

**Board of Health**

William Morris, **Chairman**  
Carol Johnson, **Clerk**  
Richard Bringham, MD  
Richard Beauregard  
Mona Bissany, RPH



**Town Hall**  
135 School Street  
Walpole, Ma. 02081  
Phone (508) 660-7321  
Fax (508) 660-6345

**Town of Walpole**  
**Commonwealth of Massachusetts**

To: Camp Directors, Walpole  
From: Rike Sterrett, Deputy Health Agent  
Re: Camp Applications for 2020  
Date: March 23, 2020

Enclosed is an application for a permit to operate a camp. Please complete this application and return it to our office. **The fee is \$150.00, checks made payable to the Town of Walpole. Please note that with the new camp regulations that were issued by the Department of Public Health in March 2018, all applications must be submitted 90 days before the start of camp.** Attached you will find the updated information and forms that you will need to assure that your camp is in compliance with the new regulations. A sample inspection form that will be used by our office to inspect your camp is also included.

**PLEASE KEEP IN MIND:**

- You will need a current building permit to receive a camp permit.
- You will need a written statement of compliance from the local fire department.
- If you have a **private water** supply it will have to have a chemical and bacterial analysis completed 45 days prior to opening.
- Cori and Sori checks are required for everyone working or volunteering at your camp. There are no age exemptions. If you have not received someone's Cori or Sori results before camp opens, they cannot be on site.
- We need a complete list of all staff and volunteers and copies of their heads up certifications.
- The board of health must approve the camp health care policy.
- We need a current letter from the Health Care Consultant.
- We need to see written orders signed by the health consultant that must be available for the health supervisor.
- We need copies of the health supervisor's certifications.
- We need proof of staff and campers meeting immunization requirements. \*\*\*\*
- We need copies of all written procedures.
- Your promotional literature must include the statement of regulatory compliance and licensing.

Guidelines for safety during extreme heat, the latest camp injury reporting form, meningococcal disease handout, and immunization requirements are enclosed **\*\*Please review the required immunization section thoroughly.**

**The March 2018 meningococcal question and answers sheet must be given to all camp attendees at the time of initial enrollment.**

**\*\*Please allow ample time for submittal of your application and to schedule an inspection. Should you have any questions, or to schedule an appointment please call me at 508-660-7209.**

# Table of Contents

## **Forms:**

1. Recreational Camp License Application
2. Health Care Consultant (HCC) Agreement
3. Health Care Consultant Acknowledgement of On-site Medications
4. Parent/Guardian Authorization to Administer Medication to Campers
5. Daily Log for Medication Administration
6. Camp Inspection form used by CSP inspectors

## **Checklists:**

1. Recreational Camp Operators Checklist
2. Recreational Camp Emergency Plans for Incidents and Natural Disasters - includes a Fire Prevention Checklist
3. MDPH Medication Administration Competency Skill Checklist

## **Guidance documents:**

1. Advisory - Guidance on Medication Storage and Administration for Recreational Camps
2. Advisory - Parent/Guardian Authorization to Administer Medications to a Camper
3. Policy Statement Regarding Background Information Checks for Staff and Volunteers at Recreational Camps for Children
4. DPH Standards for Training Health Care Supervisor in Medication Administration
5. DPH Standards for Training Health Care Supervisor and other Employees on Use of Epinephrine Auto-Injectors
6. DPH /Division of Epidemiology and Immunization - Meningococcal Disease and Camps
7. DPH/ Division of Epidemiology and Immunization - Required Immunizations for Children attending Camp and Camp Staff
8. Information about Recreational Camps for Children in Massachusetts: Questions and Answers for Parents and Guardians
9. Overview of Christian's Law, 105 CMR 432.000: Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps
10. Important Webpage Links regarding Recreational Camps for Children

## **Regulations:**

1. MDPH Important Amendments to Regulation 105 CMR 430.000



# RECREATIONAL CAMP LICENSE APPLICATION

## Camp Name and Location Information

Camp Name: \_\_\_\_\_

Location where camp operates: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website/Social Media address: \_\_\_\_\_

## Camp Owner/Organization Information

Owner/Organization Name: \_\_\_\_\_

Primary Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone(year-round): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

☐

send license to this email address

## Camp Director/Operator Information (if different than owner)

Director/Operator Name: \_\_\_\_\_

Primary Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone(year-round): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

☐

send license to this email address

## Camp Operating Information

If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under:

☐

From: \_\_\_\_\_ To: \_\_\_\_\_ Name(s): \_\_\_\_\_

N/A

Has the camp's license ever been suspended or revoked:(check):

☐  
☐  
☐

Suspended  
Revoked  
Neither

Day or Residential Camp:

☐  
☐

Day  
Residential

Seasonal or Year-Round Camp:

☐  
☐

Seasonal  
Year-Round

Seasonal camp only:

Opening Date for camp: \_\_\_\_\_

Closing Date for camp: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Swimming Pool(s):

☐  
☐

Yes Off-site

No

Pool Permit Number: \_\_\_\_\_

Off-Site Pools (if applicable): \_\_\_\_\_

Total Number of Pool(s): \_\_\_\_\_

Bathing Beach(s):

☐  
☐

Yes Off-site

No

Names of lake or river located at camp (if applicable): \_\_\_\_\_

Off-Site beaches (if applicable) : \_\_\_\_\_

Meals Provided:

☐
☐

Yes

No

Food Permit Number: \_\_\_\_\_

Camp Capacity (per Session):

Campers: \_\_\_\_\_ Staff: \_\_\_\_\_

Total Number for the Year: \_\_\_\_\_

### Health Care Consultant Information

Name:

MA License Number:

Phone (to reach during camp operations):

Type of Medical License:

☐

Physician

☐

Physician Assistant  
Nurse Practitioner

(NOTE: Attach documentation  
of pediatric training if a PA)

☐

Other: \_\_\_\_\_

### Health Care Supervisor Information

Name:

MA License Number:

Age:

Type of Medical License, Registration or Training 105 CMR 430.159(C):

☐

Physician  
Nurse

☐

Physician Assistant  
Nurse Practitioner

☐

Other: \_\_\_\_\_ Please attach  
documentation of current First Aid / CPR Training

### Aquatics Director Information ☐ N/A

Name:

Age:

Lifeguard Certificate issued by:

Expiration date: \_\_\_\_\_

American Red Cross CPR Certificate:

Expiration date: \_\_\_\_\_

American First Aid Certificate:

Expiration date: \_\_\_\_\_

Previous aquatics supervisory experience:

### Firearms Instructor Information ☐ N/A

Name:

National Rifle Association Instructor's card (or equivalent):

Date Certified: \_\_\_\_\_

Expiration date: \_\_\_\_\_

### Horseback Riding Instructor Information ☐ N/A

Name:

License Number:

Expiration date: \_\_\_\_\_

Stable Location: \_\_\_\_\_

Licensed in accordance with MGL c.111 §155, 158:

☐

Yes

☐

No

### Drinking Water and Plumbing Information

Is the camp a Public Water System (PWS) or connected to a town water supply?

☐

PWS

☐

Town water supply

☐

Other: \_\_\_\_\_

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

☐

Municipal/Off-Site

☐

On-Site (if on-site, Date of most recent septic tank pumping and inspection: \_\_\_\_\_)

☐

Other: \_\_\_\_\_

### Renewal or Previously Submitted Information

If ALL of the above information was previously submitted and has not changed, please note:

☐

INFORMATION ON FILE from previous years

### Certification and Signature

I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.

Signature  
of applicant:

Title:

Name  
(Please Print):

Date:

### Comments or Additional Information

### **Required Documentation:**

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]

### **Please note:**

**When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]**

March 2018

## Sample Health Care Consultant Acknowledgement of On-Site Medications

### Health Care Consultant Information

Name, Title and  
License #:

Address:

Phone:

Fax:

Email:

### Agreement Information

I, \_\_\_\_\_, acknowledge that I serve as the Health  
(Print Name)

Care Consultant for \_\_\_\_\_  
(Camp Name)

As such, I hereby authorize the following listed medications to be administered to campers as prescribed, provided that, the medications are delivered to the camp, maintained by the camp, and administered in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160 and that the parent/guardian of the camper has provided written permission for the administration of the medication.

I am not the prescribing physician for these medications. My signature indicates only that I have reviewed the listed medications and associated potential side effects, adverse reactions and other pertinent information with all personnel listed below, who administer medications or designated health care supervisors who are appropriately trained to and are doing so under my professional oversight.

Names of individual authorized to administer medications at camp:

---

---

---

---

---

### Signature of Health Care Consultant

Signature:

Date:

## Authorization to Administer Medication to a Camper

(completed by parent/guardian)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	



Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
<b>Authorization Information</b>	
I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp) to administer, to my child, _____ (name of camper) the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].	
<b>If above listed medication includes epinephrine injection system:</b>  I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<b>If above listed medication includes insulin for diabetic management:</b>  I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Signature of Parent/Guardian:	Date:

**\*\* Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older, is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

## 105 CMR 430 References

**105 CMR 430.160(A):** Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. (M.G.L. c. 94C § 21).

**105 CMR 430.160(C):** Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

**105 CMR 430.160(D):** A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

- (1) List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.
- (2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.
- (3) Document the circumstances in which a camper, Health Care Supervisor, or Other Employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:
  - a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
    - 1) the camper is capable of self-administration; and
    - 2) the health care consultant and camper's parent/guardian have given written approval
  - b) Receive an epinephrine auto-injection by someone other than the Health Care Consultant or person who may give injections within their scope of practice if:
    - 1) the health care consultant and camper's parent/guardian have given written approval; and
    - 2) the health care supervisor or employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.
- (4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration.

**105 CMR 430.160(F):** The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste.

**105 CMR 430.160(I):** When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be disposed of as follows:

- (1) Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.
- (2) The medication disposal log shall be maintained for at least three years following the date of the last entry.

# Sample Daily Log for Medication Administration (complete for EACH medication)

## Camper and Medication Information

Camper's Name, Gender  
and Age:

Name and Dosage of  
Medication:

Route:

Frequency:

Year:

## Medication Administration Log

Directions: Initial with time of medication administration. Include a complete printed name, signature and initials of person administering medication below.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May																															
June																															
July																															
Aug																															

Initials of individual administering medication

Printed Name and Signature of individual administering medication

1.		
2.		
3.		
4.		
5.		

Codes for administration: (A) Absent

(E) Early Dismissal

(F) Field Trip

(N) No Medication available

(O) No Show

(X) No Camp

**Massachusetts Department of Public Health  
Community Sanitation Program  
Recreational Camp Injury Report Form**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), 105 CMR 430.154 specifically requires that a report be completed, on a form prescribed by the Massachusetts Department of Public Health, for each fatality or serious injury as a result of which a camper or staff person is sent home, or is brought to the hospital or a physician's office and where a positive diagnosis is made. Such injuries shall include, but shall not necessarily be limited to, those where suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital. **A copy of each injury report must be sent to the Massachusetts Department of Public Health within SEVEN (7) days of the occurrence of the injury.**

**PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EVERY QUESTION.**

1. Name of Camp: \_\_\_\_\_
2. Street Address (please indicate the camp's in-session, physical address): \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name of Camp Director: \_\_\_\_\_ 4. Telephone: \_\_\_\_\_
5. Name of Person Completing Form: \_\_\_\_\_

6. Today's Date: \_\_\_\_\_ 7. Date of injury: \_\_\_\_\_ 8. Time of Injury: \_\_\_\_\_ ☐ AM ☐ PM

9. Enter the number of campers and staff who were injured: \_\_\_\_ Camper \_\_\_\_ Staff member

**Note: Fill out a separate form for each injured person**

10. a) Age of person whose injury is described on this form: \_\_\_\_\_ b) Gender: ☐ M ☐ F

11. Where did the injury occur? ☐ On camp property ☐ Off camp property

12. Please specify the type of facility where the injury occurred:

☐ Athletic or recreational facility

☐ Pool

☐ Dorm or sleeping quarters

☐ Other water body (not pool)

☐ Motor vehicle

☐ Other, please specify: \_\_\_\_\_

13. What was the incident outcome? Please check all that apply:

☐ Injury

☐ Illness

☐ Death

14. Explain in detail how the injury occurred (e.g. what type of activity was the injured person engaged in when the injury occurred) and describe the nature of the injury. **Do not include names or other personal identifying information regarding the injured person or other involved parties.**

Report ID # (internal use only): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cross-reference # (internal use only): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(continued over)  
Revised October 2014

15. Type of injury. Please check all that apply:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Alleged abuse or neglect             | <input type="checkbox"/> Allergic reaction                                 | <input type="checkbox"/> Bite or sting                | <input type="checkbox"/> Bruise or contusion |
| <input type="checkbox"/> Burn                                 | <input type="checkbox"/> Concussion  | <input type="checkbox"/> Cut or laceration            | <input type="checkbox"/> Drowning            |
| <input type="checkbox"/> Fracture or dislocation              | <input type="checkbox"/> Heat or cold (e.g., heat exhaustion, hypothermia) | <input type="checkbox"/> Muscle strain                | <input type="checkbox"/> Near drowning       |
| <input type="checkbox"/> Psychological or mental health issue | <input type="checkbox"/> Undetermined                                      | <input type="checkbox"/> Viral or bacterial infection |  |
| <input type="checkbox"/> Other, please specify: _____         |  |   |  |

16. What body part(s) were injured? Please check all that apply:

- |   |                                  |                                  |                                |                                   |                                |
|---|----------------------------------|----------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Head, neck, and/or face          |                                  |                                  |                                |                                   |                                |
| <input type="checkbox"/> Torso, please specify:           | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Back    | <input type="checkbox"/> Chest | <input type="checkbox"/> Hip      |                                |
| <input type="checkbox"/> Upper extremity, please specify: | <input type="checkbox"/> Arm     | <input type="checkbox"/> Fingers | <input type="checkbox"/> Hand  | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Lower extremity, please specify: | <input type="checkbox"/> Ankle   | <input type="checkbox"/> Foot    | <input type="checkbox"/> Knee  | <input type="checkbox"/> Legs     | <input type="checkbox"/> Toes  |
| <input type="checkbox"/> Internal                         |                                  |                                  |                                |                                   |                                |
| <input type="checkbox"/> Other, please specify: _____     |                                  |                                  |                                |                                   |                                |

17. Where was the person treated? Please check all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Admitted to hospital         | <input type="checkbox"/> Off-site medical facility (e.g., emergency room, physician's or dentist's office) | <input type="checkbox"/> On-site medical facility (e.g., clinic or infirmary) |
| <input type="checkbox"/> Other, please specify: _____ |  |   |

18. Was injured person sent home? ☐ Yes ☐ No

19. Did your camp change equipment, policies, or procedures as a result of this incident? ☐ Yes ☐ No

20. If yes, please check all that apply:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Activity removed or forbidden  | <input type="checkbox"/> Changes to equipment implemented | <input type="checkbox"/> New safety procedures implemented | <input type="checkbox"/> Safety education updated |
| <input type="checkbox"/> Venue changed or altered <input type="checkbox"/> Other, please specify: _____ |   |  |   |

21. Briefly explain changes implemented as a result of this incident. If no changes were made, please explain why not.

---

---

---

---

PLEASE MAIL, FAX, OR EMAIL CAMP INJURY REPORTS TO:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF ENVIRONMENTAL HEALTH  
COMMUNITY SANITATION PROGRAM  
250 WASHINGTON STREET-7th FLOOR  
BOSTON, MA 02108-4619  
TELEPHONE (617)-624-5757 FAX (617) 624-5777  
celestine.payne@state.ma.us



## Recreational Camp Operator Check-List

Recreational camps are required to develop and implement numerous site-specific policies and procedures, and to ensure that staff members are properly trained in all of them. Prior to the arrival of campers, camp operators must conduct an orientation where hands-on training can take place regarding programmatic aspects of the camp along with other required important policies and procedures. Below is a list of the documents that a camp may be required to have, along with a check-list to facilitate record keeping provisions and compliance. If you have questions as to whether a particular camp must have a certain plan, please contact your local board of health.

Documentation to Have on File	All Camps	Only If Applicable
Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)	✓	
Procedures for the background review of staff and volunteers [105 CMR 430.090]	✓	
A copy of promotional literature [105 CMR 430.190(C)]		✓
Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]	✓	
A camp health care policy [105 CMR 430.159(B)]	✓	
A discipline policy [105 CMR 430.191]	✓	
A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]	✓	
A written statement of compliance from the local fire department [105 CMR 430.215]	✓	
A Disaster/Emergency plan [105 CMR 430.210(B)]	✓	
A lost camper plan [105 CMR 430.210(C)]	✓	
A lost swimmer plan (when applicable). [105 CMR 430.210(C)]		✓
A traffic control plan [105 CMR 430.210(D)]	✓	
For Day Camps – contingency plans [105 CMR 430.211]		✓
For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]		✓
A current certificate of inspection from the local building inspector [105 CMR 430.451]	✓	
If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300]		✓



## Recreational Camp Operator Check-List

### Licensing:

Complete    N/A

Contact the local <u>Board of Health / Health Department</u> regarding annual licensing at least 90 days prior to opening. <sup>1</sup>		
Contact the Municipal <u>Building and Fire Departments</u> for a facility annual inspection <u>OR</u> obtain a copy of the Municipal Building and Fire Departments annual inspection of the facility.		

### Policies and Procedures:

Complete    N/A

Develop / Review / Update all required recreational camp policies and procedures.		
Review compliance with all associated regulations (food service, pools, beaches, medical waste, etc.).		
Review field trip itineraries, policies & procedures, staffing, and first aid kits.		
Review emergency plans, ensure adequate staff training, and conduct fire drills.		
Review all specialized high risk activities, including aquatics, have plans and staff in place.		
Ensure all facilities being maintained in good order (housekeeping, sanitation, egress, etc.).		

### Staff:

Complete    N/A

Obtain applications, conduct background checks (including CORI/SORI) for all staff and volunteers, and finalize hiring.		
Obtain health records for all staff & campers, identify required medications for HCC.		
Finalize Health Care Consultant (HCC) Agreement; ensure health care policies are reviewed & signed.		
Ensure adequate on-site health care supervisor(s) in-place and trained by HCC (as applicable).		
Develop agenda for staff / volunteer orientation and all required training to be completed.		

<sup>1</sup> **Please note:** When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]

## **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

All Recreational Camps are required to have policies and procedures in place for various emergencies that may occur. Below are sample plans for various natural disasters, emergencies and other life-threatening events. Each camp is unique in character and operation which should be reflected in these plans. Please make appropriate modifications to ensure the plans are useful for your camp including adding site specific facilities, buildings, directions for proper egress, designated meeting areas, communication systems (e.g., intercoms, etc.) and emergency response numbers.

**Note:** These plans are very general. They are intended to assist the camp operator in developing a comprehensive plan that is appropriate for their individual facility and applicable situations.

**Additionally, all appropriate staff must be advised of the procedures in the plans.**

Please review regulations 105 CMR 430.159(B), 105 CMR 430.190(E), 105 CMR 430.210, and 105 CMR 430.215 regarding emergency plans.

**Each camp should have plans for events including, but not limited to:**

Contingency Plans for Day Camp	Lightning	Emergency Plan for the Evacuation of the Program or Facility
Disaster/Emergency Plan	Wildfire	Fire Evacuation Plan
Tornado or High Winds	Medical Policies / Plans	Unrecognized Person(s)
Flash Floods	Lost Camper Plan	
	Lost Swimmer Plan	

---

**Below are examples of plans for some such event:**

### **1. Contingency Plans for Day Camps**

All day camps must have written contingency plans in accordance with 105 CMR 430.211 to address the following situations:

- A child who is registered for camp and on the morning roll call fails to arrive for a day's activities.
  - double check attendance and/or roll call
  - call parents/guardians or other contact name provided on the camper's application form
- A child fails to arrive at the point of pickup at the end of the day.
  - double check attendance and/or roll call
  - check with Main Office to see if camper was picked up early by parents/guardians
  - check campgrounds in accordance with your lost camper plan
- A child comes to camp without being registered or without notifying the camp.
  - check with the child's parents/guardians if still on site
  - find out which camper the child arrived with: friend, brother/sister, etc. — obtain contact information from forms
  - call the child's parent/guardian if the child's phone number is obtained



## **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

### **2. Disaster/Emergency Plans (e.g. – Lightning, Flash Floods, Wildfire, etc.)**

All recreational camps for children must have a written disaster/emergency plan, in accordance with 105 CMR 430.210(B).

- If advised by authorities to evacuate an area, do so immediately.
- Explain all means of notifying occupants to evacuate or retreat to shelter, e.g., intercom, alarms, etc.
- Describe arrangements for transporting individuals from the camp to emergency or other facilities, including, but not limited to, emergency shelters.

### **3. Tornado or High Winds**

The plans should include:

- Go to a basement (if available) or to interior rooms and halls on the lowest floor.
- Stay away from glass enclosed places or areas with wide-span roofs, such as an auditorium or lodge.
- Crouch down against the floor and cover the back of your head and neck with your hands.
- If no suitable structure is nearby, lie flat in the nearest ditch or depression and use your hands to cover your head.

### **4. Emergency Plan for the Evacuation of the Program or Facility**

- Are separate evacuation plans posted for each activity area and next to each exit?
- Who leads children out of the building?
- Who checks for stragglers?
- Who is responsible for ensuring the number of children in attendance equals the number of children safely evacuated?
- When are practice evacuation drills conducted?
- Who documents date, time, and effectiveness of each drill?

### **5. Applicable Health Care Policies and Plans**

- Describe plan for administering medication (prescription and non-prescription). Include location, instructions for storage and staff members approved to administer.
- Describe plan for returning or destroying unused medication when no longer needed.
- Describe and include copies of training and tests of competency for staff members administering medication.
- Describe plan for the care of mildly ill campers.
- Describe procedures for identifying and protecting children with allergies and/or other emergency medical information.
- Describe exclusion policy for serious illnesses, contagious disease and reportable diseases to Board of Health.
- Describe procedure when children refuse their medication or are not administered their medication in accordance with instructions signed off by Health Care Consultant and parent/guardian.

## **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

### **6. Lost Camper Plan**

All recreational camps for children must have a written lost camper plan kept on file in accordance with 105 CMR 430.210(C).

During a lost camper search, one person must be in charge of the entire search to avoid confusion and wasted time (time is a critical factor in a search for a missing person). This should be the most senior-trained person, such as a head counselor or camp operator.

- Report the missing camper to the main office, including the following information:
- Camper's name and age
- Last place the camper was seen
- What the camper was wearing
- Other information that could be helpful
- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas.
- Using a communication system, if available, ask the camper to report to a designated area.
- Conduct a search of bathrooms, showers, locker rooms, missing camper's cabin or tent and other camp areas.
- A common practice is to move all campers to one central location to do an accurate head count or roll call.
- Camp staff should search assigned areas to ensure the camp and surrounding areas are searched.
- If the camper was last seen near water, lifeguards must search the entire waterfront
- Check office records to determine if the camper was picked up by parents/guardian or made other special arrangements. If not, contact the parents/guardian to determine if the child was picked up without notifying the camp office.
- Notify emergency personnel (911, if available) if the camper is not found immediately or if the camper requires emergency medical intervention. The search must continue until all campers are accounted for.

### **7. Lost Swimmer Plan**

All recreational camps for children which include swimming in the camp activities must have a written lost swimmer plan kept on file in accordance with 105 CMR 430.210(C).

During a lost swimmer search, one person must be in charge of the entire search to avoid confusion and wasted time (time is a critical factor in a search for a missing swimmer). This should be the most senior trained person (preferably someone trained in open water rescue, such as the aquatics director).

- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas. Using a communication system, ask the camper to report to the main lifeguard area, since the camper may have left the area.
- Contact emergency personnel, such as the local fire department, police or search and rescue squad. Notify the dispatcher that you have a possible lost swimmer. Delays in contacting emergency numbers (911, if available) must be avoided. It is better to cancel an emergency call once the swimmer is safe than to delay a call that might save the swimmer.
- Adult counselors may help search shallow areas; trained lifeguards should search deeper areas. Other staff should check bathrooms, showers, locker rooms, missing camper's cabin or tent and other camp areas.
- A common practice is to move all campers to one central location to do an accurate head count or roll call.

## Recreational Camp Emergency Plans for Incidents and Natural Disasters

- Lifeguards must continue to search the entire waterfront.
- The search must continue until all campers are accounted for.
- The person in charge of the search should have a list of staff conducting searches in assigned areas. Account for the staff to avoid the need for a double rescue. Staff conducting the search (including lifeguards) should use the buddy system.
- The person in charge of the rescue should interview the person who reported the missing swimmer; information about the swimmer's last known location, etc. is used to direct the search.
- All lifeguards search the swimming area, starting where the missing camper was last seen. Make sure to look under docks, piers, rafts, and other potentially dangerous locations.
- At waterfront facilities such as state parks, staff may have to check other playgrounds, campsites, and wooded areas.

### **Searching Shallow-Water Areas:**

- To search shallow-water areas with pool water clarity, adult volunteers or non-lifeguarding staff members should link arms or hold hands and form a line in the water.
- One lifeguard should serve as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- The shortest person should be in the shallowest water, and the tallest person should be in water that is no more than chest deep.
- The whole line slowly moves across the area together. Start where the lost camper was last seen. One lifeguard should be assigned to oversee this part of the search.
- As the search line moves forward, the searchers gently sweep their feet across the bottom with each step.
- The searchers must not go deeper than chest-deep water. Only trained lifeguards should search deeper areas.

### **For More Information:**

[https://con2.classes.redcross.org/learningcontent/PHSS/Lifeguarding/Lifeguarding\\_032112/media/pdf/LG\\_PM\\_CH6\\_Skill\\_Sheet\\_RESCUING\\_SUBMERGED\\_VICTIM.pdf](https://con2.classes.redcross.org/learningcontent/PHSS/Lifeguarding/Lifeguarding_032112/media/pdf/LG_PM_CH6_Skill_Sheet_RESCUING_SUBMERGED_VICTIM.pdf)

### **Searching Deep-Water Areas:**

Use the American Red Cross "deep water line search" method is recommended to search for lost swimmers in water that is greater than chest deep. It is outlined below:

- Several lifeguards, wearing masks and fins, form a straight line, no more than an arm's length from each other. One lifeguard serves as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- On command from the lead lifeguard, all searchers do the same surface dive (either feet first or headfirst) to the bottom and swim forward a set number of strokes (usually three).
- If the water is murky, the searchers search the bottom by sweeping their hands back and forth in front of them, making sure to cover the entire area.
- Return to the surface as straight up as possible. At the surface, the line backs up, the lead lifeguard checks to make sure all searchers are accounted for, the line reforms, and on command from the lead lifeguard, dives again.
- Repeat this procedure until the entire swimming and diving area has been searched in one direction. Make sure not to miss any areas on the bottom when you dive and resurface.
- The searchers then repeat the pattern at a 90-degree angle to the first search pattern.
- If the missing swimmer is not found in the swimming and diving areas, expand the search to nearby areas. Consider the effects of any currents.
- Continue to search until the missing person is found or until emergency personnel arrive.

## Recreational Camp Emergency Plans for Incidents and Natural Disasters

### 8. Fire Evacuation Plan

All recreational camps for children must have a written fire evacuation plan. The plan must be approved by the local fire department in accordance with 105 CMR 430.210(A).

- The plan must indicate the frequency of fire drills to be held during the camping session. Fire drills must be held within the first 24 hours of the beginning of each camping session.
- The plan shall identify the number of staff and the number of children. The plan should assign staff to be in charge of specific areas. Staff and counselors will, under no circumstances, leave the campers that are under their direct care.
- Identify all means of egress.
- Explain all means of notifying occupants to evacuate, e.g., intercom, alarms, etc.
- Provide detailed instructions for contacting emergency personnel (fire department).
- Designate an outside area for campers and staff to gather. This area should be far enough away from buildings not to interfere with fire department operations. At the designated area, assigned staff should conduct a roll call. Campers must remain in designated areas until the fire drill/alarm has ended.
- Include a narrative of occupant response to a fire, i.e., how should staff respond in a fire condition?

Example:

- Notify anyone in the immediate area of danger
- Close doors to confine fire/smoke, but do not lock them
- Activate or request that someone else activate the fire alarm
- Evacuate the building, assist campers and other staff under your direction
- Call the fire department (911 or other emergency number) and give them the following information:
  - Building name and address
  - Nearest cross street
  - Location of fire in the building
  - Known information about the fire/smoke
  - Call-back telephone number
  - Do not hang up until the emergency services operator does so
- Use a fire drill/prevention checklist (see attached example) to assist you in the process and to document that fire drills have been performed.

#### **NOTE:**

This document includes a checklist to assist you in reviewing your camp to assess potential fire hazards. Also included is a form that may be used in recording and documenting the history of all required fire drills. This form may be duplicated for future use. Use of these documents does not substitute for the fire department's inspection/written statement of compliance required by 105 CMR 430.215.

## Recreational Camp Emergency Plans for Incidents and Natural Disasters

### Fire Prevention Inspection Checklist:

#### Housekeeping and Maintenance:

1. "No Smoking" signs posted.	Yes	No
2. "No Smoking" regulations observed.	Yes	No
3. Flammable liquid safely stored in approved containers away from combustibles.	Yes	No
4. Trash/rubbish removal done on a regular basis.	Yes	No
5. All electrical plugs, switches and cords legal and in good repair.	Yes	No
6. Cords are not to be run across doorways or under carpets or mats where they may be stepped on.	Yes	No
7. No extensive use of cords from outlets (octopus).	Yes	No
8. Heat-producing appliances well-ventilated.	Yes	No
9. Electrical equipment turned off when not in use.	Yes	No
10. Malfunctioning electrical equipment immediately reported or taken out of service.	Yes	No
11. Areas kept as clean and neat as possible.	Yes	No
12. Materials stacked so as not to tip or fall.	Yes	No
13. Corridors and doorways kept free and clear of obstructions.	Yes	No

#### Fire and Life Protection Systems:

1. Adequate lighting in corridors, exits, and stairwells.	Yes	No
2. Exit signs illuminate as required (all lights working).	Yes	No
3. Evacuation routes adequately posted.	Yes	No
4. Evacuation signs maintained-none defaced or missing.	Yes	No
5. Fire doors not wedged or blocked open, especially stairwells.	Yes	No
6. Stairwells free of obstacles, storage, debris, etc.	Yes	No
7. Corridors and exits unobstructed (no storage of files, furniture, etc.).	Yes	No
8. Stairwells, corridors, and exits free of trip and slip hazards.	Yes	No
9. Fire detection and alarm systems tested regularly.	Yes	No
10. Fire sprinkler connections and shut off valves visible and accessible.	Yes	No
11. Fire sprinkler heads clean and unobstructed.	Yes	No
12. Adequate clearance (3 feet) for all fire extinguishers and hoses.	Yes	No
13. Fire equipment in proper locations and undamaged.	Yes	No
14. Fire evacuations director and assistant positions updated and fully staffed.	Yes	No
15. All occupants instructed on evacuation plan	Yes	No

CAMP LOCATION \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_

INSPECTED BY \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

## Recreational Camp Emergency Plans for Incidents and Natural Disasters

### **FIRE DRILL CHECKLIST:**

Name of Building: \_\_\_\_\_

Building Address: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Drill Monitor: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Fire Drill Location: \_\_\_\_\_

Floor/Location to which occupants relocated: \_\_\_\_\_

Method of activation of fire alarm: \_\_\_\_\_

Time fire alarm activated: \_\_\_\_\_ Time occupants vacated fire drill floor: \_\_\_\_\_

#### **Floor Response Personnel:**

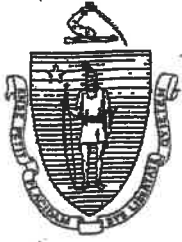
1. Evacuation Director present	No	OK	Unobserved
2. Assistant Evacuation Director (s) present	No	OK	Unobserved
3. Stair well monitors	No	OK	Unobserved
4. Elevator monitors	No	OK	Unobserved
5. Search monitors	No	OK	Unobserved
6. Assistants to the physically disabled and non-ambulatory	No	OK	Unobserved
7. Interior doors closed but not locked after searched	No	OK	Unobserved
8. Evacuation assistants checked rest rooms	No	OK	Unobserved
Over all response of floor response team	Satisfactory		Unsatisfactory

#### **Occupant Response:**

1. Occupant initial response on sounding of alarm	Satisfactory		Unsatisfactory
2. Occupant noise level	Satisfactory		Unsatisfactory
3. Occupants aware of location of stairwell	Yes	No	Unobserved
4. Did evacuation proceed in smooth and orderly manner?	Yes	No	Unobserved
5. Did visitors to building participate in drill?	Yes	No	Unobserved
6. Overall response of occupants	Satisfactory		Unsatisfactory

Drill Monitor Signature: \_\_\_\_\_

Date of Fire Drill: \_\_\_\_\_



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program  
250 Washington Street, Boston, MA 02108-4619  
Phone: 617-624-5757 Fax: 617-624-5777  
TTY: 617-624-5286

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

### **Advisory**

## **Guidance on Medication Storage and Administration for Recreational Camps**

This document summarizes the requirements for the storage and administration of medications at recreational camps for children in Massachusetts (see 105 CMR 430.159 and 105 CMR 430.160), including the roles of the health care consultant and health care supervisor.

Each recreational camp is required to:

- ✓ Have a health care policy and written procedures for medication administration;<sup>1</sup>
- ✓ Obtain written permission from the parent/guardian for administration of any medications by staff and for campers to self-administer certain medications;
- ✓ Provide for secure storage of refrigerated and unrefrigerated medication;
- ✓ Engage at least one Health Care Consultant and at least one Health Care Supervisor to fulfill duties described below

This guidance is designed to provide further detail on these requirements.

### **Requirements and Duties of the Health Care Consultant**

Every camp must have a health care consultant who is a licensed physician, registered nurse or nurse practitioner, or a physician's assistant with documented pediatric training.

Consistent with the requirements of the 105 CMR 430.159 and 105 CMR 430.160, the camp must engage a health care consultant to:

- 1) Assist in developing the camp's health care policy, including medication storage and handling of health emergencies;
- 2) Develop and oversee a written policy for administering medications, including written medication administration orders to be followed by the health care supervisor and a list of any prescription or over-the-counter medications that will be administered at camp.
- 3) Be available for consultation at all times or provide appropriate professional coverage. The camp must be informed that there will be substitute coverage;

<sup>1</sup> Please note that the Americans with Disabilities Act (ADA) requires that all children be given equal access to recreational camps. Therefore, a recreational camp that refuses admission of a camper based on a camper's need to take medication, has a no medications policy, or refuses to accommodate a disabled camper requiring medication administration, may be in violation of the ADA. For more information regarding ADA compliance, please visit the U.S. Department of Justice website at [www.usdoj.gov](http://www.usdoj.gov).

- 4) Provide and document the required DPH-approved training to health care supervisors on administering medications, the signs and symptoms of hypo or hyperglycemia, and appropriate diabetes management plans; and
- 5) Provide and document the required DPH-approved training and test of competency to all camp employees designated to administer epinephrine auto-injectors.

#### **Requirements and Duties of the Health Care Supervisor**

Every camp must have at least one health care supervisor. The health care supervisor should be a licensed physician or practical nurse, a registered nurse, a certified nurse practitioner or a licensed physician's assistant; but at a minimum, must be at least 18 years of age, specially trained in first aid (at least current American Red Cross Standard First Aid certification or its equivalent) and CPR, and must have successfully completed all trainings provided by the health care consultant.

- **EXCEPTION:** In camps specifically for children with mild or severe disabilities, medical specialty camps or residential camps where the number of staff and campers totals 150 or greater, the health care supervisor must be a licensed physician or practical nurse, a registered nurse, a certified nurse practitioner or a licensed physician's assistant.

Consistent with the requirements in 105 CMR 430.159 and 105 CMR 430.160, the camp must employ at least one health care supervisor to:

- 1) Be present at the camp at all times and be available to render emergency first aid;
- 2) Be responsible for the day to day operation of the camp's health program, including medication administration in accordance with the orders of the health care consultant and with permission of the parent/guardian; and
- 3) Support blood monitoring activities and self-injection of insulin of diabetic children, if the health care supervisor has relevant training and with permission of the parent/guardian.

#### **Requirements of the Written Medication Administration Policy:**

The medication administration policy must include, but is not limited to, the following:

- 1) A list of individuals at the camp authorized by scope of practice to administer medications and/or properly trained or instructed health care supervisors that may administer oral or topical medications;
- 2) A list of all medications that will be administered at the camp;
- 3) Requirement that parent/guardian permission be obtained for any administration of medication;
- 4) Requirement that medication must be taken from an original container and administered directly to the camper, and a procedure to ensure positive identification of each camper who is to receive medication; and
- 5) Procedure addressing the circumstances in which a camper or other employee may administer epinephrine injections based upon the following requirements:
  - a. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
    - i. The camper is capable of self-administration; and
    - ii. Both the health care consultant and camper's parent/guardian have given written approval



- b. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may receive an epinephrine auto-injection from someone who may give injections within their scope of practice, or from a camp employee if:
      - i. Both the health care consultant and camper's parent/guardian have given written approval; and
      - ii. The employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 GMR 430.160.
  - 6) Procedure addressing the circumstances in which a camper may self-administer insulin injections based upon the following requirements:
    - a. A diabetic camper that requires his or her blood sugar be monitored, or requires insulin injections may self-monitor and/or self-inject himself or herself if:
      - i. The camper is capable of self-monitoring or injecting; and
      - ii. Both the health care consultant and camper's parent/guardian have given written approval.
    - b. Self-injection must take place in the presence of the **health care consultant or health care supervisor** who may support the camper's process of self-administration.
  - 7) The circumstances under which the health care consultant and/or parent/guardian must be notified. These must include mechanisms for timely notification of a parent/guardian when medication was not administered in accordance with the prescription (e.g., medication not available; missed dose; dose refused) and a procedure to ensure these circumstances are identified when they occur.

#### Requirements for Storage, Disposal and Delivery of Medication

- **Storage:** All medications must be stored in a secure manner or under the direct control of the health care consultant, health care supervisor, or camper authorized to self-administer.
  - The health care policy must include the designated secure locations where refrigerated and unrefrigerated medication will be stored and the procedures for ensuring proper storage conditions for medications, including the use of thermometers to monitor the temperature of refrigerated medications.
  - Prescribed medication must always be kept in an original pharmacy container. Repackaging of medication and intermediary or substitute containers is NOT allowed.<sup>2</sup> Camp personnel cannot transfer medications from one bottle to another.
  - Medication can be taken from the camp on a trip, but may not be repackaged. To ensure repackaging does not occur:
    - The original prescription container can be taken from the camp base as long as the medication remains in a locked case, in the possession of the licensed health care professional or the supervisor until return to the home base of the camp.
    - The camp operator may require that parents/guardians supply the camp with two (2) original prescription containers for each type of prescription medication necessary for their child. Each container would have an allotment of medication that would allow one container of medication to remain at the camp base and the second bottle to travel securely as described in the bullet above.

<sup>2</sup> If medication is dispensed by a pharmacy in customized packaging (e.g., different medications packaged together for one patient in a sealed unit for administration together), all relevant staff should be appropriately trained in the management and utilization of such packaging. The camp should verify with the pharmacy that such customized packaging meets DPH/Board of Registration in Pharmacy requirements for packaging and labeling.

- **Disposal:** When no longer needed, medications must be returned to a parent or guardian whenever possible. If the medication cannot be returned, it must be properly disposed of in accordance with state and federal laws and be documented in writing in a medication disposal log.
  - The camp must dispose of any hypodermic needles and syringes in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code VIII):
- **Delivery:**
  - The health care supervisor, health care consultant or a licensed health care professional may accept delivery of prescription medications from a parent/guardian or may pick up prescription medications from a licensed retail pharmacy upon the written authorization of the parent/guardian.
  - A camp may not arrange for or accept delivery of prescription medications directly from a pharmacy, except in the case in which only licensed health care professionals receive, manage and administer medications to campers.
  - If prescription medications are to be delivered to such a camp by a licensed pharmacy:
    - only a licensed health care professional may accept delivery from the licensed pharmacy; and
    - the camp must obtain written authorization for such delivery from the parent/guardian.

Regardless of the mode of delivery, medications must be delivered and maintained at all times in the original container as dispensed by the licensed pharmacy. All packaging and labeling should be in accordance with the most recent guidelines of the U.S. Pharmacopeia (USP).

March 2018

## Massachusetts Department of Public Health

### Medication Administration Competency Skill Checklist

To be completed at the time the Health Care Supervisor (other than licensed medical professional) is assessed by the camp's Health Care Consultant.

#### Staff Information:

Health Care  
Supervisor  
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Medication  
Name: \_\_\_\_\_

Route: ☐ Oral Tablet ☐ Topical ☐ Drops: eye, ears, nose

☐ Oral Liquid ☐ Other (please document): \_\_\_\_\_

#### Checklist:

##### Steps to follow:

√ (Check)

Identifies camper	
Asks camper how he/she feels	
Observes camper	
Reads medication administration plan	
Washes hands	
Checks label of medication	
Prepares medication properly	
Reads label of medication a 2 <sup>nd</sup> time	
Reads label of medication a 3 <sup>rd</sup> time and administer med correctly	
Replaces medication in cabinet or refrigerator	
Locks cabinet	
Documents in medication log	

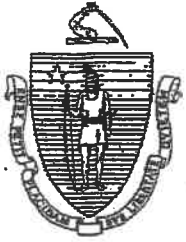
Comments: \_\_\_\_\_

#### Signatures:

Health Care  
Consultant  
Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Health Care  
Supervisor  
Signature: \_\_\_\_\_



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program  
250 Washington Street, Boston, MA 02108-4619  
Phone: 617-624-5757 Fax: 617-624-5777  
TTY: 617-624-5286

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-624-6000  
www.mass.gov/dph

**Advisory regarding the Parent/Guardian Authorization to  
Administer Medication to a Camper**

**CONTACTS:** Steven F. Hughes, Director (617) 624-5757, or  
David T. Williams, Senior Analyst (781) 774-6612

**RE:** Clarification of Recreational Camp document titled: Authorization to Administer Medication  
to a Camper (completed by parent/guardian)

**DATE:** March 29, 2018

Dear Parent/Guardian,

If your child may require any medication during their time at camp, Massachusetts regulations require the camp to follow certain procedures to ensure minimum safety requirements are met (105 CMR 430.000: *Minimum Standards for Recreational Camps for Children* (State Sanitary Code, Chapter IV)). The attached consent form gives the camp permission to store and administer medication to the camper by certain trained camp staff. The criteria below explain the requirements for those medications and the procedures the camp must follow. It is important for you to carefully review these criteria and discuss any specific questions with camp staff.

- **If providing prescription medications for the camp to administer to your child, please complete the attached form "Authorization to Administer Medication to a Camper" completely.**
  - Specify "NA" – Not Applicable, where appropriate.
  - Be sure to sign the form.
- **Medication that will be administered at camp must be provided by the parent/guardian to the camp in the original container(s) bearing the pharmacy label with the following information:**
  - the date of filling
  - the pharmacy name and address
  - the filling pharmacist's initials
  - the serial number of the prescription
  - the name of the patient
  - the name of the prescribing practitioner
  - the name of the prescribed medication
  - directions for use and cautionary statements contained in such prescription or required by law
  - if tablets or capsules, the number in the container.
  - All over-the-counter medications must be kept in the original containers containing the original label, which shall include the directions for use

<sup>1</sup> There is an exception for epinephrine auto injectors, where other trained employees may administer with parent/guardian consent.

- Medications must be stored at camp in a secure location.
- When camp session ends, all remaining medications must be returned to the parent or guardian whenever possible or destroyed.
- Prescription medication may only be administered by the camp's Health Care Consultant (HCC) or designated Health Care Supervisor (HCS)<sup>1</sup>
  - The Health Care Consultant is a licensed health care professional authorized to administer prescription medications, but may not be required to be on-site at all times
  - The Health Care Supervisor may or may not be a licensed health care professional authorized to administer prescription medications. If they are not a licensed health care professional, they must be trained by the Health Care Consultant and the administration of medications must be under the professional oversight of the Health Care Consultant. A Health Care Supervisor must be on-site at all times the camp is operating.
- If your child is insulin dependent, you may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration, and a Health Care Supervisor will need to be present to oversee self-administration. There are boxes in the attached forms where you can confirm or deny this permission.
- If your child has an allergy requiring an epinephrine prescription (epinephrine auto injector):
  - You may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration.
  - You may consent to trained employees, other than the HCC or HCS, administering the epinephrine auto injector during an emergency.
- Every camp must have a written policy for the administration of medications that identifies the individuals who will administer medications, as well as storage and record keeping procedures. You may ask the camp for a copy of their policy.



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program  
250 Washington Street, Boston, MA 02108-4619  
Phone: 617-624-5757 Fax: 617-624-5777  
TTY: 617-624-5286

CHARLES D. BAKER  
Governor

KARYNE E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

**Policy Statement Regarding Background Information Checks for  
Staff and Volunteers at Recreational Camps for Children**

The following information is intended to assist camp operators and boards of health in the interpretation of 105 CMR 430.090 regarding background checks for staff and volunteers at recreational camps for children. **Note:** No person can be employed or volunteer at a camp until the operator has obtained, reviewed and made a determination concerning all background information required at 105 CMR 430.090 (C) and (D) as summarized below.

Please note that the information contained in this document reflects the requirement of M.G.L. c. 6 §172G that camp operators obtain all available criminal offender record information and juvenile data as found in the court activity record for all prospective employees or volunteers prior to employment or volunteer service, and M.G.L. c. 6 §172 requirement that camp operators share this criminal offender record information with the government entities (e.g. - health agents) charged with overseeing, supervising, or regulating them.

The information given below is categorized by the residence of the prospective staff person as well as, volunteer. Follow the steps noted below to obtain background information for that person.

**Staff Person** - any individual employed by a recreational camp for children:

**1. MA Resident**

- A. Prior work history for previous five (5) years including, a name, address and phone number of a contact person at each place of employment.
- B. Three (3) positive reference checks from individuals not related to the staff person.
- C. Obtain criminal offender record information and juvenile report (CORI/Juvenile Report) from the Massachusetts Department of Criminal Justice Information Services (DCJIS).
- D. Sex offender registry information (SORI) check from the Massachusetts Sex Offender Registry Board (SORB).

**2. Out of State Resident - Staff person whose permanent residence is outside MA**

- A. Prior work history for previous five (5) years including, a name, address and phone number of a contact person at each place of employment.
- B. Three (3) positive reference checks from individuals not related to the staff person.
- C. Obtain CORI/Juvenile Report from the Massachusetts DCJIS.
- D. SORI check from the Massachusetts Sex Offender Registry Board.
- E. Obtain a criminal record check, or equivalent where practicable\*, from the staff person's state of residence. Information can be obtained from the state's criminal information system, local chief of police, or other local authority with relevant information. Additionally, a national background check (e.g. - fingerprints) will also be acceptable. The availability and process for obtaining criminal history information from the other states can be found at <http://www.mass.gov/eopss/crime-prev-personal-sfty/bkgd-check/cori/request-rec/requesting-out-of-state-criminal-records.html>.

### 3. International Resident - Staff person who currently lives outside of the United States

- A. Prior work history for previous five (5) years including a name, address and phone number of a contact person at each place of employment.
- B. Three (3) positive reference checks from individuals not related to the staff person.
- C. Obtain CORI/Juvenile Report from the Massachusetts DCJIS.
- D. Obtain a criminal record check, or equivalent where practicable\*, from the staff person's country of residence. Information can be obtained from the country's criminal information system, local chief of police, or other local authority with relevant information.
- E. International staff(s) who have previously been in the United States: obtain a SORI check from the Massachusetts Sex Offender Registry Board.

**Note on Permanent Staff:** If there is no interruption in the staff person's employment by the camp or organization operating the camp from the time of the initial background check, a new criminal or sex offender history is required at a minimum of every three years. This applies only to permanent employees of the same camp/organization. Any break in employment service at any time during the year requires a new criminal history and SORI check for the staff person. An individual returning from one summer to the next, but not employed during the year is not considered a permanent staff person; therefore the camp must complete new criminal history and SORI checks.

**Note on Returning Staff:** Returning staff may use references on record with the camp from the preceding year to satisfy the requirements of 105 CMR 430.090 (C) (noted as step B within the categories above). However, if there is a gap in employment with the camp for at least one camp season, new references shall be required.

\* *Where practicable means*, if the out of state or foreign jurisdiction notifies the camp in writing that no criminal background check or recognized equivalent is available from the jurisdiction, then the prospective staff person/volunteer, if s/he has completed all other requirements of 105 CMR 430.090, is deemed to be in compliance with 105 CMR 430.090. In addition, provided that the camp operator documents: (1) that s/he has timely requested the criminal history check from the appropriate jurisdiction (proof of mailing by certified mail) and that the requested authority failed to answer in writing; and (2) the completion of, at a minimum, all other requirements of 105 CMR 430.090; and (3) for international staff screened by an agency, a certification by the agency that a thorough background check was completed and that no criminal report from the staff person's local jurisdiction is available, then the prospective staff member, is deemed to be in compliance with 105 CMR 430.090.

**Volunteers - any person who works in an unpaid capacity at a recreational camp for children:**

#### 1. All Volunteers

- A. Prior work or volunteer history for previous five (5) years including a name, address and phone number of a contact person at each place of employment or place of volunteer service.
- B. Obtain CORI/Juvenile Report from the Massachusetts DCJIS.
- C. SORI check from the Massachusetts Sex Offender Registry Board.

Criminal records and SORI checks must be kept separate from general camp paperwork and must only be accessed by individuals that are authorized to review it. If camps store the information at a location different from the camp, for example in a central office, the camp must arrange for the documents to be at the camp for the initial inspection for licensure. If the documents are not on site at the time of the inspection, it will be necessary for the camp to arrange another time for the inspector to review the documents.

If you have questions about the CORI or SORI check process, or about the information a camp receives from the DCJIS or SORB, please contact the appropriate agency below:

**Department of Criminal Justice Information Services**

617-660-4600

<https://www.mass.gov/how-to/cori-forms-and-information.html>

**Sex Offender Registry Board**

978-740-6400

<https://www.mass.gov/orgs/sex-offender-registry-board>

## DPH Standards for Training Health Care Supervisor in Medication Administration

Each recreational camp must ensure that the health care supervisor(s) can meet the health and medical needs of each individual camper. The camp's health care consultant must provide training and document the competency of every health care supervisor.<sup>1</sup> This training does not need to be submitted for prior approval, but must be made available by request or during inspection.

**Training Topics:** An approved training will address, at a minimum, the following issues:

1. Confidentiality
2. The Role of the Health Care Supervisor
3. Limits of the Health Care Supervisor
4. Effects and Possible Side Effects of all Medication Administered
5. Steps in Medication Administration
6. Camp Safeguards and Policies

**Test of Competency:** Each health care supervisor must have a documented test of competency to administer medications. At a minimum, the health care supervisor must:

1. Demonstrate safe handling and proper storage of medication.
2. Demonstrate the ability to administer medication properly:
  - accurately read and interpret the medication label
  - follow the directions on the medication label correctly
  - accurately identify the camper for whom the medication is ordered
3. Demonstrate the appropriate and correct record keeping regarding medications given and/or self-administered.
4. Demonstrate correct and accurate notations on the record if medications are not taken/given either by refusal or omission and when adverse reactions occur.
5. Describe the proper action to be taken if any error is made in medication administration or if there is an adverse reaction possibly related to medication
7. Use resources appropriately, including the consultant, parent/guardian or emergency services when problems arise.
8. Understand and be able to implement:
  - emergency plans including when to call 911
  - appropriate procedures that assure confidentiality

<sup>1</sup> If HCS is a licensed physician, nurse practitioner, registered nurse or physician's assistant with experience in pediatric care, that certification is evidence of proper training and competency.





**Camp Medication Administration Training/Test Checklist:**


<b>1. Confidentiality:</b>		
	Importance of not sharing information about campers or medications with anyone unless directed to do so by the HCC	
<b>2. Role of Health Care Supervisor:</b>		
	Administer Medication only by Specific HCC Order to Specific Child	
	Follow Instructions on Medication Sheet	
	Record Time and Effects Observed	
	Reports Any Problem or Uncertainty	
<b>3. Limits of the Health Care Supervisor:</b>		
	HCS may not administer ANY medication without HCC approval	
	HCS may not administer ANY medication without parent/guardian permission	
	HCS may not administer insulin (unless within scope of practice)	
<b>4. Effects and Possible Side Effects of all Medication Administered:</b>		
	Describe Effects of Medications	
	Discuss Common Side-Effects of Medications (drowsiness, vomiting, allergic reaction)	
	Report All Changes that may be side-effects to HCC and Parent/Guardian	
	Record All Changes that may be side-effects in log	
<b>5. Steps in Medication Administration:</b>		
<b>5 Rights of Medication Administration</b>	1. Right Camper 2. Right Medication 3. Right Dosage 4. Right Time 5. Right Route	
<b>Steps in Medication Administration</b>	1. Identify Camper 2. Read Medication Administration Sheet 3. Wash Hands 4. Select and Read Label of Medication 5. Prepare Medication and Read Label Again 6. Administer Medication and Make Sure Medication is Taken. 7. Replace Medication in Secure Location 8. Lock or Secure Location 9. Document in Medication Log	
<b>Steps in Supervising Self-Administration</b>	1. Identify Camper 2. Read Medication Administration Sheet 4. Select and Read Label of Medication 5. Observe Student Prepare and Take Medication 6. Replace Medication in Secure Location 7. Lock or Secure Location 8. Document in Medication Log	
<b>6. Camp Safeguards and Policies</b>		
	Report Any Error to HCC and Parent/Guardian including:	
	1. Camper Given Wrong/Unapproved Medication	
	2. Camper Refuses Medication	
	3. Camper Has Unusual or Adverse Reaction Possibly Related to Medication	
	Review Camp's Emergency Plan and when to call Emergency Services	



## DPH Standards for Training Health Care Supervisor and Other Employees on Use of Epinephrine Auto-Injectors

The health care consultant must provide training and document the competency of every health care supervisor on administration of epinephrine auto-injectors.<sup>1</sup> However, due to the emergent nature of anaphylactic reactions, other employees may also be trained in the administration of an epinephrine auto-injector by the health care consultant. As with any medication, the parent/guardian and the health care consultant must have written approval on file. The parent/guardian authorization should also contain a separate approval for other trained employees to administer, or for self-administration by the camper.

**Training Topics:** An approved training will address, at a minimum, the following issues:

1. Confidentiality
2. Understanding Allergic Reactions and the Signs of Anaphylaxis
  - Mild versus Severe Allergic Reaction Symptoms
3. Allergy Management and Exposure Prevention for Campers with a Diagnosed Allergy
4. Emergency Action Plan for Anaphylaxis
5. Proper Use of an Epinephrine Auto-Injector
6. Documentation and Record-keeping

**Test of Competency:** Each health care supervisor, and other employees, who are trained in the administration of epinephrine auto-injectors by the health care consultant must have a documented test of competency to administer medications. At a minimum, they must:

1. Demonstrate safe handling and proper storage of epinephrine auto-injectors.
2. Demonstrate the ability to administer an epinephrine auto-injector properly.
3. Demonstrate an understanding of signs and symptoms of an allergic reaction.
4. Describe allergy management and exposure prevention for campers with a known allergy.
5. Describe the proper emergency action to be taken in response to cases of severe allergic reaction:
  - steps to follow
  - when to call 911
6. Demonstrate the appropriate and correct record keeping regarding use of an epinephrine auto-injector.
7. Use resources appropriately, including the consultant, parent/guardian or emergency services.

<sup>1</sup> If HCS is a licensed physician, nurse practitioner, registered nurse or physician's assistant with experience in pediatric care, that certification is evidence of proper training and competency.

## Meningococcal Disease and Camp Attendees: Commonly Asked Questions

### **What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

### **How is meningococcal disease spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

### **Who is most at risk for getting meningococcal disease?**

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

### **Are camp attendees at increased risk for meningococcal disease?**

Children attending day or residential camps are not considered to be at an increased risk for meningococcal disease because of their participation.

### **Is there a vaccine against meningococcal disease?**

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

### **Should my child or adolescent receive meningococcal vaccine?**

That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is not recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

### **How can I protect my child or adolescent from getting meningococcal disease?**

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningitis.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at [www.mass.gov/dph](http://www.mass.gov/dph).

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C).

Massachusetts Department of Public Health, Division of Epidemiology and Immunization, 305 South Street, Jamaica Plain, MA 02130 Updated March 2018



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Infectious Disease and Laboratory Sciences  
305 South Street, Jamaica Plain, MA 02130

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

Immunization Division  
Tel: (617) 983-6800  
Fax: (617) 983-6840  
[www.mass.gov/dph/imm](http://www.mass.gov/dph/imm)

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

**To:** Camp Directors  
**From:** Pejman Talebian, MA, MPH, Director, Immunization Division  
**Date:** March 2019  
**Subject:** Required Immunizations for Children Attending Camp and Camp Staff

Vaccination is critically important to control the spread of vaccine-preventable disease. In 2017, a single case of mumps at a summer camp in Massachusetts resulted in isolation of ill individuals, vaccination of those without evidence of two doses of MMR vaccine at several camps, and quarantine of those who did not have evidence of immunity to mumps and who could not get vaccinated. International staff and campers with missing or incomplete vaccination records made rapid implementation of disease control measures very challenging. The current increase in measles cases across the country and around the world highlight the need for complete vaccine documentation for campers and staff.

### Required Vaccines:

Minimum Standards for Recreational Camps for Children, 105 CMR 430.152, has been updated. Immunization requirements for children attending camp follow the Massachusetts school immunization requirements, as outlined in the Massachusetts School Immunization Requirements table. Children should meet the immunization requirements for the grade they will enter in the school year following their camp session. Children attending camp who are not yet school aged should follow the Childcare/Preschool immunization requirements included on the School Immunization Requirements table.

Campers, staff and volunteers who are 18 years of age and older should follow the immunizations outlined in the document, Adult Occupational Immunizations.

The following page includes portions of the Massachusetts School Immunization Requirements table and Adult Occupational Immunizations table relevant for camps.

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed cases of disease, please contact the MDPH Immunization Program at 888-658-2850 or 617-983-6800. Address questions about enforcement with your legal counsel; enforcement of requirements is at the local level.

# Massachusetts School Immunization Requirements 2020–2021<sup>§</sup>

Massachusetts school immunization requirements are created under authority of 105 CMR 220.000  
Immunization of Students Before Admission to School

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## Childcare/Preschool<sup>¶†</sup>

Attendees <2 years should be immunized for their age according to the ACIP Recommended Immunization Schedule. Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called KO or K1.

Hib	1-4 doses; the number of doses is determined by vaccine product and age the series begins
DTaP	4 doses
Polio	3 doses
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	1 dose; must be given on or after the 1 <sup>st</sup> birthday; laboratory evidence of immunity acceptable
Varicella	1 dose; must be given on or after the 1 <sup>st</sup> birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## Grades Kindergarten – 6<sup>¶†</sup>

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	4 doses; fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

¶ Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

See page 2 for Grades 7-10, Grades 11-12, and page 3 for College (Postsecondary Institutions)

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## Grades 7 – 12<sup>†</sup>

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	<b>1 dose;</b> and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since last Tdap
Polio	<b>4 doses;</b> fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## NEW – Meningococcal Requirements

Grade 7	<b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement.
Grade 11 <sup>‡</sup>	<b>2 doses;</b> second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

## Meningococcal Vaccine Phase-In Schedule

	2020-2021	2021-2022	2022-2023	2023-2024
1 Dose MenACWY	Grade 7	Grades 7-8	Grades 7-9	Grades 7-10
2 Doses MenACWY	Grade 11	Grades 11-12	Grades 11-12	Grades 11-12

<sup>§</sup> Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

<sup>†</sup> Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

<sup>‡</sup> Students who are 15 years old in grade 11 are in compliance until they turn 16 years old.

# Massachusetts School Immunization Requirements 2020–2021<sup>§</sup>

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## College (Postsecondary Institutions)<sup>†</sup>

Requirements apply to all full-time undergraduate and graduate students under 30 years of age and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

<b>Tdap</b>	<b>1 dose;</b> and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since Tdap.
<b>Hepatitis B</b>	<b>3 doses;</b> laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
<b>MMR</b>	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students
<b>Varicella</b>	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students
<b>Meningococcal</b>	<b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16 <sup>th</sup> birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the <a href="#">MDPH Meningococcal Information and Waiver Form</a> provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.



# Information About Recreational Camps for Children in Massachusetts: Questions and Answers for Parents and Guardians



## **WHAT IS A LICENSED RECREATIONAL CAMP FOR CHILDREN?**

A licensed recreational camp for children may be a day or residential (overnight) program that offers recreational activities and instruction to campers. There are certain factors, such as the number of children the camp serves, the length of time the camp is in session, and the type of entity operating a program, that determine whether a program is considered a recreational camp under Massachusetts law and regulations and therefore must be licensed (see M.G.L. c. 111, §127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children).

## **WHAT DOES IT MEAN FOR A RECREATIONAL CAMP TO BE LICENSED?**

If a camp meets the definition of a recreational camp it must be inspected and licensed by the local board of health in the city or town where the camp is located. It must also meet all regulatory standards established by the Massachusetts Department of Public Health (MDPH) and any additional local requirements.

## **ARE ALL SUMMER PROGRAMS REQUIRED TO BE LICENSED AS RECREATIONAL CAMPS FOR CHILDREN?**

No. Programs that do not meet the legal definition of a recreational camp for children are not subject to MDPH's regulatory provisions and therefore do not have to follow the requirements that apply to licensed recreational camps and are not subject to inspections by either MDPH or a local board of health.

## **WHAT IS THE PURPOSE OF THE REGULATIONS?**

The regulations establish minimum health, safety, sanitary, and housing standards to protect the well-being of children who are in the care of recreational camps for children in Massachusetts. These regulations include:

- requiring camps to perform criminal record background checks on each staff person and volunteer prior to employment and every 3 years for permanent employees;
- requiring proof of camper and staff immunizations;
- requiring proof of appropriate training, certification, or experience for staff conducting or supervising specialized or high risk activities (including swimming and watercraft activities).

## **WHAT DOES THE LOCAL HEALTH DEPARTMENT EVALUATE AS PART OF A CAMP INSPECTION?**

The primary purpose of the inspection is to ensure that the camp provides an appropriate environment to protect the health, safety, and well-being of the campers. Examples of things inspectors look for include: safe structures and equipment; adequate sanitary facilities; sufficient supervision of the campers; appropriate plans in case of medical emergencies, natural, and other physical



disasters; sufficient health care coverage; and injury and fire prevention plans. Contact the local health department or local board of health in the community in which the camp is located to find out mandatory requirements, policies, and standards.

#### **WHERE CAN I GET INFORMATION ON THE STATUS OF A RECREATIONAL CAMP'S LICENSE?**

Contact the local health department or board of health in the community where the camp is located to determine if the camp is a licensed recreational camp for children, confirm the status of the camp's license, and obtain a copy of the camp's most recent inspection report.

#### **ARE RECREATIONAL CAMPS REQUIRED TO PROVIDE COPIES OF OPERATING PLANS AND PROCEDURES?**

Yes. The camp must provide copies of any of the required plans and procedures on request.

#### **ARE THERE MINIMUM QUALIFICATIONS FOR CAMP COUNSELORS IN MASSACHUSETTS?**

Yes. All counselors in licensed recreational camps are required to have at least four weeks experience in a supervisory role with children or four weeks experience with structured group camping. Counselors must also complete an orientation program before campers arrive at camp. Any counselor who supervises children in activities such as horseback riding, hiking, swimming, and other events must also have appropriate specialized training, certification, and experience in the activity. You may ask to see proof that a counselor is certified in a particular activity.

#### **HOW OLD DO CAMP COUNSELORS HAVE TO BE?**

There are different age requirements depending on the type of camp. A counselor working at a licensed residential (overnight), sports, travel, trip, or medical specialty camp must be 18 years of age or have graduated from high school. Counselors working at a day camp must be at least 16 years of age. All counselors at licensed camps in Massachusetts are required to be at least three years older than the campers they supervise.

#### **IS THE CAMP REQUIRED TO CONDUCT BACKGROUND CHECKS ON CAMP STAFF?**

Yes. For all camp staff and volunteers, the licensed recreational camp for children must conduct a background check that includes obtaining and reviewing the applicant's previous work history and confirming three positive references. The camp must also obtain a Criminal Offender Record Information (CORI) history/juvenile report history from the Massachusetts Department of Criminal Justice Information Services to determine whether the applicant has a juvenile record or has committed a crime that would indicate the applicant is not suitable for a position with campers. The camp must conduct CORI re-checks every three years for permanent employees with no break in service.

The local health department will verify that CORI checks have been conducted during their annual licensing inspection. If an applicant resides in another state or in a foreign jurisdiction, where practicable, the camp must also obtain from the applicant's criminal information system board, the chief of police, or other relevant authority a criminal record check or its recognized equivalent. The camp is required to hire staff and volunteers whose backgrounds are free of conduct that bears adversely upon his or her ability to provide for the safety and well-being of the campers.

#### **IS THE CAMP REQUIRED TO CHECK STAFF AND VOLUNTEER BACKGROUNDS FOR A HISTORY OF SEXUAL OFFENSES?**

Yes. The operator of the camp must obtain a Sex Offender Registry Information (SORI) report from the Massachusetts Sex Offender Registry Board (SORB) for all prospective camp staff, including any volunteers, and every three years for permanent employees with no break in service. The Sex Offender Registry Board is a public safety agency responsible for protecting the public from sex offenders. The local health department will verify that SORI checks have been conducted during their annual licensing inspection. For more information concerning the Sex Offender Registry Board, and SORI information and

policies available to the public, visit the SORB website at [www.mass.gov/sorb](http://www.mass.gov/sorb).

### **HOW CAN I BE SURE THAT SUCH BACKGROUND CHECKS HAVE BEEN CONDUCTED?**

You can request a copy of the camp's written policy on staff background checks from the camp director and ask the Board of Health to confirm that background checks were completed at the camp. Please note, however, that you are not authorized to review any staff person's actual CORI or SORI report.

### **IS THE CAMP REQUIRED TO HAVE A PERSON ON-SITE WHO KNOWS FIRST AID AND CPR?**

Yes. All licensed camps are required to have a health care supervisor at the camp at all times who is at least 18 years of age and is currently certified in first aid and CPR. The camp must provide backup for the health care supervisor from a Massachusetts licensed physician, physician assistant, or nurse practitioner who serves as a health care consultant. Medical specialty camps and residential camps where there are a large number of campers and staff must have a licensed health care provider, such as a physician or nurse, on site.

### **HOW CAN I COORDINATE MY CHILD'S MEDICATION ADMINISTRATION WHILE AT A RECREATIONAL CAMP?**

Parents or guardians must give approval for their child to receive any medication at a recreational camp. Licensed camps are required to keep all medications in their original containers and to store all prescription medications in a secure manner. If your child will be participating in off-site activities while taking prescription medication, a second original pharmacy container must be provided to the camp. The only individual authorized to give your child his/her medication is a licensed health care professional or the camp health care supervisor with oversight by the camp health care consultant. (Note that other arrangements may be made for emergency medications such as epinephrine auto-injectors and inhalers.) When your child's participation at a camp ends, the medication must be returned to you, if possible, or destroyed.

### **CAN A CAMP DISCIPLINE MY CHILD?**

Yes. Camps are required to have a written disciplinary policy that explains their methods of appropriate discipline, for example, a 'time-out' from activities or sending a child to the camp director's office. Under no circumstances, however, may a camper be subjected to corporal punishment such as spanking, be punished by withholding food or water, or subject to verbal abuse or humiliation.

### **WHAT STEPS DOES A CAMP HAVE TO TAKE TO PROTECT MY CHILD FROM ABUSE AND NEGLECT?**

All licensed recreational camps must have policies and procedures in place to protect campers from abuse and neglect while at camp. You may ask a camp representative for specific information on the camp's policies and procedures for reporting a suspected incident. In order to protect your child from possible abuse, you should talk openly and frequently with your child about how to stay safe around adults and other children.

### **WHAT STEPS CAN BE TAKEN TO HELP PROTECT CHILDREN FROM MOSQUITO AND TICKBORNE DISEASE SUCH AS EASTERN EQUINE ENCEPHALITIS (EEE), WEST NILE VIRUS (WNV), AND LYME DISEASE?**

Parents/guardians and camp administrators should discuss the need for repellent with campers and what repellent(s) may be available at the camp. Use of insect repellents that contain 30% or lower of DEET (N,Ndiethyl-m-toluamide) are widely available and are generally considered to be safe and effective for children (older than 2 months of age) when used as directed and certain precautions are observed. These products should be applied based on the amount of time the camper spends outdoors and the length of time protection is expected as specified on the product label.

Use of DEET products that combine repellent with sunscreen are not recommended, as over application of DEET can occur if sunscreens need to be applied more frequently. It is generally recommended to apply sunscreen first, then insect repellent.

Repellents containing DEET should only be applied to exposed skin, and children should be encouraged to cover skin with clothing when possible, particularly for early morning and evening activities when more mosquitoes are present. DEET products should not be applied near the eyes and mouth; applied over open cuts, wounds, or irritated skin; or applied on the hands of young children (the CDC recommends that adults apply repellents to young children). Skin where the repellent was applied should be washed with soap and water after returning indoors and treated clothing should be washed before it is worn again. Spraying of repellents directly to the face, near other campers, or in enclosed areas should be avoided.

**For More Information on Recreational Camps Please Follow the web link below:**

The Department has designed an additional document "Important Webpage Links regarding Recreational Camps for Children" to assist stakeholders with access to relevant information associated with Recreational Camps for Children. This document contains webpage links for related material and other points of interest.

[Important Webpage Links.docx](#)

**Do not rely on glossy pictures and slick brochures when choosing a recreational camp for your child.**

**Contact the camp director** to schedule an appointment for an informational meeting and tour of the facility prior to registering your child.

**Ask the camp for a copy of its policies** regarding staff background checks, as well as health care and disciplinary procedures. Ask to see a copy of the procedures for filing complaints with the camp.

**Call the local health department/board** in the city or town where the camp is located for information regarding inspections of the camp and to inquire about the camp's license status.

**Obtain names of other families** who have sent their children to the camp, and contact them for an independent reference.

**For More Information**

If you would like a copy of the state regulations or additional information concerning recreational camps for children, please visit [www.mass.gov/dph/dcs](http://www.mass.gov/dph/dcs) or call the Massachusetts Department of Public Health, Bureau for Environmental Health's Community Sanitation Program at 617-624-5757 | Fax: 617-624-5777 | TTY: 617-624-5286

Revised March 2018



## **Summary of Changes to Camp Regulations-4/4/18**

### **Definitions:**

**Aquatic Director-Age 21; experience in management or supervisor of at least 6 weeks**

**Day Camp-4 days in a 14 consecutive day period June 1<sup>st</sup> –Sept 30th; fewer than 15 business days during any other time of year**

### **.091-Staff Orientation and Training:**

**On-line head injury training program like CDC "Heads Up"; specific training and attendance records**

**.100-Camp Counselors & Jr. Counselors-counselors have to have 4 weeks experience as a junior counselor; 1:10 ratio for campers 7 years and older; 1:5 ratio for campers less than 7 years**

**.103A-Swimming-If 50 campers or more Aquatics Director must be present; can be an on duty LGT**

**.103B-watercraft-1:10 counselor to camper ratio; LGT or Small Craft Safety & Basic Water Rescue**

**.103G-Challenge Course/Climbing Wall requirements**

**.152-Required Immunizations-use current immunization schedule**

**.157C-Information on Meningococcal disease and immunization**

**.159B-Health plan must include insect repellent, tick checks and allergen awareness**

**.160D-Epi-pens**

**.160G-Training by HCC-content of standards; test of competency**

**.160H-HCC document the training and competencies**

**.160I-Proper disposal of medications; keep a log**

**.163-written procedures for topical application of sunscreen**

**.165-no e-cigarettes**

**.166-no alcohol or marijuana**

**.190E-protocol for dealing with unrecognized person at camp**

**.209-phones-reliable, readily accessible; dialing instructions**

**.212-Field Trips-include one designated health supervisor**

**.212C-What to bring on field trips**

**.251E-staff on bus or van**

**.320-food service-summer feeding sites provide inspection reports**

**.432A2-Bathing Beaches-secchi disk**

**.432B-Diving Areas at least 10 feet deep for a one meter diving board-12 feet for a 3 meter board**

## Christian's Law Webpage Information

**IMPORTANT:** A new section was added in the amended recreational camps for children regulations, 105 CMR 430.000, specifying compliance with Christian's Law (105 CMR 432.000). See - 105 CMR 430.204 - Waterfront Requirements

- Based on Massachusetts General Law (M.G.L.) c. 111, §127A½, commonly referred to as "Christian's Law", and the Massachusetts Department of Public Health's (Department) has promulgated regulation 105 CMR 432.000: "Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps".
- The law and regulations only apply to swimming or diving areas at marine or freshwater beaches and explicitly exclude swimming pools, wading pools, and other artificial bodies of water.
- This information is provided to support compliance with the regulation, and associated best practices to assist municipal and recreational programs and camps in implementing provisions of 105 CMR 432.000.
- Below are web links to the law, regulations and associated guidance documents:
  - Christian's Law (MGL Chapter 111 section 127.5)
  - Christian's Law Regulation (105 CMR 432.000)
  - 2017. Revised Christian's Law Guidance Document – Guidance for Implementing Regulation 105 CMR 432.000
  - Christian's Law Guidance Checklist – Regulation 105 CMR 432.000
  - Swim and Fit Test Model Documentation Form
  - American Red Cross Course: Water Safety (r.09) Instructor
  - YMCA Lifeguard Course AQ711B
- The webpage also includes the 2014 Department and U.S. Coast Guard Auxiliary "Fit Test" training video, <https://youtu.be/1i3VZf-NqPc>.

March 2018





## Massachusetts Department of Public Health

### *Important Amendments to Regulation 105 CMR 430.000: Minimum Standards for Recreational Camps for Children*

March 2018

On March 23, 2018, important amendments were finalized to 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code, Chapter IV) which will go into effect this summer. The purpose of the amended camp regulations is to revise outdated standards, clarify language and add new requirements in response to stakeholder input, as well as to improve the overall clarity and readability of the regulation for housing, health, safety and sanitary conditions for minors attending recreational camps for children in the Commonwealth.

The Department of Public Health (DPH) is mandated by M.G.L. c. 111, §127A, to promulgate regulations pertaining to recreational camps for children. Although DPH has the responsibility for setting minimum standards and has oversight authority, the primary responsibility for inspecting and licensing camps rests with the local Boards of Health.

#### Important Changes

The finalized revisions include substantial changes to re-organize and streamline regulatory requirements with the goal of improving readability and organization of the Recreational Camps for Children regulations. The following summarizes the most significant substantive changes:

- **430.020: Definitions.** Definitions were revised for Day Camp (to include camps that operate at least 4 days during any 14 consecutive day period), Residential Camp (to include camps that operate 3 or more consecutive overnights) and Recreational Camp for Children (to include camps that operate for less than 15 business days any time outside of the June 1 to September 30 camping season). In addition, a definition for Specialized High Risk Activities was added.
- **430.050: License Required.** A new section was added to clarify that no recreational camp for children shall operate without a license from the Board of Health. Any person or program that promotes or advertises itself as a camp, even if it does not meet the criteria of a Recreational Camp as defined within 105 CMR 430.020, must be licensed as a recreational camp for children prior to operating.
- **430.091: Staff Orientation and Training.** The section has been revised to clarify that orientation and training is for all applicable camp staff (e.g.- programmatic or others with direct oversight), and that training components and attendance are to be documented. Additionally, staff shall receive all necessary training specific to overseeing certain camp activities or any specialized training to meet the needs of campers with unique physical or behavioral needs, as applicable. As part of the orientation, all counselors, junior counselors, as well as other staff and volunteers shall complete one on-line head injury safety training program, such as the Centers for Disease Control and Prevention's "Heads-Up" training, or an equivalent approved training.
- **430.101: Required Ratio of Counselors to Campers.** Required staffing ratios were clarified, including requiring that campers remain in sight, and that junior counselors can be counted for compliance but must be in the presence of a counselor. Each residential or day camp serving campers with mild or severe disabilities shall have a staffing plan in place to ensure adequate staffing to supervise children with disabilities.
- **430.103: Supervision of Specialized High Risk Activities.** Formerly "Specialized Activities" are now called "Specialized High Risk Activities" and activities were added to this section including challenge courses and climbing walls. Safety standards for these types of activities were added, including compliance with 520 CMR 5.00 for climbing walls and challenge courses with high ropes. Additionally, ratios of campers to lifeguards, aquatics directors and staff with watercraft safety certification was clarified.

- **430.140: Medical Waste.** A requirement to comply with DPH Medical Waste regulations was added.
- **430.145: Maintenance of Records.** A three year records retention requirement was added.
- **430.152: Required Immunizations.** This section was revised and simplified to reference annual immunization requirements developed by the CDC rather than include specific immunization requirements which may become outdated.
- **430.159: Health Care Staff to be Provided.** Changes were made to the required camp health care policy to include procedures for using insect repellent, conducting tick checks, and promoting allergy awareness. The camp's Health Care Consultant must ensure on-site Health Care Supervisors are properly trained in order to administer topical or oral medications.
- **430.160: Storage and Administration of Medication.** Revisions were made to clarify medication storage requirements, specifically to account for field trips. Language was added to clarify the role of the health care consultant and health care supervisor, including specifically required training for health care supervisors that are not trained in medication administration. Additional procedures were also added for campers to self-administer epinephrine auto-injectors with approval from the health care consultant and the camper's parent/guardian.
- **430.165: Tobacco Use.** The proposed amendments will ban the use of any form of tobacco, including nicotine delivery devices like e-cigarettes, by staff, campers, or any person at the camp. This excludes use of FDA approved cessation products.
- **430.166: Alcohol and Recreational Marijuana Use.** A new section was added prohibiting the use of alcohol and recreational use of marijuana in any form at a recreational camp during all hours of operation.
- **430.190: General Program Requirements.** A new sub-section was added regarding an "unrecognized person" at the camp. The operator shall maintain an effective protocol for the appropriate identification and handling of such situations.
- **430.204: Waterfront and Boating Program Requirements.** This section was revised to include compliance with 105 CMR 432.000 (Christian's Law) for any swimming or boating programs, including a requirement to determine each child's swimming ability and to provide appropriate personal flotation devices (PFDs) in accordance with the federal law.
- **430.212: Field Trips.** This section was revised requiring written itineraries established before departure with a copy provided to parents/guardians and whenever feasible, notification provided to parents/guardians of any changes to the itinerary prior to departure. A Health Care Supervisor must accompany all field trips with readily available access to health records, medications and first aid kits, as needed. Written contingency plans shall be established and accompany all field trips.
- **430.217: Requirements for Tents.** This section was revised to allow the use of temporary, transportable tents clearly identified by the manufacturer as constructed of fire resistant material (versus fire-retardant).
- **430.251: Transportation Safety.** A new section was added requiring a minimum of at least one staff person to accompany and monitor campers during any bus or van transport either from the morning pickup to the camp or the afternoon return trip for off-site drop-off.
- **430.430: Swimming Pools.** Requirements for swimming pools were updated to include references to the pool fence law, 780 CMR (MA State Building Code) and the federal law regarding anti-entrapment devices for swimming pools (Virginia Graeme Baker Act). Also, a requirement regarding the assessment of swimming ability and confinement to areas consistent with swimming ability was added for pools (Christian's Law only applies to bathing beaches).
- **430.454: Structural and Interior Maintenance.** This section was a revised section requiring all camp facilities be maintained in good repair, fit for the use intended, and in compliance with 780 CMR (MA State Building Code).
- **430.800: Board of Health May Grant Variance.** This section was amended to be consistent with the variance sections contained in other state sanitary code regulations.