



# 2025 CAMP WORKSHOP



**DR. SHERLITA AMLER, M.D., M.S.**

**WESTCHESTER COUNTY COMMISSIONER OF HEALTH**







# (BIRD FLU) AND MEASLES



**DR. SHERLITA AMLER, M.D., M.S. COMMISSIONER OF HEALTH**

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# Avian Influenza (Bird Flu)

- Avian influenza, also known as bird flu, has been found in poultry and wild birds throughout the country, including in Westchester and our neighboring counties.
- It has also been detected in dairy cattle and in other mammals throughout the U.S., but not those in Westchester County at this time.
- Human infections have also occurred within the U.S. and the vast majority have been linked to close or lengthy unprotected contact with infected birds.



# Human Cases

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- At this time, the risk to the general public is LOW.
- Human infections with avian influenza viruses have most often occurred after close or lengthy unprotected contact with infected birds or places that sick birds or their saliva, mucous and feces have touched.
- VERY RARELY, human infections have happened through an intermediary animal, including a cat and a cow.
- The spread of avian influenza viruses from one infected person to a close contact is VERY RARE, and when it has happened, it has not led to continued spread among people.



# If You Find a Dead Bird on Your Property

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- No need to report instances of a single dead bird.
- Put on gloves, a facemask and eye protection.
- Use a shovel to pick up and place the dead bird in a triple-bagged garbage or contractor bag and discard in an outdoor bin.
- Throw away your gloves and facemask after use.
- Wash your hands and clothing immediately afterwards.



# Protect Yourself From Infection

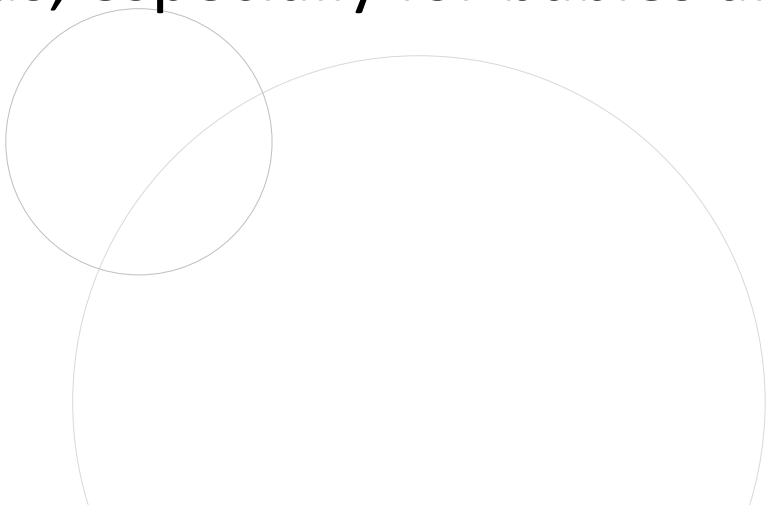
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- Avoid contact with birds that appear sick or have died. Don't touch ANY wild animal.
- If you must have direct/close contact with wild birds, sick or dead poultry, or other animals, wear [recommended personal protective equipment \(PPE\)](#). At minimum, wear a mask, protective eyewear and gloves.
- Wild birds can be infected with avian influenza even if they don't look sick.
- Do not touch surfaces or materials contaminated with saliva, mucous, or feces from wild or domestic birds or other animals with confirmed or suspected HPAI infection.
- Do not feed your pets raw pet food or unpasteurized dairy products.

# Measles

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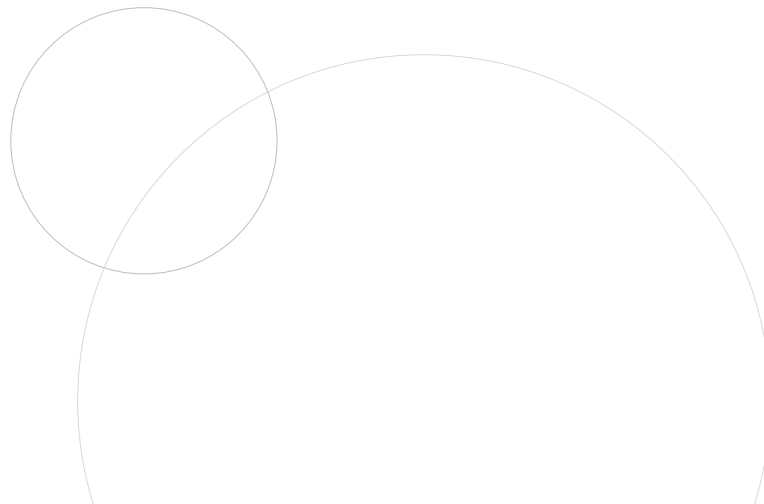
## KEY POINTS

- Measles is a highly contagious disease that can lead to serious complications.
  - Symptoms usually begin 7 to 14 days after infection.
  - Measles can be dangerous, especially for babies and young children.
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# Measles

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- Measles is an airborne, extremely infectious, and potentially severe rash illness. Before the measles vaccine was introduced, an estimated 48,000 people were hospitalized and 400–500 people died in the United States each year.
- Two doses of MMR vaccine are 97% effective at preventing measles, 1 dose is 93% effective. It is uncommon for someone fully vaccinated to develop measles.







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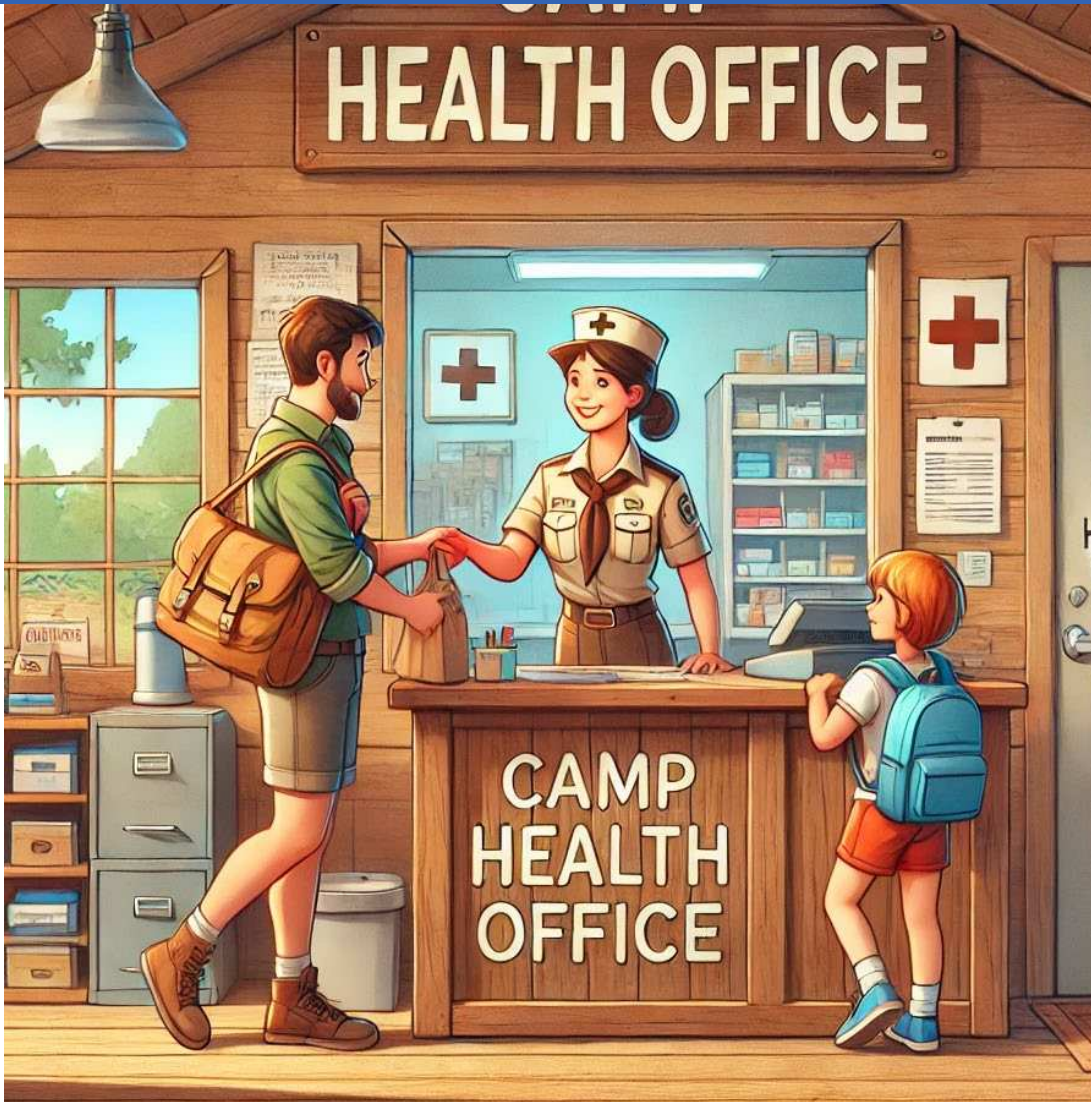
## CAMPER MEDICATION DROP-OFF



The following video will depict a parent dropping off an inhaler to the camp health office before the start of the camp session.

**Can you spot the violations?**





## MEDICATION COLLECTION

- All medications must be turned over to camp health staff for review and to be secured in the infirmary or similar area.
- While medications should be provided in their original container, pharmacy labeling on the medication only is not sufficient. Medication dosage and/or regiment may have changed since the pharmacy filled the prescription.
- All medications (prescription or non-prescription (OTC)) must be accompanied by a patient specific written order from a licensed prescriber.



## MEDICATION COLLECTION

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- Prescription medication must be in its original container with labeling that includes but is not limited to:
  - Complete name of patient
  - Date prescription filled
  - Expiration date
  - Directions for use/precautions (if any), and storage (if any)
  - Dispensing pharmacy name and address
  - Name of physician prescribing medication



## MEDICATION STORAGE

- Medications must be stored per product directions (e.g. refrigerate, avoid excessive heat) and kept in a secured (locked) area accessible only to the camp health director/designated staff.
- Only exception would be when the medication is required to be available to the camper for emergency use (e.g. epi-pen prescribed for severe allergies).
  - Campers that need emergency medication may carry the medications themselves or by designated staff in their group.
    - Designated staff must ensure the camper and the emergency medication remain in close proximity.
- Controlled substances (narcotics) and syringes must be double locked (e.g. locked in a box that is locked in a cabinet).



## CAMPER MEDICATION ADMINISTRATION



The following video will depict a camper visiting the camp health office to take her daily medication.

**Can you spot the violations?**





## MEDICATION ADMINISTRATION SCOPE OF PRACTICE

- The children's camp regulations do not grant a camp or individual authority to perform duties that are beyond his/her certification or license, i.e., scope of practice.
- Medication management and administration **must** comply with applicable State laws.
- Camp operators should evaluate the medical needs of the campers and select a health director and other health/medical staff that can fulfill those needs.
- Some medication schedules can be altered to non-camp times, camp operators can check with the parents/guardians to determine if this is possible. All medication changes must be made by the camper's physician or other health care provider.



## MEDICATION ADMINISTRATION BY A LICENSED HEALTH CARE PRACTITIONER

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- When a parent or guardian of a child is not available to administer medications, medication can be administered by a licensed health care practitioner, e.g., DRs, NPs, PAs, RNs, LPNs.
- PRN (as needed) medications require a patient health condition assessment, ergo, PRNs cannot be routinely administered at camps that do not have a licensed health care practitioner.
- An LPN cannot legally assess a camper's health condition unless "under the direction of" an LHCP who can.
- An EMT may practice under their certification only as part of an established EMS system. An EMT employed by a children's camp is not working for an established EMS and therefore **cannot** routinely administer medications.



## MEDICATION ADMINISTRATION SELF-ADMINISTRATION

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- Camper self-administration of medications may be allowed for individuals determined to be “independent”, determined by the camp health director, camper’s physician, or camper’s parent/guardian.
- The camper should be able to: identify the medication, it’s purpose, correct dosage, time needed, effect if not taken, and refuse to take if concerned about its appropriateness.
- PRN medications generally cannot be self-administered except for emergency medications (e.g., inhalers, epi-pens), or when directed by the camper’s physician and/or parent.
- The camp health director or designee will keep a list of all campers in their charge requiring medications, the medication needed, time and dosage to be taken.



## MEDICATION ADMINISTRATION SELF-ADMINISTRATION

- Remind camper when a scheduled dose is to be taken and have camper read or be read the name of the medication, dosage and other instructions for use.
- Verify who the camper is and that he or she has the correct medication, dosage and other use instructions.
- Medications will be handed, in the original container, to the camper for self-administration. Camp staff that are not LHCPs may not remove medication from the original container. Staff may help camper loosen container cap, if necessary.
- Medication will be returned and properly stored.



## MEDICATION ADMINISTRATION DOCUMENTATION

- All medication administration must be documented in the camp medical log and/or the camper's medical record.
- Documentation must include:
  - Camper's name
  - Medication and dosage
  - Date and time administered



## OFF-SITE SWIMMING



The following video will depict a group of campers swimming off-site.

**Can you spot the violations?**



# Before Campers Enter the Water

## REMEMBER:

- Swimming is one of the most hazardous activities at camp
- You are responsible for the safety of your campers
- Injuries can be prevented through knowledge and training
- Staff must understand what is expected of them and supervisors should ensure staff are performing their duties
- Always pay attention!



***There are no short cuts when it comes to safety!***

# Swim Ability

## There are two classifications of swim ability

### SWIMMER:

Child that has passed a swim test administered by PSI

### NON-SWIMMER:

Child that struggled with or failed the swim test provided by PSI

### As per New York State Sanitary Code and addressed in safety plan:

- Non-swimmers must be visually distinguishable from a swimmer. Update as necessary.
  - If red swim bracelets are used to identify non-swimmers one year, then blue swim bracelets the next year, the safety plan must be updated at the camp, as well as, with the health department.
- Non-swimmers must be restricted to an area that is appropriate to their swim ability.
  - Swimmers may enter the non-swimmer area, but non-swimmers are not allowed to venture past this designated space.

# Swim Assessment

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

# Swim Assessment

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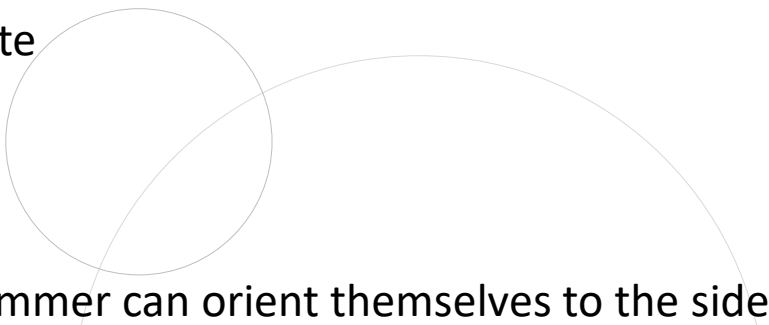
- All campers **MUST** have their swimming ability assessed each camp season by a progressive swimming instructor prior to allowing the child to participate in aquatic activities (see annual fact sheets for acceptable PSI certifications).
  - Based on how the camper does when asked to perform various swimming techniques, the camper will be designated as a swimmer or a non-swimmer.
  - A camper is considered a non-swimmer until determined otherwise by the progressive swimming instructor.
  - Though it is not required it is a good practice to assess staff swim abilities in addition to campers

Fact Sheets:

[Children's Camps Operators and Health Departments](#)

# Swim Assessment

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- Recommended, at minimum, to include the following:
  - **Component One (administered in shallow water less than chest level deep)**
    - Feet first entry
    - Swim front crawl for 25 yards
    - Swim elementary backstroke for 15 yards
    - Shows the ability to follow the instructions
  - **Component two (administered in water greater than chest deep only after component one is successfully completed).**
    - Maintain position on back 1 minute
    - Tread water for 1 minute
    - Swim breaststroke for 15 yards
    - Swim back crawl for 25 yards
    - Do a complete circle (ensures swimmer can orient themselves to the side of the pool)
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# Non-Swimmers

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- Bathers become buoyant in water chest-deep and above, which causes them to lose contact with the bottom of the pool/beach. Non-swimmers who lose contact with the bottom may not have the skill necessary to prevent submersion.

**\*Non-Swimmers Must be confined to water less than chest deep\***

- **Exceptions:**
  - During acceptable learn to swim programs (see FACT SHEETS for acceptable programs).
  - When counselors are in the water and directly supervising a maximum of **three** non-swimmers PER COUNSELOR in shallow water in the non-swimmer area.

Westchester County Department of Health  
Peekskill District Office

# PERMIT

To Operate a  
**Children's Camp**

This is to certify that  
SUMMERTIME FUN INC

the operator of  
CAMP HEALTHY  
at

25 MOORE AVENUE  
MOUNT KISCO, NY 10549

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

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

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

→ OUTDOOR POOLS-1

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

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

Effective Date **June 30, 2014**

Permit is **NON-TRANSFERABLE**

Permit Term: 2014

This permit expires on **August 21, 2014** and may be revoked or suspended for cause,  
**THIS PERMIT SHOULD BE POSTED CONSPICUOUSLY**

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

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

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

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

SWIMMING POOLS - 2

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



# Off-Site Swimming

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- Ratios
  - -1:8 for campers 6 years and older
  - -1:6 for campers 5 years and younger
- If non-swimmers are in water less than chest deep, maintain same ratios as above
- If non-swimmers are in **shallow water greater than or equal to chest deep** ratio must be a maximum of 1:3
- Camper permission slips required

\*Counselors **MUST** be in the water at all times with non-swimmers\*



# On-Site Swimming

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- Ratios
  - 1:10 for campers 8 years and older
  - 1:8 for campers 6-7 years old
  - 1:6 for campers 5 years and younger
- If non-swimmers are in **shallow water greater than or equal to chest deep** ratio must be a maximum of 1:3 and counselors **must** be positioned in the water!



# Developmentally Disabled Campers

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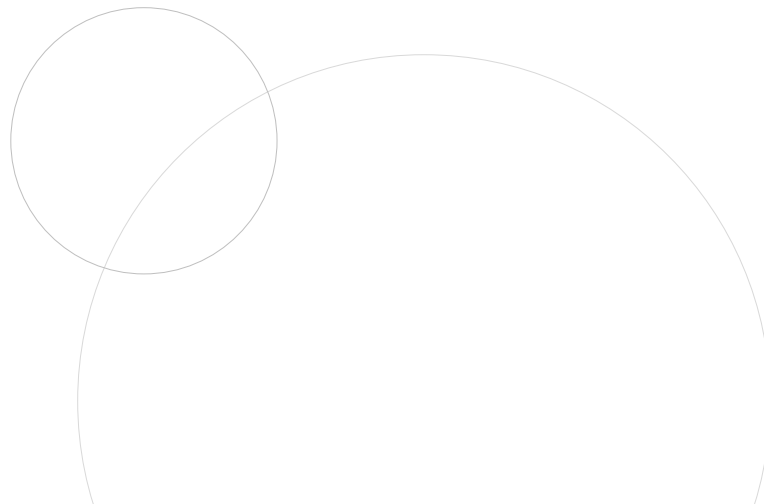
- 1:1 for seizure prone or campers with a condition that may result in unusual emergencies in the water
- 1:5 for campers not defined as above
- All campers need written parental permission in order to swim.



# Responsibilities

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- Camp Director/Senior Staff should review guidelines/policies and procedures pertaining to the swimming site.
- Safety Plan for the facility should be reviewed
- Familiarity with these will allow for less confusion at waterfront.



# The Buddy System

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- A system that includes methods of both supervising and accounting for bathers which includes the following:
  - An accounting system that includes the name, swimming ability, and swim area for each bather .
  - Assigning each bather a buddy with the same swim level, if possible. (If two buddies with different swim levels are paired, they must remain in the non-swimmer area). Additionally, one group of three is permitted per swim area, if necessary.
  - A method of recording both entry and exit to and from the swim area.
  - Buddy checks are made at least every 15 minutes and are referenced against the accounting system.

# Examples of Accounting Systems



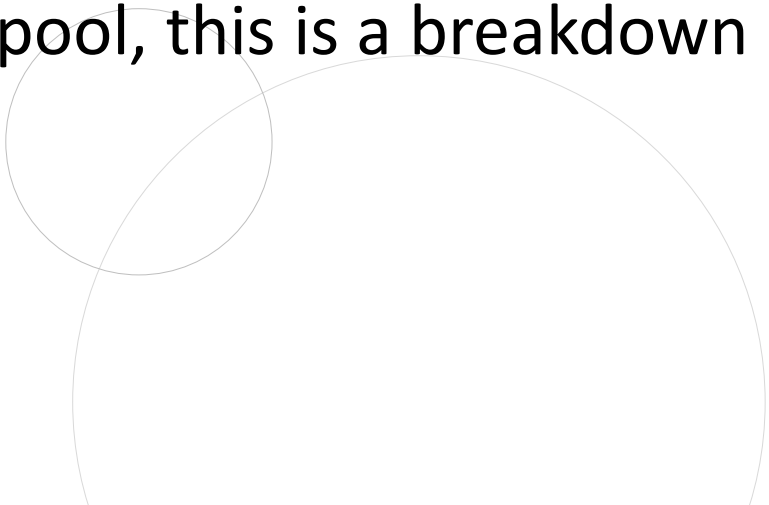
# Buddy System Violation Examples

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- Observed a buddy pair in the water. One of the two buddies exited the water with a counselor because they were cold while the remaining buddy formed a triple with two other bathers in the same swim area. Campers/buddy sheet was not updated to the change in buddy setup.
- Two campers paired together as buddies, each buddy present in a different swim area of pool.
- Buddy pairs not observed with buddy or aware of buddy's location, observed swimming/floating in shallow section of the pool without buddy.
- Buddy sheet does not accurately represent campers in pool: Observed 8 campers on buddy sheet and 9 campers in pool, resulting in 1 camper unaccounted.

# Buddy System: Layers of Supervision

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- **First layer of protection- Buddy:**
    - Campers must be made to understand that their buddy is not only a friend who they swim with, the they should be aware of their buddy's location and condition at all times.
    - Campers must be aware of the role they play in keeping their buddy safe.
    - If buddies are not aware of each others location or if they are located in separate areas in the pool, this is a breakdown in the system and is a violation.
- 

# Buddy System: Layers of Supervision

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

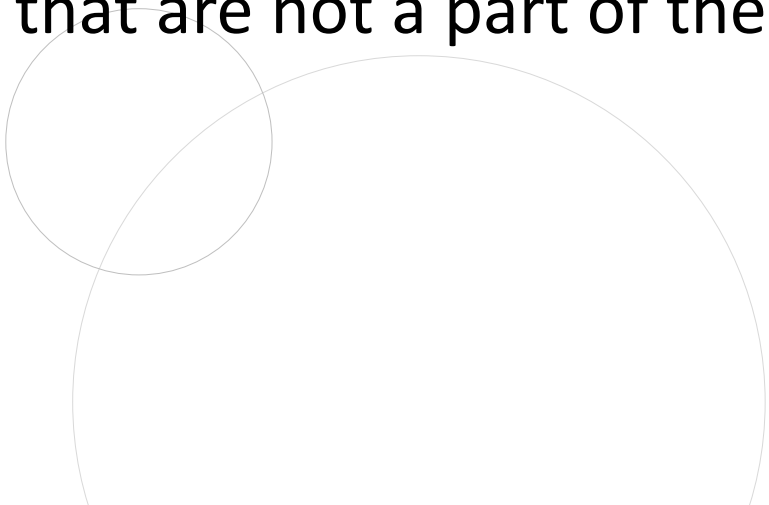
# Buddy System: Layers of Supervision

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- **Second layer of protection-Staff Members (Counselors):**
  - Staff must remember that their primary role in the water is to actively supervise and keep campers safe.
  - Staff must also remember to provide adequate coverage of the swim area by spreading out and not congregating in one section. This also helps prevent staff members from distracting one another.
  - Counselors should know best which campers should be paired together.
  - Counselors must **speak up** if they see something wrong! (Buddy swimming alone, camper unaware of where their buddy is).

# Buddy System: Layers of Supervision

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- **Common staff errors include the following:**
    - Socializing with other staff while in the water instead of actively supervising campers.
    - Only checking if buddy pairs are together during the buddy check, not checking while campers are in the water.
    - Trying to fill two roles at once by being part of a buddy group and also attempting to supervise campers.
    - Disregarding campers that are not a part of their group.
- 

# Buddy System: Layers of Supervision

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- **Third layer of protection- Lifeguards:**

- Must be constantly supervising the bathers and not be distracted by anyone or other duties. This includes times of chair rotation.
- Must be at a ratio of one lifeguard to 25 **bathers** (includes campers and counselors).
  - 1 lifeguard per 3,400 square feet of pool or 50 yards of beachfront, or fraction thereof.
- Must be positioned adequately to be able to see all areas of the pool or bathing beach. No blind spots or glare .
- Must be in position **prior** to any bathers entering the water.

# Buddy System: Layers of Supervision

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- **Third layer of protection- Lifeguards:**
  - Lifeguards should possess current and acceptable certifications in lifeguarding/first aid and CPR.
  - Lifeguarding certifications expire after 3 years **or** on the date listed on the certificate, whatever comes first (Most certificates expire after 2 years).
  - **CPR certifications expire after one year regardless of the date listed on the certificate!**
  - Lifeguards that guard at a beach must also possess an additional waterfront skills certification.
  - Make sure to review the 2025 fact sheets on our website that contain the acceptable certifications for Lifeguarding/First Aid and CPR.

# Buddy System: Layers of Supervision

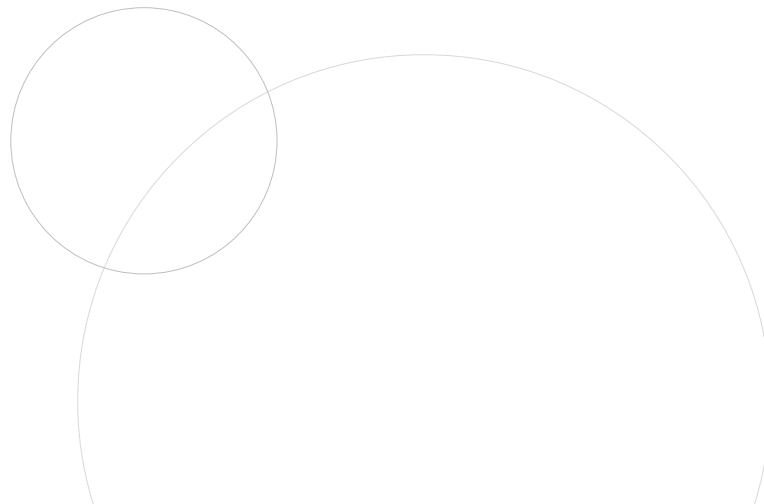
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- **Examples of violations pertaining to lifeguards:**
  - Lifeguard observed to be taking pool chemistry while guarding pool.
  - Upon arrival to pool facility, 12 campers observed in the pool with 2 staff and 3 club members in lap lanes. No lifeguard observed supervising the pool from chair or pool deck. One staff in water is certified American Red Cross (ARC) lifeguard with expired ARC CPR.
  - At the start of the swim session, the boy's group was permitted to enter the water early but the camp guard was not in place. Camp guard was still guarding a small group of patrons during swim lessons.
  - Current CPR and/or lifeguarding certification not available for two lifeguards on-site.
  - Lifeguard distracted by talking to counselor for prolonged periods of time

## Lifeguarding- Camp Trips

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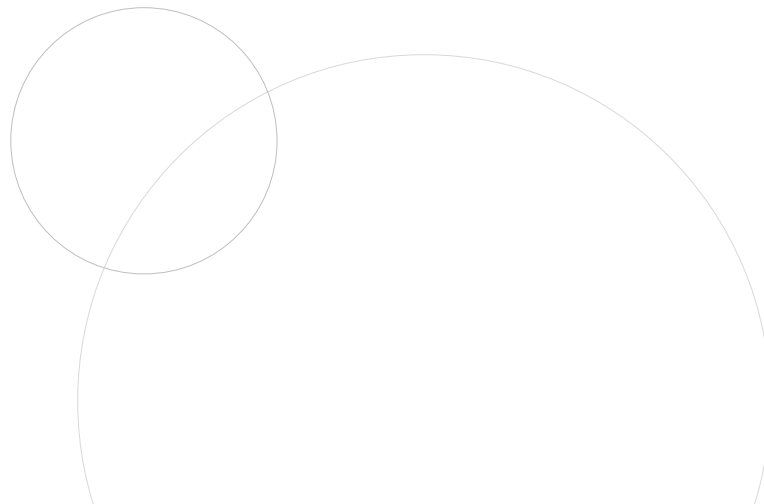
- If a camp is on a trip to an amusement park with aquatic activities they must supply their own lifeguard(s).
  - Except for aquatic amusement activities that allow only one or two patrons in the water at the time and the activity water depth does not exceed chest deep for non-swimmers (plunge pool).



# Lifeguarding- Camp Trips

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- Any swimming that is not on-site (not noted on camp permit) is considered a camp trip.
- Camp lifeguards **must** be differentiated by wearing a identifying garment with the camp name.
- Ratio of one lifeguard per 25 bathers required.





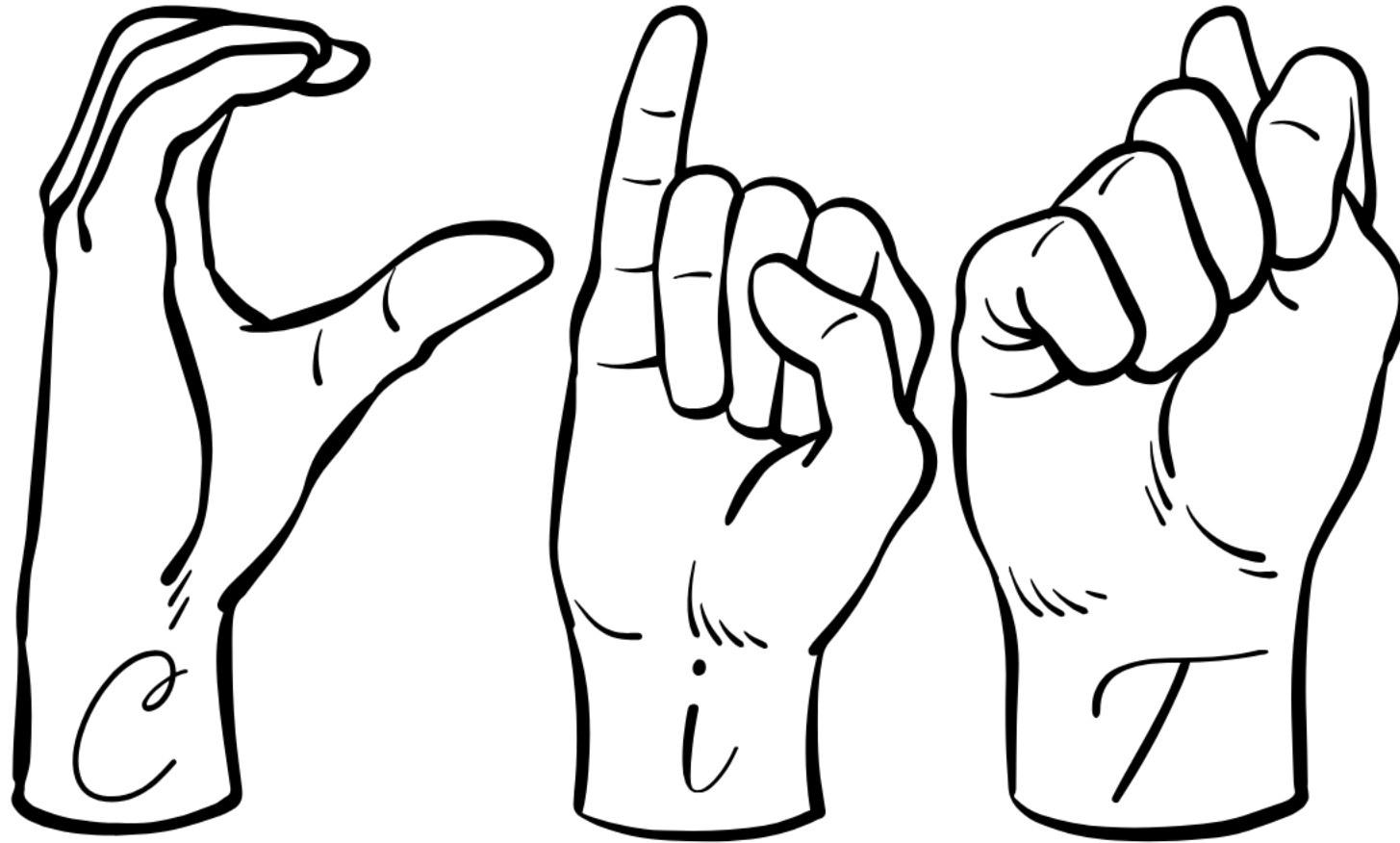
## COUNSELOR IN TRAINING (CIT)



The following video will depict a camper and CIT visiting the camp health office.

**Can you spot the violations?**





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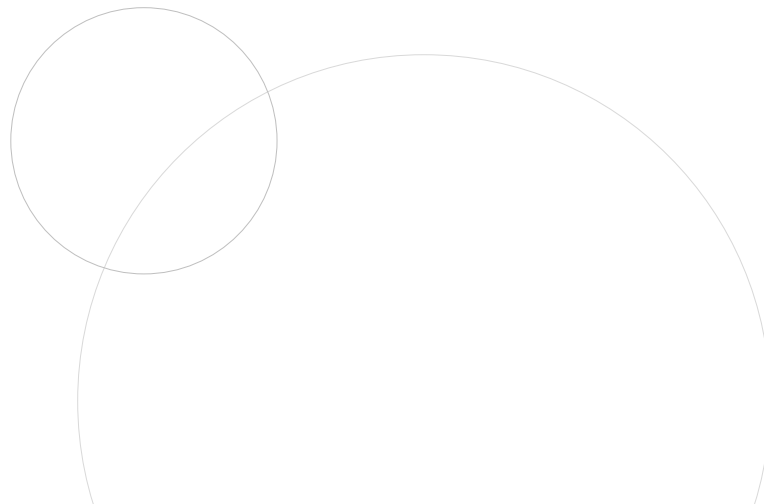
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# COUNSELOR-IN-TRAINING (C.I.T.)



# CHAIN OF COMMAND



## C.I.T.

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

## C.I.T.

number of counselors required by subdivision (c)\* and (d)\* of this section may be CITs, provided:

- (1) CITs at the children's overnight camp are at least 16 years of age and have at least two seasons prior experience as a camper; and
- (2) CITs at a summer day or traveling summer day camp are at least 15 years of age and have at least two seasons prior experience as a camper.

\*sec. 7-2.5, subpart 7-2, part 7 of New York State Public Health Law, §225



**A C.I.T. IS ASSISTING A  
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A C.I.T. BUDDIED WITH A CAMPER  
SITTING ON THE DECK DURING  
OFFSITE SWIMMING WITH A  
COUNSELOR ON DECK  
SUPERVISING.

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**A C.I.T. IS ASSISTING A  
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AND CRAFT**

**A C.I.T. BUDDIED WITH A CAMPER  
SITTING ON THE DECK DURING OFFSITE  
SWIMMING WITH A COUNSELOR ON  
DECK SUPERVISING.**

**A C.I.T. IS SUPERVISION CAMPERS  
DURING ARTS AND CRAFTS  
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TO USE THE RESTROOM**

**A C.I.T. TAKING A  
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RESTROOM.**

A C.I.T. IS ASSISTING A COUNSELOR WITH ARTS AND CRAFT

A C.I.T. IS SUPERVISING CAMPERS DURING ARTS AND CRAFTS WHILE COUNSELOR STEPS OUT TO USE THE RESTROOM

A C.I.T. BUDDY SITTING ON THE SWIMMING VEE DECK

A C.I.T. WALKING WITH A CAMPER BEHIND BUSHES NEAR THE PLAYGROUND AREA – OUT OF COUNSELOR'S VIEW.

WALKING A CAMPER TO THE RESTROOM.

**A C.I.T. IS ASSISTING A  
COUNSELOR WITH ARTS  
AND CRAFT**

**A C.I.T. BUDDIED WITH A CAMPER  
SITTING ON THE DECK DURING OFFSITE  
SWIMMING WITH A COUNSELOR ON  
DECK SUPERVISING.**

**A C.I.T. IS SUPERVISING CAMPERS  
DURING ARTS AND CRAFTS  
WHILE COUNSELOR STEPS OUT  
TO USE THE RESTROOM**

**A C.I.T. TAKING A  
CAMPER TO THE  
RESTROOM.**

**A C.I.T. WALKING WITH A  
CAMPER BEHIND BUSHES NEAR  
THE PLAYGROUND AREA – OUT  
OF COUNSELOR'S VIEW.**

A C.I.T. IS ASSISTING A COUNSELOR WITH ARTS AND CRAFT

A C.I.T. IS SUPERVISING CAMPERS DURING ARTS AND CRAFTS WHILE COUNSELOR STEPS OUT TO USE THE RESTROOM

A C.I.T. BUDDY SITTING ON THE SWIMMING VEE DECK

**A COUNSELOR TAKING A C.I.T. AND CAMPER TO THE INFIRMARY.**

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...G WITH A ...BUSHES NEAR THE PLAYGROUND AREA – OUT OF COUNSELOR'S VIEW.

**A C.I.T. IS ASSISTING A COUNSELOR WITH ARTS AND CRAFT**

**A C.I.T. BUDDIED WITH A CAMPER SITTING ON THE DECK DURING OFFSITE SWIMMING WITH A COUNSELOR ON DECK SUPERVISING.**

**A COUNSELOR TAKING A C.I.T. AND CAMPER TO THE INFIRMARY.**

**A C.I.T. IS SUPERVISING CAMPERS DURING ARTS AND CRAFTS WHILE COUNSELOR STEPS OUT TO USE THE RESTROOM**

**A C.I.T. TAKING A CAMPER TO THE RESTROOM.**

**A C.I.T. WALKING WITH A CAMPER BEHIND BUSHES NEAR THE PLAYGROUND AREA – OUT OF COUNSELOR'S VIEW.**



## PLAYGROUND SUPERVISION AND SAFETY



The following video will depict a group of campers playing on the playground.

**Can you spot the violations?**





## PLAYGROUND SUPERVISION AND SAFETY

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The camp operator shall provide adequate supervision.

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



## PLAYGROUND SUPERVISION AND SAFETY

- What does adequate supervision look like? Counselors supervising campers should:
  - Be positioned at the playground so all children can be seen.
  - Not be distracted (on their phones, etc.)
  - Watch out/prevent dangerous behavior (using equipment improperly, jumping off equipment, etc.).
  - Ensure campers aren't wondering off or engaging in excessive horseplay.



## PLAYGROUND SUPERVISION AND SAFETY

- Routinely review injuries noted in the medical log. Have injuries occurred at one activity, location or under the supervision of one counselor in particular or are there other common threads between injuries?
- Example:
- Over a two-week period, two 6-year-old campers playing on the playground sustained cuts on their hands, which required sutures. Your questions to the counselors and victims lead you to a swing, which at first glance appears safe. You ask the victims to show you what they were doing, and learn both were sharing the swing with another camper. With two campers in the swing, you note the additional weight causes a sharp piece of wire to protrude below the seat!



## PLAYGROUND SUPERVISION AND SAFETY

- All equipment shall be free of hazards, securely anchored where necessary, installed and used in accordance with manufacturer's instructions and inspected by the camp operator at frequent intervals for defects.
  - An appointed individual should conduct daily monitoring of building and grounds, including playground equipment and pathways, to ensure they are clean and in good repair.



## PLAYGROUND SUPERVISION AND SAFETY

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- Weed control: Ragweed, poison ivy, poison oak, poison sumac and other noxious weeds shall be controlled to minimize contact by camp occupants.
  - When checking the playground and surrounding areas you should be conscious of noxious weed and take appropriate steps to remove them.



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# QUESTIONS?

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**<https://health.westchestergov.com/forms-and-permits/camp-operator>**

**Contact us at 914-864-7330**