



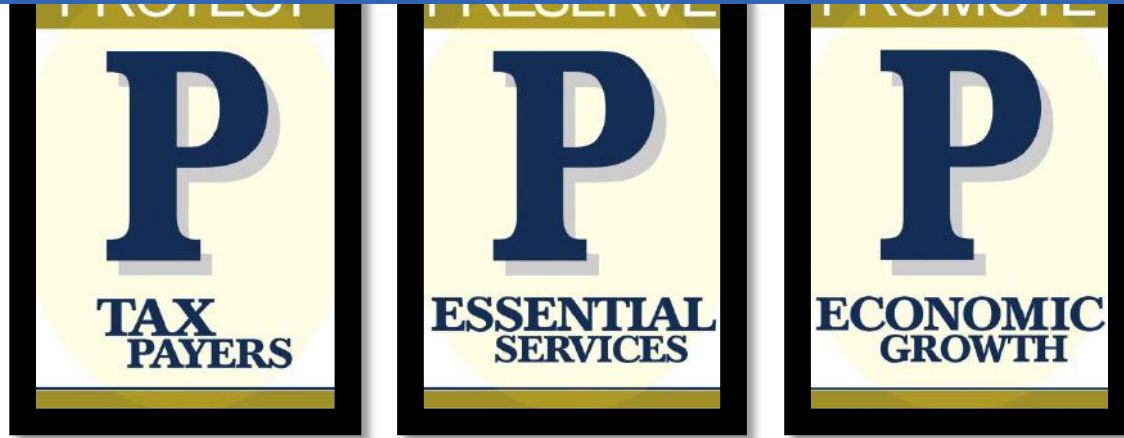
Westchester
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Robert P. Astorino
Westchester County Executive
Sherlita Amler, MD, Commissioner
Department of Health

2017 CHILDREN'S CAMP WORKSHOP

A presentation by the Westchester County Department of Health

April 18, 2017



**County Executive Robert P. Astorino
uses three guideposts (The Three P's)
to manage Westchester County:**

- **Protect Taxpayers**
- **Preserve Essential Services**
- **Promote Economic Growth**

Agenda

- **Introduction and 2016 Camp Season Recap**

Peter DeLucia, Assistant Commissioner, Bureau of Public Health Protection, Westchester County Department of Health

- **Communicable Diseases**

Jennifer McNamee, B.S.N., R.N., Supervising Public Health Nurse, Disease Control, Westchester County Department of Health

- **Waterfront & New Code Requirements for Developmentally Disabled Campers**

Peter DeLucia, Assistant Commissioner, Bureau of Public Health Protection, Westchester County Department of Health

- **Top 10 Violations of 2016**

Peter DeLucia, Assistant Commissioner, Bureau of Public Health Protection, Westchester County Department of Health

- **Miscellaneous, Epi-Pen, PFD's, e-forms, Questions**

Mario Polvere, Chief Sanitarian, Bureau of Public Health Protection, Westchester County Department of Health

CPR (Cardiopulmonary resuscitation)

FIRST YEAR ONLY!!!!

2016 Camp Season Recap

- # of Camps in Operation
- # of Inspections
- # of Violations
- # of Administrative Actions

Updates on Communicable Diseases

*Jennifer McNamee, B.S.N., R.N.
Supervising Public Health Nurse
Division of Disease Control
Westchester County Department of Health*

Communicable Disease-Reporting

2017 NYSDOH Children's Camp Operator Letter WCDH website

- **Immediate reporting** of suspected vaccine preventable (and other reportable) diseases to WCDH can prevent outbreaks.
 - (914) 813-5159 [Monday to Friday 8:30am to 4:30pm]
 - (914) 813-5000 [After Hours & Weekend]
 - (914) 813- 5182 [Fax]
- Reporting required under NYS Public Health Law
- Reporting required within 24 hours to local health department under subpart 7-2 NYSSC
- WCDH will work with camps to quickly establish diagnosis and prevent further spread
- Staff training – include symptoms of vaccine preventable diseases and immediate notification of the camp director

<p>Anaplasmosis Amebiasis (Animal bites for which rabies prophylaxis is given) (Anthrax) (Arboviral infection) Babesiosis Botulism Brucellosis Campylobacteriosis Chancroid Chlamydia trachomatis infection (Cholera) Cryptosporidiosis Cyclosporiasis (Diphtheria) E. coli O157:H7 infection Ehrlichiosis (Encephalitis)</p>	<p>(Foodborne illness) Giardiasis (Glanders) Gonococcal infection Haemophilus influenzae[†] (Invasive disease) (Hantavirus Disease) Hemolytic uremic syndrome (HUS) Hepatitis A (Hepatitis A in a food handler) Hepatitis B (specify acute or chronic) Hepatitis C (specify acute or chronic) Pregnant Hepatitis B carrier Herpes infection, infants age 50 days or younger hospital associated infections (as defined in section 2.2.10NYCRR)</p>	<p>Influenza, laboratory confirmed Legionellosis Listeriosis Lyme disease Lymphogranuloma venereum Malaria (Measles) (Melioidosis) Meningitis Aseptic or viral (Haemophilus) (Meningococcal) Other (specify type) (Meningococcal meningitis) (Meningococcal meningitis) Mumps Pertussis (Plague) (Poliovirus)</p>	<p>Poliococcosis (Q Fever) (Rabies) Rocky Mountain spotted fever (Rubella (including congenital rubella syndrome)) Salmonellosis (Severe Acute Respiratory Syndrome (SARS)) Shiga toxin-producing infection[†] Shigellosis[†] (Smallpox) Staphylococcus aureus[†] (due to strains showing reduced susceptibility or resistance to vancomycin) (Staphylococcal enterotoxin B poisoning)[†]</p>	<p>Streptococcal infection (Invasive disease)[†] Group A beta-hemolytic strep Group B strep Streptococcus pneumoniae (Syphilis, specify stage) Tetanus Toxic shock syndrome Transmissible spongiform encephalopathies[†] Trichinosis (Tuberculosis current disease (specify site)) (Tularemia)[†] Typhoid Vibriosis[†] (Vaccinia Disease)[†] (Viral hemorrhagic fever)[†] Yersiniosis</p>
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WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Name/Address: Westchester County
Department of Health - DC
145 Huguenot Street - 7th Floor
New Rochelle, New York 10801
Phone: (914) 813-5159 (M-F 8:30-4:30)
(914) 813-5000 (After Hours & Weekends)
Fax: (914) 813-5182

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- phone or fax diseases in bold type,
- mail case report, DOH-389, for all other diseases,
- in New York City use form PD-1

SPECIAL NOTES

- Diseases listed in bold type (†) warrant prompt action and should be reported immediately to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use case report form 389V.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies, and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- Cases of HIV Infection, HIV-related illness and AIDS are reportable to:
Division of Epidemiology
P.O. Box 2073, ESP Station
Albany, New York 12220-2073
(518) 474-4284
New York City Department of Health
For HIV/AIDS reporting, call:
(212) 442-3388

ADDITIONAL INFORMATION

1. Local health department must be notified prior to initiating rabies prophylaxis.
2. Diseases that are possible indicators of bioterrorism.
3. Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
4. Positive shiga toxin test results should be reported as presumptive evidence of disease.
5. Only report cases with positive cultures from blood, CSF, joint, peritoneal, or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
6. Proposed addition to list:
 1. Any non-empirical test a 1:16 or any positive primary or secondary stage disease or prenatal or delivery test result regardless of titer should be reported by phone; all others may be reported by mail.
 2. Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, Cases should be reported to the NYCDOHMH.
 3. Persons with vaccinia infection due to contact transmission, and persons with the following complications from vaccination: eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinia encephalitis or encephalomyelitis, progressive vaccinia, zygotic infection of the vaccination site, and any other serious adverse events.

ADDITIONAL INFORMATION

Reporting Forms (DOH 389) are available for download at:
<http://health.westchestergov.com/images/stories/doh389.pdf>
For more information on disease reporting, call Westchester County Department of Health Division of Disease Control at (914) 813-5159, or New York State Department of Health Bureau of Communicable Disease Control at (518) 473-5435. In New York City (914) 442-3388.

PLEASE POST THIS CONSPICUOUSLY

Rev. 04/14

Available at:
http://health.westchestergov.com/images/stories/corner/WCDH_Reporting_Requirements_Apr2014.pdf



Robert P. Astorino
Westchester County Executive
Sherita Amler, MD, Commissioner
Department of Health

Vaccine Preventable Diseases

2017 NYSDOH Children's Camp Operator Letter WCDH website

Vaccinations are recommended for all staff and attendees

NYSDOH and WCDH strongly recommend all staff and attendees be vaccinated as per age appropriate Advisory Committee on Immunization Practices (ACIP) Guidelines which are available for your reference at <http://www.cdc.gov/vaccines/schedules/>.

NYS Children's Camp code does not include vaccine requirements for staff or attendees.

Vaccine Recommendations

<p>Campers (Age Appropriate)</p>	<ul style="list-style-type: none">▪Diphtheria/tetanus/pertussis▪Measles/mumps/rubella▪Varicella (Chickenpox)▪Hepatitis A & B▪Haemophilus influenza, type b▪Pneumococcal▪Polio▪Meningococcal*
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Vaccine Recommendations

Staff
(Age Appropriate)

Note:

Staff hired from abroad may not have as complete immunizations as those from the U.S.

- Tetanus/diphtheria (Td) or tetanus/diphtheria/pertussis (Tdap)
- Measles/mumps/rubella
- Varicella* * * vaccine if no evidence of immunity
- Meningococcal*
- Hepatitis B (lifeguards, healthcare workers)

TICK & MOSQUITO BORNE DISEASES

- Ticks transmit diseases such as Lyme, Anaplasmosis, Ehrlichiosis and Babesiosis all of which are present in Westchester County
- Prevention of tick bites includes daily tick checks, wearing long sleeves/long pants
- Mosquitoes transmit infections such as West Nile disease
- Prevent mosquito breeding by emptying any containers that collect standing water

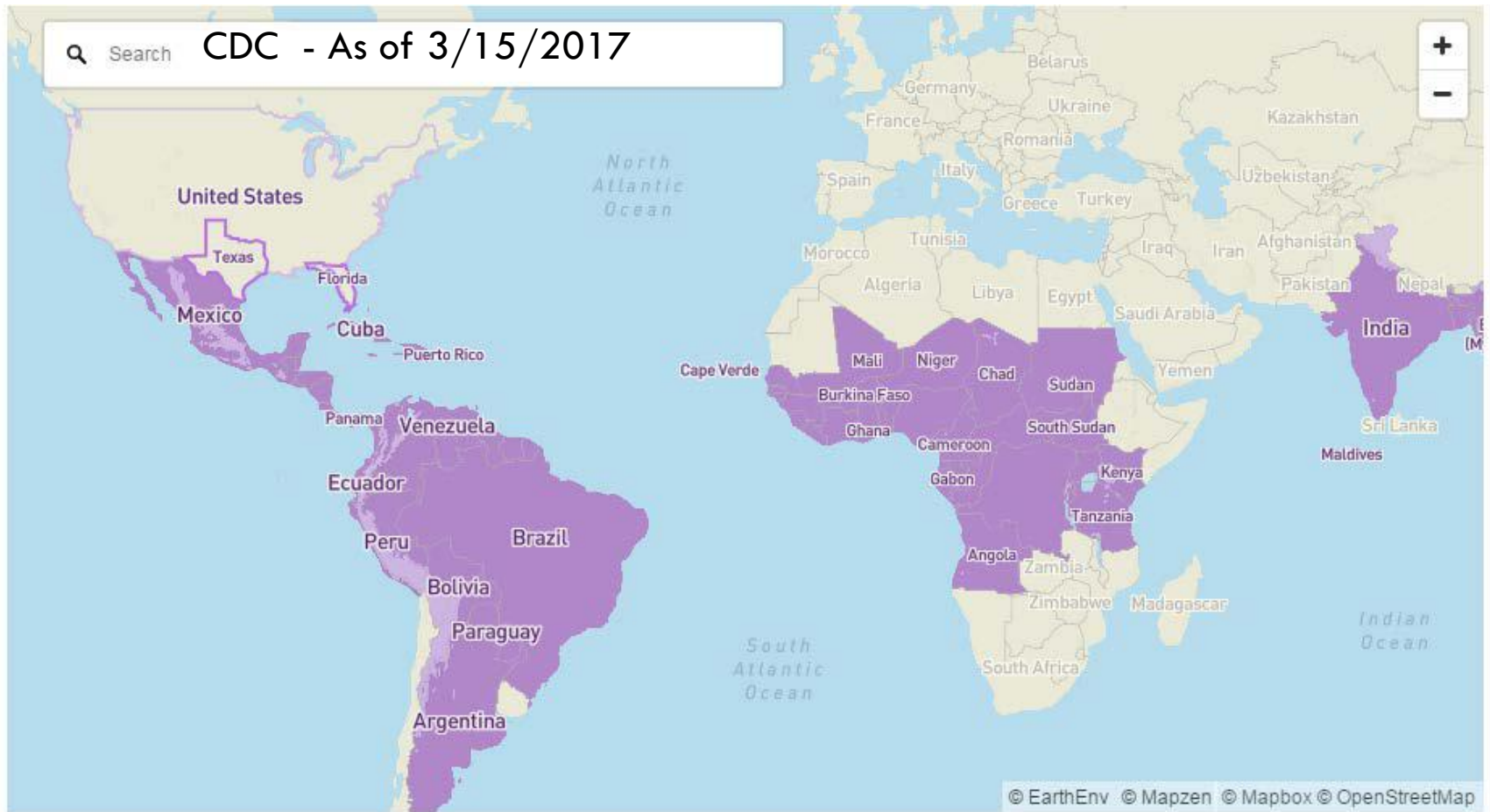
ZIKA VIRUS

- First identified in Africa in 1947 in monkeys, Zika was later identified in humans in 1952. The first large outbreak of disease caused by Zika infection was reported from the Yap Island, Federated States of Micronesia in 2007
- Began spreading to Western Hemisphere in 2013. Sweeping across Brazil as the Mystery Disease was not confirmed as Zika until May 2015.

Zika in the United States

- Local mosquito-borne spread of Zika virus has been identified in Miami-Dade County, Florida and Brownsville, Texas.
- Pregnant women should not travel to areas with active Zika transmission.

with Active Zika Virus Transmission



ZIKA VIRUS VECTORS

**Mosquitoes carrying Zika not found in
NYS/ WC at this time**

Aedes Mosquitoes

- *Aedes* species mosquitoes:
 - *Aedes aegypti*: Main type mosquito that spreads Zika; lives near and prefers to feed on people
 - *Aedes albopictus*: found in some parts of NYS
- Lay eggs in domestic water-holding containers
- Live in and around households
- Aggressive daytime biters



Aedes aegypti



Aedes albopictus

Course and Outcomes

- Many people infected with Zika virus have no symptoms or will only have mild symptoms
- Most common symptoms are fever, rash, headache, joint pain, conjunctivitis (pink eye), and muscle pain
- Symptoms last several days to a week
- Severe disease requiring hospitalization and fatalities rare
- Possible association with neurologic complications such as muscle weakness, and sometimes paralysis

ZIKA VIRUS AND PREGNANCY

- Pregnant woman can become infected with the Zika virus from mosquitoes or through sex without condom use with someone infected by Zika, even if that person does not show symptoms of Zika
- Zika Virus with can be passed from a pregnant woman to her fetus
- Infection during pregnancy can cause a birth defect called microcephaly (unusually small head), decreased brain tissue, damage to back of the eye, joints with limited range of motion and increase muscle tone restricting body movement soon after birth

Zika Treatment and Prevention

- No specific antiviral therapy
- Treatment is supportive (i.e., rest, fluids, over the counter medication to reduce fever and pain)
- No vaccine or medication to prevent infection or disease
- Pregnant women should not travel to areas with active Zika transmission
- Use barrier protection/condoms during sex with a partner who lives or has traveled to areas with active Zika transmission
- Primary prevention measure is to reduce mosquito exposure

Rabies

- Diseases can be transmitted to humans by animals
- Rabies – WCDH Camp Operators website
 - Inspections/Bat proofing
 - Avoid exposures
 - Capture the bat!
 - Notify WCDH!
- Proper hand washing before eating, after using bathroom facilities and after handling animals is an important safeguard
- Proper hand washing facilities must be readily accessible to area where animal contact occurs to ensure effectiveness

WHAT IS NOROVIRUS?

- The stomach bug! A group of highly contagious viruses that cause severe stomach upset, vomiting and diarrhea
- Can lead to severe dehydration, especially among seniors, people with other illnesses and young children



QUICK FACTS

The **NOROVIRUS**

Each Year in the U.S.

1/15 Americans contract the Norovirus

70,000+ Americans are hospitalized

800 Americans die

HOW DOES NOROVIRUS SPREAD?

- An infected person who doesn't wash hands properly after vomiting or using the toilet comes in contact with others
- Norovirus can live on objects and surfaces for days or weeks waiting to strike
- There's no vaccine or treatment, so prevention is paramount



NOVIUS PREVENTION

- # 1 Washing hands correctly is the best way to prevent the spread of disease

- # 2 Staying home when you're sick to prevent the spread of disease

SKIN INFECTIONS

Methicillin Resistant Staphylococcus Aureus - **MRSA** is a skin infection caused by a common skin bacteria called “staph.” Some staph infections have become resistant to some antibiotics.

Skin infections can be prevented by:

- Regular hand washing
- Covering minor scrapes and cuts with a clean bandage
- Avoiding the sharing of personal items - towels, washcloths
- Having anyone with a skin infection evaluated by medical staff
- Proper use of gloves and bandage disposal by those caring for a skin infection

There is no need to exclude anyone with a minor skin infection from general activity.

Communicable Disease-Reporting

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campers with disabilities)

Water for showers must be heated to between 110 and 120 degrees Fahrenheit

Overview of Amendment to Subpart 7-2

What else from old Section 7-2.25 is not applicable to camps with fewer than 20% of the children having a developmental disability?

- Additional Camp Director qualifications, training or experience are not applicable.
- Health Director qualifications remain unchanged.
- Transportation- We did not require a counselor in addition to the driver.

Aquatics Presentation



Safety at Off-Site Waterfronts

- ▶ Before any of your campers or staff ever go into the water, you need to consider the many health hazards associated with the swimming facility itself.
- ▶ **IMPORTANT:** It is still YOUR responsibility to ensure the pool/beach is safe for use!
- ▶ The following slides will go over various health hazards that you should be able to recognize.

Swimming Facts

- ▶ Any camp that falls into the category of off-site swimming (check your permit, no pool listed on the camp permit means you swim off-site) must do the following prior to swimming:
 - Each camper must have a signed statement of permission to participate from a parent/guardian.
 - Pre-arrangements must also be made with the off-site swimming facility to ensure:
 - They can accommodate the additional bather load from the camp.
 - To identify the duties of the camp aquatic staff.
 - To determine whether or not the facility's lifeguards will be present.
- ▶ Are the camp lifeguard's garments identified with the camp's name?
- ▶ **Did you know:** Westchester County Sanitary Code **REQUIRES** counselors to **ALWAYS** be **IN THE WATER** directly supervising **non-swimmers**?

Safety at Off-Site Waterfronts

- ▶ One of the first items to check is if the facility has a valid permit to operate by an official governing agency such as the State or local Health Department.
- ▶ Second, ask to see the facilities safety plan.
 - These plans include important information and reviewing these plans yourself, will help you become familiarized with what the daily operation of the facility should consist of.

Supervision

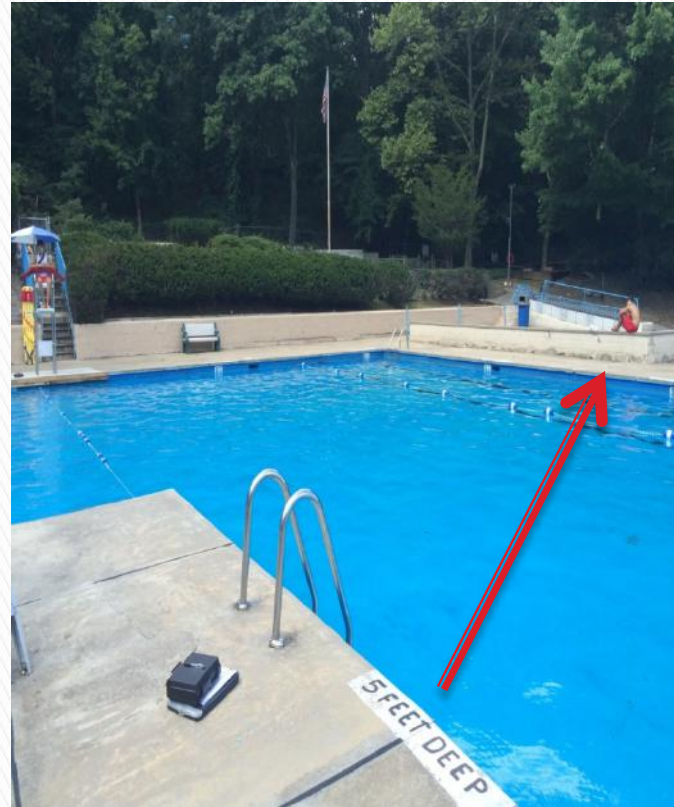
- ▶ When it comes to supervision be sure to check the following:
 - Are facility lifeguards present at the poolside?
 - Are the facility lifeguards in place prior to any bathers entering the water?
 - Do the facility lifeguards have current and acceptable certifications to be guarding?

Supervision

- Lifeguards should possess certifications in CPR and lifeguarding/first aid
 - Note: CPR certifications **must NOT exceed 1 YEAR** from the date of course completion, regardless of the expiration date listed on the certification card.
 - Note: Lifeguards guarding at a beach must also possess a valid waterfront certification versus just a lifeguarding/first aid certification

Safety at Outdoor Water Facilities

- ▶ Are the facility's lifeguards paying attention to the bathers or are they distracted/fatigued from guarding too long?
- ▶ Are they positioned by the poolside to eliminate blind spots or positioned to compensate for water glare?



This on duty guard does not appear to be adequately guarding the pool, unless he has eyes on the back of his head!

Disinfection Levels

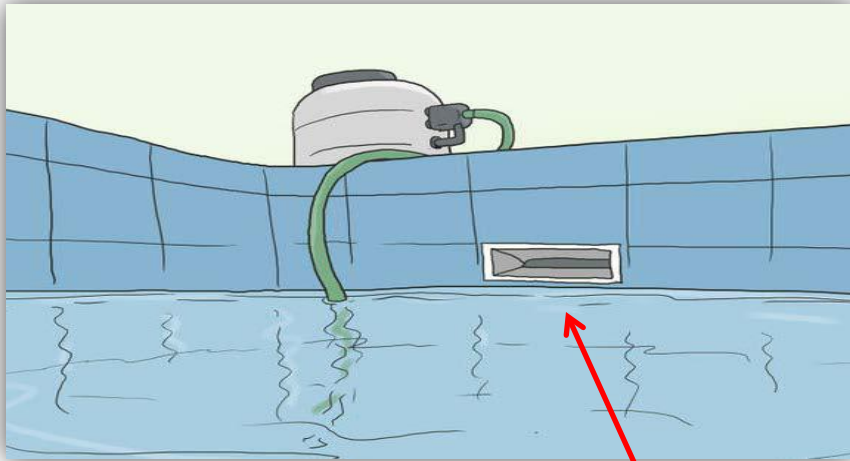
- ▶ Is the pool adequately disinfected?
 - Ask to see the latest chlorine and pH readings and the time they were taken. You can always ask for another chemical reading to be taken prior to the camp utilizing the pool to ensure the following:
 - Chlorine residual must be 0.6 ppm to 5.0 ppm chlorine.
 - Although not as common, some pools utilize bromine as their disinfectant. The acceptable range for the bromine residual is 1.5 mg/l – 6.0 mg/l.
 - Keep in mind disinfection residuals can fluctuate very quickly depending on factors such as increased bather load, a very sunny day, etc. It never hurts to have the chemical readings checked again prior to entering the water.

Pool Water Level

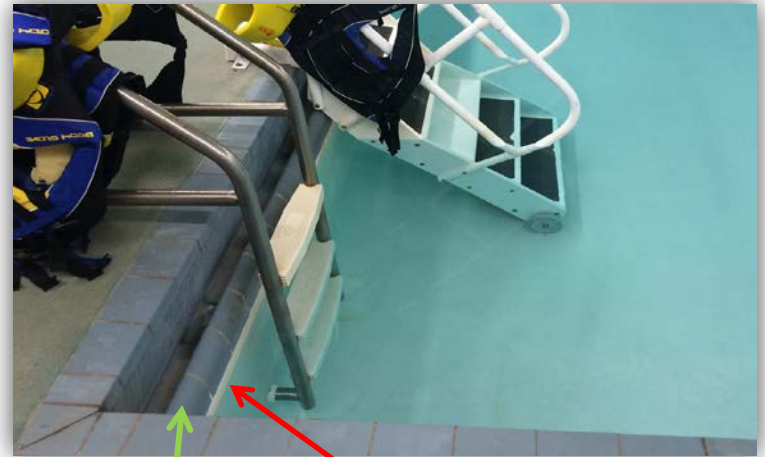
- ▶ The pool water level should be checked to ensure adequate surface skimming is occurring.
 - 70% of the water returned to the pump room to be filtered comes from the surface of the pool through the use of weirs, perimeter gutters, etc.
 - If a low water level is observed, the pool operator/lifeguard should be notified and swimming must not be conducted.

Safety at On-Site Waterfronts.

Pool Water Level



Water level below gutter

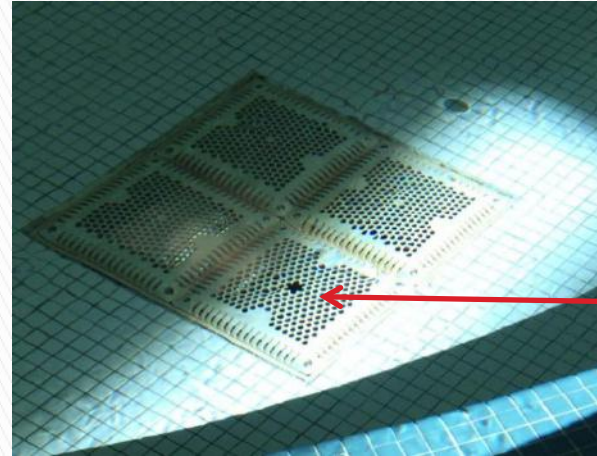


Top of gutter

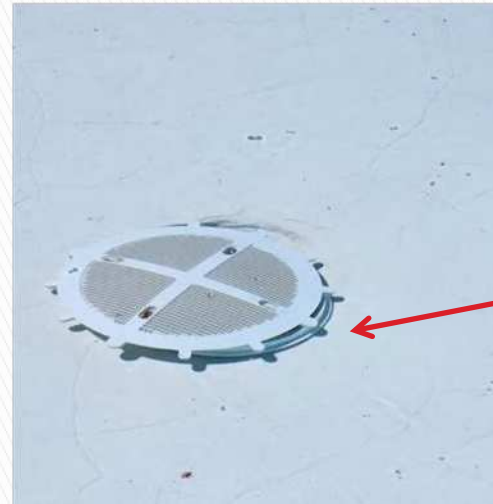
Water level not overflowing perimeter gutters

Main Grates

- ▶ Is the pool main grate in good repair and adequately secured?
 - Any gap larger than an inch or an unsecured grate could result in entrapment to the bather



Example of a hole in a main grate



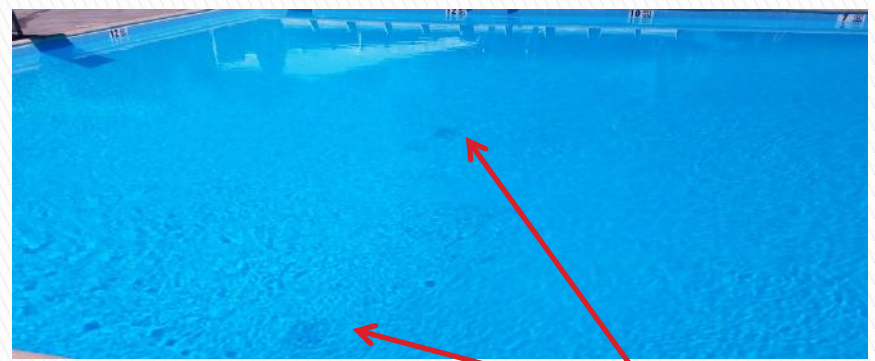
Example of an unsecured grate

Water Clarity

- ▶ Water clarity
 - Is the pool cloudy?
 - Rule of thumb, if you cannot see the pool main drain grate, the pool can not be used, even if the shallow section appears to be clear.

- ▶ The following pictures were taken last season and depict a pool in which campers were permitted to swim.

Water Clarity



Cloudy Pool: Top picture of shallow section. Bottom picture of deep end of pool, main grates not visible.

Clear pool the following day.

Main grates visible

The Buddy System

- ▶ A buddy system must be in place and implemented at the waterfront as a means to supervise and account for your bathers. Your camp's buddy system must be described in the camp's approved safety plan.
 - The buddy system is an accounting system which identifies each bather by name, the bather's swimming ability and the swim area the bather is assigned.
 - It is a method of **recording** the entry to and exit from the swim area for each bather.
 - The assignment of each bather to a buddy who has the same level of swimming ability.
 - If a non-swimmer must be paired with a swimmer, both must remain in the non-swimmer area.
 - Buddy checks must be conducted at least every 15 minutes.
 - A camper who is determined to be a non-swimmer must be readily distinguishable from a swimmer.

The Buddy System

- The importance of and reason for the buddy system must be stressed to both staff and campers during the aquatics portion of your orientation.
 - Understanding **why** the system is in place is extremely important for all staff and campers to know.
- Prior to entering the water, ensure group counselors communicate with one another to ensure that there is only one triple per **SWIM AREA**.
 - Multiple triples in one swim area often occur when several groups from the same camp are swimming at once and only focus on preventing multiple triples within their own group but are failing to take into account triples that may be present in another group.

The Buddy System

- ▶ Staff must know that while it is great to have fun with the campers and interact with them in the water, they can never forget their ultimate role, which is to ensure the safety of the campers.

- ▶ Counselors must be directly and **ACTIVELY** supervising bathers at all times!
 - They know best which campers are buddied together. If buddies are not in close proximity to each other, are swimming with a camper who is not their buddy, are not aware of each other's location, (i.e. one camper playing alone), etc. **They need to speak up!**
 - Be careful to watch for distracted counselors who may be conversing/congregating with other counselors or those who are horse playing with the bathers.
 - Be sure counselors are spread out around the areas the bathers are swimming to ensure all areas are covered.

The Buddy System

- ▶ Additional points to stress to staff and/or campers:
 - They must remain with their buddy at all times while in the pool.
 - If one bather exits the pool so should their buddy.
 - If their buddy is in distress or is missing the other buddy should know to notify the lifeguard or counselor.
 - Be sure to have swimmer and non-swimmer areas designated.
 - Non-swimmers must be confined to an area less than chest deep.

- ▶ Swimming is one of the more common high risk activities that occur at our camps.
 - With any high risk activity, the chances of injury occurring and the seriousness of that injury increases.

- ▶ You should know that during the 2016 camp season, inspectors cited various waterfront violations **97 TIMES!** This accounted for about 25% of the violations cited among the top ten most common violations!

Cited During the 2016 Camp Season

- ▶ Buddies not together in the pool, one buddy on the outside of the pool not swimming while other buddy is in pool swimming.
- ▶ One camper exited the water, when asked who the camper's buddy was he stated it was the camper who had not gone in the water that day and was dressed in his clothes.
- ▶ Buddy sheets do not identify camper swim ability, swim area, entrance and exit times.
- ▶ Buddy sheets missing camper's swimming ability.

Cited During the 2016 Camp Season

- ▶ Inadequate accountability of campers. When questioned about how many campers were at the waterfront, counselors reported 17, the inspector counted 14. Counselor then stated that some campers may have gone up to get their towels.
- ▶ Buddy check was not conducted within 15 minutes. The inspector entered the pool area and a camp group was already present in the water, time was 12:53pm, buddy check was called at 1:13pm which was a 20 minute time span. The inspector asked the camp director how often buddy checks were conducted and the response was every 15–20 minutes.

Cited During the 2016 Camp Season

- ▶ Swimmers and non-swimmers identified with same white bracelet but with different design. Non-swimmers identification must stand out.
- ▶ Campers are not identified when buddy checks are called. Only a head count is performed.
- ▶ One counselor buddied with a camper and also assigned to watch the small group of campers.

Cited During the 2016 Camp Season

- ▶ Parental signature providing trip swimming permission not provided.
- ▶ Counselor supervising the non-swimmers present at pool side not in the water.
- ▶ More than one triple per swim area.
- ▶ At the start of the swim session, a camp group was permitted to enter the water early and the camp guard was not in place but was guarding a small group of patrons participating in swim lessons.

BE ON THE LOOKOUT!

- ▶ Don't be surprised if you see us on your next camp trip!
- ▶ Our inspectors will be given authorization to visit various trip sites throughout the season!



2016 Top Ten Camp Violations

In 2016 a total of **544 violations** were cited and there were 250 camps under permit.

**THE TOP TEN VIOLATIONS
COMPRISE 65% OF ALL
VIOLATIONS!**

THE MOST CITED VIOLATION For The Last Four Years

- Camper medical history not provided
- Medical log not properly maintained
- Incident reporting
- Emergency contact information

We Are Not Improving!

2016 Cited **93** Times

- 2015 Cited **64** Times
- 2014 Cited **64** Times
- 2013 Cited **46** Times



2nd Most Cited Violation

- Personnel records
- Resumes
- Criminal Justice checks



2nd Most Cited Violation



2016 Cited 55 Times

- 2015 Cited 47 Times
- 2014 Cited 44 Times
- 2013 Cited 27 Times

3rd Most Cited Violation



- Qualified Personnel
- Staff Training Provided
- Documentation of Training

3rd Most Cited Violation

2016 Cited 44 Times

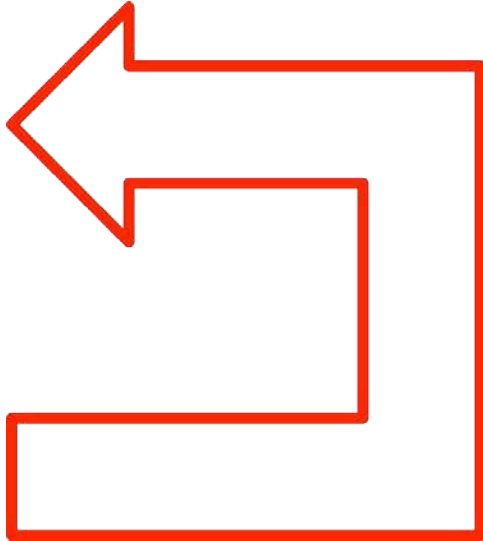
- 2015 Cited 47 Times
- 2014 Cited 22 Times
- 2013 Cited 17 Times

4th Most Cited Violation



- Buddy System/Checks/Board
- Swim Ability Assessment
- Triples

Once Again...Going Backwards



2016 Cited 43 Times

- 2015 Cited 24 Times
- 2014 Cited 24 Times
- 2013 Cited 29 Times

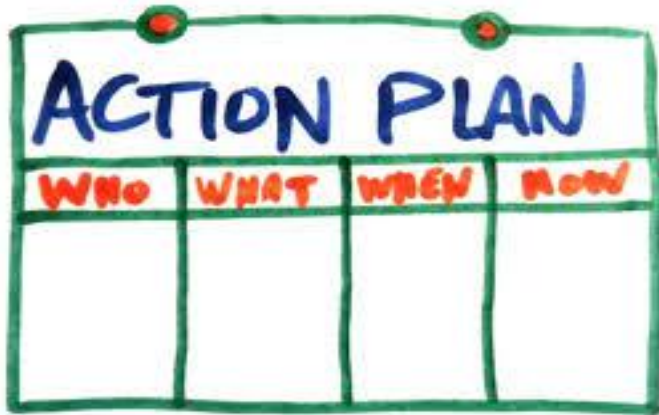
#5 - Trip Swimming, Lifeguard ratios, Non Swimmer Identification

2016 Cited **33** Times

- 2015 Cited **11** Times
- 2014 Cited **21** Times
- 2013 Cited **17** Times



#0 - Safety Plan Complete, On File, Updated And Implemented



2016 Cited **27** Times

- 2015 Cited **24** Times
- 2014 Cited **32** Times
- 2013 Cited **18** Times

7 - Aquatic Director, Lifeguards, Ratios

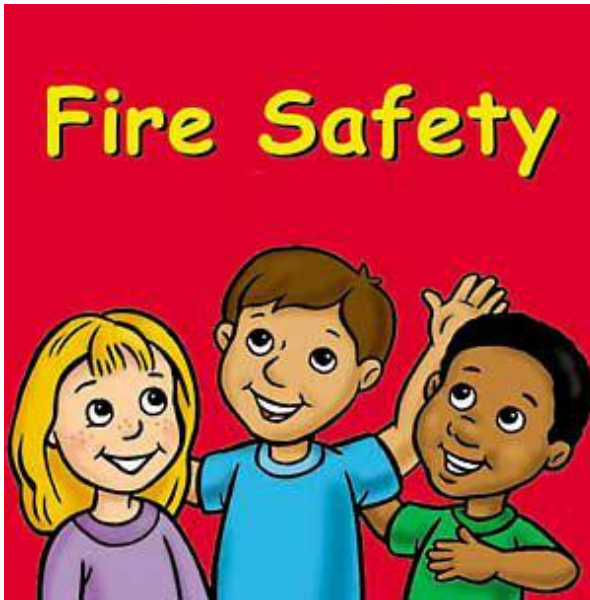
2016 Cited **21** Times

- 2015 Cited **8** Times
- 2014 Cited **4** Times
- 2013 Cited **7** Times

8 - Fire/Smoke Alarms, Fire Drills

2016 Cited **21** Times

- 2015 Cited **12** Times
- 2014 Cited **21** Times
- 2013 Cited **6** Times



9 - Exits Unobstructed

2016 Cited **21** Times

- 2015 Cited **25** Times
- 2014 Cited **14** Times
- 2013 Cited **10** Times



#10 - Triage, Holding Area, Medical Supplies

2016 Cited **19** Times

- Over the past three years cited 20 times



Epi-Pens

- Section 3000-c of Public Health Law (PHL) was amended March 29, 2017
 - Allows groups to stock and administer Epi-Pens for emergency treatment of people experiencing severe allergic reaction.
 - Eliminates requirements for MD or hospital to oversee the program and to establish a collaborative agreement with the camp.
 - Eliminates requirement for participants to file a Notice of Intent to Provide Epi-Pens with a REMSCO.

Epi-Pens

- Allows MD's to write non-patient specific Rx's for Epi-Pen's.
- Children's Camp Program no longer has oversight for program implementation at camps.
- Children's Camp Program no longer reviews training for staff.

Epi-Pens

- NYS Bureau of Emergency Services (BEMS) – “Policy Statement for Epinephrine Auto-injectors” replaces the Camp Fact Sheet.
- Policy located at:
<https://www.health.ny.gov/professionals/ems/policy/17-02.htm>

Epi-Pens

- Camps wishing to participate should obtain training for staff and incorporate policies and procedures into their Camp Safety Plan as outlined in the BEMS Policy.
- Questions regarding Epi-Pen programs should be made to BEMS at (518) 402-0996.
- Camp Operators are still required to report Epi-Pen administrations to WCDH within 24 hours.

PFDs (Personal Flotation Device)

NYSDOH will now permit the use
of Life Jackets for non-swimmers
during free swim periods

PFD'S (Personal Flotation Device)

WHY?

PFD'S (Personal Flotation Device)

- ❑ Some pools have minimum water depths greater than chest deep for young non-swimmers.
- ❑ This requires 1:3 ratio during free swim thereby imposing a greater burden on camps with limited personnel.
- ❑ May cause the camp to have to limit the number of non-swimmer bathers in the pool at any one time.

PFD'S (Personal Flotation Device)

- How can my camp participate in this program?
- What are the requirements my camp will need to comply with?

CPR (Cardiopulmonary resuscitation)

- FIRST YEAR ONLY!!!!!!

PFD'S (Personal Flotation Device)

- The camp must formally request a WAIVER of the particular code section from the WCDH Commissioner of Health.

PFD S (Personal Flotation Device)

The WAIVER will only be granted if the following conditions are met:

1. The swimming occurs in a pool where the minimum water depth is greater than chest deep for non-swimmers (not applicable to shallow water pools or beaches)
2. **ONLY** appropriate Type I, II, or III US Coast Guard approved life jackets are worn and maintained (i.e. No tears, broken buckles/zippers, etc.)

PFD'S (Personal Flotation Device)

3. Staff are trained to properly size and fit a PFD
4. Non-swimmers are restricted to shallow water (i.e 5' or less)
5. Non-swimmers are 6 years of age or older
6. Counselors are in the water directly supervising and within close proximity to non-swimmers so they may react quickly if he/she slips out of a PFD

PFD S (Personal Flotation Device)

7. Staff are instructed that PFD's do NOT replace proper supervision
8. Maintain a written record containing the “who, what, where, when, and why” of training
9. The Camp Safety Plan must be amended, and submitted for review and approval to WCDH BEFORE the waiver is approved

PFD S (Personal Flotation Device)

A waiver will NOT be granted for the following:

1. Allowing non-swimmers to enter water GREATER than chest deep for free swim.
2. Allowing non-swimmers to utilize floating water structures, trampolines, etc.

The Blue Pamphlet

- “Children’s Camps in New York State”
- Every parent or guardian of a camper in NYS must be provided with the information contained therein. (specifically the “Rights and Responsibilities” section).
- These may be obtained by ordering the pamphlets at:
<https://www.health.ny.gov/publications/3601.pdf>
- Or submit a Rights and Responsibilities statement to our office for review and approval.

Camp workshop - Part 2

- Be sure to view the PowerPoint Presentations on line at:
<http://health.westchestergov.com/camp-operator>
- Execute the “Affidavit of Completion”
- Submit with your completed Permit Application packet –
Please **Do NOT** submit the application “piecemeal”

Bureau of Public Health Protection

Mt. Kisco District Office
25 Moore Avenue
Mt. Kisco, New York 10549
Phone: (914) 864-7330

Emergency Telephone Number
24 hours a day/7 days a week
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Department of Health

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