

## **State Camp Safety Advisory Council (SCSAC) April 21, 2016 Meeting Minutes**

### Members

Present: Jordan Dale, George G. Coleman, Eric Bacon, Meir Frischman, Dr. Thomas Welch, Dawn Ewing, Gordon Felt

### Members on

Telephone: Robert Scheinfeld

### Members

Absent: Douglas Pierce

### Department of Health Staff

Present: Michael Cambridge, Timothy Shay, Brian Miner, Megan Mutolo, James Maurer, and Carolyn Caldwell

Chairperson, Jordan Dale called the meeting to order at 10:30 a.m. at the New York State Museum, Conference Room A/B, 260 Madison Avenue, Albany, New York. Douglas Pierce was absent and Rob Scheinfeld participated by phone. A quorum was present.

### **Council Administrative Business**

Mr. Shay updated the Council regarding membership reappointments. Mr. Felt's and Mr. Pierce's terms expired in January. Both members have expressed interest in continuing on the Council and are currently in the process of being reappointed. Mr. Coleman's reappointment is still in process. Mr. Shay reminded the Council that members with expired terms continue to serve on the Council in their current positions until they are reappointed, replaced or resign.

Mr. Shay announced his appointment as the Assistant Director of the Bureau of Community Environmental Health and Food Protection. He stated that for the time being his oversight of the Children's Camp program will not change and he would continue to serve in his current capacity with the Council.

Mr. Dale called for the Council Chairperson and Vice-Chairperson elections. Mr. Dale and Mr. Coleman were both nominated and unanimously re-elected as Chairperson and Vice-Chairperson, respectively.

The minutes from the meeting October 15, 2015 were approved unanimously.

### **Amendments to Subpart 7- 2 Children's Camp Status**

Mr. Shay reported on the status of the proposed amendments to Subpart 7-2 of the State Sanitary Code. The notice of proposed rulemaking for the amendments was published in the State Register on December 23, 2015. The 45-day public comment period for the amendments ended on February 8, 2016 and six written comments were received (three local health departments, two local health department associations, and one municipality). No revisions were made to the amendments based on the public comments. The Public

Health and Health Planning Council (PHHPC) approved the amendments on February 11, 2016. Final rule making documents are currently under review by the Department.

Mr. Shay reviewed the proposed amendments previously discussed with the Council and highlighted three significant revisions made since the last Council meeting.

- 1) A delayed implementation date of October 1, 2016 for the regulations pertaining to all camps was added. This revision was consistent with the Council's previous recommendation to allow camp operators time to comply. The amendments pertaining to camps with 20% or more campers with developmental disabilities will still be effective upon being published in the State Register.
- 2) The amendment relating to obtaining care and treatment plans for campers was revised based on the Council's recommendation to clarify that camps are not being required to create such plans, but obtain them when available. It was also clarified that camps will only need to implement portions of plans necessary to protect the health and safety at camp and, when necessary, in consultation with the camper's parent, guardian and/or clinical team.
- 3) The proposal to include a reference for compliance with ADA standards was removed. Existing requirements contained in section 7-2.25 related to accessibility were carried over in the amendments applying to all camps. It was noted that camps would not be required by the regulations to make any modifications to existing facilities unless they enrolled a child with a physical disability that required such modification for access to needed facilities.

Mr. Shay noted that a critical component for camps to implement the amendments will be identifying campers with developmental or other disabilities prior to their arrival at the camp. He asked the Council for their input on a mechanism for camps to accomplish this. The Council recommended collecting information with registration forms, since they are generally received by the camp prior to health history or other documents. The Council posed a question/concern that parents may fear non-acceptance of their child if they were identified with a disability. The Council discussed this and felt that wording such as asking if a child needs special assistance may be received more favorably by parents than asking if their child has a disability. Mr. Shay stated that the Department will be working on implementation guidance for camps and will look into including suggested method and language for collecting information on campers' disabilities. The Department will also include guidance on determining if camper has a developmental disability as defined in regulations.

### **Backcountry Water Treatment**

At the last meeting, the topic of backcountry water treatment procedures for wilderness trips where campers are consuming surface water from lakes and streams was introduced. CDC guidance for backcountry water use is for boiling or disinfection and filtration meeting NSF standards 53 or 58 for cyst reduction or cyst removal. Dr. Welch had commented that his previous research found no documented outbreaks associated with backcountry water consumption and felt filtration was not needed. Mr. Shay reported that the Department has been looking into the issue, but has not finalized guidance. However, the department has determined that to be protective, backcountry water treatment must be effective against protozoa, bacteria and viruses. To accomplish this water from lakes and streams should be boiled or disinfected and filtered. It has been found that many manufacturers of backcountry

water filters have not had their products NSF certified. Although, many products specify pore size and efficiency. The Department is continuing to consult with CDC regarding this to determine what types of filters would be acceptable that are readily available in the market place.

### **Boating Activities Fact Sheet**

Mr. Shay noted that, as discussed at past Council meetings, the recommendations in the draft boating supervision fact sheet relating to the minimum age and past experience for boating activity leaders deviates significantly from the requirements currently in the State Sanitary Code. The Department had concern with the guidance going beyond code requirements, which may cause confusion among camp operators and local health departments. The Department did not have data that supported the more stringent recommendations made by the Council and therefore revised the recommendation to be consistent with the Sanitary Code requirements. Mr. Shay had provided the revised fact sheet to the Council prior to the meeting for review.

Mr. Scheinfeld, who participated via telephone, asked about the experience requirement for boating activity leaders. He inquired if there could be a quantifiable measure to the term "experience" added to the fact sheet. Mr. Shay stated that any requirements could not go beyond the scope of the State Sanitary Code. The Council discussed the need for a code amendment to define the minimum qualifications for a boating activity leader. The Council concluded that due to the length of time it would take to make a code amendment the boating fact sheet should move forward with the edits made by the Department. The Council will continue to discuss recommendations for boating activity leader criteria for a future code amendment.

### **AEDs at Children's Camps**

Mr. Dale noted that the Council has previously made a recommendation to the Department to require AEDs at children's camps, but to date no such requirement has been implemented. He recently saw a news video, which was circulated to the Council, regarding a 17-year-old athlete that went into cardiac arrest during a volleyball game and was revived using a nearby AED. Mr. Dale commented that he is also aware of several other events involving athletes that were saved by use of an AED. He feels strongly that AEDs should be required at camps and wanted to bring the subject up again for discussion. Dr. Welch pointed out that while he is a huge proponent of the correct use of AEDs, the data on the effectiveness has been in high concentration areas. He also pointed out that successful deployment of AEDs requires immediate access. He questioned if at a children's camps the AED would be readily available due to their size and layout. Multiple AEDs may be needed to be effective.

Concerns were brought up regarding the cost of AEDs. The Council discussed having a tiered approach to requiring AEDS at camps. For example, camps with 200 or more campers and operating four or more weeks.

Mr. Cambridge stated that current legislation does not preclude a camp from having an AED and that a camp could voluntarily choose to have one. He also noted that as previously discussed a requirement for AEDs is legislatively set and not a regulatory issue.

### **Other Business**

The Council noted that the injury and illness reports have been delayed due to a lack of available staff time, but hoped that resources could be devoted to this task as soon as possible since the data is helpful in addressing children's safety at camps.

Mr. Dale inquired about mandatory camp operator training and if the Department had investigated the possibility of using Westchester's online training statewide. Mr. Shay stated that there were concerns about it due to it not being training given by the State and the unknown content. Mr. Cambridge stated that it was an excellent suggestion by the Council but something that the Department could not take on at this time.

### **Next Meeting/Adjournment**

The Council adjourned at 12:20 after tentatively scheduling the next Council meeting for Thursday, November 10, 2016.