

Safety Plan Addendum for Compliance with Amendments to Subpart 7-2 of the New York State Sanitary Code Related to Campers with Disabilities

2017

Name of Facility: [Click here to enter text.](#)

Site Address: [Click here to enter text.](#)

Prepared By: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Date: [Click or tap to enter a date.](#)

Amendments to the State Sanitary Code Subpart 7-2 (Children’s Camps) contain protections for campers with disabilities attending a children’s camps and additional requirements for camps with an enrollment of 20 percent or more children with a developmental disability.

This document is intended to be an addendum to existing safety plans for the requirements that apply to all camps. Camp operators should refer to the “Requirements for Campers with Disabilities at Children’s Camps Frequently Asked Questions” document for additional guidance.

Camps with 20 percent or more developmentally disabled campers should refer to section 7-2.25(b) and the fact sheet titled “Requirements for Camps for Children with Developmental Disabilities” for additional requirements and guidance. Additional policies and procedures should be developed based on the specific needs of the campers enrolled at these camps.

Please send a copy to:

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And, please retain a copy of this document for your use.

For Health Department Use Only

Approved: Yes No

Reviewer: [Click here to enter text.](#)

Date: [Click or tap to enter a date.](#)

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Individual Treatment, Care, and Behavioral Plans

Individual treatment, care or behavioral plans address a camper's unique physical, medical, behavioral, and/or social needs. Camps are required to obtain these plans for campers with disabilities when such plans exist and to implement adequate procedures to protect the camper's health and safety based on the plans. Camp operators should consult with the camper's parents, guardian and/or clinical team to determine what portions of the plan are relevant to the camp setting.

Campers with developmental disabilities are not required to have a treatment, care or behavioral plan to attend a children's camp.

Information regarding a camper's disability should be obtained as soon as possible. The State Camp Safety Advisory Council recommends identifying camper disability information during the camp's enrollment process or during other initial contact with parents by including questions as to any special needs of the camper. It is not advisable to wait for a health form to be submitted. Follow up with parents or guardians should occur as soon as possible to obtain details about a camper's needs and disabilities.

1. How will information regarding a camper's treatment, care, or behavioral plan be obtained?

With enrolment application

Other (specify): [Click here to enter text.](#)

Camper Confidential Medical Histories

2. The confidential medical history for a camper with a disability shall include the following. Modified diets and other special needs related to a camper's disability shall be identified for each camper prior to arrival at camp, planned for, provided for in accordance with supplied directions, and reviewed by the designated camp health director.

- Any restrictions, allergies, medications, special dietary needs, and other pre-existing medical, physical or psychological conditions and illnesses.

- The camper's physician's name, address and telephone number.

Check to indicate agreement with the above procedure with any additions or modifications specified in the space provided below.

[Click here to enter text.](#)

Staff Training

3. Prior to assuming direct care responsibilities of a camper with disabilities, camp staff will receive training in the specific needs of the camper in their charge. Training provided will be based on information provided by the camper's parent, guardian, and/or clinical team. Document as to the training/instruction provided to the staff will be maintained and include the date of training, staff that was trained, name of the trainer and an outline of topics discussed.

- Check to indicate agreement with the above procedure with any additions or modifications specified in the space provided below.

[Click here to enter text.](#)

- Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):

[Click here to enter text.](#)

Supervision of Campers with Disabilities

The minimum required counselor to camper ratio varies based on the type of camp (day vs. overnight), age of the campers, the activity and individual camper's needs:

- The minimum ratio of counselors to campers who are confined to wheelchairs or require the use of adaptive equipment or bracing to achieve ambulation, but who do not possess, for whatever reason, the ability to fit, secure or independently manipulate such devices satisfactorily to achieve ambulation, is 1:2.
- Consult individual treatment, care, and behavioral plan and the parent/guardian to determine the supervision needs of the camper with a developmental disability
- Additional staff may be required to insure the safety of campers based on the specific activity, location, camper's disability, hazards, et cetera.

4. What minimum counselor to camper ratio will be maintained for campers who are unable to move from place to place on his or her own. This includes but is not limited to, campers who rely on wheelchairs or walkers or other adaptive equipment that they cannot affix or independently manipulate on their own or cannot independently navigate pathways to exit a building in case of an emergency.

1:1

1:2

Swimming (on-site or off-site)

5. Are swimming activities provided on-site or off-site? Yes No

If "yes", complete questions 6 – 8.

Campers with developmental disabilities may be at an increased risk of an emergency during swimming activities.

Camps must obtain written permission, signed by the child's parent or guardian, to allow a camper with a developmental disability to swim. It is recommended the permission slips identify campers with increased risk of an emergency during swimming activities.

6. Who is responsible for ensuring that signed written permission are on file prior to allowing a camper with a developmental disability to participate in a swimming activity?

Aquatics Director Camp Director Lifeguard Other (specify): [Click here to enter text.](#)

7. At a minimum, the following ratios of counselors to campers will be maintained for campers with disabilities of all ages:

- 1:1 for non-ambulatory campers or campers with a disability that may result in an increased risk of an emergency in the water, such as uncontrolled epilepsy.
- 1:5 for campers with a developmental disability. Staff supervising campers with a developmental disability at a 1:5 ratio may also supervise campers without a disability during a swimming activity, provided that the total number of campers does not exceed one counselor for five campers and the assigned campers are swimming in the same general area. For example, a counselor may supervise two campers with developmental disabilities and up to three other campers without a developmental disability.

Check to indicate agreement with the above procedure with any additions or modifications specified in the space provided below.

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Seizure/Choking Response and Training

- An individual who has a seizure in the water:
 - Is likely to submerge quickly and silently without portraying the distinctive drowning signs or calling for help, although convulsive movements may be exhibited;
 - Is susceptible to aspirate/ingest water due to an open/passive airway; and
 - Will not be able to react or assist in a rescue attempt.
- If the bather survives, a medical check-up is essential (even if the rescued/resuscitated victim appears to be recovered), as life-threatening complications may result.
- A person who experiences a seizure in/out of the water should **not** return to/participate in aquatic activities that day, even if he/she appears recovered, as the likelihood of experiencing another seizure is increased.
- Contributing factors to drownings of persons with known seizure disorders identified in NYS investigations include:
 - An uncontrolled or poorly controlled seizure disorder; and
 - Missed seizure medication
- Other potential factors that may trigger a seizure include fatigue, stress, use of non-compatible medications, illness/injury, etc.
- For additional information on this subject, contact the Epilepsy Foundation of America or your local epilepsy association.

8. When a camper with a developmental disability is enrolled at the camp, the following training and procedures for responding to seizures and choking on ingested water will be implemented:
- a. All waterfront and swimming pool staff must be trained in procedure for responding to seizures and choking on ingested water prior to the campers first swimming activity.
 - b. In-service training using these procedures will be conducted and documented at two-week intervals during the duration of the camper's enrollment.
 - c. Procedures for responding to seizures and choking on ingested water include:
 - Recognize the bather is in distress;
 - Support the victim's head and face out of the water to minimize ingestion of water;
 - Tilt their head back to keep their airway open;
 - If having a seizure, keep the victim away from pool sides or docks in the water to avoid injury if uncontrolled body movements occur;
 - Remove the victim from the water as soon as possible to further respond to the person's needs; and
 - Seek medical assistance.
- Check to indicate agreement with the above procedure (specify additions or modification to the above procedure in the space provided below):
- [Click here to enter text.](#)
- Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):
- [Click here to enter text.](#)