatory camper - 1:2
- Non-ambulatory or uncontrolled epilepsy - 1:1 for aquatic activity.
- Developmentally disabled campers aquatic ratio other than described above - 1:5



REMINDERS

- ❖ CPR certifications are only valid for one year, regardless of the expiration date on the card and only certification from the approved list will be accepted. No online CPR certs!
 - ❖ (New) No camper with a developmental disability can participate in swimming activities unless a written permission statement signed by the camper's parent, guardian or residential care provider is on file at the camp.
 - ★  ❖ Routinely check your septic system for signs of failure.
 - ❖ The surveillance water sample taken by the health department does not count as a monthly water sample.
 - ❖ If you forget to submit monthly operation reports or water sample results you will be subject to enforcement.
 - ❖ If you use a lab out side of Ulster County for testing water, be sure to send a copy of the results the UCDOH.
 - ❖ Camp permits will not be issued until the application is complete and a satisfactory pre-operational water sample has been received by the UCDOH. If you participate in New York State Summer Feeding Programs the camp starting date will not be set until after these have been complete.
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Ulster County Family and Child Advocacy Center

- The Ulster County Family and Child Advocacy Center (FCAC), located at 21 O'Neil Street in Kingston is a free resource for Children's Day and Overnight Camp Staff Training on the topic of Child Abuse Recognition and Prevention. In response to the New York State Department of Health requirement that summer child camp staff members will receive training in child abuse recognition and reporting (DOH Subpart 7-2) and knowing that child molesters pick organizations that serve children to access vulnerable children, the FCAC has developed a 30-minute summer camp staff training. Topics covered are: I'm a mandated reporter, now what? What is child abuse? What do I do if I suspect abuse or a child discloses abuse? What does camp management do to protect campers from physical or sexual abuse as well as protect me from false allegations of abuse? (Note: this is not Mandated Reporter training.)
- Presentations can be adjusted to meet camp/camper specific needs.
- To request more information about a training or to schedule a training event, call the FCAC at 845-334-5155 or contact Jill Aguanno, the Community Educator directly by calling 845-443-8867 or e-mail jagu@co.ulster.ny.us.



* Confirmation of Review

- * An email confirming that you have fully reviewed this power point must be sent prior to your permit being issued.
- * lbur@co.ulster.ny.us
- * If you have any questions please contact Laura or Denise.

THANKS AND SEE YOU AT

