If You are Exposed

- Rinse off yourself, children, and animals with clean water if exposed to blooms or surface scums, or water that is noticeably discolored.
- Stop using the water and consider medical attention if people or animals have symptoms and might have touched, swallowed, or inhaled surface waters with possible blooms. Symptoms include diarrhea, nausea or vomiting; skin, eye or throat irritation; and allergic reactions or breathing difficulties.

Report it.

- Please report suspicious blooms to HABsInfo@dec.ny.gov, your local health department (health.ny.gov/EnvironmentalContacts), or harmfulalgae@health.ny.gov
- Please report symptoms to your local health department or harmfulalgae@health.ny.gov

More Information

NYS Department of Health
www.health.ny.gov/harmfulalgae

NYS Department of Environmental Conservation
www.dec.ny.gov/chemical/77118.html

US Centers for Disease Control and Prevention
www.cdc.gov/nceh/hsb/hab/default.htm

US Environmental Protection Agency
www2.epa.gov/nutrient-policy-data/cyanohabs

Avoid blooms in surface waters because blue-green algae can cause health effects in people and animals.

Know it.

It might be a blue-green algae bloom if you see:

- Strongly colored water.
- Paint-like appearance.
- Floating mats or scums.

Avoid it.

Always stay away from blooms in surface waters:

- Don't swim, fish, boat, or wade in areas with blooms.
- Don't eat fish caught from areas with blooms.

If you're not on a public water supply:

- Bloom or no bloom, never drink, prepare food, cook, or make ice with untreated surface water.
- During a bloom, don't drink, prepare food, cook, or make ice with surface water, even if you treat the water yourself. Also consider not using it for showering, bathing, or washing.

If you are on a public water supply:

- Your water is treated, disinfected and monitored for drinking and household use.

Report it.

Report blooms to: HABsInfo@dec.ny.gov, your local health department (health.ny.gov/EnvironmentalContacts), or harmfulalgae@health.ny.gov

Report bloom-related symptoms to: Your local health department or harmfulalgae@health.ny.gov

Consider visiting a health care provider if you, your family, or your animals are experiencing symptoms that might be related to blue-green algae exposure.

Learn more health.ny.gov/harmfulalgae

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NEW YORK STATE | Department of Health

5/16

Blue-green Algae and Health

Know it. Avoid it. Report it.

Know it.

Blue-green algae are microscopic organisms that can form dense blooms in surface waters. People and animals should avoid blooms because blue-green algae can cause health effects.

Recognizing Blooms

Surface water affected by blue-green algae often is strongly colored (blue-green, green, yellow, white, brown, purple, or red) and can have a paint-like appearance. Under some conditions, blue-green algae can become so abundant that they form floating mats or scums on the water.

View more examples of blue-green algae blooms at www.dec.ny.gov/chemical/81962html

Blue-green Algae Advice

People can be exposed to blue-green algae and their toxins by contact (touching, swallowing, and inhaling) during water recreation, drinking water, and household use.

Water Recreation

Swimming, wading, boating, fishing, or eating fish

- Avoid areas with blooms or surface scums, or water that is noticeably discolored.
- Keep children and animals away from areas with blooms or surface scums, or water that is noticeably discolored.
- Pay attention to official beach closures, advisory signs, press releases, and websites. Never swim at beaches that are closed and follow blue-green algae advice.
- Don't fish or eat fish caught from areas with blooms or surface scums, or from water that is noticeably discolored.

Drinking Water and Household Use

If you are on a public water supply

Public water is always the best option for drinking, preparing food, cooking, or making ice, as well as washing and bathing, because water suppliers are required to treat, disinfect, and monitor water for their customers.

If you are not on a public water supply

Never drink, prepare food, cook, or make ice with untreated surface water, bloom or no bloom. Untreated surface water might contain blue-green algae and their toxins as well as other bacteria, parasites, or viruses that can cause illness. If you must wash dishes with untreated surface water, rinse with bottled water.

Even if you are treating surface water yourself, don't drink it during a bloom. Blue-green algae and their toxins are not removed with in-home treatment systems, or by boiling or disinfecting water with chlorine, ultraviolet light (UV), or other treatment. You also might consider not using the water during a bloom for showering, bathing, or washing.

Contact your local health department if you have questions about your water. Find contact information at health.ny.gov/EnvironmentalContacts

Avoid blooms while swimming, fishing, boating, or wading.

Avoid it.

If you are not on public water

Don't drink or prepare food with surface water, even if you treat it, because it could contain blue-green algae or toxins.

Boiling, freezing or in-home treatment does not remove blue-green algae or toxins.

Also, consider not using surface water for bathing or washing during a bloom.

New York State Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 00-01, 00-02, 11-08 & 14-02

No. 17-02

Date: March 13, 2017

Re: Epinephrine Auto-Injectors (EpiPen®)

The purpose of this policy is to assist eligible entities defined by Article 30, section 3000-c of the Public Health Law (PHL) in understanding the notification process for utilizing epinephrine auto-injectors (i.e. EpiPen®). An epinephrine auto-injector program is designed to encourage greater acquisition, deployment and use of epinephrine auto-injectors in an effort to reduce the number of deaths associated with anaphylaxis.

An "epinephrine auto-injector device" is defined as a single-use device used for the automatic injection of a premeasured dose of epinephrine into the human body, approved by the U.S. Food and Drug Administration for the purpose of emergency treatment of a person appearing to experience anaphylactic symptoms.

Eligible entities are defined as:

1. An ambulance service or advanced life support first response service; a certified first responder, emergency medical technician, advanced emergency medical technician or paramedic, who is employed by or an enrolled member of any such service;

2. A children's overnight camp as defined in subdivision one of section thirteen hundred ninety-two PHL, a summer day camp as defined in subdivision two of section thirteen hundred ninety-two of PHL, a traveling summer day camp as defined in subdivision three of section thirteen hundred ninety-two of PHL or a person employed by such a camp;

3. School districts, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in this state or any person employed by any such entity;

4. A sports, entertainment, amusement, education, government, day care or retail facility; an educational institution, youth organization or sports league; an establishment that serves food; or a person employed by such entity; and

5. Any other person or entity designated or approved, or in a category designated or approved pursuant to regulations of the commissioner in consultation with other appropriate agencies.

New York State EMS agencies with a Department issued agency code; children's camps as defined by subpart 7-2 of the New York State Sanitary Code; and schools are strongly encouraged to participate in the epinephrine auto-injector program.

Epinephrine Auto-Injector Program

To initiate an epinephrine auto-injector program, the following steps should be considered:

- A health care practitioner or pharmacist authorized to prescribe medications may prescribe, dispense or provide an epinephrine auto-injector device to or for an eligible person or entity by a non-patient-specific prescription.

- Select and successfully complete a training course in the use of epinephrine auto-injector devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment, by using the Training Guidelines (https://health.ny.gov/professionals/ems/pdf/epi_auto-inject_training_guidelines.pdf) or by a program approved by the Commissioner of Health.

  Any training program submitted for approval must include, but may not be limited to the following objectives and competencies:

  1. identify common causes of allergic reactions;
  2. identify the signs and symptoms of a mild and severe allergic reaction (anaphylaxis);
  3. identify how signs and symptoms of anaphylaxis differ from other medical conditions;
  4. demonstrate knowing when epinephrine should be administered and when it should not be administered;
  5. demonstrate determining the correct dose of auto-injector, adult or pediatric, to administer;
  6. demonstrate the steps for administering epinephrine by an auto-injector;
  7. describe the methods for safely storing and handling epinephrine and appropriately disposing of the auto-injector after use;
  8. demonstrate the steps for providing for on-going care of the patient until Emergency Medical Services (EMS) arrives;
  9. demonstrate knowledge of appropriate documentation and reporting of an event in which an epinephrine auto-injector was administered; and
  10. understand the NYS laws that allow an individual to possess and use an epinephrine auto-injector in a life-threatening situation.

  Prior to initiating the training program, please submit proposed training programs for approval to:

  New York State Department of Health
  Bureau of Emergency Medical Services and Trauma Systems
  875 Central Avenue
  Albany, NY 12206

  518-402-0996
  518-402-0985 (fax)

- Suggested policies and procedures:

  - Written policies and procedures for the acquisition, storage, accounting, and proper disposal of used auto-injectors.
  - Written policies and procedures for the training of authorized users;
  - Written practice protocols for the use of the epinephrine auto-injector;
  - A method of making notification of the use of the epinephrine auto-injector;
  - A method for documentation of the use of the epinephrine auto-injector; and
  - A process for quality assurance.

Reporting an Epinephrine Auto-Injector Use

In the event that an epinephrine auto-injector is administered to a patient experiencing anaphylaxis, the entity should report the incident. At a minimum, the following should be provided as part of this written notification:

- The name of the epinephrine auto-injector entity;
- Location of the incident;
- The date and time of the incident;
- The age and gender of the patient;
- The number and dose of epinephrine auto-injectors administered to the patient:
- The name of the ambulance service that transported the patient, and
- The name of the hospital to which the patient was transported.

In the case of an EMS agency, the report must be written and submitted on a Prehospital Care Report (PCR/e-PCR) and shared with the agency's physician medical director.

In addition, Subpart 7-2 of the State Sanitary code requires children's camp operators to report in writing any epinephrine administration to the permit-issuing official within 24 hours of the administration.

Resources

New York State Public Health Law, Article 30, section 3000-c
http://www.health.ny.gov/professionals/ems/art30.htm#BM3000c

Epinephrine by Auto-Injector Training Guidelines for Unlicensed or Uncertified Personnel
https://health.ny.gov/professionals/ems/pdf/epi_auto-inject_training_guidelines.pdf

EMT original curriculum Lesson 4-5 on Allergies
http://www.health.ny.gov/professionals/ems/national_education_standards_transition/docs/nys_emt_education_standards.pdf

American Academy of Pediatrics
http://www.aap.org

American Red Cross - Anaphylaxis and Epinephrine Auto-Injector - Online Course
http://www.redcross.org/take-a-class/course-dowbt000000000011096

American College of Allergy, Asthma & Immunology
http://acaai.org/

Food Allergy Research and Education
https://www.foodallergy.org/treating-an-allergic-reaction/epinephrine

Asthma and Allergy Foundation
http://www.aafa.org/

Regional EMS Council Listing
http://www.health.ny.gov/professionals/ems/regional.htm

Chapter 373 of the Laws of 2016 - effective March 28, 2017

NEW YORK STATE DEPARTMENT OF HEALTH

Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10,2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

Anaplasmosis
Amebiasis
Animal bites for which rabies prophylaxis is given[1]
Anthrax[2]
Arboviral infection[3]
Babesiosis
Botulism[2]
Brucellosis[2]
Campylobacteriosis
Chancroid
Chlamydia trachomatis infection
Cholera
Coronavirus
COVID-19 (SARS CoV-2)
Severe Acute Respiratory Syndrome (SARS)
Middle East Respiratory Syndrome (MERS)
Cryptosporidiosis
Cyclosporiasis
Diphtheria
E.coli O157:H7 infection[4]
Ehrlichiosis
Encephalitis
Foodborne Illness
Giardiasis
Glanders[2]
Gonococcal infection
Haemophilus influenzae[5] (invasive disease)
Hantavirus disease
Hemolytic uremic syndrome
Hepatitis A
Hepatitis A in a food handler
Hepatitis B (specify acute or chronic)
Hepatitis C (specify acute or chronic)
Pregnant hepatitis B carrier
Herpes infection, infants aged 60 days or younger
Hospital associated infections (as defined in section 2.2 10NYCRR)
Influenza, laboratory-confirmed
Legionellosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
Measles
Melioidosis[2]
Meningitis
Aseptic or viral
Haemophilus
Meningococcal
Other (specify type)
Meningococcemia
Mpox
Mumps
Pertussis
Plague[2]
Poliomyelitis
Psittacosis
Q Fever[2]
Rabies[1]
Respiratory syncytial virus (RSV) laboratory-confirmed
Respiratory syncytial virus (RSV) pediatric fatalities
Rocky Mountain spotted fever
Rubella (including congenital rubella syndrome)
Salmonellosis
Shigatoxin-producing E.coli[4] (STEC)
Shigellosis[4]
Smallpox[2]
Staphylococcus aureus[6] (due to strains showing reduced susceptibility or resistance to vancomycin)
Staphylococcal enterotoxin B poisoning[2]
Streptococcal infection (invasive disease)[5]
Group A beta-hemolytic strep
Group B strep
Streptococcus pneumoniae
Syphilis, specify stage[7]
Tetanus
Toxic shock syndrome
Transmissable spongiform encephalopathies[8] (TSE)
Trichinosis
Tuberculosis current disease (specify site)
Tularemia[2]
Typhoid
Vaccinia disease[9]
Varicella (not shingles)
Vibriosis[6]
Viral hemorrhagic fever[2]
Yersiniosis

WHO SHOULD REPORT?

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

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person _____

Name _____

Address _____

_____

Phone _____ Fax _____

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- Phone diseases in bold type,
- Report all other diseases promptly to county health department where individual resides.
- In New York City use form PD-16.

SPECIAL NOTES

- Diseases listed in **bold type** warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use case report form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS (Stage 3) are reportable on the Medical Provider HIV/AIDS and Partner/Contact Report Form DOH-4189. The form may be obtained by contacting:**

  Division of Epidemiology, Evaluation and Partner Services
  P.O. Box 2073, ESP Station
  Albany, NY 12220-2073
  (518) 474-4284

  In NYC: New York City Department of Health and Mental Hygiene
  For HIV/AIDS reporting, call: (212) 442-3388

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

ADDITIONAL INFORMATION

For more information on disease reporting, call your local health department or the
New York State Department of Health
Bureau of Communicable Disease Control at
(518) 473-4439
or (866) 881-2809 after hours.
In New York City, 1 (866) NYC-DOH1.

PLEASE POST THIS CONSPICUOUSLY

Procedures for Handling Outbreaks at Camp

The rapid spread of gastrointestinal (vomiting and diarrhea), respiratory and other ailments can quickly change a pleasant camp visit into a difficult experience for staff and campers. The following information is provided to help identify an illness outbreak and limit its impact. Early intervention may prevent additional cases of illness.

IDENTIFICATION

- Screen new camper/staff as they arrive at camp for any current or resent illness. Any symptomatic campers or staff members should be referred for medical evaluation.

- Check the medical log entries daily for common ailments and/or increased frequency of cases of illness with similar symptoms (i.e., headache, vomiting, diarrhea, fever, eye infection, sore throat, etc.).

  If multiple campers and/or staff are ill, contact your local health department immediately (remember, reporting is required within 24 hours). Your children's camp may be experiencing a food, water, or person-to-person transmitted outbreak.

- In the event of an outbreak, develop and maintain a log/linelist of ill campers and staff. This list should include the name, age, sex, camper or staff, unit/dorm/tent/cabin, onset date/time, symptoms, duration (hours), specimens collected, treatment/action (treatment provided, went home, etc), job duties (for staff). A sample log/list is included in this document.

- Depending on the situation, the local public health department may recommend collecting stool or vomitus specimens from ill campers and staff for laboratory testing to try to determine the organism causing the illness.

PREVENTION AND CONTROL

- Handwashing (staff and campers) must occur frequently and not just during outbreaks!

  - Adequate supplies of hand washing soap and disposable towels must be available at all times in food service and dining areas, bathrooms, and other areas where toileting or food service may occur.

  - Wash hands carefully with soap and warm, running water for 20 seconds after using the toilet. Additionally, all campers and staff should wash their hands frequently throughout the day and before eating or preparing food. Staff should monitor campers' handwashing. Camp staff should supervise and/or help young children wash their hands thoroughly and properly.

  - Hands should be washed with soap and warm water prior to performing ceremonial hand washing (e.g., *Asher Yatzar* or *Netilat Yadayim*).

- Alcohol-based hand sanitizers should be used if soap and water is not available. Consider making alcohol-based hand sanitizers available throughout the camp.

  - Exercise caution and ensure proper supervision of young children using alcohol-based sanitizers.

  - When hands are visibly soiled, after toileting, and after cleaning vomitus or other potentially contaminated body fluids, alcohol-based sanitizers should not substitute for soap and water when possible.

- Housekeeping – "Sick" areas (bathrooms, sleeping areas, etc.) and high touch surfaces require increased housekeeping emphasis.

  - Conduct regular cleaning and disinfection of bathroom facilities and high touch surfaces, toys, sports equipment, table tops, faucets, door handles, computer keyboards and the handles of communal washing cups. Disinfection can be accomplished with chlorine bleach (at a recommended concentration of 1 part household bleach to 50 parts water) to be used to disinfect hard, non-porous environmental surfaces.

  - Staff should be educated on and wear personal protective equipment (gloves and masks) and use disposable cleaning products when cleaning vomitus. In addition, staff should practice thorough handwashing, and be encouraged to change to clean clothing prior to resuming other activities.

  - Mattress covers soiled with vomitus or feces should be removed and promptly cleaned and disinfected or discarded.

  - Handle linens, sleeping bags, and clothing soiled with vomitus or feces as little as possible. These items should be laundered with detergent in hot water (at least 140°F) at the maximum cycle length and then machine dried on the highest heat setting. If there are no laundry facilities onsite capable of reaching 140°F, soiled items should be double bagged (using plastic bags) and taken offsite for proper washing and drying. If soiled items are sent home, instruct parents or caregivers of the proper washing and drying procedures.

- Water Supply – Ensure proper treatment and only use approved sources.

- Food Service

  - Always exclude ill food handlers from work and use gloves or utensils to handle prepared and ready to eat foods, including drink ice (not just during outbreaks).

  - Ensure that all food service staff (including campers who occasionally handle foods) wash their hands thoroughly before food handling and immediately after toilet visits.

  - Discontinue salad and sandwich bars, "family-style" service, buffets – use servers only.

  - Dining areas, including tables, should be wiped down after each use using a bleach solution of 1 part household bleach per 50 parts water. If a person vomits or has a fecal accident in

the dining hall, clean the affected area immediately. Food contact surfaces and dining tables near the accident should be sprayed using a bleach solution of 1 part household bleach per 10 parts water. Allow surfaces to air dry. Food that was in the area when the accident occurred should be thrown away.

- Don't allow use of common or unclean eating utensils, drinking cups, etc..

- Require cleaning staff/dishwashers to observe sanitary precautions.

RESTRICTIONS AND EXCLUSIONS

- Physically separate ill from well campers and staff.

  - At day camps, ill campers or staff members must be immediately isolated at the camp's infirmary or holding area and arrangements made to send them home.

  - At overnight camps, campers or staff members must be isolated from other campers in the infirmary or a location separate from uninfected campers and staff. Depending on the camp context and duration, camp directors may want to consider sending home campers and staff with illness or closing the camp.

- Exclude ill persons from duties and/or activities until permission is granted by the health director to resume.

- Restrictions from activities and isolation periods for ill individuals vary based on the type of illness. Consult your local health department for the appropriate length of time period of isolation and activity restrictions for ill individuals to effectively prevent the spread of the illness throughout the camp.

- Any camper and staff who are sent home should seek prompt medical attention.

- New arrivals should not be housed with sick or recovering campers and staff.

- Limit entry/exit from camp; postpone or restrict activities involving visitors, including other camps.

REPORTING AND NOTIFICATION

- Camps are required to notify their local health department within 24 hours of illnesses suspected of being water, food, or air-borne, or spread by contact. Local and state health departments are available to consult on prevention and control of any case or outbreak of illness in a camp.

- Notify parents of the illness outbreaks. Please contact your local health department for assistance or template letters that can be used.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection
Children's Camp Program

Outbreak Case Histories*

Name of Children's Camp	Date of Outbreak	eHIPS Incident #	Illness Information

No.	Name of Person**	Bunk/Group	Status						Sex		Age	Severity				Time of Initial Symptom		Incubation Period	Signs and Symptoms									
			Camper	Dev. Dis. Camper	CIT/JR Counselor	Counselor	Other Staff	Other *	Male	Female		Duration of Illness	Physician seen	Hospitalized	Death	Day	Hour		Nausea	Vomiting	Abdominal Cramps	Diarrhea	Fever	Sore Throat				
Total																												

*** Follow Environmental Health Manual Procedure CSFP 803 for Foodborne Outbreaks**

**** Collect addresses and phone numbers for follow-up**

Information received by: _____ Title: _____

Information reviewed by: _____ Title: _____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection
Children's Camp Program

Illness and Outbreak Report

INSTRUCTIONS: See Environmental Health Manual Procedure CSFP-146 before completing this form.

A. FACILITY INFORMATION

Camp Name:_____ Facility Code:____ _____ _____ ____ _____ _____

Camp Address_____ Date Reported ____/___/____

B. EVENT INFORMATION **eHIPS Incident Number**: _____ **(Note: eHIPS will assign when entered into system)**

Type of Incident: ❑ Illness (single case) ❑ Illness Outbreak (multiple case)

Date of Incident/Onset ____/___/___ Time of Occurrence/Onset ____ :____ (Military time)

Note: For illness outbreak, utilize this form for the event information and initial victim, complete section C-2 and complete form DOH-61a.

C-1. VICTIM INFORMATION **Material in Shaded area is confidential** **eHIPS Victim ID Number:**_____ **(Note: eHIPS will assign when entered into system)**

Name of Victim (Last, First, MI):_____

Home Address:_____

Name of Parent or Guardian (Last, First, MI):_____ Home Phone Number: (_____) _____-_____

Note: All the above confidential information must be collected and maintained by LHD for appropriate investigation and follow-up.

Age: _____ **Sex**: ❑ Female ❑ Male **Status**: ❑ Camper ❑ Developmentally Disabled Camper ❑ CIT/Jr. Counselor ❑ Counselor ❑ Other Staff* ❑ Other* Specify_____

2. Victim Information- (Complete for illness outbreak and attach DOH61a)

Number of campers: male_____ female_____ **Number of staff:** male _____ female_____ **Number of others:** male _____ female_____

D. ILLNESS DESCRIPTION - Report camper and staff communicable diseases, outbreaks and illness requiring resuscitation, admission to a hospital, or resulting in death.

1. Characterize the Illness _____

a. Acute illness or disease*
b. Allergic reaction*
c. Anaphylactic shock*
d. Asthma attack
e. Cardiac
f. Chronic illness or disease*
g. Dental problem/infection
h. Eye infection
i. Gastrointestinal*
j. Mandated reportable communicable disease* (Part 2 10NYCRR)
k. Neurological
l. Parasitic*
m. Respiratory infection
n. Seizure disorder
z. Other*
* Specify_____

2. Is illness communicable? ❑ Yes ❑ No If yes, indicate suspected means of transmission. _____

a. Airborne b. Animal bite or contact c. Foodborne d. Insect bite e. Spread by person to person contact f. Waterborne z. Other* *Specify_____

E. TREATMENT - For each person providing treatment, indicate the location and type of treatment that person provided in the table below. Up to FOUR treatment providers may be indicated. Specify all selections marked with an asterisk.

1. Who Provided Treatment?

a. Dentist
b. Emergency Medical Technician
c. First Aider*
d. Licensed Practical Nurse
e. Nurse Practitioner
f. Physician
g. Physician's Assistant
h. Registered Nurse
i. Victim
z. Other*

2. Where was treatment provided?

a. At Camp infirmary b. Admitted to Hospital c. At site d. Dentist's Office e. Doctor's Office f. Emergency Clinic g. Emergency Room z. Other*

3. What Treatment was provided? (Indicate as many as apply)

a. Antibiotic
b. Antihistamine/Decongestant
c. Anti-inflammatory/analgesic
d. Antiseptic
e. Cast/Splint
f. Diagnostic
g. Epinephrine Administration
h. Gastrointestinal (antacid, laxative)
i. Psychotropics
j. Resuscitation
k. Supportive (bedrest, observation, physical therapy)
l. Sutures,* Staples*, medical glue (indicate how many below)*
z. Other*

	Who (Question E1)	*Specify (when required)	Where (Question E2)	*Specify (when required)	What (Question E3)	*Specify (when required)
Treatment Provider #1						
Treatment Provider #2						
Treatment Provider #3						
Treatment Provider #4						

F. INVESTIGATION

Was an On-Site investigation conducted by the Local Health Department? Yes No Date of On-Site Investigation: ____/____/____

Did the Local Health Department conduct a telephone follow-up? Yes No Date of Follow-up: ____/____/____

G. NARRATIVE- When entering the narrative into eHIPS, do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Provide a description of the illness. Include details of onset, treatment and resolution (returned to camp or went home). For foodborne outbreak investigations, follow Environmental Health Manual Procedure 803 in addition to completing this report.

Information received by: _____Title:_____

Report reviewed by: _____Title:_____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection
Children's Camp Program

Outbreak Case Histories*

Name of Children's Camp	Date of Outbreak	eHIPS Incident #	Illness Information

No.	Name of Person**	Bunk/Group	Status						Sex		Age	Severity				Time of Initial Symptom		Incubation Period	Signs and Symptoms									
			Camper	Dev. Dis. Camper	CIT/JR Counselor	Counselor	Other Staff	Other *	Male	Female		Duration of Illness	Physician seen	Hospitalized	Death	Day	Hour		Nausea	Vomiting	Abdominal Cramps	Diarrhea	Fever	Sore Throat				
Total																												

*** Follow Environmental Health Manual Procedure CSFP 803 for Foodborne Outbreaks**

**** Collect addresses and phone numbers for follow-up**

Information received by: _____ Title: _____

Information reviewed by: _____ Title: _____

Measles Reference Guide for Camp Operators

Measles is highly contagious and can spread rapidly, especially in a camp setting where children and staff are in close contact. The best protection against measles is broad vaccination coverage. Individual camp policy may choose to recommend or require specific immunizations of campers and staff. The following steps are strongly recommended to help prevent and identify measles and limit its impact at camp. For additional guidance and recommendation for children's camps, see the camp operator letter available at: https://www.health.ny.gov/environmental/outdoors/camps/docs/vpd_camp_letter.pdf or contact your local health department (LHD).

Before Camp Begins: Collect and Review Immunization Records

- Confirm measles immunity for all campers and staff by receiving written record of:
    - two doses of MMR (measles, mumps, and rubella vaccine);
    - laboratory test showing measles immunity;
    - laboratory confirmation of measles; or
    - birth in the United States before 1957.
- Exclude campers and staff with measles:
    - symptoms in the four days prior to arrival at camp:
        - high fever and cough, runny nose, red/watery eyes, and/or rash
        - rash usually starts 2 to 4 days after the fever begins, spreading from the face and neck to the body, arms, and legs.
    - exposures in the 21 days prior to arrival at camp for unvaccinated individuals or one MMR.
- Maintain lists of individuals not fully immunized including those with valid medical exemptions. This list should include the campers, volunteers and staff with:
    - No MMR vaccinations
    - One dose of MMR and the date they would be eligible to obtain the second dose,
    - No other documentation of immunity, and
    - A valid medical exemption as these individuals would not be eligible for MMR vaccine and may require alternate post-exposure prophylaxis if exposed to measles.
- During staff training include information about measles symptoms, monitoring campers for these symptoms, and reporting suspect cases to the health director.
- Send parents or guardians the educational flyer titled, *You Can Prevent the Spread of Measles at Summer Camp* (www.health.ny.gov/publications/2218.pdf).
- Maintain a supply of medical/surgical face masks.

When Campers and Staff Arrive: Initial Health Screening

- Prior to camp entry, screen all campers and staff for measles symptoms and possible recent exposures using the camp's approved safety plan procedures.
- Exclude campers and staff with measles symptoms or exposures as noted above.

- Ask parent/guardian to notify the camp of any potential measles exposures during the season (e.g. visitation days, nights, weekends, between sessions).
- Obtain proof of measles immunity for those not received.
- Update lists of individuals not fully immunized.
- Report measles symptoms or known exposures to the LHD.

During Camp: Prevention and Control

- Conduct daily health surveillance of individuals for signs of illness.
- Monitor individuals with recent exposure.
- Immediately isolate individuals that develop measles symptoms and contact the LHD and parent/guardian:
    - Place individual in a private room with a door that closes, if possible.
    - If the individual must be transported through common areas, place a medical/surgical face mask on the individual.
    - Restrict susceptible individuals from entering the space.
    - Call ahead if seeking medical care, so proper precautions can be put in place.
- Work with local health department to identify individuals with measles exposures while at camp, identify those individuals' immunity status, and isolate, exclude, and/or provide post-exposure prophylaxis for those individuals as appropriate.
- Maintain a list of visitors to the camp with contact information in case follow-up is needed.

Additional Information:

- Camp Operator letter regarding measles www.health.ny.gov/environmental/outdoors/camps/docs/vpd_camp_letter.pdf
- NYSDOH measles website www.health.ny.gov/measles/
- NYS Measles Hotline at 888-364-4837

NEW YORK STATE | Department of Health

Measles

What is measles?

Measles is a serious respiratory disease that causes a rash and fever. It is very contagious. You can catch it just by being in a room where someone with measles coughed or sneezed.

What are the symptoms?

Symptoms usually appear about 10 to 12 days after a person is exposed to measles. The first symptoms are usually:

- High fever
- Cough
- Runny nose
- Red watery eyes
- Rash
  - Small red spots, some of which are slightly raised.
  - Spots and bumps in tight clusters give the skin a splotchy red appearance.
  - Usually appears 2 to 4 days after the fever begins and lasts 5 to 6 days.
  - Begins at the hairline, moves to the face and neck, down the body and then to the arms and legs.

What are the complications of measles?

A small number of people who get measles will need to be hospitalized and could die. Many people with measles have complications such as diarrhea, ear infections or pneumonia. They can also get a brain infection that can lead to permanent brain damage. Measles during pregnancy increases the risk of early labor, miscarriage and low birth weight infants. Measles can be more severe in people with weak immune systems.

How long is a person with measles contagious?

A person with measles can pass it to others from 4 days *before* a rash appears through the 4th day *after* the rash appears.

Is there a treatment for measles?

There is no treatment but acetaminophen and ibuprofen may be taken to reduce a fever. People with measles also need bed rest and fluids. They also may need treatment for complications such as diarrhea, an ear infection or pneumonia.

If my child or another family member has been exposed to measles, what should I do?

Immediately call your local health department, doctor or clinic for advice. Never been vaccinated? Get the Measles, Mumps and Rubella (MMR) vaccine within 3 days of being exposed. This may prevent you from getting measles. Some people may need an immune globulin shot -- antibodies to the measles virus. It should be given within 6 days of being exposed. This may prevent or lessen the severity of measles.

What is the best way to prevent measles?

Getting the measles vaccine is the best way to prevent measles.

- You are considered immune to measles if you have written proof of 2 valid doses of MMR vaccine, or other live, measles-containing vaccine.
- You are also considered immune to measles if you have a written lab report of immunity, or you were born before 1957.
- Anyone who lacks proof of measles immunity, as defined above, should receive at least one dose of MMR vaccine. Two doses of MMR vaccine are recommended for some groups of adults. This includes health care personnel, college students, and international travelers. The doses should be given at least 28 days apart.

We recommend that all children get the Measles, Mumps and Rubella (MMR) Vaccine.

- Children should get their first MMR shot at 12 through 15 months old (as soon as possible within this time period). The second dose may be given as soon as one month after the first dose. But it is usually given between 4 and 6 years of age.
- An early dose of MMR vaccine is recommended for children 6-11 months of age who will be traveling internationally. These children will still need the 2 routine doses given at 12-15 months and 4-6 years of age to ensure protection. They will receive a total of 3 MMR vaccines.

What are the MMR vaccine requirements for school attendance?

- For pre-kindergarten including day care, Head Start or nursery school: one dose of MMR vaccine
- Kindergarten to grade 12: two doses of MMR vaccine
- College: two doses of MMR vaccine

What should I do if I'm not sure I was vaccinated against measles?

Check with your health care provider. If you were born before 1957 it's likely that you have been exposed to the virus and are immune. If you were born between 1957 and 1971, the vaccine you received may not have been as reliable. Ask your doctor if you've been properly vaccinated.

What should I or my family members do to prevent measles if we are traveling out of the country?

Measles is still common in many other countries. Make sure that you and your children are fully vaccinated before traveling out of the U.S.

- Children, adults and adolescents should have two doses of MMR vaccine, at least 28 days apart.
- An early dose of MMR vaccine is recommended for children 6-11 months of age who will be traveling internationally. This dose does not count as part of the routine doses given at 12-15 months and 4-6 years of age. These children will need a total of 3 MMR vaccinations.

Travel and measles:

www.cdc.gov/measles/travelers.html

Learn more about measles:

www.cdc.gov/measles

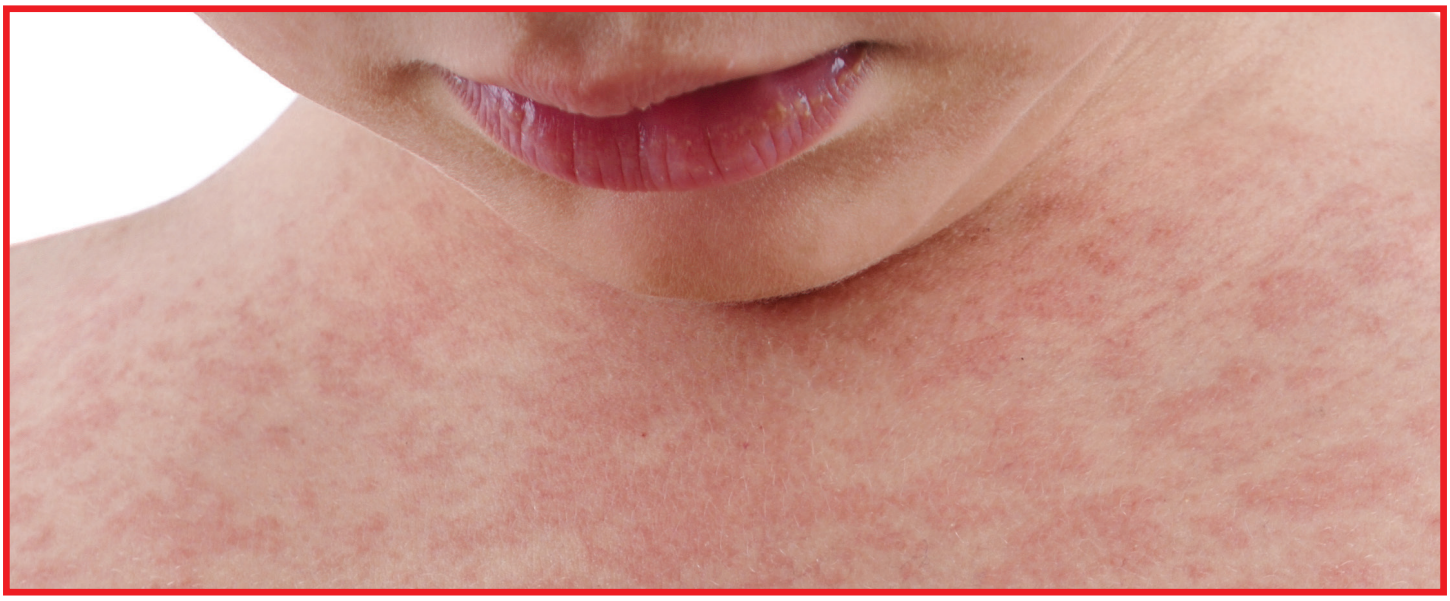
How can I find out about measles outbreaks?

www.cdc.gov/measles/cases-outbreaks.html

For more information about vaccine-preventable diseases:

www.health.ny.gov/prevention/immunization/

Bureau of Immunization



Recognizing Measles

What are the symptoms of measles?

Symptoms usually appear 7-14 days after exposure but can take as long as 21 days.

- High fever and one or more of the following:
  - Cough
  - Runny nose
  - Red watery eyes
  - Rash
    - Small red spots, some of which are slightly raised.
    - Usually appears 2 to 4 days after the fever begins and lasts 5 to 6 days.
    - Begins on the face and moves down the body to the arms and legs.

Ask About:

- Exposure to anyone with measles
- International travel
- Vaccine history

Act immediately if you suspect measles:

- Ensure patient is stable.
- Immediately put a surgical mask on the patient.
- Isolate the patient in an airborne infection isolation room (negative pressure room).
- If none is available, place patient in a private room with a door that closes and keep the mask on the patient the entire time (unless there is a medical contraindication). Keep door closed and do not use the room for at least 2 hours after a suspected measles patient has left the room.
- Permit only staff immune to measles to be near the patient. However, regardless of immunity, staff should use an N95 respirator when entering the room.
- Measles is spread though airborne transmission, therefore, mitigate exposure to other patients in shared airspaces during and for two hours after a suspect measles case has been identified.
- Immediately report suspected measles cases to the local health department.
- Expedite measles serology and virus testing by notifying the local health department to arrange testing at the Wadsworth Center NYS Public Health Laboratory. Use of commercial labs may delay the diagnosis.

Contact your local health department at (____) _____ - _____ between ____ : ____ a.m. and ____ : ____ p.m. weekdays, or (____) _____ - _____ after hours, weekends, and holidays.

health.ny.gov/measles

NEW YORK STATE | Department of Health

You Can Prevent the Spread of Measles at Summer Camp

Measles is highly contagious and can spread easily at camp. When a person sick with measles coughs or sneezes, the virus gets into the air where it can stay for two hours. Anyone who is not immune can get measles if they are in that area. People who get measles can be very sick, and will not be able to stay at camp.

Protect yourself, your family, and the community by following these 5 steps:

1. Know if you and your family are immune.

You are considered immune if you:

- Were born before 1957,
- Have a written record of 1 or 2 doses of measles-containing vaccine (depending on age), or
- Have a laboratory test showing you are immune.

If you are not sure about immunity, talk to your health care provider before going to camp.

2. If you are not immune, get vaccinated.

Two doses of the MMR (measles, mumps, rubella) vaccine will provide the best protection from the measles. Make sure everyone in the family is properly vaccinated or immune before going to camp.

3. Know the signs and symptoms of measles.

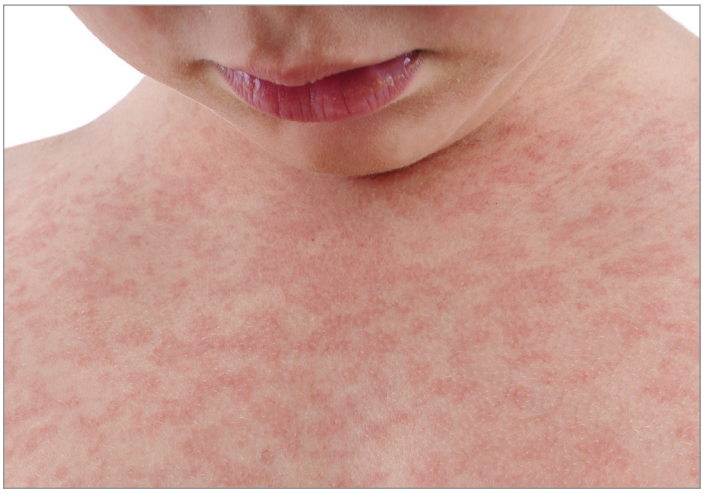
Symptoms appear about 7 to 14 days after exposure but may take as long as 21 days, starting with a high fever, cough, runny nose and red/watery eyes. A rash usually starts 2 to 4 days after the fever begins, spreading from the face and neck to the body, arms, and legs. Any child who feels sick at camp should tell a health or camp director for immediate medical care and to protect other campers.

4. Stay home if you are sick.

Since measles spreads quickly and is contagious even before the rash starts, stay home at the first sign of fever or cough. Do not come to camp. It is important to prevent measles from spreading to other people.

5. Call ahead before seeking medical care.

If you think someone has measles, call before seeking medical care so the office, clinic or emergency room can take steps to prevent other people from being exposed to measles.



Call your health provider or your local health department if you need a vaccine or want to learn more about preventing measles. More information is also available at:

health.ny.gov/measles

NEW YORK STATE | Department of Health

2218 3/19

Fact Sheet for Bat Habitat Inspection and Batproofing in Childrens' Camps

Camps are usually located in areas that are prime habitat for bats and other wildlife, and the type of construction in camp buildings is often conducive to roosting bats. Bats are frequently encountered in the camp setting. If people are sleeping in cabins with bats, or children are handling bats found on the ground, rabies exposures can occur. Bats that are infected with rabies are often mistaken for injured animals when they are found flopping around on the ground. Abnormal behavior seen in rabid bats includes being on the ground, landing on someone, and flying during the day. Occasionally, there is no obvious abnormal behavior, so all contact with bats and other wild animals should be reported to the camp nurse.

Inspections for making decisions about which cabins will be used for sleeping should take place every spring before the camp opens. Inspections should include:

- inspecting attic space, rafters, porches, and walls for signs of roosting bats, such as bat guano and crystallized urine, or a musty odor
- looking for openings through which bats could get into sleeping quarters, such as openings larger than 1/2 inch by 1/2 inch and long thin slots larger than 1/4 inch by 2 inches
- not allowing cabins with evidence of bat roosts to be used as sleeping quarters until they have been batproofed

Camp buildings and cabins, particularly those used as sleeping quarters, should be **batproofed**

- do not batproof buildings during the period from late May to mid-August, to avoid trapping baby bats inside the building
- seal openings larger than 1/2 inch by 1/2 inch, or long thin slots larger than 1/4 inch by 2 inches
- use materials such as expanding spray-on foam, caulk, wire mesh, wood that fits tightly, steel wool (around pipes that enter buildings) etc., to seal gaps and holes.
- make sure windows have screens, chimneys are capped, and electrical and plumbing openings are plugged

For questions on inspections or batproofing, please contact your local health department for more information.

General Guidelines for Management of Bat-Related Incidents at Children's Camps

Bats observed flying at night outside

- provide general education to all camp staff and camp attendees about bats and risk of rabies, avoiding exposures, and reporting possible exposures

Bat observed flying outside in daytime

- provide general education to all camp staff and camp attendees about bats and risk of rabies, avoiding exposures, and reporting possible exposures (note: if bat appears to be aggressively and deliberately swooping at people, keep campers away from area, capture bat, and submit for rabies testing)

Bat found outside grounded or roosting in camper accessible location

- restrict access to area
- temporarily contain bat, for example with an inverted pail or coffee can
- capture bat
- report incident to local health department
- submit bat for rabies testing

Bat flying in or roosting in camper-occupied building

Building large, no children are present unattended:

- evaluate situation for potential risk, consider exclusion and batproofing as soon as possible

Building small, leading to close proximity of bat to occupants, and children are present:

- leave one person in building to observe bat
- remove campers from building, as well as adults who will not be involved in capturing the bat
- make a list of building occupants while they exit the building or immediately afterwards
- capture bat
- report incident to local health department
- submit bat for rabies testing

Bat present indoors with sleeping adults or unattended children

- leave one person in building to observe bat
- remove campers from building, as well as adults who will not be involved in capturing the bat
- make a list of building occupants while they exit the building or immediately afterwards
- capture bat
- report incident to local health department
- submit bat for rabies testing

Known or suspected contact with a bat

- capture bat
- immediately make list of those with possible contact
- have those persons with possible contact wash the area of potential contact with soap and water
- report incident to local health department
- submit bat for rabies testing
- depending on severity, consider having wounds evaluated by health care provider for medical treatment

All bat-related incidents should be reported to the local health department.

For questions about handling incidents, or to immediately report those which may require rabies treatment, the local health department should be contacted. They have someone available 24 hours per day.

- For this camp, the name of the local health department is:
- Their business hours phone number is:
- Their off hours phone number is:

Instructions for use of bat capture kit:

- When an incident occurs, the person in this building who should be immediately notified to capture the bat is:
- and they can be reached by: (phone number, pager number, etc.)
- In this camp the bat capture kit is kept: (location)

If a bat is within arm's reach, the coffee can method should be used:

Carefully avoid direct contact with the bat and avoid damaging its head

To capture the bat:

- Close the windows, and the room and closet doors; turn on the lights if the room is dark;
- Wait for the bat to land.[1]
- Wearing gloves, cover the bat with a coffee can (or similar container with a lid).
- Slide a piece of cardboard under the can, trapping the bat.
- With one hand firmly holding the cardboard in place against the top of the can, turn the can right side up.
- Replace the cardboard with the lid (if no lid, tape the cardboard tightly to the can.)
- Immediately contact your local health department to arrange for rabies examination of the bat.

If a bat is not within arm's reach, an extension pole with a net may be used to capture the bat:

- While wearing gloves, slowly approach the bat with net.
- Rotate the pole so that the bat is scooped into the net and the net turns in on itself containing the bat.
- With a gloved hand grab the bat through the outside of the net, slide the coffee can into the net, push the bat into the can, and place the lid on the can. (if no lid, tape a piece of cardboard over the can.)

- Immediately contact your local health department to arrange for rabies examination of the bat.

- [1]If a bat has landed behind something or in a space that is too narrow to cover with a coffee can, forceps may be used to capture it. Using a gloved hand to hold the forceps, firmly but gently grasp the bat under a wing and close to its body. Place the bat in the bottom of the coffee can and release your grip on the forceps. Cover the coffee can and contact the local health department as stated above.
  In the event that four or more hours are needed before transportation of a bat for subsequent rabies testing occurs, the bat should be double-bagged in plastic and placed in a cooler or refrigerated area. Under no circumstances should a bat be stored in the same cooler or refrigerator as food or pharmaceuticals. The specimen should be kept away from potential contact with people or other animals.

Bat Capture Kit for Childrens' Camps

- Gloves (heavy, preferably pliable thick leather)
- Forceps (9" to 12" length, rat-tooth for gripping)
- Extension pole w/net (fine mesh insect net of polyester or muslin material with a spring steel hoop on telescoping pole -- net and pole sold separately)
- Coffee can w/tight-fitting lid or similar container (e.g., cardboard ice cream carton w/lid; keep multiple containers on hand)
- Sheet of cardboard to slide between wall and container to act as a lid
- Tape (to secure lid on container)
- Flashlights (including fresh batteries & extra batteries)
- General Guidelines for Management of Bat-Related Incidents at Children's Camps (for display, guidelines should be double-sided, laminated and hung on lanyard/string)

To obtain some of the items listed above the following types of vendors are suggested:

- Hardware store/home & garden center - gloves, extension pole, flashlight, batteries, tape
- Medical supply company - forceps
- Forestry supply company - fine mesh insect net

NEW YORK STATE DEPARMTENT OF HEALTH
Bureau of Community Environmental Health and Food Protection
Children's Camp Program

Potential Rabies Exposure Report

See Environmental Health Manual Procedure CSFP-146 and back of form before completing.

Camp Name:_____**Address:**_____

Exposure Date: ___/___/___ **Time:** ___:___ (Military time) **Report Date:** ___/___/___ **eHIPS Log Number:** _____

Rabies Analysis- Provide the following information for each animal involved in the incident.

Animal Description	Submitted for Rabies Analysis		If Submitted for Analysis, Indicate Results		
#1	❑ Yes	❑ No	❑ Positive	❑ Negative	❑ Untestable
#2	❑ Yes	❑ No	❑ Positive	❑ Negative	❑ Untestable
#3	❑ Yes	❑ No	❑ Positive	❑ Negative	❑ Untestable
#4	❑ Yes	❑ No	❑ Positive	❑ Negative	❑ Untestable

If exposure was a result of a bat entering a building, were bat exclusion techniques utilized after the incident to prevent future bat entry and potential human exposure? ❑ Yes ❑ No

COMPLETE FOR **ALL** PERSON(S) INVOLVED IN THE EXPOSURE INCIDENT – Shaded information is confidential

1. Victim Information: eHIPS Victim Number: _____ **Exposure Date** ____/____/____ **Time** _____:_____ **(military)**

Name of Patient: (Last, First, M.I.) _____

Home Address: _____

Parent or Guardian Name_____ Home Phone Number (____) _____

Age: |__|__| **Sex:** ❑ Male ❑ Female **Status:** ❑ Camper ❑ Developmentally Disabled Camper ❑ CIT/Jr. Counselor ❑ Counselor ❑ Other Staff* ❑ Other* (Specify*)_____

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures (select from back of form)
#1		#3	
#2		#4	

Was postexposure prophylaxis (PEP) recommended? ❑ Yes ❑ No Was PEP administered? ❑ Yes ❑ No ❑ Refused

2. Victim Information: eHIPS Victim Number: _____ **Exposure Date** ____/____/____ **Time** _____:_____ **(military)**

Name of Patient: (Last, First, M.I.) _____

Home Address: _____

Parent or Guardian Name_____ Home Phone Number (____) _____

Age: |__|__| **Sex:** ❑ Male ❑ Female **Status:** ❑ Camper ❑ Developmentally Disabled Camper ❑ CIT/Jr. Counselor ❑ Counselor ❑ Other Staff* ❑ Other* (Specify*)_____

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures (select from back of form)
#1		#3	
#2		#4	

Was postexposure prophylaxis (PEP) recommended? ❑ Yes ❑ No Was PEP administered? ❑ Yes ❑ No ❑ Refused

3. Victim Information: eHIPS Victim Number: _____ **Exposure Date** ____/____/____ **Time** _____:_____ **(military)**

Name of Patient: (Last, First, M.I.) _____

Home Address: _____

Parent or Guardian Name_____ Home Phone Number (____) _____

Age: |__|__| **Sex:** ❑ Male ❑ Female **Status:** ❑ Camper ❑ Developmentally Disabled Camper ❑ CIT/Jr. Counselor ❑Counselor ❑ Other Staff* ❑ Other* (Specify*)_____

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures (select from back of form)
#1		#3	
#2		#4	

Was postexposure prophylaxis (PEP) recommended? ❑ Yes ❑ No Was PEP administered? ❑ Yes ❑ No ❑ Refused

4. Victim Information: eHIPS Victim Number: _____ **Exposure Date** ____/____/____ **Time** _____:_____ **(military)**

Name of Patient: (Last, First, M.I.) _____

Home Address: _____

Parent or Guardian Name_____ Home Phone Number (____) _____

Age: |__|__| **Sex:** ❑ Male ❑ Female **Status:** ❑ Camper ❑ Developmentally Disabled Camper ❑ CIT/Jr. Counselor ❑ Counselor ❑ Other Staff* ❑ Other* (Specify*)_____

Animal	Type of Exposure (select from back of form)	Animal	Type of Exposures (select from back of form)
#1		#3	
#2		#4	

Was postexposure prophylaxis (PEP) recommended? ❑ Yes ❑ No Was PEP administered? ❑ Yes ❑ No ❑Refused

Instructions for Completing the Children's Camp Rabies Exposure Report Form

For each exposure incident, complete the requested information for all persons exposed. A separate form must be utilized for each incident. An incident can be exposures of one or more people to one or more animals over the course of a period of time (onsite petting zoo) or to a single animal one time. The local health department Rabies Coordinator must be consulted to arrange for and determine the appropriateness of postexposure prophylaxis (PEP). A copy of the Children's Camp Potential Rabies Exposure Incident Report should be sent to the Rabies Coordinator for their records. When an exposure occurred over a period of time, indicated the first exposure date and time as that for the incident and specify each victims exposure date and time in the victim information section.

When an exposure is a result of a bat inside a building, the path of entry must be identified and the appropriate exclusion techniques to prevent future exposure(s) must be employed.

TYPE OF EXPOSURE - Using the coding scheme below, indicate the letter that corresponds to each victim's type(s) of exposure; up to four letters may be selected, if appropriate. When multiple animals are involved with a single incident, consistency must be maintained between the animal number designation in the "Rabies Analysis" section and the animal number designation in the "Type of Exposure" section.

The below exposure types have a reasonable probability of transmitting rabies and must be reported to the Local Health Department by the camp. In general, PEP is recommended for these exposures when rabies exposure cannot be ruled out. A-C can be used for all exposures, D-M are for bats only. Select N only after consultation with the Bureau of Community Sanitation and Food Protection and describe the exposure in the narrative**.**

A = Bite.
B = Scratch.
C = Saliva or nervous tissue contact.
D = Direct physical contact with live or dead bat.
E = Person touched bat without seeing the part of bat touched.
F = Bat flew into person and touched bare skin.
G = Bat flew into person on part of body with lightweight clothing and the person reports feeling an unpleasant sensation at the point of contact.
H = Person with bare feet stepped on bat.
I = Person awakens to find a bat in the room with them.
J = Live bat found in room with unattended infant, child, or person with sensory or mental impairment.
K = Person slept in small, closed-in camp cabin, bats swooping past while sleeping.
L = Bat found on ground near unattended infant, child, or person with mental impairment.
M = Unidentified flying object hits person and time of day (dusk or dawn), presence of mark where hit, and place where flying object came from (i.e., good site for roosting bats) all support likelihood that it was a bat.
N = Other

Narrative:
Provide a description of the exposure incident. When the exposure was a result of a bat entering a building, state which building the exposure occurred in.

_____

_____

_____

_____

_____

Children's Camp Inspector:_____ **Title:**_____

Local Health Department:_____ **Date:**___/___/____ **Telephone (**____**)**_____**-**_____

Date Rabies Coordinator Consulted: ____/____/____ **Date Form Sent to Rabies Coordinator:** ____/____/____

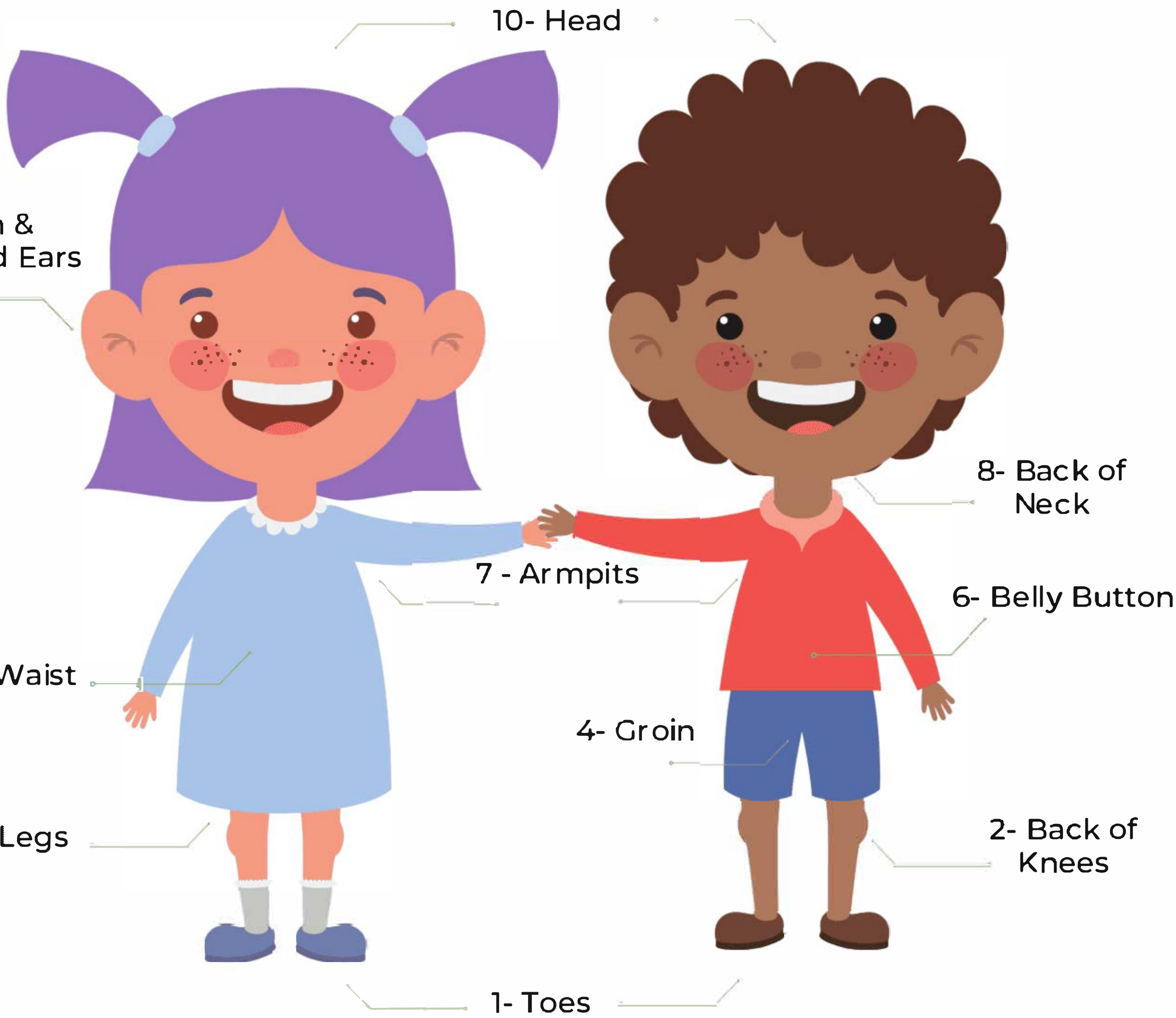
COUNT TO TEN FOR TICKS!

After Spending Time Outdoors, Check for Ticks.
Know where to tick check to defend against tick-borne infection.
Start with these 10 spots going from Bottom to Top.

Count to Ten from Bottom To Top

Work your way up
from bottom to top.
Ticks like warm spots, so don't
miss any of those.
Feel for bumps.
Look for tiny dark spots.
Most ticks are very small!

1. Toes
2. Back of knees
3. Legs
4. Groin
5. Around Waistline
6. Belly Button
7. Armpits
8. Back of Neck
9. In and Behind Ears
10 Head



2024 Children's Camps Incident Summary Report
Bureau of Community Environmental Health and Food Protection

Email: bcehfp@health.ny.gov

In 2024, local health departments reported that 2,408 regulated children's camps operated in New York State. Of these, 454 were overnight camps and 1,954 were day camps, including 255 municipal day camps and 33 traveling summer day camps. It is estimated that over 900,000 children attend children's camps in New York State each year.

To assess health and safety at camps, a children's camp incident surveillance system is maintained. Camp operators are required to report serious injuries, illnesses, potential rabies exposures, administrations of epinephrine, and allegations of camper abuse to their local health department. These incidents are investigated by local health departments, and information is entered into the New York State Department of Health's Environmental Health Information and Permitting System. A total of 975 incidents (1,534 affected individuals) meeting the criteria for reportable incidents in section 7-2.8(d) of Subpart 7-2 of the New York State Sanitary Code were reported in 2024 (Figure 1), indicating that less than 2 out of 1,000 campers experienced injury and illness while at camp. Analysis of the data is used for injury prevention and control, to develop administrative guidance, and to determine if amendments are needed to Subpart 7-2 of the State Sanitary Code. The following summarizes the reportable incidents at regulated children's camps in New York State during 2024.

Injuries:

There were 565 reported injuries to 550 individuals reported during the 2024 camp season (an individual may experience more than one reportable injury in a single incident). This represents a 3.5% percent increase compared to the number reported in 2023 and a 20% percent decrease compared to the 15-year average of reportable injuries occurring at children's camps (Figure 2). Figures 3 through 16 provide details as to the types of injuries sustained and activities at the time of injury. Injuries reported are those that meet the criteria in Subpart 7-2 of the State Sanitary Code:

- Camper injuries that result in:
    - Death or require resuscitation;
    - Admission to a hospital (treatment in the emergency room is not considered admission to a hospital);
    - Eye, head, neck, or spine injuries which require referral to a hospital or other facility for medical treatment;
    - Bone fractures or dislocations;
    - Lacerations that require sutures, staples, or medical glue; or
    - Second or third degree burns to five percent or more of the body.

- Staff injuries which result in death, require resuscitation, or admission to a hospital (treatment in the emergency room is not considered admission to a hospital).

Illnesses and Illness Outbreaks:

Camp operators are required to report to their local health department all camper and staff illnesses suspected of being water-, food-, or air-borne, or spread by contact. There were 258 individual illnesses and 99 illness outbreaks reported during the 2024 camp season (Figures 17 and 18). Illness outbreaks are detailed in the table below.

Outbreak Type		Number of Outbreaks	Number Ill
Mandated Reportable Communicable Disease (per Part 2)	COVID-19	32	146
	Influenza	2	4
	Pertussis (Whooping Cough)	2	13
	Staph	1	3
	Salmonella	1	4
	Varicella (Chicken Pox)	1	2
Acute Illness or Disease	Impetigo	7	51
	Coxsackie Virus (Hand, Foot, Mouth)	14	74
	Fever (Unspecified)	1	9
Parasitic	Pediculosis (Head Lice)	15	54
Respiratory Infection	Respiratory Infection	1	14
	Strep Throat	8	42
	Viral Pneumonia	1	36
Eye Infection	Conjunctivitis (Pink Eye)	5	81
Gastrointestinal	Gastroenteritis	7	69
	Norovirus	1	38
	Total	**99**	**640**

Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System

Epinephrine Administrations:

There were 21 incidents in which epinephrine was administered during the 2024 camp season (Figure 19). Of these, 11 administrations were for food allergies, 7 were for insect stings, and 3 were for an unknown allergen.

Of the total administrations, 13 epinephrine auto-injectors were from the camp's supply, 4 were from the patient's supply, and 4 were from EMS Providers or hospital-administered.

Potential Rabies Exposures:

There were 12 reported exposure incidents resulting in 45 campers and staff potentially exposed to rabies in the 2024 camping season (Figure 20). 10 of the 12 incidents involved exposure to a bat. In 8 of these incidents, the bat was not captured, which resulted in 41 individuals being recommended for rabies post exposure prophylaxis. 23 individuals received post exposure prophylaxis treatment and 18 refused treatment. In two incidents, the bat was captured and tested negative for rabies, which resulted in post exposure prophylaxis treatment being avoided for two individuals. In addition to the bat exposures, two incidents involved a potential rabies exposure from dog bites. The dogs were unable to be identified and tested. Post exposure prophylaxis treatment was recommended for two individuals; both received this treatment.

Allegations of Physical and Sexual Abuse:

There were 14 allegations of physical or sexual abuse of campers reported during the 2024 camp season. Of these incidents, three involved alleged physical abuse, nine involved alleged sexual abuse, and two involved both alleged physical and sexual abuse. The alleged perpetrator was another camper in nine incidents, a counselor in three incidents, and unknown in two incidents.

An allegation of abuse is investigated by law enforcement when there may be a violation of Penal Law. The local health department investigates all allegations to determine if the camp complied with supervision, staffing and other policies and procedures required by Subpart 7-2 of the State Sanitary Code.

Justice Center Reportable Incidents:

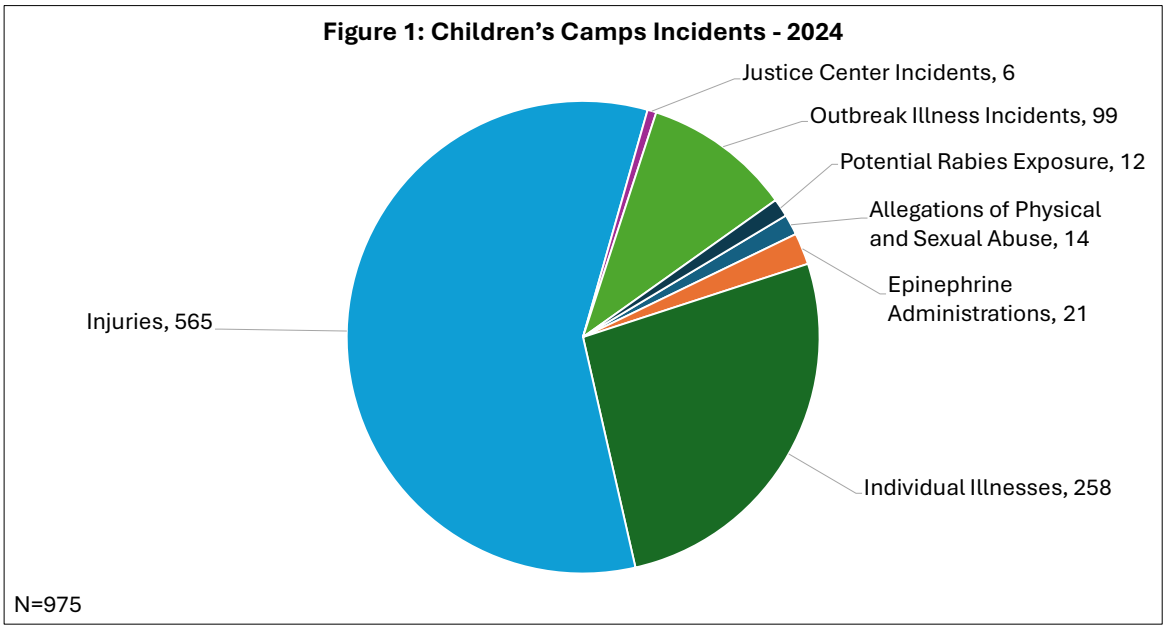
In 2024, there were six incidents at Camps for Children with Developmental Disabilities (enrollment of 20% or more campers with a developmental disability) reported to the Justice Center for the Protection of People with Special Needs (Justice Center). Two reports were classified as unsubstantiated abuse/neglect. Four reports were classified by the Justice Center as Significant Incidents and were investigated by local health departments for compliance with Subpart 7-2 of the State Sanitary Code. Of these, two allegations involved lack of proper medical care and two involved lack of proper supervision/care provided by the camp. (Figure 21).

Incidents required to be reported to the Justice Center include Physical Abuse, Sexual Abuse, Psychological Abuse, Deliberate Misuse of Restraint, Aversive Conditioning, Neglect, Controlled Substances, Obstruction, and Significant Incidents. Significant Incidents include conduct between campers with developmental disabilities that would constitute abuse and improper treatment/care by camp staff which impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of a disabled camper, including but not limited to unauthorized seclusion, unauthorized use of time-out, improper medication administration (prescribed or over the counter), and inappropriate use of restraints.

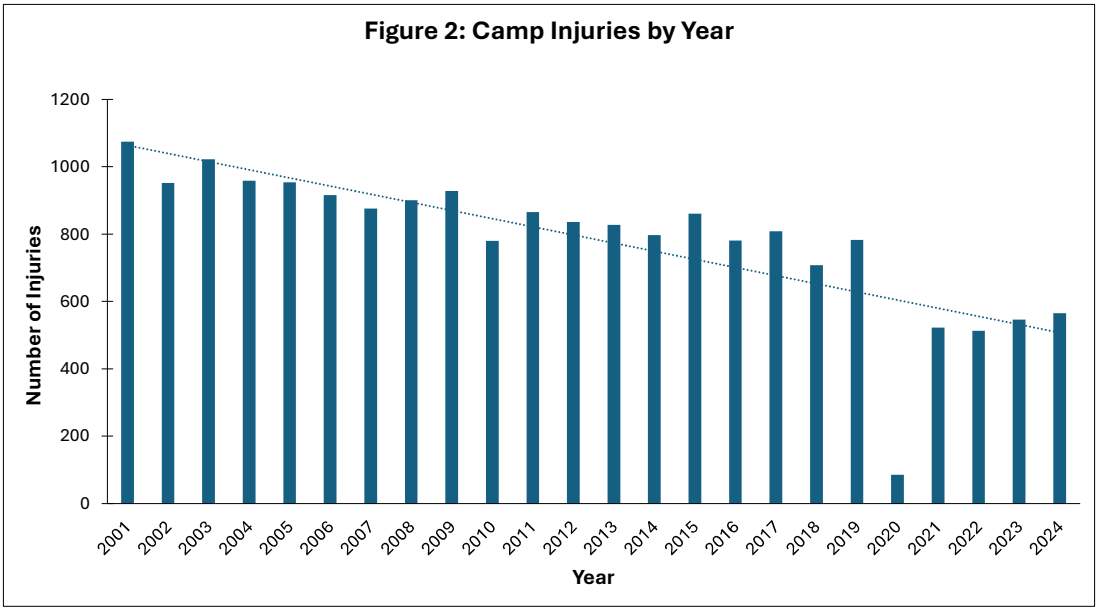
For this summary report, a Justice Center incident may also be included in other categories, such as an injury, illness, or incident of alleged physical and sexual abuse if the incident also met the criteria in Subpart 7-2 of the State Sanitary Code for a reportable incident.

Fatalities:

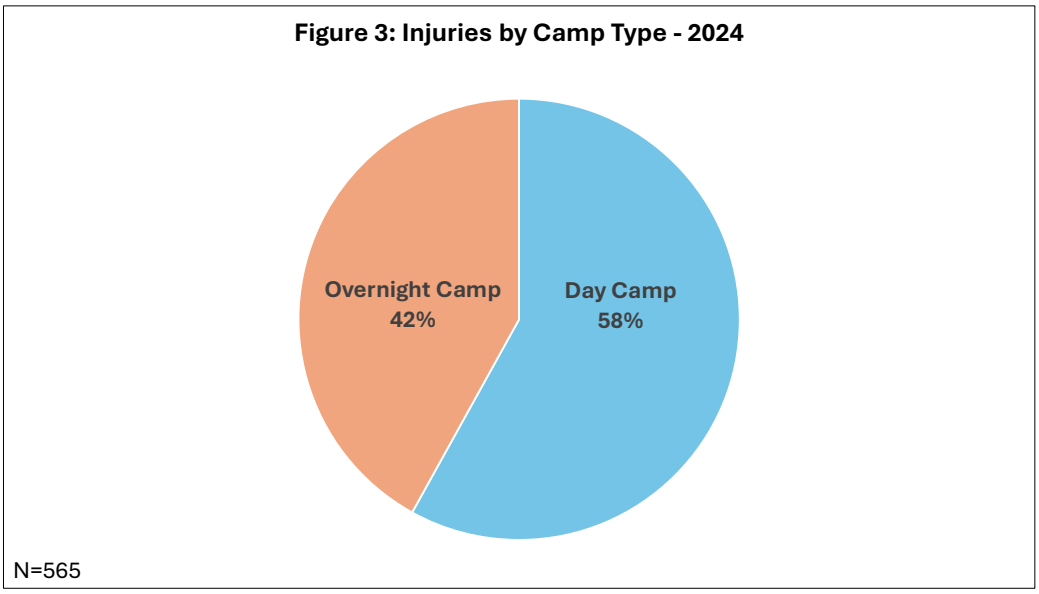
There were no fatalities reported at regulated children's camps during the 2024 camp season.



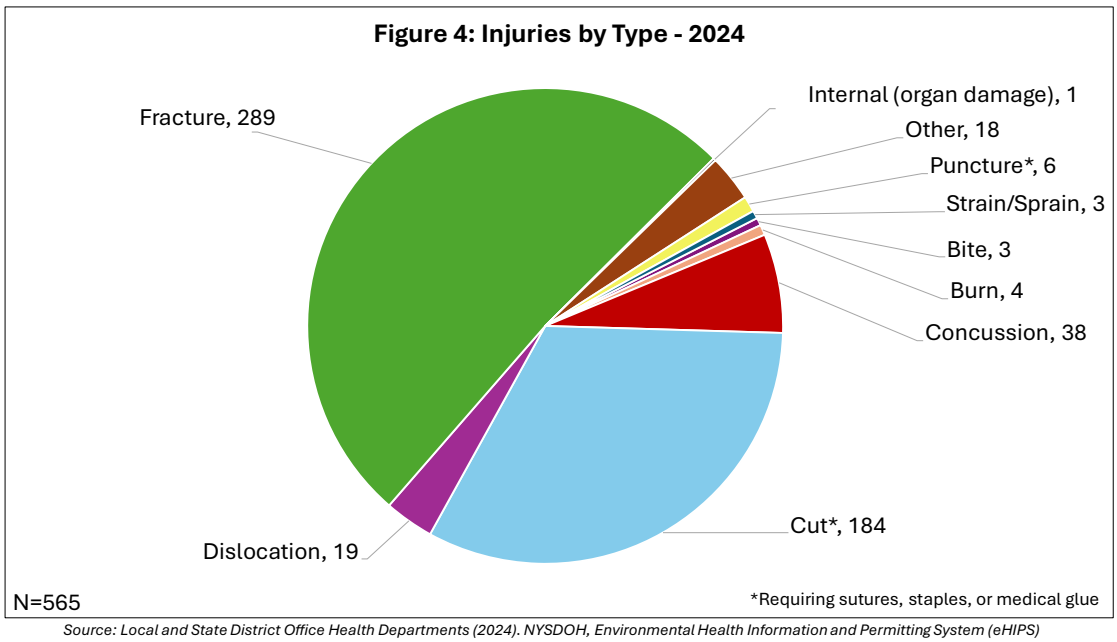
Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



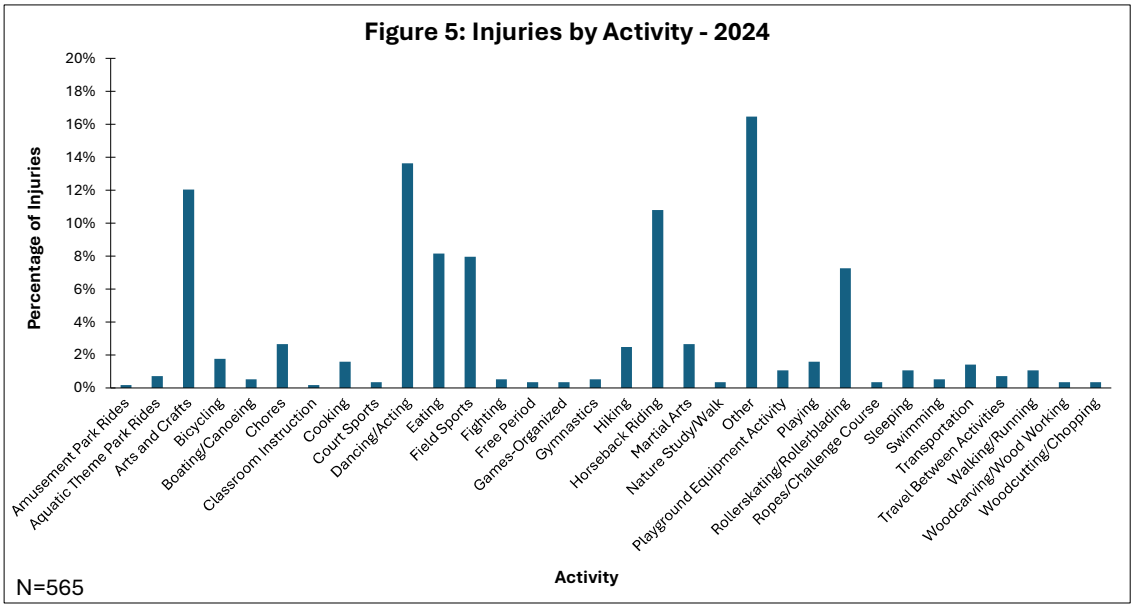
Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



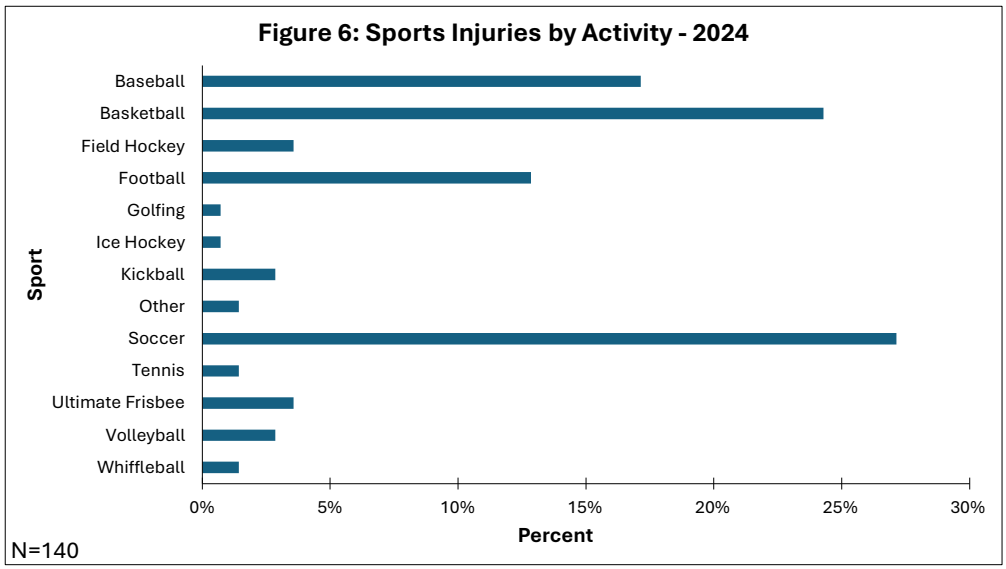
Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



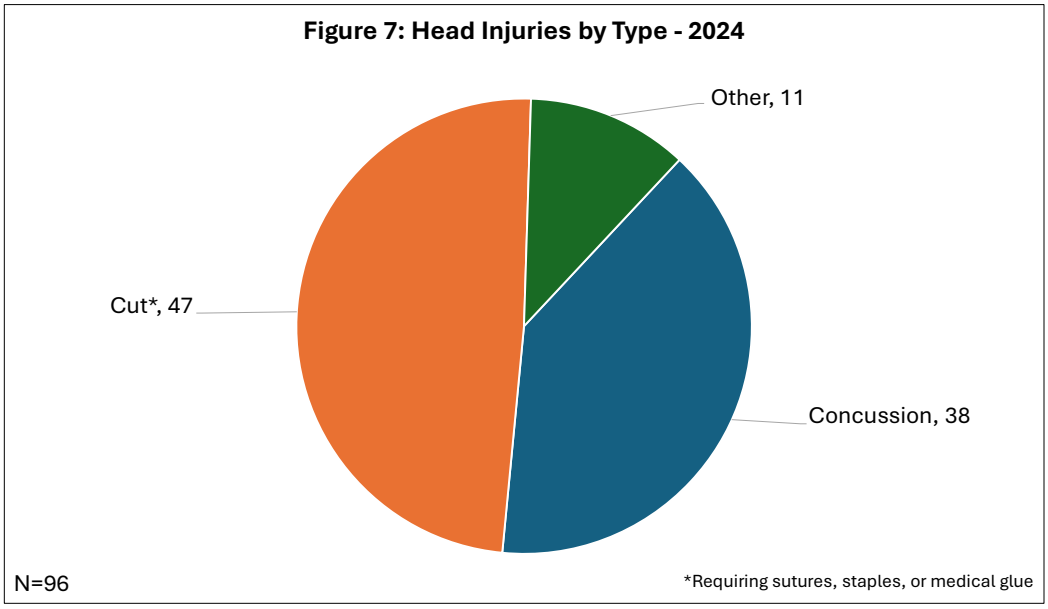
Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



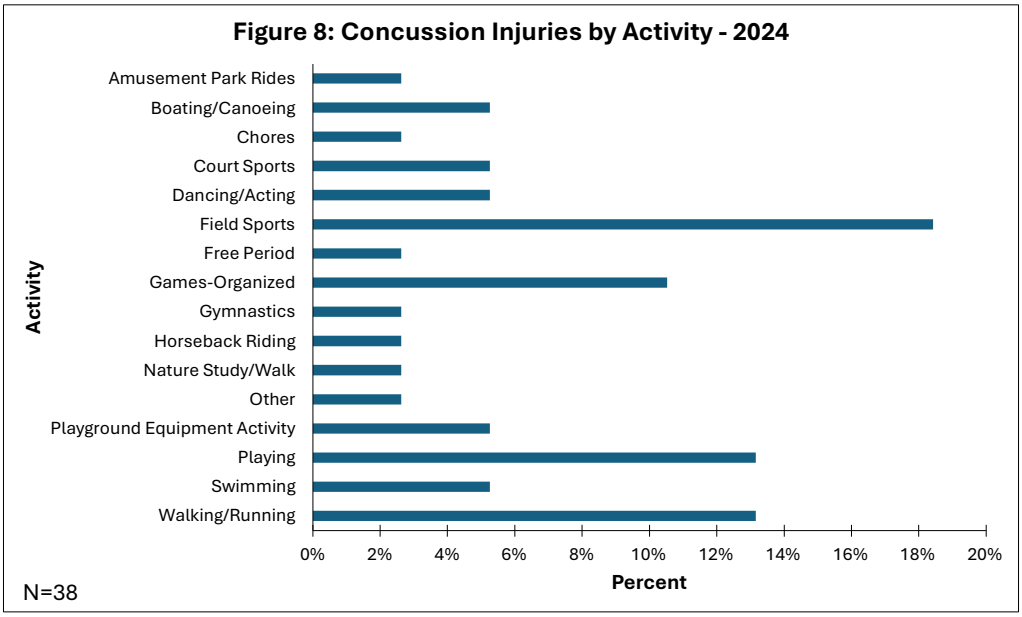
Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



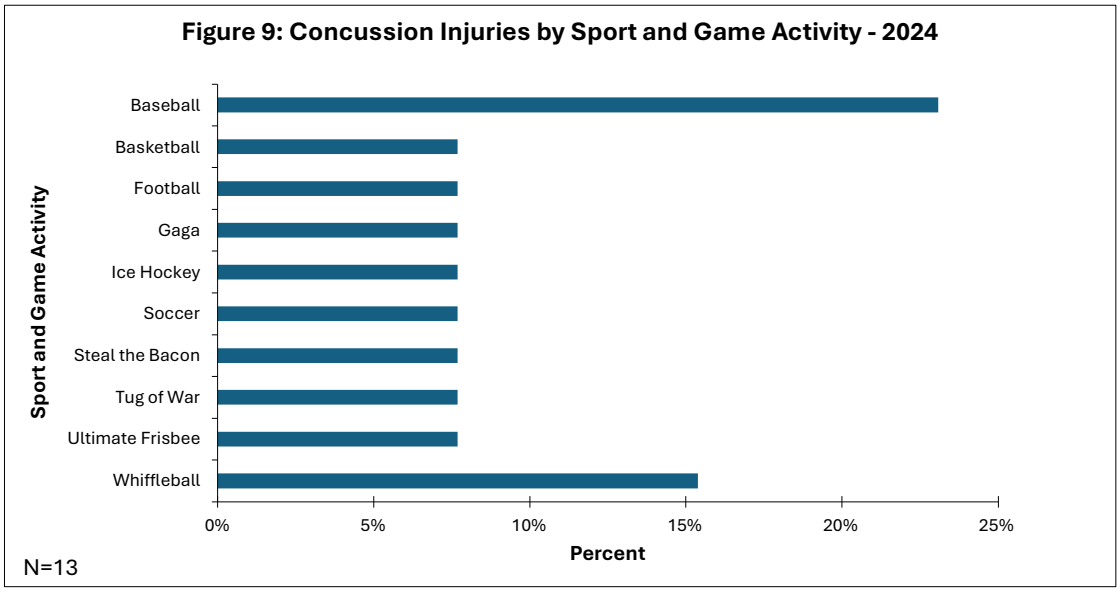
Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



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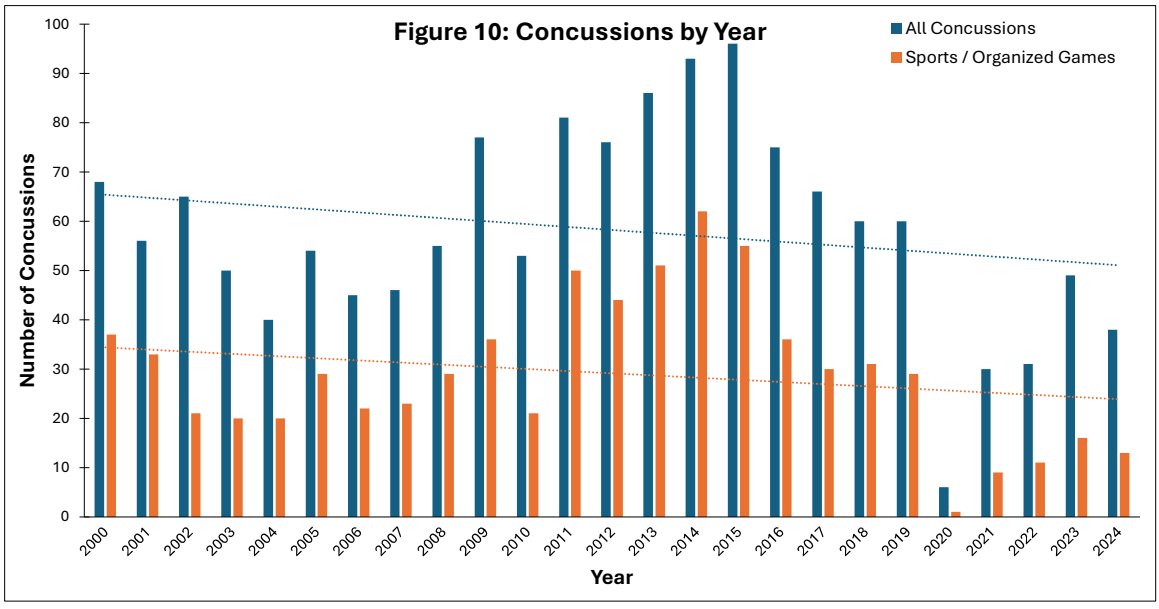

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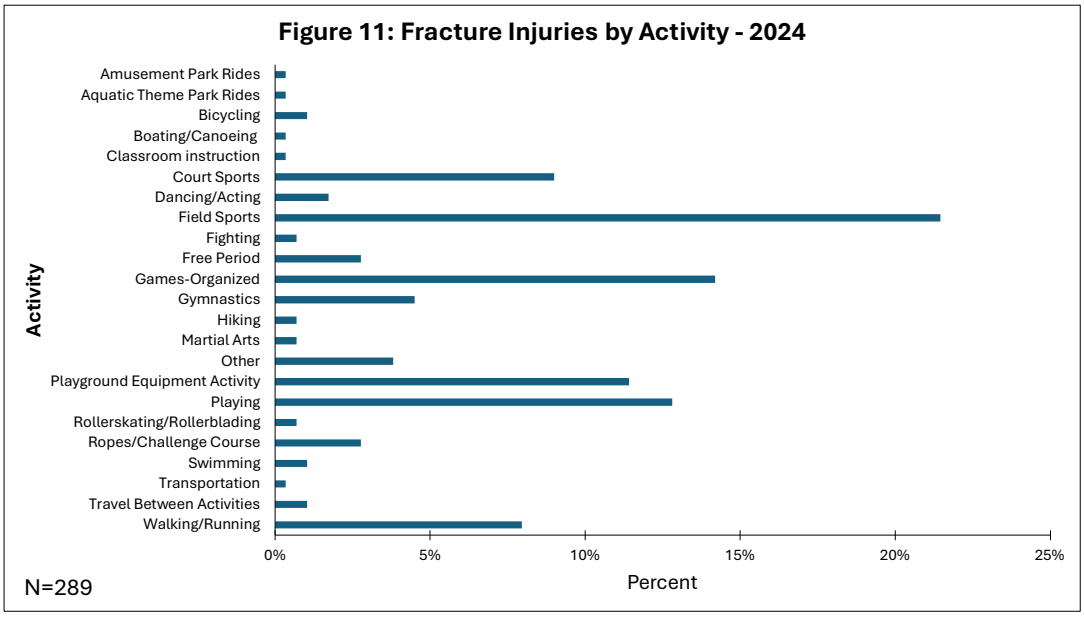

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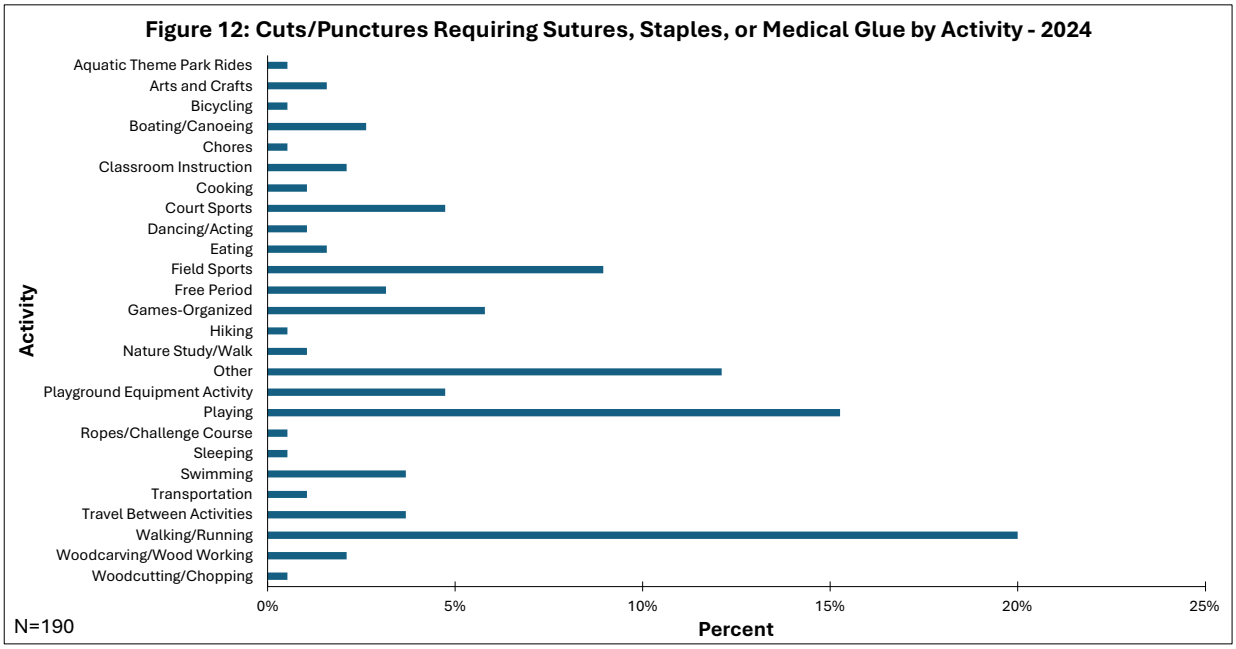

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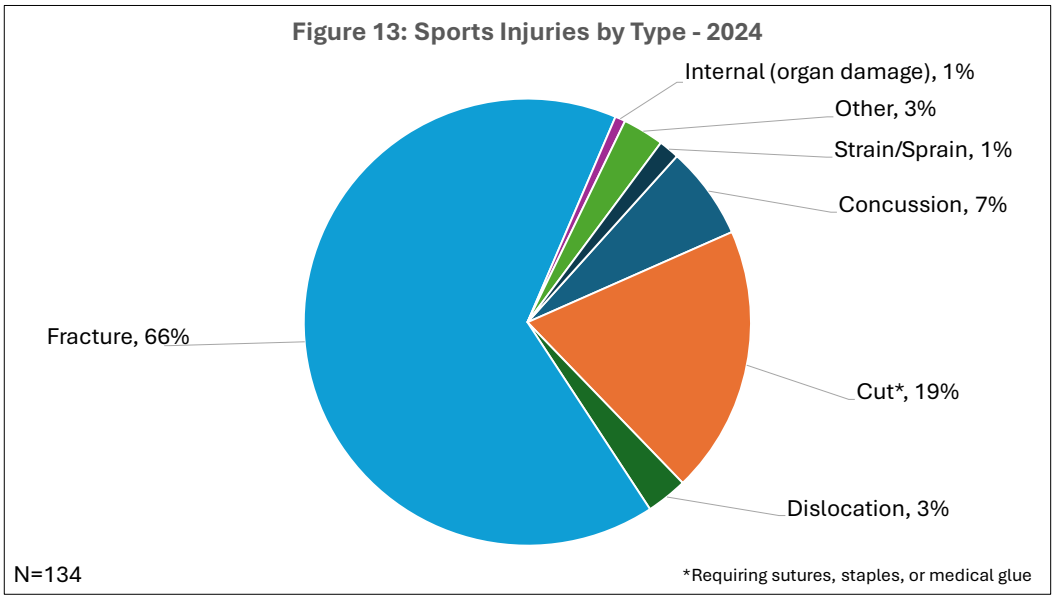

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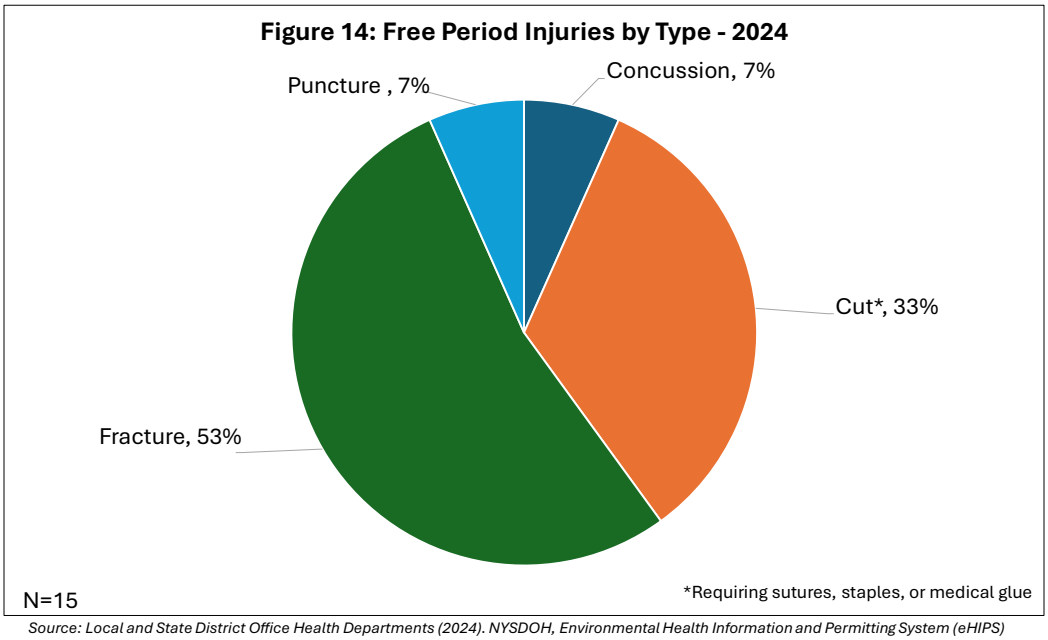
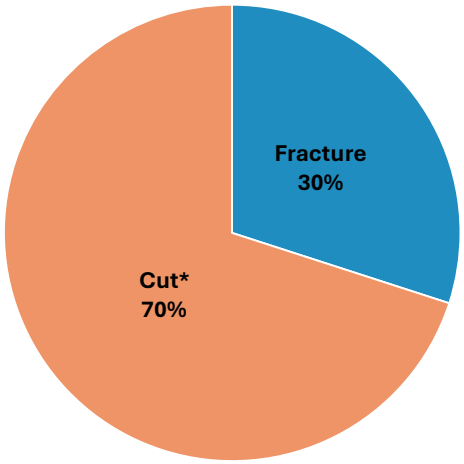


Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)

Figure 15: Travel Between Activities Injuries - 2024

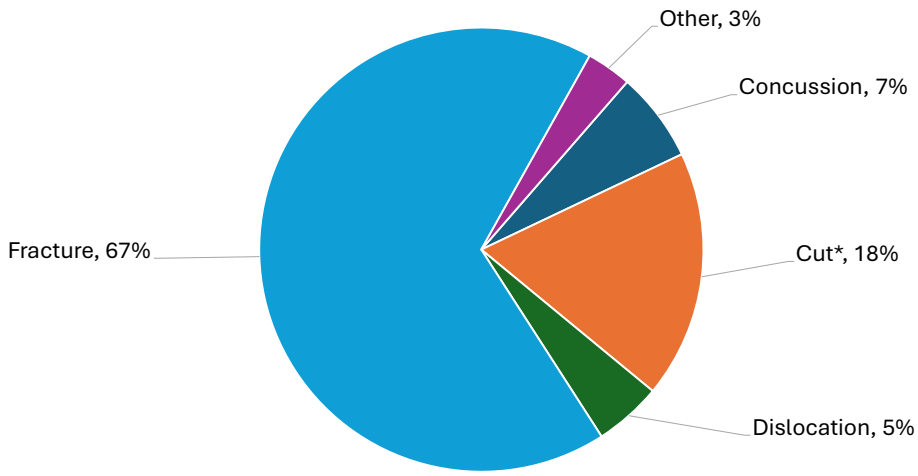


N=10

*Requiring sutures, staples, or medical glue

Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)

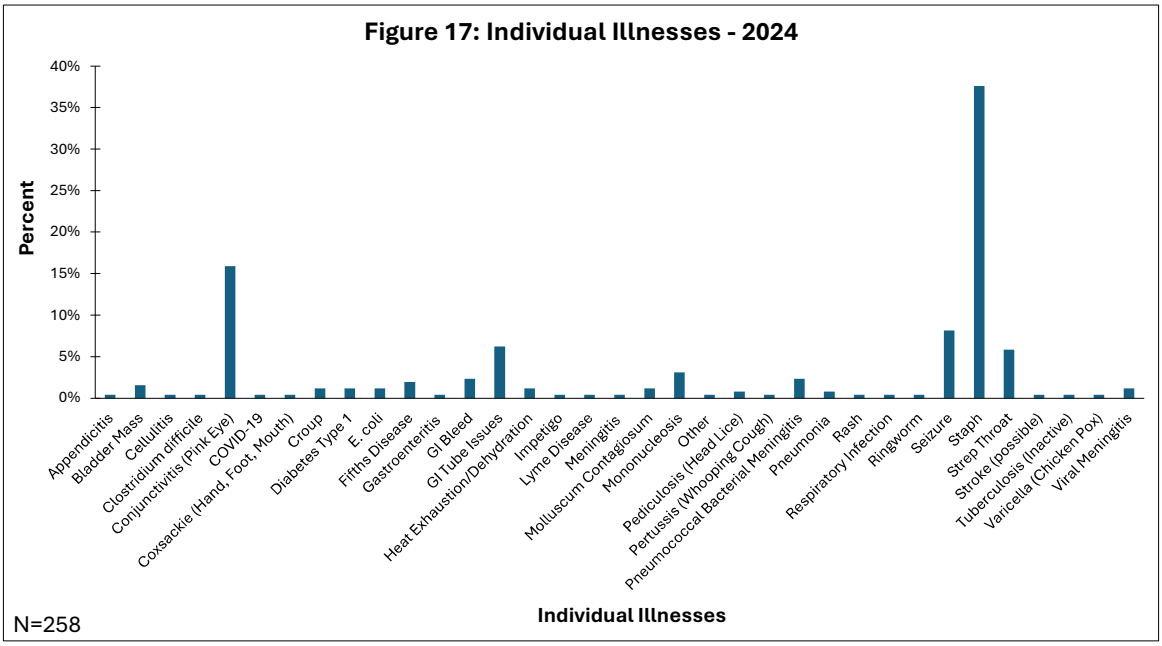
Figure 16: Organized Game Injuries - 2024



N=61

*Requiring sutures, staples, or medical glue

Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



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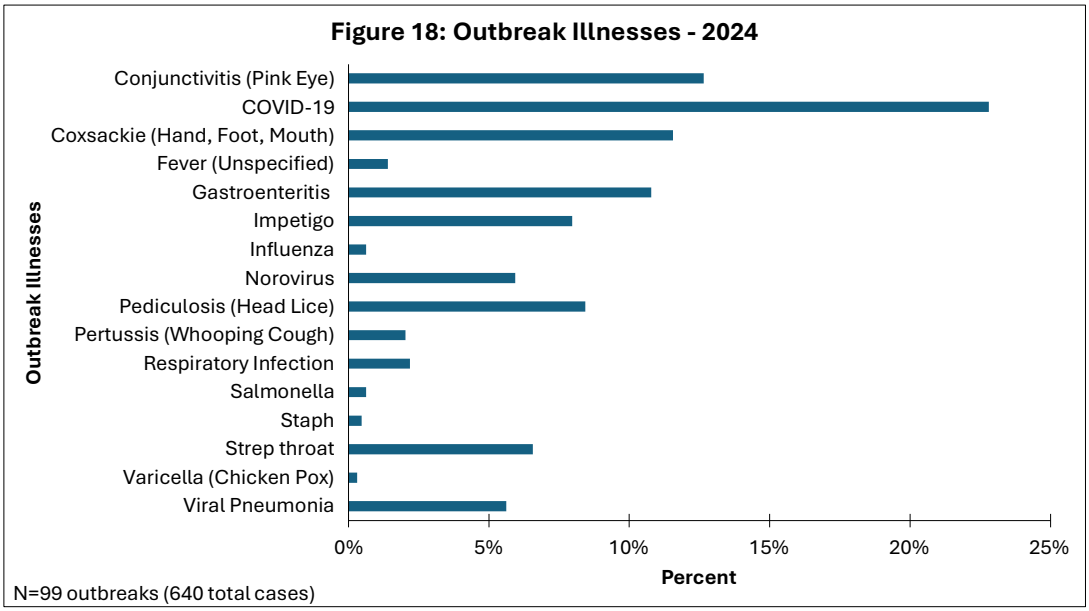

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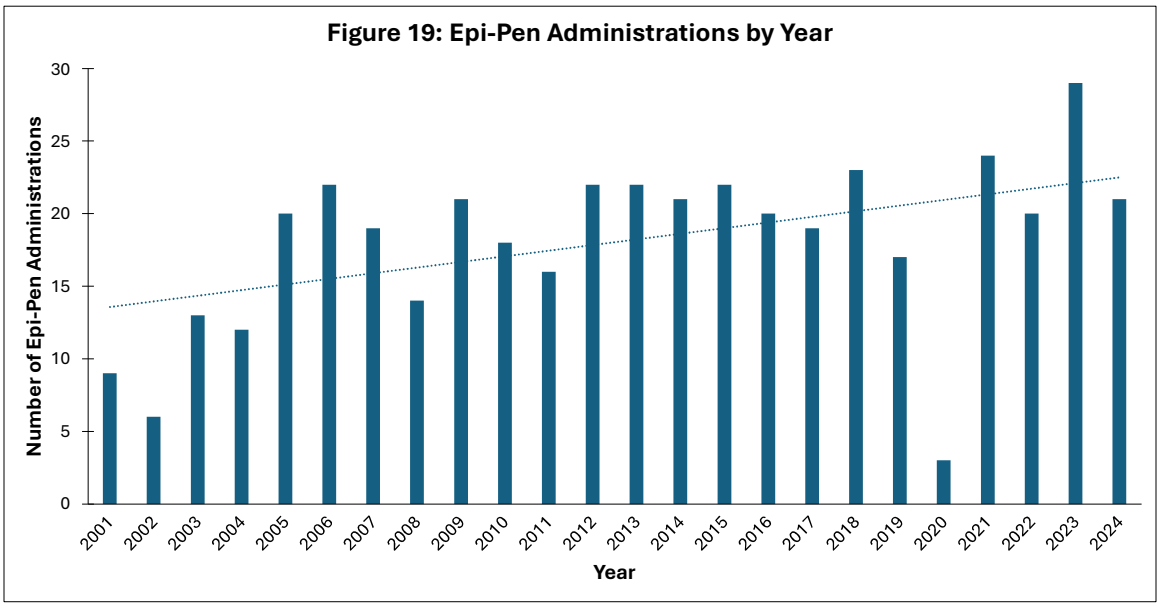
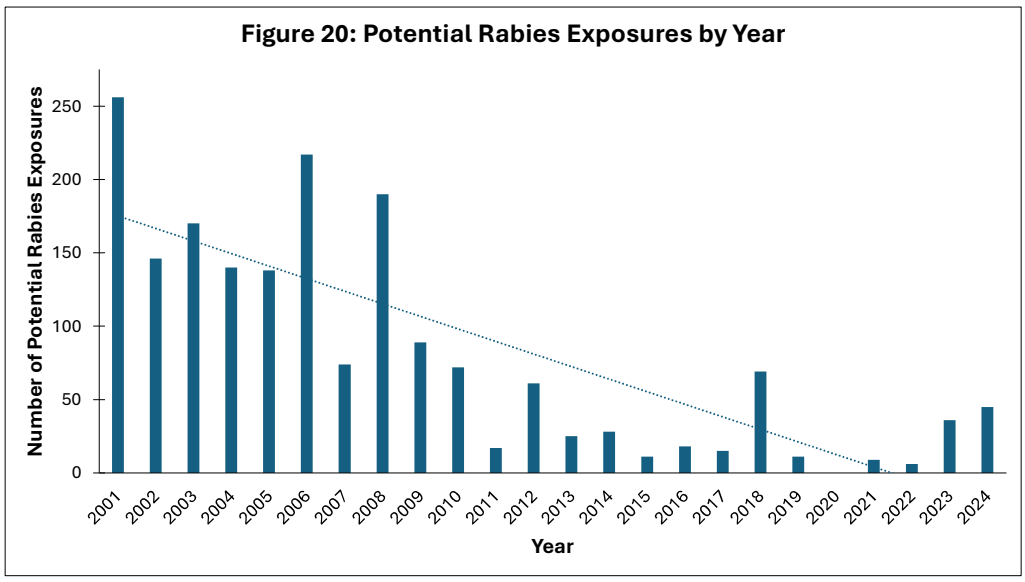
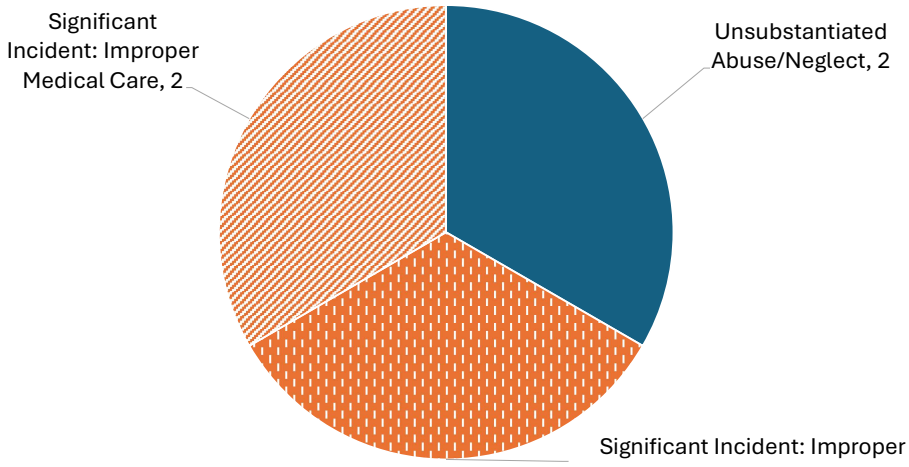


Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)



Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)

Figure 21: Justice Center Reportable Incidents - 2024



Source: Local and State District Office Health Departments (2024). NYSDOH, Environmental Health Information and Permitting System (eHIPS)