



# Massachusetts Department of Public Health

## **105 CMR 430.000: *Minimum Standards for Recreational Camps for Children, State Sanitary Code Chapter IV***

**April 1 and 2, 2025**

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Massachusetts Department of Public Health**

# DPH Mission and Vision

The mission of the Massachusetts Department of Public Health (DPH) is to promote and protect health and wellness and prevent injury and illness for all people, prioritizing racial equity in health by improving equitable access to quality public health and health care services and partnering with communities most impacted by health inequities and structural racism.

We envision a Commonwealth with an equitable and just public health system that supports optimal well-being for all people in Massachusetts, centering those with systemically and culturally oppressed identities and circumstances.

# Presentation Overview

- Summary of Amendments to 105 CMR 430.000
- Applicable Regulations
- Required Written Policies and Procedures
- Minimum Requirements for Directors and Counselors
- Recreational Camp Injury and Incident Report and Notification Form
- Heat Related Illness at Camp
- Health Care at Camp
  - Minimum Requirements for Staff
  - Policies, Procedures, and Trainings
  - Infirmary/First Aid Facility Requirements
- Camp Operations
  - Orientation
  - Camp Site and Field Trips
  - Specialized High Risk Activities
  - Christian's Law (105 CMR 432.000)
- Camp Reporting

# Purpose of Amendments to 105 CMR 430.000

- In March 2024, DPH amended the regulation 105 CMR 430.000 Minimum Standards for Recreational Camps for Children to comply with a statutory require to allow certain unlicensed individuals at medical specialty camps to administer diabetes medications.
- Additional amendments were also made to help clarify or better organize health and safety standards.
- The amendments fall into 4 categories:
  1. Administration of Medications for Diabetes Care
  2. Training and Parental Consent Requirements for Diabetes Care
  3. Aquatics and Specialized High Risk Activities
  4. Other Changes to Re-Organize, Clarify, or Align with Existing State Codes

# Amendments for Medical Specialty Camps

**Medical Specialty Camp** means a camp with a primary purpose to provide programs for campers with special medical or health needs.

Amended regulation defines individuals and staff authorized to administer medications for diabetes care while under direct supervision at medical specialty camps after informed consent is obtained. These individuals must be properly trained and include [.159(F) and .160(D)(1)]:

- A student nurse or a nursing school graduate who is not yet licensed
- A staff person trained by the Health Care Consultant to administer medications for diabetes care or
- A Certified Diabetes Care and Education Specialist in good standing with the Certification Board for Diabetes Care and Education

Medical specialty camps authorized to administer medications for diabetes care, pursuant to M.G.L. c. 94C, must comply with all registration requirements set forth in regulation 105 CMR 700.000 [.160(D)(2)]

- Documentation of current registration must be maintained for the duration of the camp season

# Applicable Regulations

## When inspecting recreational camps, the DPH and Local Boards of Health/Health Departments apply

1. 105 CMR 430.000: Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV
2. 105 CMR 432.000: Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps
3. 105 CMR 435.000: Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V
4. 105 CMR 445.000: Minimum Standards for Bathing Beaches, State Sanitary Code, Chapter VII
5. 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological waste, State Sanitary Code, Chapter VIII
6. 105 CMR 590.000: Minimum Sanitation Standards for Food Establishments, State Sanitary Code, Chapter X

# Required Written Policies and Procedures

A Discipline Policy must include [.191]:

- A description of behavior that warrants discipline
- How campers will be appropriately disciplined at camp

**The Goal:** To maximize campers growth and development while protecting campers and staff



All Discipline Policies must include this list of specific Prohibitions:

- (1) Corporal punishment, including spanking, is prohibited
- (2) No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse
- (3) No camper shall be denied food, water, or shelter
- (4) No child shall be punished for soiling, wetting or not using the toilet

# Required Written Policies and Procedures *(continued)*

## Abuse and Neglect Prevention Policy requirements [.093]:

- All staff must immediately report suspected incidents of abuse or neglect that occur at camp to:
  - The Department of Children and Families (DCF) or
  - The Camp Director
- If the Camp Director is informed of any incidents of abuse or neglect, they must immediately report the concern to DCF
- Suspected incidents of abuse or neglect that occur outside of camp must be reported to DCF



Camps must notify **the Local Board of Health and the DPH** that a 51A report was filed

- Do not send the actual 51A report to the Local Board of Health or the DPH
- Use the Recreational Camp Injury and Incident Report and Notification Form

After DCF is notified:

- Allegedly abusive/neglectful staff cannot have any unsupervised contact with campers
- Camp staff must cooperate with all official investigations of abuse or neglect



# DCF Resources and Educational Material



## Report of Child(ren) Alleged to be Suffering from Abuse or Neglect



Massachusetts law requires mandated reporters to immediately make a report to the Department of Children and Families (DCF) when they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect by:

**STEP 1: Immediately reporting by oral communication to the local DCF Area Office (see contact information at end of form); and**

**STEP 2: Completing and sending this written report to the local DCF Area Office within 48 hours of making the oral report.**

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see A **Guide for Mandated Reporters** available on the DCF website at [www.mass.gov/dcf](http://www.mass.gov/dcf).

**To report child abuse and/or neglect:** Weekdays from 9:00 am to 5:00 pm call the local DCF Area Office.  
Weekdays after 5:00 pm and 24 hours on weekends and holidays call the **Child-At-Risk-Hotline 1-800-792-5200**

### DCF AREA OFFICES

#### Boston Region

Dimock Street, Roxbury 617-989-2800  
Harbor, Chelsea 617-660-3400  
Hyde Park 617-363-5000  
Park Street, Dorchester 617-822-4700

#### Central Region

North Central, Leominster 978-353-3600  
South Central, Whitinsville 508-929-1000  
Worcester East 508-793-8000  
Worcester West 508-929-2000

#### Northern Region

Cambridge/Somerville 617-520-8700  
Cape Ann, Salem 978-825-3800  
Framingham 508-424-0100  
Haverhill 978-469-8800  
Lawrence 978-557-2500  
Lowell 978-275-6800  
Lynn 781-477-1600  
Malden 781-388-7100

#### Southern Region

Arlington 781-641-8500  
Brockton 508-894-3700  
Cape Cod & Islands 508-760-0200  
Coastal, Braintree 781-794-4400  
Fall River 508-235-9800  
Plymouth 508-732-6200  
New Bedford 508-910-1000  
Taunton/Attleboro 508-821-7000

#### Western Region

Greenfield 413-775-5000  
Holyoke 413-493-2600  
Pittsfield 413-236-1800  
Robert Van Wart Center, East Springfield 413-205-0500  
Springfield 413-452-3200

## Find your local DCF location

- <https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations>

## Immediate assistance is available at

- Child-At-Risk Hotline 800-792-5200

## More information

- The DCF has developed educational materials to provide information regarding the [Warning Signs of Child Abuse and Neglect](#)

# Required Written Policies and Procedures *(continued)*

## A Fire Evacuation Plan must [.210(A)]:

- Include the evacuation routes for each building used at camp
- Indicate the frequency of fire drills during the camping season
  - **Drills must be held within the first 24 hours of each camp session**
- Be reviewed and approved by the Local Fire Department

## A Disaster/Emergency Plan must [.210(B)]:

- Identify shelter location(s) at camp
  - Large enough to accommodate all staff/volunteers present at camp
- Include arrangements for transportation to emergency facilities

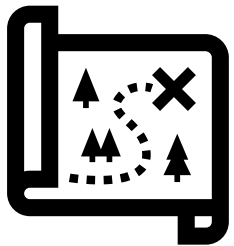


# Required Written Policies and Procedures *(continued)*

## A Lost Camper/Swimmer Plan must [.210(C)]:

- Include the search of the entire campground
- Detail shallow water and deep water searches
- Clearly outline staff/volunteer responsibilities
- Identify when and who calls 911

Don't delay contacting emergency services!



## Disease Outbreak Response Plan [.210(E)]:

- Develop written procedures on how to prepare for and respond to disease outbreaks at camp
- Plans must include but are not limited to:
  - Alternative staffing plans
  - Isolation and quarantine spaces
  - Disease reporting requirements

# Required Written Policies and Procedures *(continued)*

## Protocols for Unrecognized Persons at Camp [.190(D)]:

- Include when/how initial contact is made with the unrecognized person
- Ensure staff/volunteers are informed of the protocols and understand their roles

## Procedures Relative to Releasing Campers [.190(B)]:

Procedure must state that campers may only be released to:

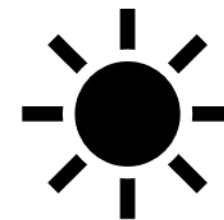
- Parents/legal guardians or
- Other individuals designated by the parents/guardians
  - List of designated individuals can be provided in electronic or hard copy form

## Day Camp Contingency Plans for when a [.211]:

- Registered camper doesn't show up in the morning
- Camper is missing from their pick-up location
- Camper that is unregistered arrives

## Sunscreen Policy must [.163]:

- Detail procedures for sunscreen application at camp
- Obtain parent/guardian authorization



# Required Written Policies and Procedures *(continued)*

At the *time of application*, all parents/guardians must be informed of their right to review policies pertaining to [.157(E)]:

- Discipline
- Background checks (the policy only)
- Health care and
- Procedures for filing a grievance



**ALL** promotional literature must have the compliance statement [.190(C)]

Parents/guardians must be **provided**:

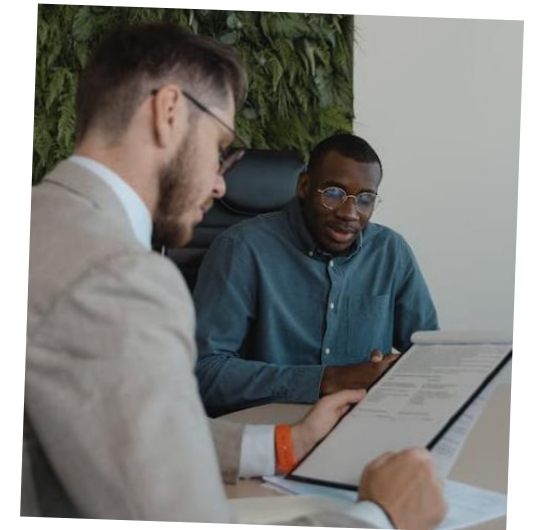
- Care for a mildly ill camper policy [.157(D)]
- Administration of medication policy [.157(D)]
- Emergency health care provisions [.157(D)]
- Information on Meningococcal Disease and Immunization [.157(C)]

**“This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Local Board of Health.”**

# Required Written Policies and Procedures *(continued)*

## Review of Background Information [.090]

- Identify what information is collected on:
    - Minors vs Adults
    - Staff vs Volunteers
    - Seasonal vs Year-round counselors
    - MA residents vs Out-Of-State or International
  - Identify who is authorized to view results of background checks
  - Identify who makes determinations on employment
  - Ensure records are stored securely, at all times
  - Operators are responsible for the destruction of records in accordance with 803 CMR 2.15
- Destruction of CORI and CORI Acknowledgement Forms [.145(B)]

A sample of a Massachusetts Criminal Offender Record Information (CORI) form. The form is titled 'THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY Department of Criminal Justice Information Services'. It contains personal information for 'Subject 1 of 1', including Name (RECORD, TEST), Date of Birth (01/13/1970), Sex (MALE), Height (600), Hair Color (BROWN), Address (1 MAIN ST BOSTON MA), and Mother's Name (TEST TEST). It also lists 'Adult Offender Offenses' with details such as Offense Number (111222), Offense Type (MISDEMEANOR), Offense Description (OPER UND INFL OF LIQ), Court Name (WORCESTER DISTRICT), Police Dept ( ), Disposition Type (PENDING), and Case Status (OPEN). The form is dated 08/04/2012 and is page 1 of 4.

**No person shall be employed or allowed to volunteer until all background information has been reviewed [.090(F)]**



# Minimum Requirements for Directors and Counselors

## Camp Director

### *Day Camp*

- 21+ years old
- Camping administration training or sufficient experience

### *Residential Camp*

- 25+ years old
- Camping administration training or sufficient experience

### *Primitive, Travel, or Trip Camp*

- 25+ years old
- Proof of experience

Director Experience: 2+ seasons working as an administrative staff member for a camp

## Counselors and Junior Counselors

### *Day Camp*

- Counselor: 16+ years old with experience
- Junior Counselor: 15+ years old

### *Residential, Primitive, Travel, Trip, Sport, and Medical Specialty Camp*

- Counselor: 18+ years old or High School graduate with experience
- Junior Counselor: 16+ years old

Counselor Experience: 4+ weeks as a junior counselor, participation in structured group camping, or working in a supervisory role with children

# Background Information

Background Check Requirements:	Staff						Volunteer	
	MA Resident		Out-Of-State		International			
	Year-Round	Seasonal	Year-Round	Seasonal	Year-Round	Seasonal	Year-Round	Seasonal
5 Year Work History	✓	✓	✓	✓	✓	✓	✓	✓
3 Positive References	May use references on file*		May use references on file*		May use references on file*			
MA CORI/Juvenile Report (Level 3)	Once every 3 years	✓	Once every 3 years	✓	Once every 3 years	✓	✓	✓
MA SORI	Once every 3 years	✓	Once every 3 years	✓	Once every 3 years	X Exempt if never been in the US	✓	✓
Criminal Record Check (or equivalent) from State of Residence			Once every 3 years	✓				
			National Background Check Fingerprinting - Acceptable					
Criminal Record Check (or equivalent) from Country of Residence					Once every 3 years	✓		

**\*A gap in employment for 1+ camping seasons requires new references**



# Health/Medical Information

Prior to attending camp or after receiving an offer of employment, every camper and staff must provide [.151]:



## Medical History

- Allergies
- Medications
- Health Conditions or Impairments that may affect an individual's participation in camp activities



## Physical

- Required for Residential, Travel, Sport, or Trip Camps
- Conducted within the last 18 months



## Immunizations

- Annual DPH memo
- List the vaccine type/name and month and year of administration

# Health/Medical Information *(continued)*

Medical Record Contents:	<u>Day Camp (Non-Sport)</u>			<u>Day Camp (Sport)</u>			<u>Residential, Travel, or Trip Camp</u>		
	Staff		Camper	Staff		Camper	Staff		Camper
	<i>Under 18</i>	<i>18+</i>		<i>Under 18</i>	<i>18+</i>		<i>Under 18</i>	<i>18+</i>	
Health Record	✓	✓ Authorization for Emergency Care	✓	✓	✓ Authorization for Emergency Care	✓	✓	✓ Authorization for Emergency Care	✓
Immunization/ Exemption Documentation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Injury Reports (if applicable)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Current Medical History	signed by parent/ guardian or health care provider	signed by staff member or health care provider	signed by parent/ guardian or health care provider	signed by health care provider	signed by health care provider	signed by health care provider	signed by health care provider	signed by health care provider	signed by health care provider
Physical				✓	✓	✓	✓	✓	✓

# Injury and Incident Report and Notification Form

Camp operators are required to use the electronic **Recreational Camp Injury and Incident Report and Notification Form** pursuant to 105 CMR 430.154 Injury Reports which states:

A report shall be completed on a form available from the Department for each fatality or serious injury or incident that results in a camper, staff person, or volunteer being sent home or brought to the hospital or treated by a health care provider, and where a positive diagnosis is made. A copy of each injury or incident report shall be sent to the Department, as well as the Board of Health, as soon as possible but no later than seven calendar days after the occurrence of the injury or incident. Such injuries or incidents shall include, but not be limited to:

- (1) cuts or lacerations for which suturing is required
- (2) when resuscitation or other life saving measures are required
- (3) fracture or dislocation
- (4) concussion
- (5) administration of an epinephrine auto-injector or
- (6) those resulting from errors in the administration of medications including diabetes care

# Injury and Incident Report and Notification Form *(continued)*

**The form can be accessed at this link:**

<https://redcap.link/campinjuryreporting>

Please bookmark or save this link for use throughout the camping season

**The form can be accessed by scanning on your phone:**



# Injury and Incident Report and Notification Form (continued)

## Recreational Camp Injury/Incident Report & Notification Form

Page 1

Community Sanitation Program Recreational Camp Injury/Incident Report & Notification Form

This form is issued pursuant to 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV) which requires a camp to submit a report on a form available from the Department for each fatality or serious injury or incident that results in a camper, staff person, or volunteer being sent home or brought to the hospital or treated by a health care provider, and where a positive diagnosis is made (105 CMR 430.154).

A copy of this report must be sent to the Massachusetts Department of Public Health and the local Board of Health within SEVEN (7) days of the occurrence of the injury.

This form may also be used for notification of filing a 51A Report with the Department of Children and Families (DCF) (105 CMR 430.093). If using for that purpose, please ONLY fill out questions # 1 - 6.

Response was added on 06-09-2023 12:56.

Date of Submission 06-09-2023

1. Name of Camp (as stated on the Recreational Camp License) Summer Camp

2. Street Address (please indicate the camp's in-session, physical address): 123 Main Street

City/Town: Test Town

State: Ma

ZIP Code: 02468

3. Telephone Number (in-season number): (617) 555-4444

4. Name of Camp Director: Test Director

5. Name of Person Completing Form: Test Counselor

6. Did a suspected incident of child abuse or neglect occur at camp, resulting in the filing of 51A report to DCF? If yes, enter the date the report was sent to DCF.   
 ☐ Yes   
 ☒ No

PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EACH QUESTION.

7. Date of Incident or Injury: 06-09-2023

8. What was the incident outcome? Please check all that apply.   
 ☒ Injury   
 ☐ Illness   
 ☐ Death   
 ☐ Other

9. Please specify where the incident occurred:   
 ☒ On camp property   
 ☐ Off camp property

Page 2

10. If applicable, please specify if the incident occurred at or involved:   
 ☒ Waterfront/Natural Body of Water   
 ☐ Swimming/Wading Pool or Splash Pad   
 ☐ Challenge/Ropes Course   
 ☐ Archery/Firearms Range   
 ☐ Motorized vehicle   
 ☐ N/A

11. Provide the total number of individuals injured from this incident. 1

Please submit additional forms for each injured/ill individual.

12. Please select the age of injured/ill person (being reported on this form):   
 ☐ under 7   
 ☐ 7 to 10   
 ☒ 11 to 14   
 ☐ 15 to 18   
 ☐ 19 to 22   
 ☐ 23 or above

13. Specify what body part was injured. Please select all that apply.   
 ☐ Head, Neck and/or Face   
 ☐ Torso   
 ☐ Upper Extremity   
 ☒ Lower Extremity   
 ☐ Internal   
 ☐ Other

Please provide additional information on where the injury occurred. Select all that apply.   
 ☐ Leg   
 ☐ Knee   
 ☐ Ankle   
 ☒ Foot   
 ☐ Toe(s)   
 ☐ Injury location not listed

14. Specify the type of injury or illness. Please check all that apply:   
 ☐ Allergic reaction   
 ☐ Bite or sting   
 ☐ Bruise or contusion   
 ☐ Burn   
 ☐ Cold Related Illness (ex. Hypothermia)   
 ☐ Concussion   
 ☒ Cut or laceration   
 ☐ Drowning   
 ☐ Dislocation   
 ☐ Fracture   
 ☐ Heat Related Illness (ex. Heat Exhaustion)   
 ☐ Incident resulting in the administration of glucagon   
 ☐ Loss of consciousness   
 ☐ Medication administration error   
 ☐ Muscle strain   
 ☐ Near drowning   
 ☐ Previous medical condition   
 ☐ Psychological or mental health condition   
 ☐ Seizure   
 ☐ Sprain   
 ☐ Undetermined   
 ☐ Viral or bacterial infection   
 ☐ Other

Page 3

Please specify if any of the following were required:   
 ☒ Stitches/sutures   
 ☐ Staples   
 ☐ None of the above

15. Explain in detail how the incident occurred (e.g. the type of activity was the individual was engaged in, the initial symptoms exhibited) and describe the nature of the injury or illness.   
 A camper was running on the beach and stepped on a rock which cut their foot. The camper was brought to the infirmary and their parents were called. The parents brought the camper to the Emergency Room where they were treated and provided stitches.

IMPORTANT: Do not include names or other personal identifying information regarding the injured individual or other involved parties.

16. Explain how the individual was treated:   
 ☐ Onsite and individual remained at camp   
 ☐ Onsite and individual sent home to recover   
 ☒ Off-site (e.g. care provided at Emergency Room, Physician's Office, Dentist's Office)   
 ☐ Off-site and admitted to Hospital   
 ☐ Other

17. Were corrective actions taken to prevent a similar occurrence?   
 ☒ Yes   
 ☐ No

Please check all that apply:   
 ☐ Activity removed or prohibited   
 ☐ Changes to equipment implemented   
 ☐ New safety procedures implemented   
 ☐ Safety education provided   
 ☐ Training provided to staff/volunteers   
 ☒ Venue changed or altered   
 ☐ Other

Briefly explain changes implemented as a result of this incident.   
 The beach was cleared of any visible rocks and debris. The counselors were reminded to inspect the beach every day for possible hazards.

18. Has this incident been reported to the local board of health/health department?   
 ☐ Yes   
 ☒ No

## Sample Injury and Incident Report Form

- This form must be submitted to the DPH and LBOH within 7 days of the injury/incident [430.154]
- A copy of the form must be placed in the individual's health record [430.150]

# Injury and Incident Report and Notification Form *(continued)*

## Question # 7 - 17

Depending on the type of injury or illness being reported, additional fields may appear underneath certain questions requesting additional information.

For example, if **Heat Related Illness** is selected as the injury type, the following question will appear directly underneath Question # 14. Please select the appropriate option.

**Please specify the type of heat related illness:**

\* must provide value

Heat Cramps

Heat Exhaustion

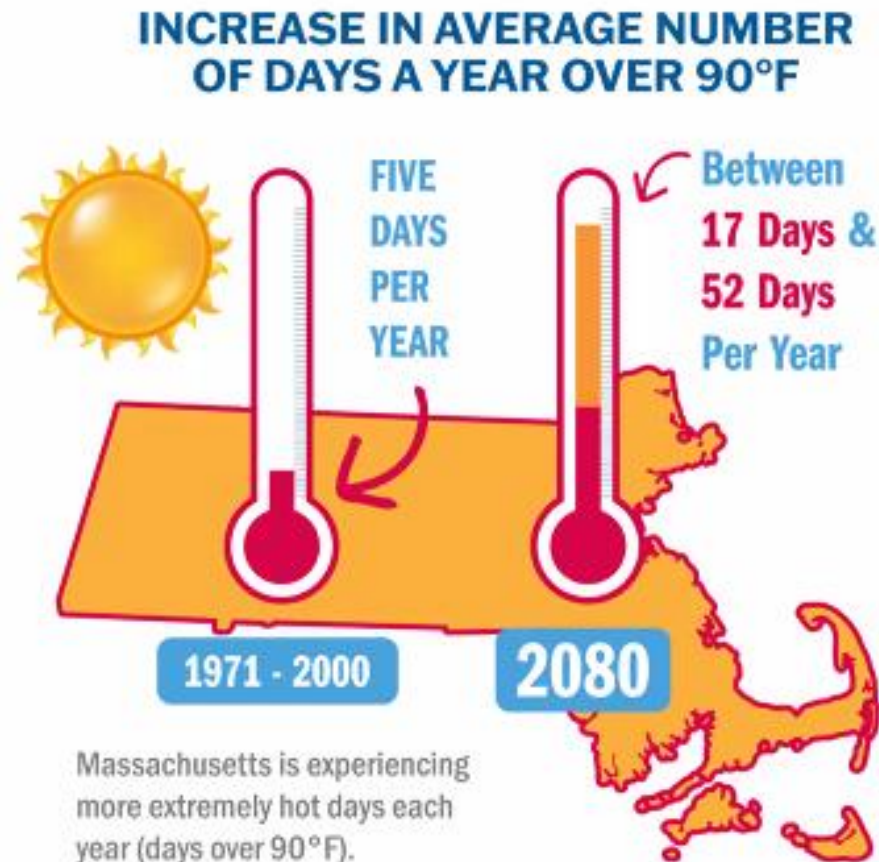
Heat Stroke

Other

reset

The DPH will issue a Heat Advisory for Recreational Camps in May 2025 on preventing heat related illness at camp. The advisory will be posted at <https://www.mass.gov/lists/recreational-camps-for-children-community-sanitation>

# Addressing Climate Change and Extreme Heat



**Extreme temperature is the leading cause of weather-related mortality in the U.S. having claimed more lives over the past 10 years than any other weather-related event.**

- Nearly 30 heat-related deaths have occurred over the past decade in Massachusetts
- From 2017-2024, Massachusetts averaged nearly 10 days over 90°F
- From 2017-2021, Massachusetts had an average of 756 heat stress emergency department visits each year

# Temperature Thresholds vs. Heat Stress ED Visits

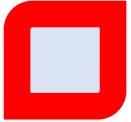
Risk Category	Days/Season		% of Seasonal ED Visits*	Mean ED Visits/Day
	#	%		
<b>3x85°F+ (Heat Wave)</b> <i>Red – High Risk</i>	<b>17</b>	<b>11%</b>	<b>55%</b>	<b>26</b>
<b>85°F+ (NOT in a Heat Wave)</b> <i>Orange – Moderate Risk</i>	<b>13</b>	<b>8%</b>	<b>18%</b>	<b>10</b>
<b>78-84°F</b> <i>Yellow – Low Risk</i>	<b>46</b>	<b>30%</b>	<b>20%</b>	<b>4</b>
<b>&lt;78°F</b> <i>Green – Minimal Risk</i>	<b>78</b>	<b>50%</b>	<b>7%</b>	<b>1</b>

\*Aggregate percentage across 2017-2019, & 2021



New

# Unhealthy Heat Threshold



Starting in 2025, DPH will use a statewide threshold number that predicts significant health effects for the overall population

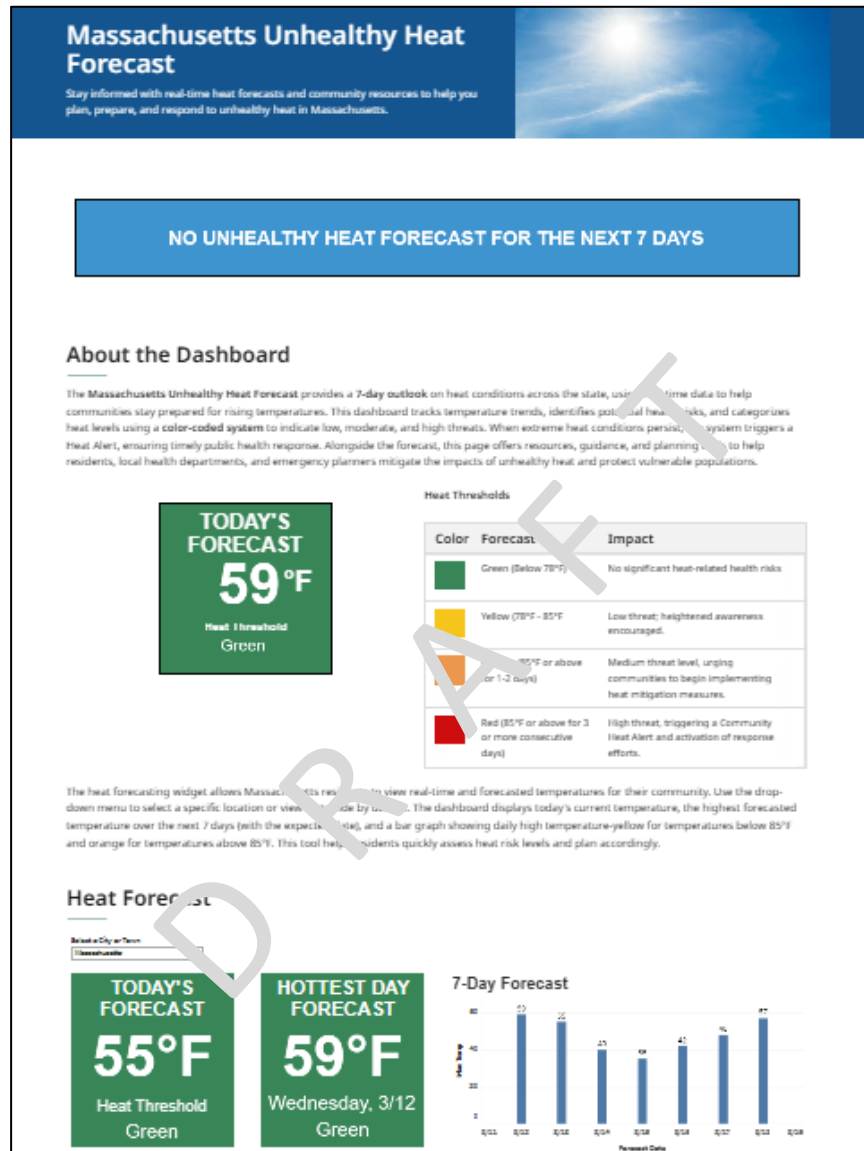


**Unhealthy Heat = 85°F or more for at least three consecutive days**



This level of heat has been linked to **increased heat stress emergency department (ED) visits** statewide.

# Web Page for Daily Updates



## Draft Daily Unhealthy Heat Forecast Web Page

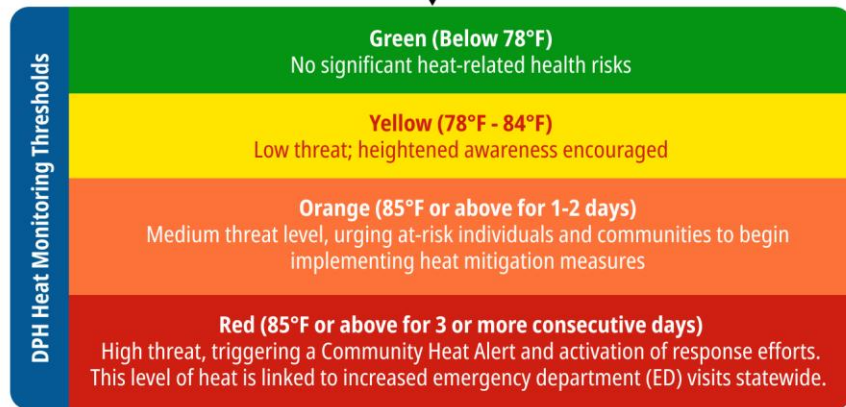
- Today's forecast, color coded for risk level
- Banner for unhealthy heat wave in effect
- Heat forecasts by city/town
- May include additional info or links for MassDEP air quality levels, hospital capacity, etc.

# 2025 HEAT Response

## Unhealthy Heat Alert Trigger Decision Tree

### Check the Unhealthy Heat Forecast

Daily monitoring starts 08:00 am. Go on [mass.gov/unhealthy-heat](https://mass.gov/unhealthy-heat) and view the forecast dashboard. (tool has 7 day maximum)



Does the Unhealthy Heat Forecast webpage show a forecast for unhealthy heatwave in the next 7 days?

**Yes**

**Activate Alerts**

**No**

**No Alerts Sent**

Vulnerable populations and stakeholders can monitor the Unhealthy Heat Forecast to remain up to date on the current heat threshold and read educational resources.

Healthcare Sector

Long-term Care Facilities

Local Boards of Health

Health Equity Partners

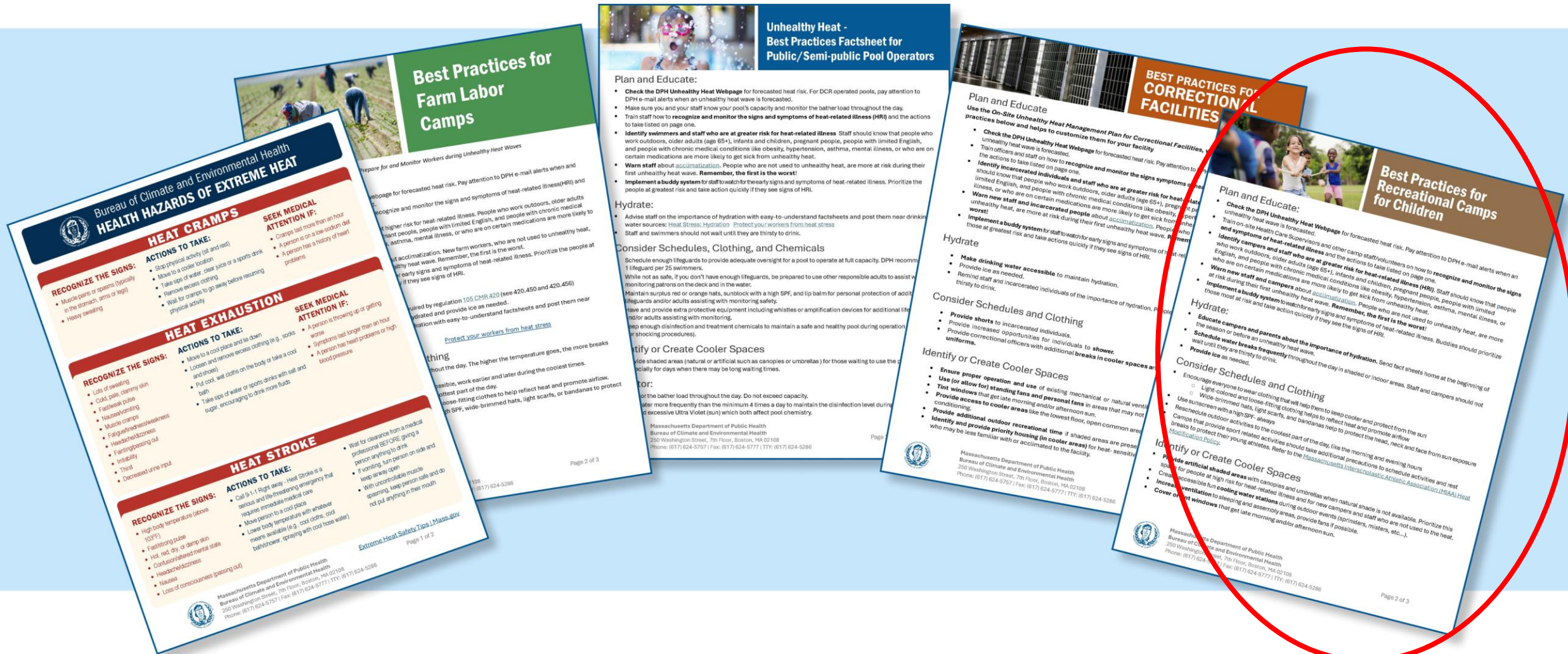
Correctional Facilities

Outdoor Recreation Camps

Farm Labor Camps

DCR Contacts for Pool Operators

# Improved Advisories – Similar Themes but Customized





# Key Components For Managing Unhealthy Heat



Know the signs and symptoms of **Heat Related Illness (HRI)** and actions to take



Identify the high-risk populations you serve



Hydration



Ventilation



Short term Mitigation



Identify cooler areas/temporary relocation



On-site **heat management plan** customized for the facility/location



Environmental Monitoring

# Heat-Vulnerable Populations



## Demographics

- Infants and young children under 5
- People over 65, especially those who live alone
- Pregnant people
- People of color due to systemic racism
- People with limited English proficiency
- People with low household incomes



## Living Experience

- People without adequate shelter or who are unhoused
- People with medical conditions such as heart, lung, or kidney disease
- People with cognitive limitations, mental illness or dementia
- People who have mobility constraints, are confined to bed, or housebound
- People with disabilities that impair heat awareness or tolerance



## Environment

- People without air conditioning
- People working or exercising outdoors
- People working in hot indoor environments or wearing protective clothing or equipment
- People living or working in "heat islands" - areas where buildings and pavement retain heat

# Understanding Acclimatization

**FIRST** is the **WORST**  
*Heat* *Heat*

Beneficial physiological adaptations that occur during repeated heat exposure:

- Increased sweating efficiency
- Stabilization of circulation
- Increased skin blood flow
- Ability to perform work with lower core temperature & heart rate



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# Signs & Symptoms of Heat-related Illness

## Heat Cramps

### Look For:

- Lots of sweating
- Muscle cramps (often in the stomach, arms or legs)

### Actions to Take:

- Provide water, clear juice, or a sports drink
- Encourage individuals to stop exerting themselves physically and move to a cool place
- Have them wait for cramps to go away before doing any more physical activity

### Seek Medical Attention If:

- They are getting worse
- Cramps last more than 1 hour
- A person is on a low-sodium diet, has heart problems such as high blood pressure, or other medical conditions





# Signs & Symptoms of Heat-related Illness

## Heat Exhaustion

### Look For - Previous symptoms PLUS:

- Fatigue, tiredness, or weakness
- Fast or weak pulse
- Cold, pale, and clammy skin
- Nausea or vomiting
- Headache or dizziness
- Irritability

### Actions to Take:

- Provide water and encourage the person to drink more fluids
- Move them to a cool place
- Encourage them to lie down
- Loosen their clothes or change into lightweight clothing
- Apply cool, wet towels or cloths on the person

### Seek Medical Attention If:

- The person is throwing up or getting worse
- Symptoms last longer than an hour
- The person has heart problems or high blood pressure, or other medical conditions

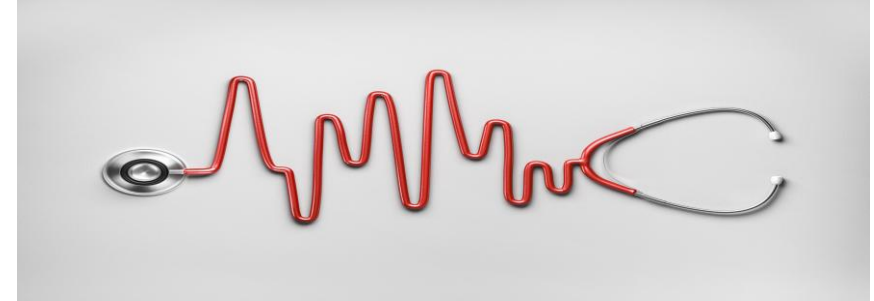


# Signs & Symptoms of Heat-related Illness

## Heat Stroke

### Look For - Previous symptoms PLUS:

- High body temperature (above 103°F)
- Throbbing headache
- Seizures
- Altered mental state or confusion
- Unconsciousness (passing out)



### Actions to Take:

- **Call 9-1-1 – THIS IS A MEDICAL EMERGENCY**
- **Cool immediately**
  - Apply cool wet towels or soak with cool water
  - Remove outer clothing
- **Keep them safe**
  - If there is vomiting, turn the person on their side to keep airway open
  - If they are having a seizure or having passed out, make the area safe by removing anything that may cause injury

# Health Care at Camp



Professional Oversight: Health Care Consultant (HCC)



Onsite Care: Health Care Supervisor (HCS)

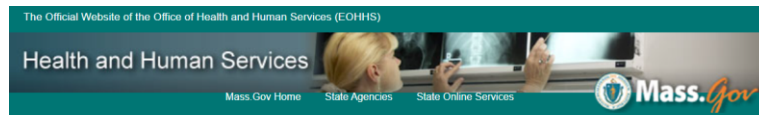


Policies and Procedures



Infirmary Requirements

# Health Care Consultant (HCC)



## Welcome to the Massachusetts Health Professions License Verification Site

On this site you can verify the status of an individual or a business license and view any disciplinary action, or download a data file of your search results at no cost.

The Massachusetts Department of Public Health has implemented a deferral of expiration on all licenses, certifications, permits, and certificates of registration in good standing issued by the Board of Registration in Nursing, the Board of Registration of Physicians Assistants, the Board of Registration of Perfusionists and the Board of Respiratory Care in adherence to [Order of the Commissioner of Public Health Covid 19 Order No. 2021-13](#) extending authorization for the issuance of temporary licenses for certain providers, and renewal or reactivation of certain temporary licenses (issued November 12, 2021).

### PLEASE NOTE WHEN REVIEWING THE EXPIRATION DATE:

- If the license expiration date is prior to March 10, 2020, the license is expired.
- Licenses in the professions of Nursing, Physician Assistants, Perfusionists, and Respiratory Care with an expiration date between March 10, 2020 and June 30, 2022, are current under the Commissioner's order, but will expire on June 30, 2022. If the expiration date is on or after June 30, 2022 for a license in one of these professions, the license is current and will expire on the stated date. MCSRs in these professions with a status of "Current COVID-19" will expire on June 30, 2022.

Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See [Emergency Medical Technicians \(EMTs\) and Paramedics](#) for more information.

Select a Profession and enter one or more additional fields below. Searching by license number or last name will produce the most efficient results. Otherwise you may retrieve too large a data set to work with on your screen.

Profession:

License Type:

First Name:

Last Name:

License Number:

License Status:

City:

State:

Zipcode:

[Visit the DPH public web site](#)

[Public Records Request](#)

<https://madph.mylicense.com/verification/>

## 430.159 Health Care Staff to be Provided

- All camps must have a Health Care Consultant (HCC):
  - MA Physician, Nurse Practitioner, or a Physician's Assistant
- The HCC must sign off on all the health care policies
- Camps must provide a list to the HCC of:
  - All Health Care Supervisors (HCS) and
  - All prescription medication to be administered at camp
- The HCC must acknowledge in writing the list of prescription medications administered at camp
- The HCC must train *all unlicensed* HCS
- Document the training and test of competency for unlicensed HCS in accordance with 430.160(I)

# Health Care Supervisor (HCS)

Must be present at licensed camps at all times and be responsible for the day-to-day operation of the camp's health program

May have other non-health related duties (counselor, director, etc.)

HCS	Required Certifications / Provided Trainings
Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse	<ul style="list-style-type: none"><li>• Current <b>MA</b> license</li><li>• First Aid</li><li>• CPR</li></ul>
Specially trained 18 + year old	<ul style="list-style-type: none"><li>• First Aid</li><li>• CPR</li><li>• Oral/Topical Prescription Medication Administration Training</li><li>• Administering Epinephrine Auto-Injectors Training</li><li>• Training on Signs and Symptoms of Hypo and Hyperglycemia and diabetic plan management</li></ul>



# Health Care Policy Components [.159(B) and .160]

Operators must develop a written camp health care policy, approved by the Board of Health and by the camp Health Care Consultant (HCC). Such policy shall include, but not be limited to:

- (1) Daily health supervision
- (2) Infection control
- (3) Medication storage and administration
  - Includes storage locations, medications are provided and administered from the original container, and self-administration when appropriate
- (4) Procedures for using insect repellant and conducting tick checks
- (5) Promoting allergy awareness
- (6) Handling health emergencies and accidents, including parental/guardian notifications
- (7) Available ambulance services
- (8) Provision for medical, nursing and first aid services
- (9) The name of the designated on-site camp Health Care Supervisor
- (10) The name, address, and phone number of the camp Health Care Consultant required by 105 CMR 430.159(A) and
- (11) The name of the Health Care Supervisor(s) required by 105 CMR 430.159(E), if applicable

# Storage and Administration of Medications [.160]

## Policy on Administering Medications [.160(E)]

1. List individuals at camp who are:
  - HCC or designated HCS authorized by scope of practice to administer medications
  - Qualified HCS who are properly trained and designated to administer oral and topical medications
  - Authorized to administer epinephrine auto-injectors
  - Authorized to administer medications for diabetes care at medical specialty camps
2. Require designated unlicensed HCS(s) be trained by the HCC to administer oral and topical prescription medications
3. Require individuals authorized to administer epinephrine auto-injectors be specifically trained to administer epinephrine auto-injectors under the direction of the HCC
4. Require individuals authorized to administer medications for diabetes care at medical specialty camps be specially trained by the HCC to administer medications for diabetes care and shall only be administered under the direct supervision of a health care provider listed in 105 CMR 430.159(E)



# Storage and Administration of Medications [.160]

## Policy on Administration of Epinephrine Auto-Injectors [160(F)]

- Identify what is permitted at camp:
  - Self-Carry/Administration
  - By specially trained staff and the HCS or
  - Both
- The HCC and the camper's parents/guardians must provide written approval for the camper to self-administer or receive an injection by a licensed health care professional
- The HCC must provide written approval and the parent/guardian must give written informed consent for unlicensed staff to administer an epinephrine auto-injector to the camper, as needed
- All unlicensed individuals designated to administer epinephrine auto-injectors must complete a training developed by the HCC

## Policy on Use of Inhalers [.160(H)]

A camp may allow a camper who has a prescription for an inhaler for a pre-existing medical condition to self-administer and possess an inhaler at all times for the purposes of self-administration if:

- The camper is capable of self-administration and
- The HCC and camper's parent/guardian have given written approval for the camper to self-administer





# Storage and Administration of Medications [.160]

## Administration of Medications for Diabetes Care [.160(G)]

A camp may allow a camper or individual authorized under 105 CMR 430.159(F) to monitor blood sugar or administer medication for diabetes care, including insulin injections:

A camper may self-monitor and/or self-administer medication for diabetes care if:

- Blood monitoring activities take place in the presence of a properly trained HCS or individual authorized under 105 CMR 430.159(F) and
- The HCC and parents/guardians have given written informed consent for the camper to self-monitor and self-administer

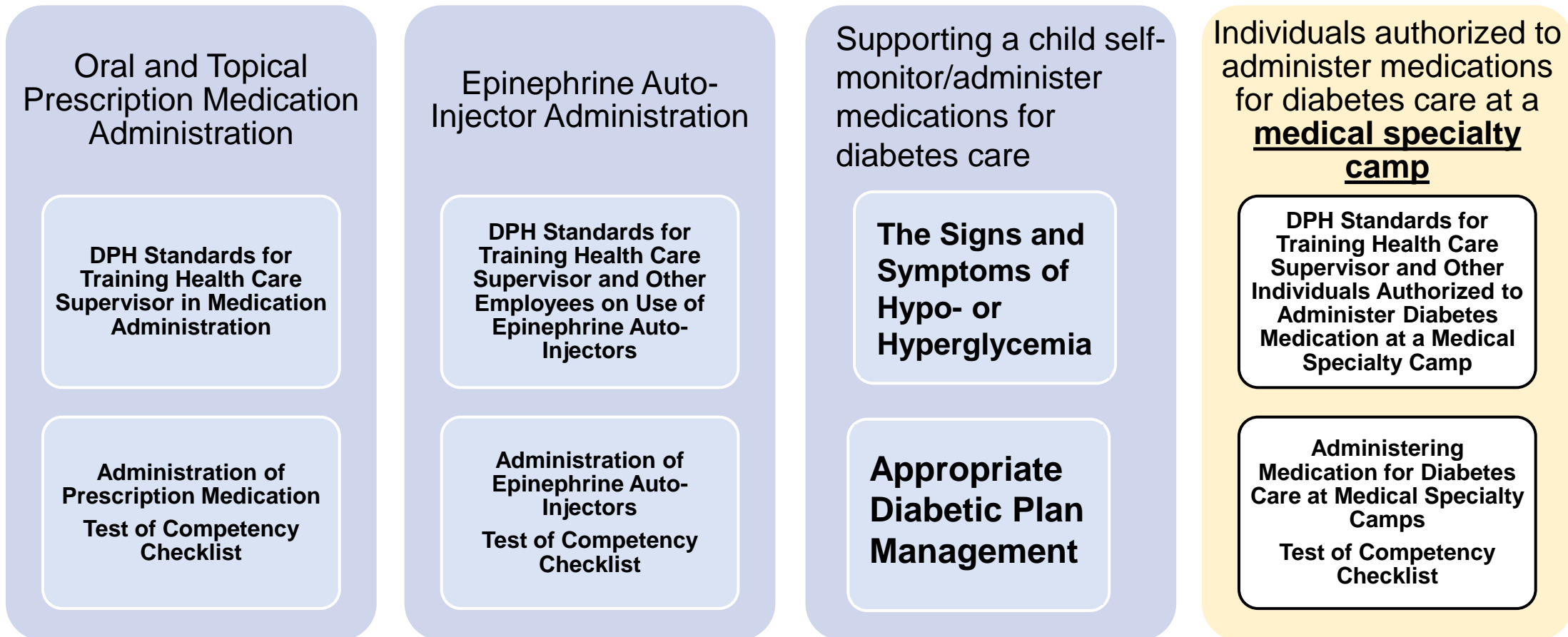
An individual authorized under 105 CMR 430.159(F) may monitor a camper's blood sugar or administer medications for diabetes care if:

- The HCC and parents/guardians have given written informed consent for an unlicensed individual authorized under 105 CMR 430.159(F) to monitor the camper's blood sugar and administer medications for diabetes care and
- All unlicensed individuals authorized under 105 CMR 430.159(F) must complete a training by the HCC and are under the direct supervision of a health care provider listed in 105 CMR 430.159(E)



# Storage and Administration of Medications [.160]

**Required Trainings** for unlicensed HCS or individuals authorized to administer medications for diabetes care at a medical specialty camp pursuant to 105 CMR 430.159(F) must include [.160(I)]:



# Infirmary/First Aid Facility Requirements

<u>What is needed?</u>	<u>Day Camp</u>	<u>Residential Camp</u>
Single facility identified as the Infirmary/First Aid Facility	✓	✓
Adequate lighting provided	✓	✓
Infirmary/First Aid Facility is easily recognizable and accessible during the day and night		✓
Designated space for the isolation of a sick child with the ability to provide negative pressure		✓
Ability to store medications in a secure manner (refrigerated and non-refrigerated medication)	✓	✓
Fully stocked class A and class B First Aid kits	✓	✓
Medical Log Book *must include information on all medication administration errors	✓	✓
Injury Report Forms	✓	✓

# Camp Operations



Orientation



Camp Site and Field Trips



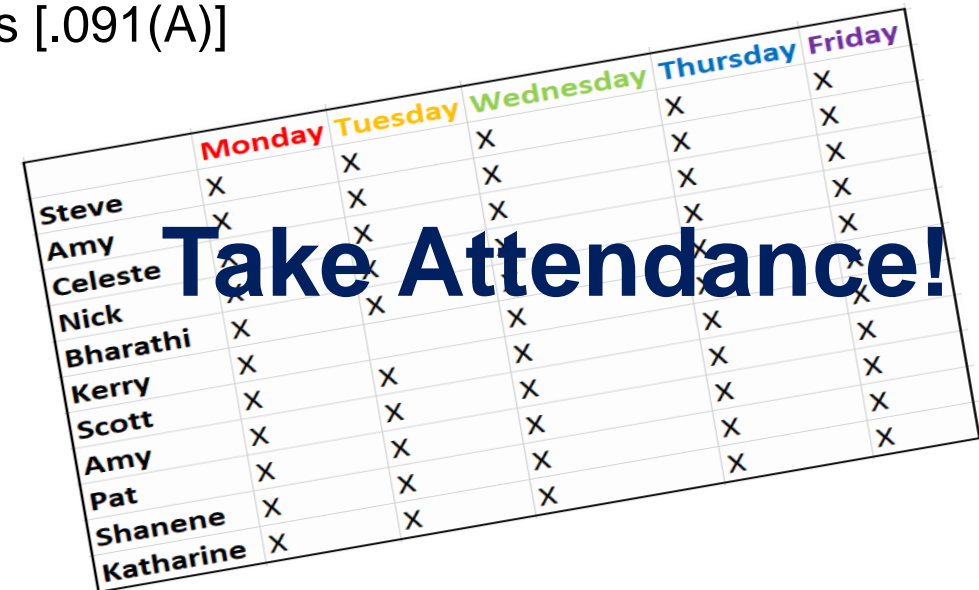
High Risk Activities



Christian's Law (105 CMR 432.000)

# Requirements for Orientation

- Describe, in writing, the necessary trainings for all camp activities [.091(A)]
- Specialized trainings to meet the requirements of campers with unique physical/behavioral needs [.091(A)]
- Online Head Injury Safety Awareness Training – **completed annually** [.091(B)]
- Health Care Policy and infection control procedures
  - Physical copy provided to all staff and volunteers [.091(A)]
- Fire Drills [.210]
- Disaster/Emergency Plans [.210]
- Lost Camper/Swimmer Plan [.210]
- Traffic Control Plan [.210]
- Disease Outbreak Response Plans [.210]



An attendance chart for staff and volunteers. The chart has columns for Monday, Tuesday, Wednesday, Thursday, and Friday. The rows list the names of the staff and volunteers. An 'X' indicates attendance on that day. A large blue text overlay 'Take Attendance!' is placed over the chart.

	Monday	Tuesday	Wednesday	Thursday	Friday
Steve	X				X
Amy	X	X	X	X	X
Celeste	X	X	X	X	X
Nick	X	X	X	X	X
Bharathi	X		X	X	X
Kerry	X	X	X	X	X
Scott	X	X	X	X	X
Amy	X	X	X	X	X
Pat	X	X	X	X	X
Shanene	X	X	X	X	X
Katharine	X	X	X	X	X

# Camp Site Requirements

## Safety Requirements

- Immediate access to a reliable phone with emergency contact numbers posted/readily accessible [.209]
- An emergency communication system [.213]
- Fire/CO alarms [.216]
- A current certificate of inspection from the local building inspector for all structures used for sleeping or assembly purposes [.451]
- Egresses unobstructed and maintained in accordance with 780 *MA State Building Code* requirements [.456]

## Additional Requirements

- Sufficient shelter space large enough to house all campers and staff at Day Camps [.457]
- Adequate lighting in all infirmaries and stairways [.453]
- Structural and interior maintenance [.454]
  - Elements maintained in good repair and
  - Interior of the facility maintained in a safe, clean, and sanitary condition
- Potable water that is always available [.300]
  - Drinking facilities must be centrally located



# Camp Site Requirements *(continued)*

## Sleeping Area and Spacing Requirements

- Provide adequate square footage per person in the cabin/sleeping areas [.458]:
  - 40 ft<sup>2</sup> for single beds
  - 35 ft<sup>2</sup> for bunk beds
  - 50 ft<sup>2</sup> for individuals with special equipment
- Maintain appropriate bed arrangements [.470]:
  - 6 ft of distance between the heads of sleepers
    - Head to toe sleeping is a common practice
  - 3 ft between single beds
  - 4.5 ft between bunk beds
- Tents under 400 ft<sup>2</sup> must be labeled as fire resistant [.217]
- Screens must be in place for all windows [.452]
- Self-closing doors that open in the direction of the flow of traffic out of the building [.452]



# Camp Site Requirements *(continued)*

## Food Service at Camp

Camps that prepare and/or serve meals must comply with 105 CMR 590.000 *Minimum Sanitation Standards for Food Establishments*

- Prominently display a Food Service permit
- Obtain written compliance with 105 CMR 590 for the USDA Summer Food Service Program (if applicable) [.320]
- Ensure proper storage methods for meals brought from home [.335]
- Provide lunches if a camper arrives without one [.335]
- Install screens in all windows and self-closing exterior doors [.452]
- Ensure adequate lighting in all kitchens and dining areas [.453]



# Field Trips



All camps that conduct field trips must:

- Develop a written itinerary [.212(A)]
  - Have a means to notify parents/guardians of changes to the itinerary
- Provide at least 1 designated HCS [.212(B)]
- Maintain health records in a readily accessible format [.212(C)]
- Store medications in a secure manner and bring a First Aid Kit [.212(C)]
- Develop contingency plans for off-site field trip locations [.212(D)]



In addition, Primitive, Travel, or Trip Camps must:

- Identify on the itinerary the available emergency services and the means to contact them [.212(B)]



# Specialized High Risk Activities

Means those activities posing an inherent risk of serious injury or death due to the nature of the activity regardless of reasonable precautions and supervision

Such activities present an increased risk to health and safety beyond the routine risk of exercising and being active in various weather conditions

Any recreational camp for children that operates specialized high risk activities outside of Massachusetts shall comply with all state and local laws or regulations for such activities in the state or local jurisdiction where the activity is held



# Specialized High Risk Activities *(continued)*

## Aquatics



# Specialized High Risk Activities *(continued)*

## Swimming Pools must comply with 105 CMR 435.00 *Minimum Standards for Swimming Pools*

### Swimming Pools must have:

- A posted current pool permit
- Written confirmation of *Virginia Graeme Baker Pool and Spa Safety Act* compliance
- Appropriate pool fencing
- An appropriate water chemistry test kit and secchi disc

### Staff must include:

- A properly trained Certified Pool Operator (CPO)
- Lifeguards (LG)
- Trained Counselors

A Lifeguard must be at least 16 years old and hold the following current certifications:

(1) One of the following lifeguard training programs:

- (a) An American Red Cross Lifeguard Training Certificate; or
- (b) Lifesaving Society of Canada National Lifeguard Service; or
- (c) Boy Scouts of America Lifeguard Certificate; or
- (d) National YMCA Lifeguard Certificate; or
- (e) Ellis and Associates International Lifeguard Training Program; and

(2) A CPR Certificate; and

(3) First Aid Certificate.



# Specialized High Risk Activities *(continued)*

## Swimming Pools must comply with 105 CMR 435.00 *Minimum Standards for Swimming Pools*

### Safety Equipment must include:

- A hard wired emergency communication device that connects directly to 911 with emergency contact numbers posted near phone
- A US Coast Guard approved ring buoy and assembled rescue hook
- LG equipment including a rescue tube, whistle, voice amplifying device, and proper bathing suit
- A backboard with straps

### Camps must:

- Conduct swim tests at a camper's *first* swimming session
- Have the ability to confine campers to swimming areas consistent with their skill level

Operators are responsible for confirming out-of-state pools hold all required licenses and permits where they operate [.103]

# Specialized High Risk Activities *(continued)*

## **Beaches must comply with 105 CMR 445.000 *Minimum Standards for Bathing Beaches***

- A Bathing Beach permit must be kept on file
- Water quality testing must be conducted and kept on file [430.432(A)(1)]
- Proper signage must be posted at the beach entrance [430.432(A)(1)]
- Sufficient water clarity must be maintained [430.432(A)(2)]
  - A secchi disc must be readily visible in 4 ft of water
- 1 US Coast Guard approved ring buoy must be provided for every 2,000ft<sup>2</sup> of water surface [430.432(C)]
  - A ring buoy must weigh at least 2.5 lbs, have a minimum inside diameter of 15", and be attached to a 1/4" rope that is no less than 60 ft in length
- All piers, floats, and platforms must be maintained in good repair [.204(E)]
  - There should be no sharp corners/projections
  - Ladders and platforms must be secured in place
  - Treads of stairs and ladders for diving areas must have a non-slip covering and handrail [430.432(B)]

Operators are responsible for confirming out-of-state beaches hold all required licenses and permits where they operate [.103]

<b>BEACH NAME HERE</b>	
<b>Open June 21- September 1</b>	
Operated by Such and Such Party	
PHONE: ###-###-####	PERMIT: ###-####-###
<b>NOTICE: Bacteria levels are not monitored outside the above dates of operation.</b>	

# Specialized High Risk Activities *(continued)*

## Supervision of Aquatic Activities



### Aquatics Director

- **Camps that offer onsite aquatic activities must have an Aquatics Director [.103]**
- A trained water safety professional
- Certified Lifeguard
- 21+ years old with 6+ weeks of experience
- Present when 50 or more campers are in/near the water [.103]



### Swimming

- 1 Lifeguard for every 25 people [.103(A)]
- 1 additional staff member for every 10 campers in or near the water [.103(A)]
- A Buddy System is in place [.204(C)]



### Paddle Sport Activities

- **1 properly trained staff for every 10 campers in a watercraft activity [.103(B)(1) and (B)(2)]**
- **1 LG for every 25 campers [.103(B)(1)]**
- Personal Flotation Devices (PFDs) are always worn [.204(G)]



### Sailing and Boating

- **1 properly trained staff for every 10 campers in a watercraft activity [.103(B)(1) and (B)(3)]**
- **1 LG for every 25 campers [.103(B)(1)]**
- Personal Flotation Devices (PFDs) are always worn [.204(G)]

# Specialized High Risk Activities *(continued)*

## Training Requirements to Supervise Paddle Sport Activities [.103(B1 and 2)]

For every **10 campers** participating in watercraft activities there shall be **1 specially trained counselor** and  
for every **25 campers** participating in watercraft activities, **1 counselor shall be a Lifeguard**

Option # 1	Option # 2
<ul style="list-style-type: none"><li>Lifeguard</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>American Canoe Association Paddle Sports course (online) <u>or</u></li><li>American Red Cross Small Craft Safety</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>In-person participatory training specific to the watercraft activities staff will oversee</li></ul>	<ul style="list-style-type: none"><li>American Red Cross Basic Water Rescue</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>American Canoe Association Paddle Sports course (online) <u>or</u></li><li>American Red Cross Small Craft Safety</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>In-person participatory training specific to the watercraft activities staff will oversee</li></ul> <b>AND</b> Lifeguards at a 1:25 ratio



<https://www.boat-ed.com/paddlesports/>

# Specialized High Risk Activities *(continued)*

## Training Requirements to Supervise Sailing or Motor-Powered Watercraft Activities [.103(B1 and 3)]

For every **10 campers** participating in watercraft activities there shall be **1 specially trained counselor. AND** For every **25 campers** participating in sailing and motor-powered watercraft activities, **1 counselor shall be a Lifeguard**

### **Specially trained** means:

- Obtain a Boater Safety Education Certificate issued by the Commonwealth of Massachusetts
  - In Person (free): Massachusetts Environmental Police Boating Safety Course or
  - Online: Boat-Ed Boating Safety Course <https://www.boat-ed.com/massachusetts/>
- Complete an in-person participatory training specific to the watercraft activities staff will oversee

Operators shall comply with all Federal and MA Boating Laws including the use of PFDs

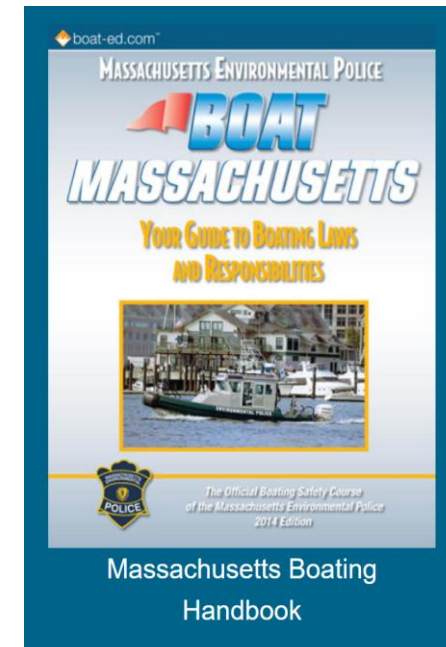


Commonwealth of Massachusetts  
Boating Safety Certificate

John B. Boater

Eye Color: Brown    Course Provider: MEP  
Hair Color: Brown    Valid From: 4/13/2013  
DOB: 7/28/2000    Card Number: 14234567  
Gender: M

ASBLA USCG Recognized



# Specialized High Risk Activities (continued)

## Challenge Courses, Climbing Walls, and Inflatables

- Licensed and maintained in accordance with 520 CMR 5.00 Amusement Devices [.103(G)]
- All elements have an annual inspection with a written report [.103(G)]
- US identification (USID) plate visibly displayed at the site of the course/climbing wall [5.14 and 5.15]
  - Updated each year with the annual permit which includes individual numbers for each element
- Inflatables must be marked with a number issued by the Office of Public Safety and Inspections [5.09]
- Sufficient supervision is provided at all times [.103(G)]:
  - 1 counselor for every 10 campers
- Operators are responsible for confirming out-of-state sites hold all required licenses and permits where they operate [.103]

Sample License:

The Commonwealth of Massachusetts  
Office of Public Safety and Inspections  
License to Operate Challenge Course

License #: MA-###  
Expiration Date: MM/DD/YYYY

Owner's Name  
Name of Camp/Company  
Camp/Company Address  
City/Town MA Zip Code

Contact's Name  
Contact's Phone Number

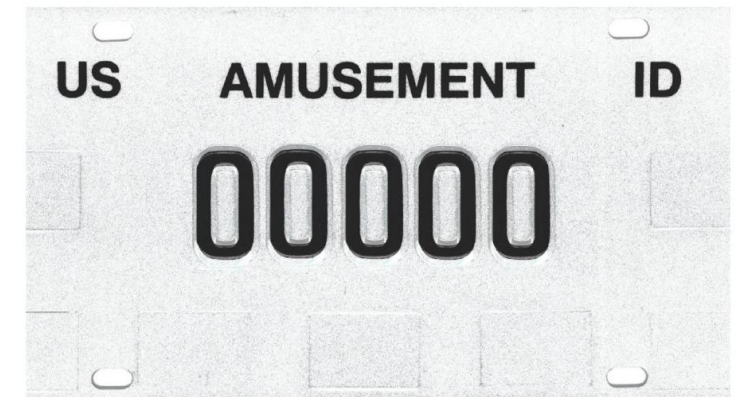
U.S.I.D. #	Device	U.S.I.D. #	Device	U.S.I.D. #	Device
00000-01	Element #1	00000-03	Element #3	00000-05	Element #5
00000-02	Element #2	00000-04	Element #4	00000-06	Element #6

*Layla R. D'Emilia*  
Layla R. D'Emilia  
Commissioner of Public Safety and Inspection

MM/DD/YYYY  
Issued Date

Page 1 of 1

Sample USID Plate:



Sample Sticker:





# Specialized High Risk Activities *(continued)*

## Firearms/Riflery Programs

- A segregated shooting range is provided in accordance with NRA standards [.201(B)]
- A firing line is in place [.201(D)]
- Firearms must be [.201(A)]:
  - Maintained in good condition and
  - Stored in a locked cabinet
- Ammunition must be stored in a locked facility separate from the firearms
- Personal equipment is only allowed with the camp operator's written permission [.203]
- Sufficient supervision is provided at all times [.103(D)]:
  - 1 NRA Instructor directly supervising (can be included in below ratio)
  - 1 counselor for every 10 campers

## Archery Programs

- A segregated archery range is provided separate from other activities [.202(B)]
- 25 yards of clearance is maintained behind each target [.202(B)]
- A common firing line is in place [.202(B)]
- A ready line is marked behind the firing line [.202(B)]
- Danger area is clearly marked behind targets [.202(B)]
- Bows and Arrows must be [.202(A)]:
  - Maintained in good condition and
  - Stored under lock and key
- Personal equipment is only allowed with the camp operator's written permission [.203]
- Sufficient supervision is provided at all times [.103(E)]:
  - 1 counselor for every 10 campers

Operators are responsible for confirming out-of-state sites hold all required licenses and permits where they operate [.103]

# 105 CMR 432.000 Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps

Protects **all minor campers, staff, and volunteers** who swim at fresh or saltwater beaches while attending recreational camps or programs

These Regulations:

- **Set the minimum** requirements for swim tests of all minors and the use of personal flotation devices (PFDs)
- Provide qualifications to determine swimmers, non-swimmers, and at-risk swimmers
- Apply to the operators of recreational camps or programs that swim at public, semi public, or private bathing beaches
  - Do not apply to swimming pools



# Swim Tests

- **All minors must be swim tested at their first swimming session [432.100(C)]**
- A swimming ability determination must be conducted at a minimum once per summer for every minor at each program or camp by a certified swim instructor or a swim assessor
- Qualifications for a Certified Swim Instructor (CSI) or Swim Assessor [432.100(B)]
  - Certified Swim Instructor (CSI):
    - American Red Cross (ARC) Water Safety Instructor (WSI) or
    - YMCA LG 2011 – AQ711B
  - Swim Assessor:
    - At least 16 years old, CPR, First Aid, certified Lifeguard **AND**
    - At a minimum, observed one and participated in one annual swim test conducted by a CSI
    - Both must be documented

# Classification

## The identification of Swimmers and Non-Swimmers/At-Risk Swimmers [432.010]

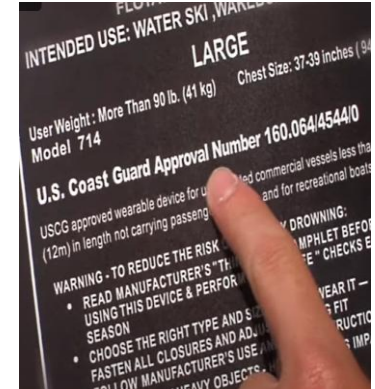
- Non-Swimmers have not passed an YMCA level 4 (minnow) or an ARC level 3 swim test
- At-Risk Swimmers may or may not have passed a YMCA level 4 (minnow) or a ARC level 3 swim test, but have been determined to have a physical, psychological, medical or cognitive disability that could have a negative impact on their swimming ability

## The swim test location [432.100(D)]

- If the camp/program is bringing dedicated lifeguards on a field trip, the swim tests may be conducted in a pool prior to the field trip
- If the waterfront provides lifeguards through a contractual agreement, the swim tests must be conducted at the waterfront

# Operator's Responsibilities

1. Operators must ensure that properly sized PFDs are made available [432.120(A)]
2. All PFDs shall be in serviceable condition [432.120(B)]
3. Operators shall ensure the PFDs are properly sized and fitted for each minor prior to swimming [432.120(C)]
4. Operators must have an adequate number and range of sizes of PFDs [432.120(D)]
5. Operators may contract with an off-site bathing beach operator for the supply of PFDs [432.120(E)]



# A Parent/Guardian Provided PFD

1. An operator shall not refuse a PFD provided by a parent/guardian [432.130(A)]
2. Any minor designated as a non or at-risk swimmer shall wear a PFD at all times except during:
  - Swim tests
  - Swimming lessons
  - Diving Lessons and
  - Closely supervised beach waterfront activities [432.130(B)]
3. The PFD must be clearly labeled with the child's name and the parent/guardian emergency contact information and it must be a properly sized and fitted Type I, II, or III PFD [432.130(C) + (D)]
4. If the PFD provided by a parent/guardian is not properly fitting, or is damaged, or otherwise not in serviceable condition [432.130(E)]:
  - The child should not be allowed to swim until the Operator has gained permission from parent/guardian to provide a different, properly sized, and fitted PFD to the child
  - Ensure EVERYTHING is documented



# Policies and Record Keeping

An operator must develop and implement written policies and procedures to ensure compliance with 105 CMR 432.000, which include but are not limited to [432.400]:

- An orientation plan for all staff and volunteers
- Procedures for identifying non-swimmers and at-risk swimmers
- A daily check-in routine for reviewing and confirming proper swimming level identification
- A plan to ensure an adequate inventory of serviceable PFD's and their proper storage
- Procedures for PFD distribution to minors
- Appropriate training for staff and
- Compliance with required record keeping

# DPH Guidance Tools

- The Swim and Fit Test Model Documentation Form
- The Christian's Law Guidance Checklist
  - To help ensure compliance with the regulatory requirements
- The Guidance for Implementing Regulation 105 CMR 432.000:
  - To clarify swimming ability determinations
  - To provide suggested methods for identifying non-swimmers and at-risk swimmers
  - To provide examples of confinement areas based on swimming levels
- All guidance documents can be found at <https://www.mass.gov/service-details/christians-law>

Municipal and Recreational Program or Camp: _____	
Address: _____	
Operator/Director: _____	Phone Number: _____
<b>SWIM TEST</b>	<b>FIT TEST</b>
Name and Age of Child: _____	
Date: _____	PFD Provided by Parent? (circle) Yes / No
Swim Level: _____	PFD Required Per Swim Test? (circle) Yes / No
Swim Test Location: _____	Type of PFD: _____ Size of PFD: _____
CSI or Swim Assessor - Print NAME: _____	Individual conducting Fit Test - Print NAME: _____

# Camp Reporting

## Annual Recreational Camp Reporting Requirements

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code, Chapter IV), all recreational camps operating in Massachusetts must be inspected and licensed by the local Board of Health or Health Department. The Massachusetts Department of Public Health (Department) shall be notified annually of all recreational camps licensed within each community on a form provided by the Department pursuant to 105 CMR 430.632.

**The Department has developed a new electronic reporting form to be used to report information on recreational camps for each city/town in 2024.**

# Camp Reporting

The Department has developed a new web-based reporting form to be used in 2024. This form must be used to annually report:

- All recreational camps licensed in each city/town; and
- No licensed recreational camps in a city/town.

This form is designed to be user friendly, easy to use, and to more accurately collect data on all recreational camps licensed across the Commonwealth.

# Camp Reporting

The new reporting form can be found here:

<https://redcap.link/campreporting>



# Camp Reporting

## Completed Form



**The Commonwealth of Massachusetts**  
**Department of Public Health**  
**Recreational Camps for Children Reporting Form**

AAA  
+ -

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed annually by the Local Board of Health or Health Department (Local Health Authority). In addition, 105 CMR 430.632 requires that the Local Health Authority notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community.

Please complete the required information listed below.

Local Health Authority Information			
Local Health Authority:	Health Department		
Address:	67 Forest Street	Marlboro	01752
Contact Information:	Kerry	Wagner	EAIII
	(617) 448-7410 ext8	kerry.f.wagner@mass.gov	

Were any recreational camps licensed in your city/town in 2024?

\* must provide value

No recreational camps for children were lic

Submit

## Confirmation Page and Email

Close survey

Thank you for submitting the Recreational Camp for Children Reporting Form. If you have any questions please contact: [recreationalcamps@mass.gov](mailto:recreationalcamps@mass.gov).

Enter your email to receive confirmation message?

A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

\* Your email address will not be associated with or stored with your survey responses.

### Recreational Camp Reporting

R

recreationalcamps@mass.gov

To Wagner, Kerry F (DPH)

20241104142341\_survey\_91a0d383.pdf

35 KB

2:24 PM

Thank you for submitting the Recreational Camp for Children Reporting Form. If you have any questions please contact: [recreationalcamps@mass.gov](mailto:recreationalcamps@mass.gov).



# Camp Reporting

All boxes highlighted in RED are required fields.

Licensed Recreational Camp Information			
Camp Information:	<input type="text" value="Camp Name"/>	<input type="text" value="Phone Number"/>	<input type="text" value="Camp Email"/>
In-Season Address:	<input type="text" value="In-Season Address"/>	<input type="text" value="City/Town"/>	<input type="text" value="Zip Code"/>
Off-Season Address: (if different than address above)	<input type="text" value="Off-Season Address"/>	<input type="text" value="Off-Season City/Town"/>	<input type="text" value="Off-Season Zip Code"/>
Owner Information:	<input type="text" value="First Name"/>		<input type="text" value="Last Name"/>
Director Information: (if different than Owner)	<input type="text" value="First Name"/>		<input type="text" value="Last Name"/>
Day or Residential? (Select all that apply)	<input type="checkbox"/> Day <input type="checkbox"/> Residential		
Camp Type: (Select all that apply)	<input type="checkbox"/> Sports <input type="checkbox"/> Non-Sports <input type="checkbox"/> Travel/Trip <input type="checkbox"/> Medical Specialty <input type="checkbox"/> Primitive <input type="checkbox"/> Not Applicable		
Number Per Season:	Staff: <input type="text" value="Number of Staff"/>	Volunteers: <input type="text" value="Number of Volunteers"/>	Campers: <input type="text" value="Number of Campers"/>
Health Care Consultant:	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="License Number"/>

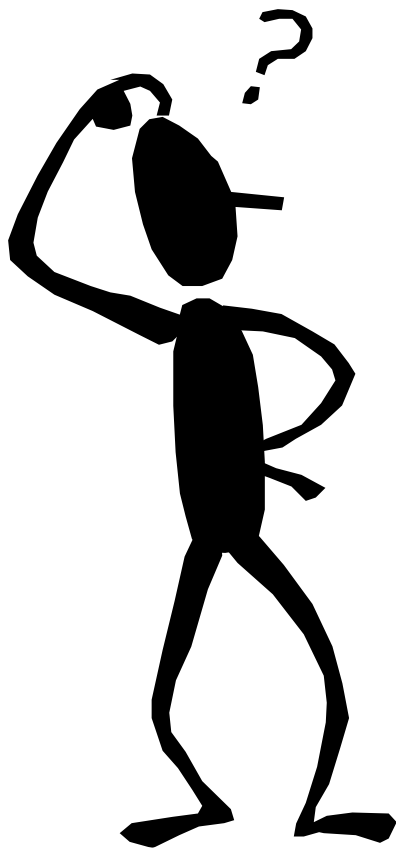
Submit and

[↻ Add another camp?](#)

- or -

Submit

# Questions ?



# Connect with DPH



@MassDPH



Massachusetts Department of Public Health



[mass.gov/dph](https://mass.gov/dph)