Hungarian Scout Association In Exteris

Sík Sándor Scout Park

Camp Health & Safety Manual

Revised 2025

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0.0 Foreword

About the Camp

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Sándor Sík Hungarian Scout Camp is the central scout leader training facility of the Hungarian Scout Association in Exteris (HSA). Almost without exception, all the scout leaders of the organization – from patrol leaders to scoutmasters - active in North America today, were and are being trained at this camp. The camp has been host to both instructors and trainees from around the world since 1964.

About the Association

The Association is an international volunteer organization headquartered in Newfoundland, New Jersey. Since 1964, it has been a registered non - profit corporation in the state of New Jersey. Historically, the organization was formed in post war Europe from the remnants of the original Hungarian Scout Association in 1947. Our scouts and scout troops have been active in the Americas, Europe, and Australia ever since the reorganization of the movement.

The Mission

The mission of the organization is the education of Hungarian and Hungarian speaking youth in the spirit of scouting following the precepts established by Lord Robert Baden - Powell and Count Pál Teleki.

The educational goals include facilitating the growth and development physically, intellectually and spiritually of the member scouts. The aim is to producing individuals that are spiritually aware, respectful of the rights of individuals and groups, and good citizens of their respective countries. Members are taught to conduct their lives the by Scout Laws. They are also taught to appreciate, value and maintain their Hungarian language and heritage.

Camp Formats

During the summer season, there are two distinct camp formats at Sándor Sík Hungarian Scout Camp. In the early summer, a Hungarian School camp is held. During this camp, children receive instruction in the Hungarian language and culture.

This camp is for children that do not have an opportunity to learn Hungarian in their home cities. Total numbers of participating children are less than one hundred in a *family camping* context. The camp structure is similar to school programs, with formal lessons interspersed with recreational activities throughout the day. There are no specified requirements for attending this camp. This camp is held when there are sufficient applicants.

In early August, the scout leadership training camp is held. The camp structure is one of a coordinated group of sub-camps. Each is training a specific level of scout leader. These include patrol leader, assistant scoutmaster, scoutmaster, cub scout patrol leader and assistant cub scout master. To be eligible for participation in any of the leadership training programs, a candidate must pass entrance requirements set by the Chief Leadership Training Officer of the Association.

Extraordinary camps, such as Jamborees, may be held at the campsite in 5-year cycles. The camp structure would vary only minimally from the Scout Leader Training camps. As such, the leadership training camp can be considered as the model for any camp held in Sandor Sik Camp.

Park Management

Sik Sandor Scout Camp is overseen by the Park Committee. It is composed of:

the Association President,
the Association Chief Training Officer,
the Association Chief Leadership Training Officer,
the Camp Operator/Director,
the Assistant Camp Operator/ Director,

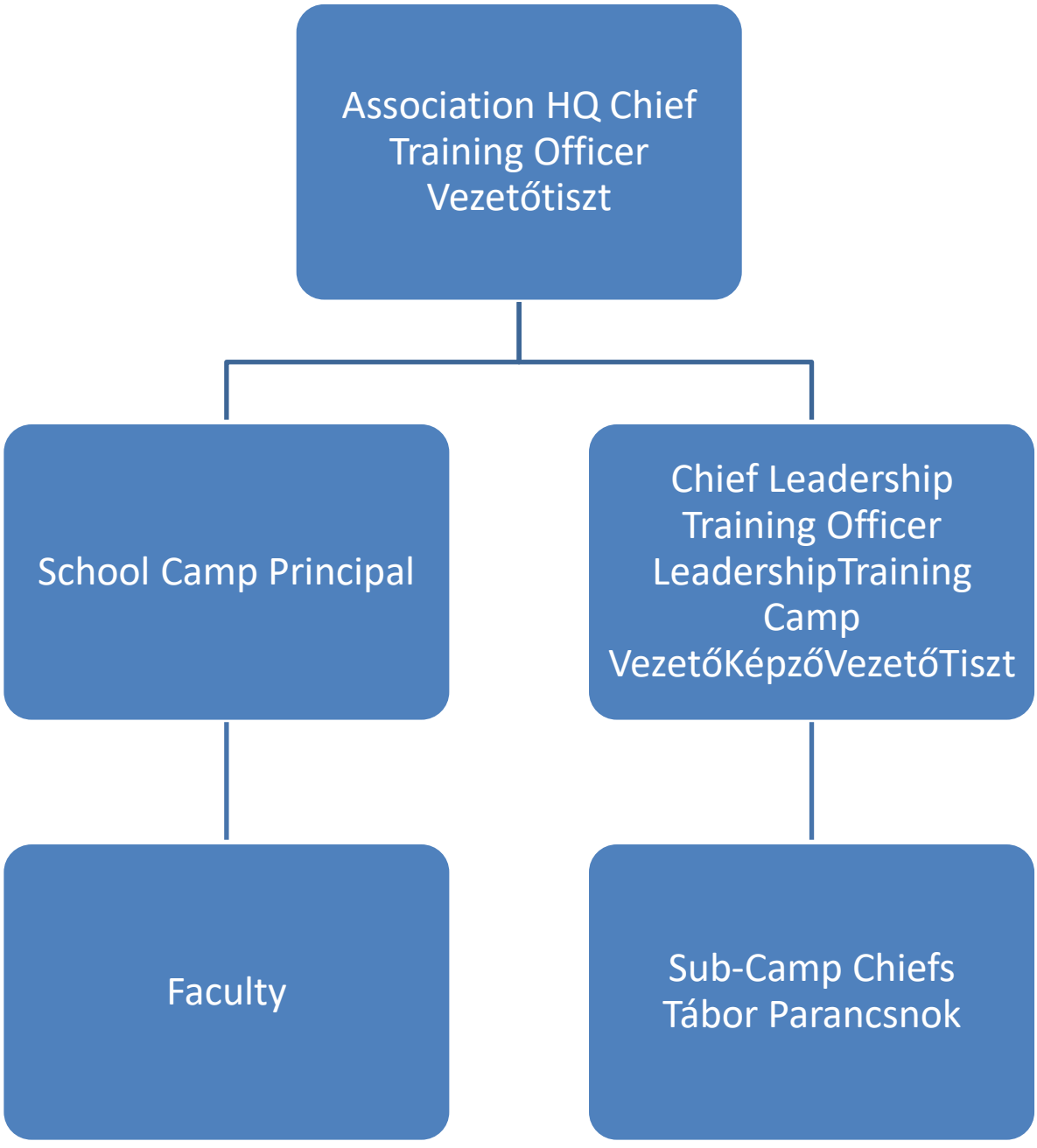
with specialist input from other Association Officers and consultants as required.

1.0 Personnel

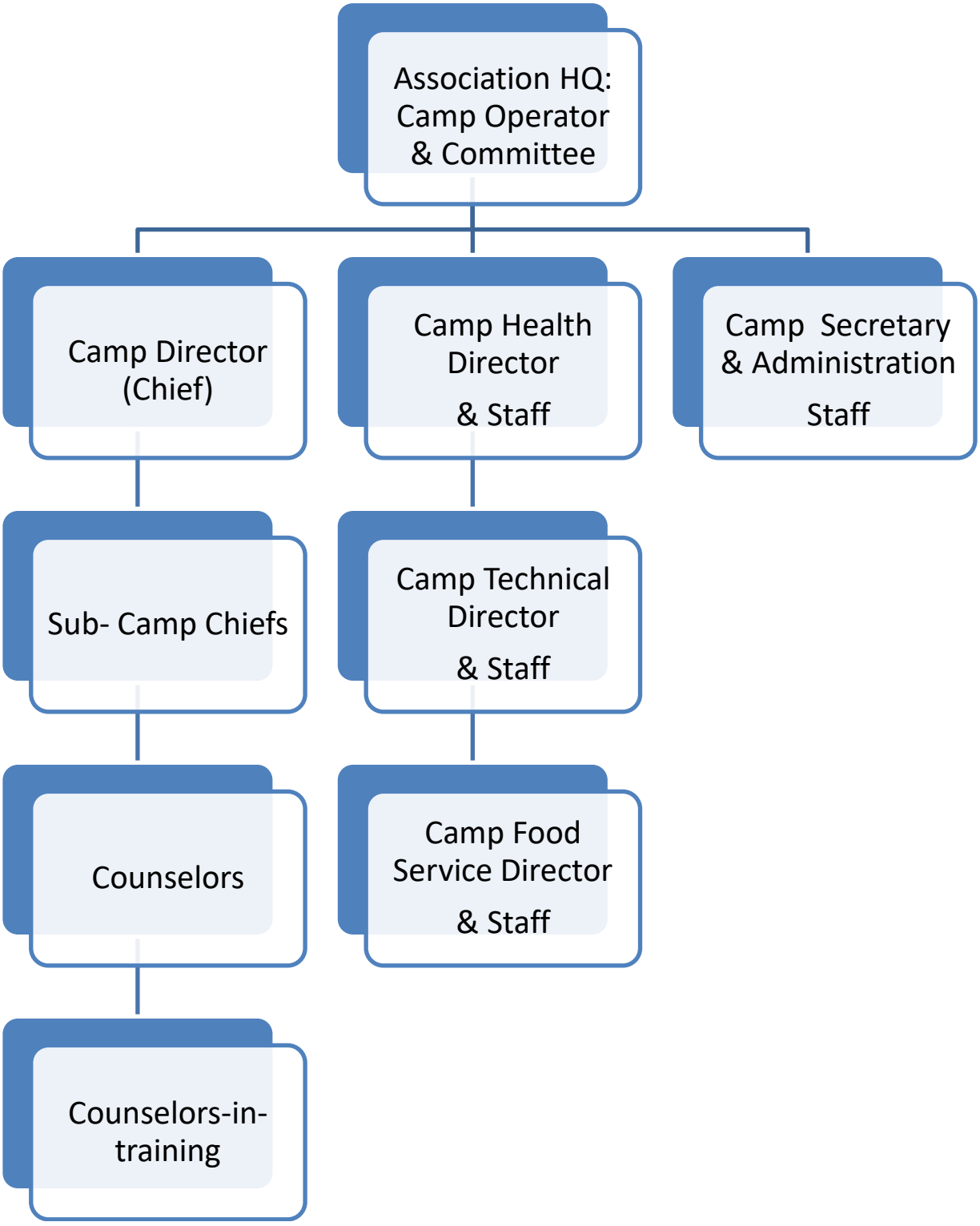
1.1	Chain of Command	
1.2	Job Descriptions	
1.2.1	Camp Operator (Director)	Park Parancsnok
1.2.2	Camp Director	Tábor Parancsnok
1.2.3	Camp Health Director	Tábor Egészségügyi Tiszt
1.2.4	Camp Health Director Designee	T.E.Ü. Tiszt helyettes
1.2.5	Camp Secretary	Tábori Főtitkár
1.2.6	Camp Technical Director	Tábor Műszaki Parancsnok
1.2.7	Camp Food Services Director	Tábori Élelmezési Parancsnok
1.2.8	Sub - Camp Chief	(Al)Tábor Parancsnok
1.2.9	Counselor	Kiképző
1.2.10	Counselor - in - Training (CIT)	Kiképző Örs Vezetö
1.2.11	Duty Officer (Officer of the Day)	Napos Tiszt
1.2.12	Trip Leader	Kirándulás, Portya Vezető
1.2.13	Activity Leader	Program Vezető
1.3	Staff Selection and Verification	

1.1 Chain of Command

1.1.1. Camp curriculum is ordered as follows:



1.1.2 Camp infrastructure organization is the following:



This diagrammed structure applies to all of the previously discussed camp formats.

1.2 Job Descriptions

1.2.1 Camp Operator (Director) *Park Parancsnok*

Qualifications:
- Minimum: 25 years of age
- Education: Bachelor's Degree or higher; or equivalent life experience.
- Scout Ranking: Scoutmaster
- Experience: minimum 10 years scout leadership
- Training: Gilwell Scout master level
- Requires: administrative experience.
  organizational experience,
  supervisory abilities,
  communication skills,
  knowledge of logistics
  financial acumen.

Reports to: Board of Directors of the Hungarian Scout Association in Exteris

Membership: Sik Sandor Scout Park Committee

General Responsibility:

To maintain and operate the Park for camping activities as determined and directed by HQ.

To ensure that all camp operations and activities adhere to NY State Sanitary Code, Subpart 7 - 2.

1.2.2 Camp Director ***Tábor Parancsnok***

NB: During the scout leader training camp this will be the Camp Operator

Qualifications: minimum 25 years of age
Education: Bachelors Degree or higher
Scout Ranking: Scout master
Experience: minimum 5 years scout leadership
Training: Gilwell; for School Camp, academic background
Requires: understanding of scout programs and curricula.
administrative, organizational, communication skills

Reports to: Chief Training Officer and Camp Operator (when not one and the same)

Responsibilities: To run the camp programs and curricula as out lined by HQ.
To coordinate and facilitate the activities of the individual leader training subcamps.
To ensure that the camps run according to Scouting Principles (refer to *International Boy Scout Conference 1922* https://learn.scout.org/resource/history-world-scout-conferences).

1.2.3 Camp Health Director *Tábor Egészségügyi Tiszt*

Qualifications: must be one of - MD, RN practitioner, PA, RN, LPN, EMT or another qualified individual acceptable to the NY State Health Dept.
CPR and First Aid certification
Scout Ranking: when practicable, Gilwell training

Requires: understanding and knowledge of NY State Sanitary Code Subpart 7-2 administrative experience organizational and communication skills

Reports to: Camp Operator / Director
HSA Chief Health Officer
NY State Health Dept. Permit issuing official

Responsibilities: To assist (the Camp Operator) in the preparation and annual review of the Camp Manual.
To supervise and implement the various Camp Plans.
To organize, and supervise the Camp Health and Safety Services during camp.
To ensure that all appropriate regulations of State Sanitary Code, Sp 7-2 are followed.

1.2.4 Camp Health Director Designee *T.E.Ü. Tiszt helyettes*

Qualifications: as per 1.2.3 above.

Reports To: ibid.

Responsibilities: To assume the role of Camp Health Director when the CHD is absent from the camp site.

1.2.5 Camp Secretary *Tábori Főtitkár*

Qualifications: minimum 22 years of age
Education: high school diploma minimally, Clerical training
Scout Rank: Scout Master
Experience: administrative and clerical experience
Training: Gilwell

Reports To: Camp Operator / Director

Responsibilities: camp registration,
camp finances and accounting,
correspondence,
any duties that may be assigned.

1.2.6 Camp Technical Director *Tábor Műszaki Parancsnok*

Qualifications: minimum 22 years of age
Education: technical training, Gilwell
Scout Rank: Scoutmaster
Experience: 5 years minimum
Training: Gilwell

Requires: Knowledge of mechanical, plumbing, gas, electrical, sewage, and water (well) systems

Reports To: Camp Operator / Director

Responsibilities: staff selection,
pre - camp camp site preparation,
maintenance of camp infrastructure during camp,
post season infrastructure maintenance.

1.2.7 Camp Food Services Director *Tábori Élelmezési Parancsnok*

Qualifications: minimum 22 years of age
Education: high school minimally; food services
Scout Rank: Asst. Scoutmaster (counselor) minimally
Experience: 5 years
Training: Gilwell

Requires: knowledge of all aspects of food handling for large and small, groups; food preparation (cooking),
knowledge of NY State Sanitary Code, Subpart 7-2 and 14.

Reports To: Camp Operator / Director

Responsibilities: pre camp menu preparation,
staff selection,
ordering of provisions,
food preparation, distribution, collection and disposal of leftover food,
food storage - as per Sanitary Code Sp 7-2 and 14,
supervision and maintenance of camp kitchen facility during camp.

1.2.8 Sub - Camp Chief *(Al)Tábor Parancsnok*

Qualifications: minimum 22 years of age
Education: Bachelors Degree or equivalent life experience
Scout Rank: Scout master
Experience: 5 years as a member of training corps
Training: Gilwell Scoutmaster's level

Requires: administrative, organizational, and communication skills
thorough knowledge of sub camp curricula.

Reports To: Chief Training Officer (HQ) and Camp Director

Responsibilities: To assemble a corps of counselors (assistant scoutmasters) and counselors- in- training (patrol leaders) from the HQ Training Corps roster.
To implement the camp programs and curricula.
To ensure the camp follows the Camp Manual
To coordinate with the Camp Director ensuring smooth integration of the subcamp within the whole camp.

1.2.9 Counselor *Kiképző*

Qualifications: minimum 18 years of age
Education: high school and beyond
Scout Rank: Assistant Scoutmaster or above
Experience: minimum 3 years as CIT
Training: Gilwell - Assistant Scoutmasters level or above

Requires: thorough knowledge of camp curriculum,
good working knowledge of age group entrusted to their care,
communication skills.

Reports To: Sub-Camp Chief

Responsibilities: supervise campers such that they are protected from any unreasonable risk to their health or safety, including physical or sexual abuse or any public health hazard;
maintain visual or verbal communications capabilities with campers during activities and account for assigned camper's whereabouts at all times.
knowledge and implementation of camp manual protocols, program and curriculum assigned for instruction.

1.2.10 Counselor - in - Training (CIT) *Kiképző Örs Vezetö*

Qualifications: minimum 16 years of age
Education: high school or beyond
Scout Rank: patrol leader or Asst. scoutmaster
Experience: 1 year as patrol leader in home troop setting
Training: Patrol leader Training camp completed

Requires: good character references from home scout troop leader,
working knowledge of scout material for assigned training camp,
knowledge of camp manual protocols.

Reports To: Counselor

Responsibilities: the health and safety of those entrusted to his/her care.
the implementation of the camp manual protocols as required.
the assistance of their counselor in implementing their assigned camp program.

Restrictions: a CIT may not independently supervise campers and shall be supervised as a camper.

1.2.11 Duty Officer (Officer of the Day) *Napos Tiszt*

Qualifications: Must be a member of the Training Corps

Rank: Scoutmaster, Asst. Scoutmaster,

Position: Revolving; appointed daily from the leader corps of each subcamp or the entire camp; appointment lasts for 24 hours in duration or until relieved.

Duties: The safety of the camp and campers,
The daily logistics and supply of the camp,
The supervising of the daily camp schedule,
The supervision of daily duty patrols,
The implementation of any of the camp Safety Protocols,
The initiation and direction of a response to any unexpected event.

1.2.12 Trip Leader *Kirándulás, Portya Vezető*

Qualifications: 18 years of age; 3 previous trips in similar activity and specific training for for the activity.
Current CPR and First Aid certificates acceptable to NYS.

Rank: Scoutmaster, Assist. Scoutmaster.

Reports To: Sub-Camp Chief

1.2.13 Activity Leader *Program Vezető*

Qualifications: competent in the activity; 18 y.o.a. for wilderness hiking, camping, rock climbing, horseback riding, bicycling, swimming and/or boating. Current CPR and First Aid certificates.

Rank: Scoutmaster, Assist. Scoutmaster.

Reports To: Sub-Camp Chief

NB: Trip Leader and Activity Leader are assignment specific designations for Sub –camp Counselors.

1.3 Staff Selection and Verification

The camps held by the Hungarian Scout Association in Exteris (HAS) do not have paid employees. *All personnel at the camps are volunteers*. As such, the usual staff selection and verification procedures that one would use in a for- profit, remunerated setting are not totally applicable. This however, does not imply that stringent standards do not exist. Since the aims and goals of the organization are very specific, so are the criteria used to determine who will participate in the training process and attend camps in any role.

To be permitted to participate as staff in one of the training camps, one must belong to the Central Training Corps or Troop of the HSA. The members of the Corps are chosen by the Chief Training Officer after they have successfully completed their own training levels and have complied with the Training Corps membership prerequisites.

The HSA has three Training levels - patrol leader, assistant scoutmaster and scoutmaster. Eligibility for scout master training involves the recommendation of the district commissioner, troop sponsor group and the current troop scoutmaster. Each of the other lower ranks also require the recommendation of the scout troop scoutmaster.

Eligibility for training levels also includes minimal age, education, prerequisite scout education, as well as successfully passing standardized entrance examinations. Before one is granted a scout rank, one must successfully complete the rank requirements and examinations of the specific training camp.

Once a level of rank is achieved, participation as a CIT or Counselor at any one of the camps, is by invitation of the HSA Chief Training Officer and the Sub-camp Chief of the specific camp.

To be a counselor or sub-camp chief one must rise through the ranks of the described process. In this manner, all the staff at the camps are specifically selected and are known to the Camp Operator / Director.

The HSA Board of Directors appoints the Camp Operator, and the assistant Camp Operator after a thorough candidate search.

All Camp leaders are vetted through the NY State Sex Offender Registry.

2.0 Facility Operation and Maintenance

2.1 Water Supply

2.2 Sewage Treatment System

2.3 Lightning Risk Assessment

2.4 Transportation

2.5 Housing

2.6 Food Protection

2.7 Water Front Facility

2.8 Garbage

2.9 General Operation/Maintenance

2.1 Water Supply

Sandor Sik camp uses water from several wells (6) on the property. (Refer to Map)
The wells are integrated into a single Potable Water System (PWS) consisting of three chlorinator facilities that serve all of the camp sites. Should there be an issue with a well, it can be bypassed so that the water supply is consistently delivered to all areas of the camp.

Generally, the campers draw their personal water supplies (canteens) daily from the sub-camp water faucets. In the unlikely event of the entire PWS becoming unpotable; there is sufficient stored water in each camp to last out one day. This should be sufficient time, to permit the trucking in of tanks of potable water or the purchase of bottled water. Should the PWS not be restorable, or water in sufficient quantities available through purchase, the camp will be closed.

2.1.1 The maintenance of the water supply falls under the purview of the Camp Technical Director and his staff during the camp and the Camp Operator the duration of the year. This includes the daily supervision and the repair of the system.

2.1.2 A Certified Water Treatment Plant Operator is not required for the camp.

2.1.3 Fifteen (15) days prior to the start of the camp operations *Start Up Procedure A* will be utilized to ensure the safety of the potable water supply.
Chlorination with a constant rate of liquid hypochlorite will then commence at 25 mg/l free chlorine residual throughout the PWS.
After 24 hour holding period the free chlorine residual must be at least 2 ppm in the PWS.
After 2 days, all the water mains will be flushed and representative points in the PWS will be measured for chlorine residuals of not less than 0.2 ppm or more than 4.0 ppm.
Total Coliform samples shall be collected two days after the system flushing and when a free chlorine residual of not more than 4.0 mg/l is present.

2.1.4 Water samples are submitted to a NY State Health Dept. certified testing laboratory as per SSC subpart 7 – 2.6 (f):

(1) One sample for total coliform analysis from the PWS prior to opening the camp and one sample during the operating season. When the camp is operating more than 30 days in a calendar year sampling will take place on a monthly basis.

(2) Nitrate and nitrite analysis will be done annually for the PWS.

(3) Additional sampling will be undertaken at the discretion of the permit – issuing official.

(4) Any positive Total Coliform or E. coli samples will be reported within 24 hours of being notified by the laboratory.
Pre-operational analysis will be submitted to the permit – issuing official prior to the issuance of the permit.
Any other analyses will be submitted to the permit – issuing official within 10 days of the end of the month in which the samples were collected.

2.1.5 Interruptions or changes in the PWS affecting quantity and quality of the supply will be reported to the permit – issuing official within 24 hours of the occurrence.
Changes to the source or treatment methods will not be undertaken without the prior approval of the permit - issuing official.

2.2 Sewage Treatment System

2.2.1 The camp system consists of three components - buildings with septic systems;
- outhouses with holding tanks;
- portable lavatories (Refer to map).

Building numbers 1, 3, 5, 7, 8, 10, 11, 12, 14 have septic tanks with or without leaching fields. Buildings used as camp sites all have associated built in lavatory structures with holding tanks. Portable units are located in campsite areas where there are either insufficient permanent facilities or the camper numbers warrant extra facilities. These are allocated during the pre-camp preparations.

2.2.2 The systems do not require chemical treatment of the sewage.

2.2.3 During camp, the Camp Health Director or his staff, monitors the sewage system on a daily basis. Pumping of the tanks and the portables is arranged on an as needed basis.
Pre and post camp, the Technical Director/ Camp Operator inspect and maintain the system.

2.2.4 The buried components are inspected regularly during the year. Repairs are undertaken as required; the systems are safe to walk over. However, should an area become unsafe during camp, it will be barricaded to prevent approach until repaired.

2.2.5 Whenever holding tanks require pumping, a NY State approved septic tank pumping contractor is employed.

2.3 Lightning Risk Assessment

3.3.1 Thunderstorm/ Lightning Safety Plan follow in section 7.1.

3.3.2 Camp Structures Lightning Risk Levels

Structure	Reference No.	Factor A	Factor B	Factor C	Factor D	Factor E	Factor F	Risk Value (R)	Risk Level
Pentagon	B14	1	3	1	2	2	30	0.3	low
S.tiszti Bldg	B13	1	3	1	1	5	30	0.367	low
Leany Bldg	B7	1	3	4	1	2	30	0.367	low
Kitchen	B8	1	3	4	1	5	30	0.367	low
Cs. Store	B6	1	3	4	1	2	30	0.367	low
Shower	B10	3	4	1	4	4	30	0.53	low
OV Pavilion	M3	9	3	1	1	5	30	6.3	mod. / sev.
HQ -Parsag	B1	1	3	1	4	2	30	0.367	low
Conference Bldg	B3	1	3	1	4	2	30	0.367	low
First Aid	B12	3	3	1	1	2	30	0.33	low
Old First Aid	B11	3	3	1	1	2	30	0.33	low
Kalocsa Bldg	B16	9	4	1	1	4	30	6.3	mod. / sev.
Hunter's Clubhouse	-	3	3	1	2	2	30	0.367	low
Korvina Hut	B15	1	3	1	2	5	30	0.4	low
Hut -disused	-	1	3	1	2	5	30	0.4	low
FÖV Bldg	B9	1	1	1	2	4	30	0.3	low
Nadas Haz	B20	3	3	1	1	2	30	0.33	low

Each campsite has several out buildings clustered near the listed ones in the table: e.g. storage huts, built-in outhouses, chlorinators. Since these are in close proximity and located on similar terrain, surrounded by mature trees, the risk of lightning strike should be similar to the listed building.

2.4 Transportation

2.4.1 Campers are responsible for arriving at camp by their own means. In most cases their home troops will arrange for either a rental bus or a rented vehicle. In each instance the vehicles and their drivers will be subject to local state or provincial requirements.

2.4.2 During camp, all official camp excursions will be with a *contracted commercial bus service*; fulfilling all pertinent NY State motor vehicle regulations is the responsibility of the commercial bus line operator.

On those *rare* occasions when private motor vehicles *may* be used for transporting campers, the vehicles will be operated only by their owners. The vehicles will not have more passengers than there are seat belts available limiting vehicle occupancy. Seat belts shall be utilized at all times by all the passengers in the vehicles.

Passengers shall only be transported in portions of vehicles that are designed for passenger occupancy. Transportation in the bed of a truck or trailer is prohibited.

Every vehicle used for transporting staff or campers shall bear required registration and inspection stickers and be equipped with at least a first-aid kit, tools, fire extinguisher, and flares or reflective triangles that are labeled with the Federal DOT symbol or a statement that the device complies with all Federal Motor Vehicle Safety Standards. This will be validated when hiring the commercial bus line.

The driver of any vehicle transporting campers will be at least 18 years old and possess a valid driver's license.

2.4.3 During official camp excursions, the Officer- of the- Day, all the subcamp counselors and CIT's will accompany the campers. This is to maintain the 1:10 ratio.
The OD and the counselors will ensure seat belt use, if such are available on the bus.

2.5 Housing

2.5.1 Refer to Camp Map for building and structure identification. (§ 7.3)

2.5.2 Campers are housed in buildings no.3 and no.5 with counselors maintaining requisite supervision ratios.
Buildings no.1, 3, 6, 11, and no.14 house camp staff.
Building no.12 is the Camp First Aid Station housing the Camp Health Director, duty personnel and occasional "patients".
All buildings housing more than 15 people have two exits.
Requisite sleeping arrangement head to foot distances and space requirements are maintained.
As per SSC subpart 7 –2.16 (b) any bunk beds in use have adequate guardrails.

2.5.3 The Camp Operator and his committee, have an Operations Plan for the inspection, maintenance and repair of all campsite structures, buildings and areas.

Building and grounds maintenance. Measures taken to maintain the buildings and grounds in a safe and clean matter so as to not present hazards to campers will include but are not limited to:

a. Daily monitoring of building and grounds, including playground equipment and pathways, to ensure they are clean and in good repair.

b. The premises will be maintained free of insect and rodent infestations that may cause a nuisance or health hazard.

c. Bats will be excluded from living areas of occupied buildings. If a bat or other animal takes up residence in camp buildings, they will be safely removed, and repairs will be made to keep them out prior to use by campers and/or staff. For information about rabies prevention, including how to safely capture a bat, see the sidebar titled “Rabies Facts” in Section 6.1.8, Medical Requirements, of this document.

d. Ragweed, poison ivy, poison oak, poison sumac and other noxious weeds will be controlled to minimize contact by camp occupants.

e. Trees along pathways and in areas used by campers will be assessed prior to camp opening, after storms, and throughout the season. Unhealthy trees and broken/damaged limbs will be promptly removed.

2.6 Food Protection

2.6.1 The camp food services are comprised of three components:

i) Food storage
ii) Food preparation - distribution - service
iii) Sanitation.

Food storage occurs in the central camp kitchen in the walk-in cold storage, freezers and refrigerators. Dry foods are stored in the dry storage area of the central kitchen stores.

Over the years, the kitchen has implemented a "just in time" delivery service with the local supermarket. Only food from approved sources is to be used. (Approved source means a place that is operated under the jurisdiction of an appropriate regulatory agency.) Daily deliveries are made to minimize the need for longer storage of perishable raw materials.
The freezers and refrigerators hold frozen food at 0°F (-18°C) and food requiring only cold storage at 45°F(7.2°C).

Thermometers are an integral part of all food storage, preparation and distribution areas.

Food preparation occurs at the central kitchen. At appointed times throughout the day sub-camps pick up their prepared camp meals from the kitchen. Each sub-camp distributes their food at their designated mess areas. Once meals are over, any remaining food stuffs are collected for disposal at the central kitchen. Food once prepared and served is not stored and reissued.
When food is being held at the kitchen, if it is hot food, a temperature of 140°F (60°C) is maintained.

Food preparation and service must always be on sanitized surfaces to prevent contamination and cross contamination.

All food preparers and handlers must:
- wear head covers.
- not handle or prepare food if they have any dermal lesions, or communicable diseases, e.g. respiratory viruses.
- wash their hands before and after food handling.
- wear gloves or utilize other hand barriers e.g. tongs, spoons, deli paper.

These rules apply at all food processing and distribution areas of the camp.

Sanitizing of utensils follows:
1. The wiping away of remnant food into an appropriate waste receptacle.
2. The use of three (3) compartment sinks, tubs, etc. for cleansing.

The sanitizing agents may be one of the following:
1. Hot water - 77°C (170°F) for 45 seconds.
2. 50 ppm chlorine solution - 24°C (75°F) for 60 seconds.
3. 100 ppm chlorine solution - 24°C (75°) for 45 seconds.
4. 25 ppm iodine solution - 24°C (75°F) for 45 seconds.

Small utensils are to be air dried and then protected from the environment.
Sanitizing equipment larger than the sinks' capacity are to be washed and scrubbed with a detergent solution. A clean water rinse followed by a hot water stream at 82°C or sprayed with a chemical solution prepared at twice the usual strength.

2.6.2 Out of camp trips
Food supplied for short trips will be prepared "box" lunches, i.e. food that can tolerate short periods of time without becoming a risk.
Raw food stuffs for overnight excursions will be such that it can be transported and prepared without risk.

2.6.3 Food service facilities inspections and maintenance fall under the purview of the Camp Technical Director. During camp, the Camp Health Director or his staff will inspect the food services daily.

2.6.4 Camper supervision

Campers and staff will be instructed to wash their hands before serving or eating meals. Staff will monitor camper's hand washing. Soap, hand sanitizer and disposable paper towels will be provided at the hand washing areas.

2.7 Water Front Facility

2.7.1 Sandor Sik Park does not have waterfront facilities.

2.7.2 *All* water sports and activities, if and when they take place, are at the Letchworth State Park pools. Campers Health Information forms have a signed statement of permission with listed camper swimming ability from their parents or guardians.

Since NYS mandates that a progressive swimming instructor must evaluate the camper's swimming abilities, we will ascertain whether Letchworth has such an individual on staff capable of ensuring Code is met. We will also ask to review Letchworth's safety plan and certifications. Should this not be possible for any reason, we will not offer water activities to our campers.

2.7.3 Wilderness swimming is not planned or permitted.

2.8 Garbage

2.8.1 Each counselor is responsible for their assigned area.

2.8.2 Each sub-camp has an identified collection and storage area.
The containers should have securely fitting lids that are kept closed at all times.
Each container is to be lined with a garbage bag.

2.8.3 Technical staff will collect the waste at the designated site on a regular basis.
The garbage is to be disposed in the centrally located Dumpster.

2.9 General Operation/Maintenance

2.9.1 The Camp Operator and his Committee ensure that the general operation and maintenance of the camp site is ongoing. The committee meets quarterly.

The Committee consists of the:
HSA President (Chair ex officio),
Camp Director,
Assistant Camp Director,
Chief Training Officer,
Chief Leadership Training Officer,
Chief Financial Officer,
with input from the Chief Health and Safety Officer and other consultants as required.

2.9.2 The Operations Plan specifies the time frames for the inspections, maintenance and repair of all camp facilities, utilities, structures, buildings and grounds.
This process is ongoing throughout the year.
If repairs are required, the Technical Director is responsible for completing them.

2.9.3 Permanent camp supplies are stored in the camp storage building and sheds under lock and key, with access restricted to the Camp Operator and the Technical Director.

Occasional supplies are ordered in before the start of each session and are stored in either the storage sheds, storage building, or kitchen dry storage area as appropriate.

Hazardous materials are stored safely with attention to the specific safety requirements of the materials. Material Safety Data Sheets are to be stored in proximity to the materials and copies at the Camp office and the infirmary.

Distribution of supplies is handled by the Technical Director.

3.0 Fire Safety

3.1 Evacuation

3.2 Fire Prevention

3.3 Electrical Safety

3.4 Fire Alarm, Detection, and Reporting

3.5 Exit Maintenance

3.6 Fire Drills and Log

3.1 Evacuation

NB: this is the General Evacuation Plan for the Camp

3.1.1 Chain of Command

The camp operates on the same hierarchical chain of command as the HSA.
Each sub-camp has a:

- Sub-camp Chief (Tábor *Pk*.);
- Assistant Chief (*TPkh*.);
- Counselors (*kiképzők - RPk* (Cscst*., Cst., St.*));
- CIT's (*kiképző ö.v.*).

Daily, a designated Duty Officer (*Napos Tiszt*) attends to running the sub-camp program schedule, supervises duty patrols and attends to sub-camp logistical and supply needs.

The entire camp, that is all the sub-camps and service personnel, are structured in the chain of command as diagrammed in § 1.1.2. There may be a designated Duty Officer for the entire camp.

All directives and requests flow through these specified chains during the course of camp.
The senior ranking individual at the scene would initiate local, i.e. sub-camp, response to any developing incident. In most situations, this would be the Duty Officer. As the situation develops, the Sub-camp Chief would ultimately direct the action, utilizing the Duty Officer and the counselors, CITs as marshals.

Globally in the camp, the Camp Director would take charge utilizing the Sub-camp Chiefs and their subordinates as marshals.

3.1.2 In the event of a situation or incident that requires **evacuation**, which may lead to a temporary disruption of camp or necessitate the closing of camp, the following will be followed:

i. notification of Allegany Co. Health Dept. with the particulars of the situation.
ii. via contracted buses and private vehicles, move the campers to
Short Tract Volunteer Fire Department
10355 Co. Rd. 15, Fillmore, NY 14735,
Phone: +1 585-567-8838
fire hall and its parking area as a holding and staging area.
iii. return to camp upon resolution of the emergency or arrange to have the campers picked up by their parents or legal guardians.
iv. after campers have been sent home, dismiss the staff and close the camp.

3.1.3 Fire Safety Plan Coordinator

The Camp Operator/Director prepares, reviews and implements the Fire Safety Plan.
The responsibility to coordinate and supervise the Camp fire safety plan falls into the purview of the Camp Health Director during camp.
As noted above, the Duty Officers, counselors, and CITs act as fire marshals and supervise the day-to-day fire safety in their areas.

3.1.4 Alarm System

In each sub-camp, all signals are conveyed by whistle signals (‘short hand' Morse code).
All campers are to have a personal whistle as part of their gear.
In the event of any emergency the first person on the scene is to sound the alarm.

A siren with Public Address capabilities is located at the central first aid station that is the main signal device for the entire camp. The camp telephone system also has PA capabilities.

The camp utilizes a handheld radio network set up internally for communications. Each sub-camp has one handset usually in the care of the Sub-camp Chief or the Duty Officer.

3.1.5 Building and Tent Evacuation

The fire marshals supervise the evacuation of all structures. They are to ensure that all occupants are *accounted for by name* on leaving the structure.

If anyone is unaccounted for during the head count, the **Lost Camper Protocol** will be instituted as soon as practicable under the circumstances. Should the camp members be unable to do so because of the situation, the professional rescue personnel / fire fighters will be informed of the missing individuals, so that they can begin the search.

3.1.6 Assembly Areas

Each sub-camp will assemble at the location of the Duty Officer. This will either be at the sub-camp parade square or the nearest safe open field location.

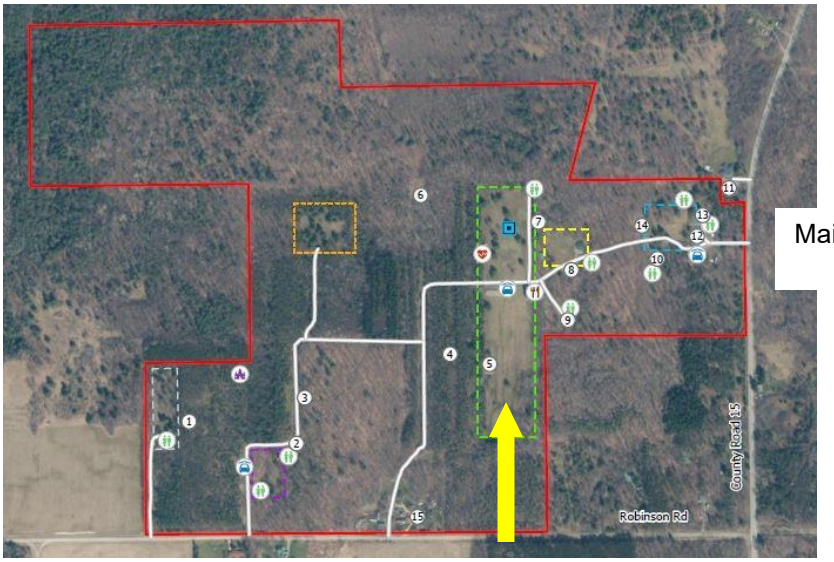
Each campsite has a large open parade square and all of the sites are in proximity to open areas with camp road access.

3.1.7 Evacuation Routes

The campsite has two main and one secondary internal roads that open onto Robinson Rd.
There are also two internal roads that open onto Short Tract Rte.15.
These major internal routes are also interconnected by trails.
In the event of an evacuation, the closest major road would be used first. If this were inaccessible or blocked, the trails would be used until access to the main road becomes possible. Each sub-camp would egress to the public roads by the shortest route possible and assemble at one location as directed.

3.1.8 Air Evacuation of the Injured

The southern end of the central field [*Nagy Rét*] is the designated Landing Zone [LZ] in the event of an airlift evacuation.



Gates 4	3	2	LZ

3.2 Fire Prevention

3.2.1 The Camp Operator in conjunction with the Camp Technical Director is responsible for ensuring that the campsite is safe from preventable fire hazards throughout the year.
During camp, the grounds and structures are the direct responsibility of the Technical Director.
In each sub-camp, the day-to-day hazard monitoring falls to the sub-camp leaders corps.
Each patrol is responsible for ensuring that their own tent site is safe from fire hazards.

3.2.2 Flammable materials are stored according to the label instructions in the materials shed under lock and key. Only the Camp Technical Director has access to the shed.
Sub-camp propane cylinders are safely secured and monitored daily.

3.2.3 Campfires

Each sub-camp has a designated campfire location. This location is prepared as the sole campfire area. Flammable materials are kept out of the surrounding area of the fire site.
Shovels and buckets of sand/water are kept at the campfire sites.
The lighting of a fire is only done with the permission of the Duty Officer or the Sub-camp Chief.
Preparation, lighting and monitoring of the fire belongs to the duties of the assigned Duty Patrol and their counselor. Fires are never left unattended.

3.2.4 Fire Fighting Equipment

All buildings are equipped with fire extinguishers.
The Camp Technical Director maintains these.
They are inspected and charged as required by an approved off-site agency before camp.
All camp counselors are instructed in their use.
Sand/ water is located centrally at the campfires.

3.3 Electrical Safety

3.3.1 The Camp Technical Director is responsible for inspecting the overhead lines before camp. Maintaining the integrity of junction boxes also fall into his purview. All breaker and junction boxes that are located externally are locked. Internal boxes are off limits to all campers except Technical services personnel.

3.3.2 All ground fault circuit interrupters are tested before camp by Technical services. They also monitor and repair all electrical utilities. When necessary, licensed electrical contractors are called in to service, repair, upgrade or install electrical services.

3.4 Fire Alarm, Detection, and Reporting

3.4.1 All buildings in the campsite are single story structures. The sleeping capacity of each is less than 50 people.

The buildings are all equipped with smoke detectors in each room. Before camp, Technical services installs fresh batteries in each. During camp, Health Services personnel test the smoke detectors on their daily rounds.

All counselors are made aware of the smoke detectors and are to report any malfunction to Technical Services immediately.

3.4.2 **Fire Department** **911**

Short Tact Volunteer Fire Department **+ 1 – 585 - 567 - 8838**
Brooks Hose Company, Fillmore, NY **+ 1 – 585 - 567 - 2000.**

Telephones are located in Buildings nos. 1 and 14.

Emergency telephone numbers are kept by each telephone.

The following are authorized to call the fire department:

- Camp Operator / Director; Assist. Camp Director
- Camp Health Director / Designee
- Camp Technical Director / Designee

When notified of a fire that has not been extinguished or contained, any of the above will contact the fire department.

The fire company will be informed which camp entrance to use and an escort will be waiting for them to guide them to the location. (Refer to map § 3.1.8 above)

The Camp Health Director will notify the local health department of the fire and its disposition.

3.4.2.1 According to the Allegany County fire dispatcher, the camp is in the *Short Tract Fire Response District.*

3.5 Exit Maintenance

3.5.1 All camp buildings that house people have two primary exits. Exits are marked.

3.5.2 All doorknobs will allow single motion opening and the doors will always be maintained unlocked.

3.5.3 The counselors assigned to the buildings are responsible for keeping the exits clear and unlocked.

Health services personnel will monitor this on their daily rounds.

A minimum of three feet will be kept between beds as aisle ways for exit purposes in those buildings that are used as sleeping quarters for campers.

3.6 Fire Drills and Log

3.6.1 As an integral part of the staff training, all camp staff will be informed about the fire drill protocol as part of their pre- camp training.

3.6.2 The fire drill will be held as a camp wide exercise within 48 hours of the camp opening. It will be conducted by the Camp Health Director, who will also be responsible for maintaining the fire drill log. This is located at the First Aid Station.

3.6.3 **The Protocol**

i. When a fire is sighted, the observer sounds the alarm.
(Whistle, Bugle, Air Raid Siren, Siren)

ii. The Duty Officer of the affected sub-camp sounds assembly and directs the the campers to the parade square. If the square is unsafe, then the nearest safe open area.

iii. All buildings, structures and tents are evacuated.
Counselors and CIT acting as marshals ensure safe and total evacuation to the parade square.
Roll calls identify and account for all campers.
If there is a missing camper, the **Lost Camper Protocol** is instituted.

iv. The fire department is notified.
An escort is dispatched to the closest camp entrance to guide the fire fighters to the fire location. (See map § 3.1.8 for gate enumeration)

v. If the fire spreads, all the sub-camps will be sequentially ordered to evacuate under the guidance of the Camp Operator/Director.

vi. The camps will move via the safest and closest main camp road and or trail to the public roads. The entire camp will assemble at a designated safe location and wait for further instruction - return to camp; prepare to evacuate to the Short Tract Fire Department.

3.6.4 Fire Department relations

Camp management personnel endeavours to maintain good communications and relations with the local Emergency Service – ambulance, fire and police.

On a regular basis, when possible, we will invite the officers of the local fire department and ambulance services for a tour of the camp grounds, so they have a feel for the layout and determine what sections of the camp are accessible to their vehicles.

Annually, but especially for large population camps, an updated facility map, need to know information and camp dates will be forwarded to the services before the start of the camp.

4.0 Medical

4.1 Duties of the Camp Health Director and Staff

4.1.2 The Camp Health Services Staff

4.1.3 Levels of Care

4.1.4 Protocols

4.2 Camp First Aid Station - Health Services

4.3 Medications - Storage and Administration

4.4 Universal Precautions

4.5 Procedures for Health Care

4.6 Camper Medical History and Screening

4.7 Medical Log

4.8 Illness, Injury and Abuse Reporting

4.9 Camp Sanitation

4.1 Duties of the Camp Health Director and Staff

4.1.1 The CHD is responsible for:

i. the annual review and preparation of the camp manual in concert with the Camp Operator.

ii. the implementation of the health and safety protocols of the manual.

iii. the implementation of the Fire Safety Plan.

iv. the selection and supervision of qualified staff members.

v. pre-camp coordination of health and safety protocols.

vi. the initial screening of campers; review of their medical histories; liaising with the appropriate subcamp personnel in regards to campers' medical requirements.

vii. daily inspections of the camper's general health; specific follow up to treated campers; incident reporting to the permit issuing official; investigation of abuse allegations.

viii. daily camp inspections for sanitation.

ix. daily inspection of food services - centrally at the kitchen and at the subcamp distribution sites.

x. rendering BCLS, first aid and medical care in accord with training and licensure.

xi. maintaining logs of all medical/first aid treatments.

xii. maintaining logs of fire drills, self-inspection activities, personnel files for inspection by the permit issuing official.

4.1.2 The Camp Health Services Staff (CHSS) is responsible for:

i. duties assigned by the CHD that fall in the purview of Health Services.

ii. BCLS, first aid, treatment in accordance with their training and licensure.

iii. maintaining the entries in the treatment log.

vi. ensuring that corrective actions are instituted by the appropriate camp divisions for the correction of any noted health and safety concerns.

4.1.3 Levels of Care

In order of response to injury or illness the following individuals respond.

A. Sub-camp First Aider - a member of the subcamp training corps that is seconded to Health Services and is certified in First Aid/CPR.

B. Camp First Aid Station (a.k.a. Health Services Staff, Infirmary) personnel

C. Off- site Hospital Emergency Room or Physician listed in EMS table.

4.1.4 **Protocols**

4.1.4.1 Minor Injury

The sub-camp first aider is to treat the injury and report it to the CHD. There will be daily follow up thereafter by Health Services staff.

4.1.4.2 Major Injury of Medical Emergency

a. . The counselor/sub-camp first aider is to respond within their level of training.

b. The CHD/Health Services staff are to be notified immediately at the first opportunity by radio with the incident particulars and location. Activation of the CPR Team as needed.

c. Crowd control at the scene is to be instituted, preferably by redirecting campers to another location.

d. Health Services Staff upon arrival to the scene will take charge.

e. HSS will evaluate/diagnose and continue treatment

f. If required, HSS will activate the CPR team members (see § Appendix 7.9) from the rest of camp requesting they respond to the location to assist as directed.

g. HSS will activate EMS (**911**) from the infirmary using the telephone land line as mobile telephone connectivity is spotty and may be unreliable depending on the carrier.

h. Runners to the designated gate will be dispatched to wait for and direct the EMS upon arrival to camp.

i. Radio announcements will direct the clearance of unnecessary campers and personnel from the camp roads. The camps are to follow the **Fire Drill Protocol** and wait for the all clear before resuming use of the camp roads.

j. HHS will arrange for disposition and care.

k. Transport casualty to Nicholas Noyes Memorial Hospital in Dansville.

l. In the event that the injured person requires transportation using an airlift with a medical helicopter, the southern [lower] section of the field (*Nagy Rét*) below the infirmary will be utilized as the landing zone. (See map in § 3.1.8)

m. CHD is to notify Allegany County Health Department as soon as practicable.

n. The camper's parents / guardian will be notified as soon as practicable.

4.1.4.3 Off-site Injury

i. Minor injury is treated as in camp.

ii. Major injury is to be treated as required and transported to the nearest ER Notify CHD as soon as practical, request health forms be transferred to ER if not with the outing leader.

iii. Hospital Priority List (in order of use when possible):

1.	UR Noyes Health	Dansville, NY 585- 335-4240 https://www.urmc.rochester.edu/noyes
2.	Wyoming County Community Hospital	Warsaw, NY 585-786-2233 https://www.wcchs.net/
3.	Cuba Memorial Hospital	Cuba, NY 585-968-2000 https://www.cubamemorialhospital.com/

iv. Medical Facilities:

a.	Universal Primary Care	Houghton, NY 716-375-7500 https://upchealth.net/upc/houghton-2/
b.	Tri-county Family Medicine	Nunda, NY 585-335-3100 https://www.tcfmedicine.org/

v. Dental Facilities:

a.	Universal Primary Care	Houghton, NY (see above)

4.2 Camp First Aid Station - Health Services

4.2.1 The Station physically consists of three bedrooms, two lavatories, and one large common area that is partitioned by curtains into three treatment bays.
There are three exits to the building each having self-closing screen doors.
All doors can be locked. Only the Camp Operator, CHD, and the Director of Technical Services hold keys.
The building is also fitted with screened windows.
There is no permanently installed heating system. Portable electric space heaters are used when summer nights require heating.
Each room is equipped with smoke detectors. There are several fire extinguishers in the building.

4.2.2 Each of the three bed rooms are for patient care and isolation.
An administrative center, an on call sleeping room, a reinforced storage room, a kitchen and a utility room complete the first aid station/ infirmary building.
The lavatories are equipped with flush toilets, hot and cold running water, and there is a shower facility.

4.2.3 First aid supplies are stored in the double locked storage room. Sufficient supplies are maintained to treat a camp population of up to 300 campers. Minimal OTC medications are stored under lock and key.
Only the CHD has a key to the supply and medicine cabinet.
Oxygen is on hand for use by qualified healthcare personnel.
An AED is on hand, as are epinephrine auto-injectors for use by qualified personnel.

4.2.4 All the camp health records are maintained digitally in the cloud using proprietary healthcare software.
Access is strictly control by the CHD. Strict confidentiality of records is maintained.
Personnel records as mandated by Code, as well as self-inspection reports, Drill logs are also maintained here for inspection. The camping permit is also on display in the station.
.

4.2.5 The Camp wide fire alarm siren/ PA system is located at the building.
One of the camp land line telephones is located in the Station.
During camp multiple radios are also located here for intercamp radio communications.
The administration center is also WIFI equipped with internet connectivity.

4.2.6 Two designated staff vehicles are juxtaposed to the building for transportation and response purposes.

4.2.7 Health Services personnel, when not on call during the night, are encamped in their own tents to the rear of the building or in the old infirmary building next door.

4.2.8 The building - meeting place no. 4 [Jurta] located between the old infirmary [no. 11 and the new no.12] can be converted, when needed, into an over flow facility for sick or injured. The deck at the rear of the infirmary can also accommodate overflow patients in an emergency.

4.3 Medications - Storage and Administration

4.3.0 Definitions

Medication: prescription and non-prescription a.k.a. OTC (over- the- counter)

Controlled substances: narcotics, syringes, etc.

Written order: a patient specific order for the administration of a specific medication or treatment

Scope of Practice (SOP): the legally defined duties of a health care provider

SOP with respect to medications:

Physicians, Physician's assistant – assess, diagnose, prescribe & administer

Registered Nurse (RN) – assess, follow patient specific order to administer all medications
- may not administer non-patient specific medical orders

Licensed Practical Nurse (LPN) – cannot assess or administer 'as needed' medication
- may administer scheduled medications following patient specific orders

Emergency Medical Technician (EMT) - may only implement EMT protocols as part of an established emergency medical system (EMS); being in camp does not qualify; cannot administer medication; may witness self-administration

Self-directed: an individual, who is capable and competent to understand a personal care procedure, can correctly administer it to him/herself as required, can make choices about the activity, understands the consequences of the choices and assumes responsibility for the results of those choices

Self-administered: the act of participating in performing treatment or taking medications for oneself
A minor must be considered self-directed to engage in such an act.

Medication Log: the separately maintained log book listing the particulars for all campers that require medications on a prescribed schedule including both over- the -counter and prescribed medications.

4.3.1 Labeling

After a camper has registered and has reported to their respective sub-camp, their assigned counselor will ensure that the camper presents to Health Services. At this time the camper is to provide the CHD / designee their medication(s). Thereupon the following will take place:

i. the medication information will be verified - prescription or non-prescription.

ii. the camper's health form will be cross referenced to ensure that staff understand the purpose of the medication.

iii. verification that the medication is in its original container and labeled correctly i.e., name, date filled, expiration, directions for use (storage), dispensing pharmacy, prescribing MD.

iv. the staff will add the camper's sub-camp name to the container for further ID.

v. the staff will determine the schedule based on the dosage regimen for the camper's attendance at the infirmary.

vi. the dosage regimen will be enacted and logged accordingly in the Medication log.

4.3.2 Storage

Medications will be kept under lock and key in a separate container in the supply cabinet or in the refrigerator if cold storage is required. NB: Double Locked!

Controlled substances may be periodically counted to verify adequate controls.

Only the CHD or designated staff will have the keys for accessing the medications.

Emergency or frequent use medications - epinephrine, salbutamol, etc. - will remain with the camper or their assigned counselor (if too young to self-administer). All use of these will be related to the CHD during daily sick rounds for recording in the medication log.

4.3.3 Medications

Only NYS credentialed practitioners can prescribe for a specific individual.
As such, bulk prescription supplies of medications will not be kept on site in the absence of a NYS licensed physician.

4.3.4 Non - prescription Medications

Dispensing may occur only with standing orders from a NYS licensed MD.
Administration of OTC medications will be by a licensed health care provider with a scope of practice that permits drug administration.
Campers that are self-administering OTC medications must do so on a scheduled basis following a patient specific order, in writing, by a licensed prescriber.
Parental permission is insufficient for a nurse to administer OTC's or a camper to self-administer OTC medications.

4.3.5 Regimens

The administration of any medication, prescription or OTC, may only take place with a written order by a clinician authorized to prescribe medications or treatments.
The prescription must be patient specific.
Changes to drug regimens may only be authorized by the original prescribing physician in writing or followed up in writing in the case of emergency telephone authorization.

4.3.6 Administration

Staff must witness and log all camper's self-administration of their medications.
Lay camp staff may not administer i.e., hand out in any manner, camper medication of any sort. They may however, witness self- administration and log this.

Self-administration procedures:

The camp health director, or designee trained by the health director in self-administration procedures, will oversee the self-administration of each listed camper.

The camper will be reminded each time when a scheduled dose is to be taken and present themselves at the infirmary where the previously listed safeguards will be reviewed and supervised.

Medications will be handed, in the original container, to the camper for self-administration. Camp staff that are not licensed health care practitioners may not pour or dispense pills into container(s) for ingestion. Staff that remove medication from the original container are administering medication. Staff may help camper loosen container cap, if necessary.

Administration of the medication will be witnessed and documented in the medication log (§ 4.3.7).

Medication will be returned and properly stored.

4.3.6.1 Medication Administration Error/Adverse reaction

a. If adverse reaction occurs, call 911 and/or contact the Poison Control Center (if the wrong medication or an overdose is given).

b. Notify the Camp Health Director or other supervising medical staff, if not present.

c. Notify the camper's parent or guardian.

d. Notify the camper's physician and/or the licensed prescriber.

e. Document the medication error detailing camper's name, specific details of the medication error, reaction to the medication given, which individuals were notified, and remedial action.

f. Review the medication errors and take necessary steps for appropriate medication administration in the future.

4.3.7 Supervision/Record keeping

Staff must ensure campers keep to their designated medication schedules.
Staff must verify that correct medications were taken by the camper and record the following:

i. name

ii. medication

iii. witness

iv. date, time and dosage.

4.3.8 Trips

When the camper is on an off- site trip, their medication must accompany them in its original container in the custody of the trip leader.

The medication will be administered by a licensed health care practitioner or if self-administered, the self-administration will be observed by the trip leader and recorded as noted in 4.3.7.
Use of the medication must be documented and reported to the CHD upon return to camp.

If a single dose is to be required by the camper, it may be prepared by health services staff provided their scope of practice permits. It is in a sealed labeled container and the child is designated as self-directed.

4.3.9 Return/Destruction

All camper medications must be returned to them at the termination of camp or on their departure from camp.
OTC medications must be safely destroyed.

4.3.10 Epinephrine Auto- Injector Use

Feb. 28, 2025: Epinephrine Auto –injector Device Law (Update)

1.Definitions. As used in this section:

(a) “Eligible person or entity” means:

(i) an ambulance service or advanced life support first response service; a certified first responder, firefighter in a county, city, town or village having a population of less than two million provided such county is not wholly located within a city with a population of more than one million, emergency medical technician, or advanced emergency medical technician, who is employed by or an enrolled member of any such service;

(ii) a children’s overnight camp as defined in subdivision one of § 1392 (Definitions), a summer day camp as defined in subdivision two of § 1392 (Definitions), a traveling summer day camp as defined in subdivision three of § 1392 (Definitions) or a person employed by such a camp;

(iii) a school district, board of cooperative educational services, county vocational education and extension board, charter school, and non-public elementary and secondary school in this state or any person employed by any such entity, or employed by a contractor of such an entity while performing services for the entity;

(iv) a sport, 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;

(v) a police officer or peace officer in a county, city, town or village having a population of less than two million provided such county is not wholly located within a city with a population of more than one million;

(vi) forest rangers, park rangers and environmental conservation police officers; and

(vii) 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.

(b) “Epinephrine auto-injector device” means a single-use device used for the automatic injection of a premeasured dose of epinephrine into the human body for the purpose of emergency treatment of a person appearing to experience anaphylactic symptoms approved by the food and drug administration.

(c) “Health care practitioner” means a health care practitioner licensed, certified, or authorized to practice under title eight of the education law who is authorized thereby to administer drugs, and who is acting within the scope of his or her practice.

2. Possession and use.

(a) Any eligible person or entity may purchase, acquire, possess and use epinephrine auto-injector devices for emergency treatment of a person appearing to experience anaphylactic symptoms, under this section.

(b) An eligible person or entity shall designate one or more individuals who have completed the training required by paragraph (c) of this subdivision to be responsible for the storage, maintenance, control, and general oversight of the epinephrine auto-injectors acquired by the eligible person or entity.

(c) No one may use an epinephrine auto-injector device on behalf of an eligible person or entity unless he or she has successfully completed 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 or by an entity or individual approved by the commissioner, or is directed in a specific instance to use an epinephrine auto-injector device by a health care practitioner. The training required by this paragraph shall include (i) how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis;

(ii) recommended dosage for adults and children;

(iii) standards and procedures for the storage and administration of an epinephrine auto-injector; and

(iv) emergency follow-up procedures.

(d) This section does not prohibit the use of an epinephrine auto-injector device (i) by a health care practitioner or (ii) by a person acting pursuant to a lawful patient-specific prescription.

(e) Every eligible person and entity authorized to possess and use epinephrine auto-injector devices pursuant to this section shall use, maintain and dispose of such devices pursuant to regulations of the department. * (f) Nothing in this section shall require any eligible person or entity to acquire, possess, store, make available, or administer an epinephrine auto-injector. * NB Effective until August 22, 2025 * (f) Nothing in this section shall require any eligible person or entity to acquire, possess, store, make available, or administer an epinephrine auto-injector, except as provided for in subdivision five-e of § 225 (Public health and health planning council). * NB Effective August 22, 2025

3. Prescriptions.
(a) A health care practitioner who is authorized to prescribe drugs may prescribe, dispense or provide an epinephrine auto-injector device to or for an eligible person or entity by a non-patient-specific prescription.

(b) A pharmacist may dispense an epinephrine auto-injector pursuant to a non-patient-specific prescription under this subdivision.

(c) This subdivision does not limit any other authority a health care practitioner or pharmacist has to prescribe, dispense, provide or administer an epinephrine auto-injector device.

4.Application of other laws.
(a) Use of an epinephrine auto-injector device pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability.

(b) Purchase, acquisition, possession or use of an epinephrine auto-injector device pursuant to this section shall not constitute the unlawful practice of a profession or other violation under title eight of the education law or article 33 (Controlled Substances).

(c) Any person otherwise authorized to sell or provide an epinephrine auto-injector device may sell or provide it to a person or entity authorized to possess it pursuant to this section.

Note: This regulation does not apply to syringes; only auto –injectors e.g., EpiPen® and EpiPen Jr®

i. Purpose of Device
To prevent death in people with known or unknown life-threatening allergies, also known as Anaphylaxis**.**

ii. Description of Auto –injector Device
An auto-injector is a pencil like device with a needle that injects a premeasured dose of epinephrine when applied against the body of an individual having an anaphylactic reaction.

iii. Administration By:
- a camper, if he/she has proof of his/her prescription.
- a licensed health care practitioner.
- children's camp employees designated by the camp director and the camp's emergency health care provider and who have passed a training course approved by the New York State Department of Health on the use of auto-injectors.

iv. **Anaphylaxis**: Severe Allergic Response Signs and Symptoms
(The following adapted from: *Field Guide to Wilderness Medicine*, by Auerbach, Paul S. MD, et.al, Mosby, 1999)

Definition
An allergic reaction can occur as a result of insect sting, food allergy, medication use, exposure to animals or plants, and other unknown reasons.
An allergic reaction to insect sting is usually from the sting of a bee, wasp, hornet, or yellow jacket, or it can occur from the bite of a fire ant.

Anaphylaxis is the most severe form of allergic response and can become life threatening within minutes.

Signs and symptoms

1. Hives, diffuse skin redness, soft tissue swelling
2. Wheezing, cough, chest tightness, hoarseness, difficulty breathing.
3. Difficulty swallowing, nausea, and vomiting, diarrhea, abdominal pain
4. Low blood pressure and rapid heart rate (shock), seizures
5. Swelling involving the face, lips, tongue, pharynx, larynx producing an obstructed airway and respiratory arrest
6. The more immediate the reaction, the more severe the anaphylaxis, and the more life threatening.

v. **Treatment**

1. In the event of severe anaphylaxis there is no time to get the victim to a medical facility. (I.E., signs and symptoms #2 –6 listed above)
   The definitive treatment is epinephrine
2. Initial treatment is subcutaneous (under the skin) injection of 1:1000 epinephrine in the deltoid or other large muscle group by syringe or auto-injector.
3. Activate EMS for immediate transport to nearest hospital.

vi. Prevention

1. Identify campers that have allergies that may result in a reaction.
2. Identify campers with auto –injectors or Ana-Kits®.
3. Inform sub-camp leader of identified camper and ensure that auto-injector is always in camper's immediate possession.
4. Attempt to minimize or eliminate specific allergen exposure for campers.
5. During camp hazards review with campers, identified camper to be further advised of pertinent risks.
6. In the case of food allergy, notify camp kitchen and have alternate meals for camper. (see camp food allergy form)

vii. Incident

1. Should a camper have an allergic reaction that becomes anaphylaxis, immediate care should be rendered.
2. If the camper is capable of self-injecting, then he/she should be assisted.
3. Protocols *4.1.4.2 Major Injury* and *4.1.4.3 Offsite Injury* should be followed.

viii. Incident Reporting

1. The Local Health Dept. will be notified as soon as practicable.
2. *Epinephrine Administration Report* (DOH_61e) will be submitted.

ix. Critical Incident Debriefing

1. All individuals participating in the incident excluding the camper, will participate in the debriefing.
2. The purpose of the debriefing is to permit expression of opinions, emotions, observations pertaining to the incident. The objective is to assist everyone concerned in dealing with the incident.
3. Observations and suggestions for improvement of preventive actions and of interventions.

4.3.11 Medication Specific Order Form
Refer to Appendix § 7.7

4.4 Universal Precautions

4.4.1 All Health Services staff, either at the First Aid Station or those seconded to the service as subcamp first aiders, are to adhere to universal precautions.

4.4.2 Universal precautions will be treatment driven, i.e.:

i. gloves
ii. masks
iii. eye protection
iv. disposable gowns

will be utilized as the treatment requires.

4.4.3 All surfaces will be disinfected with a hospital grade surface disinfectant or a dilution of hypochlorite bleach.
All instruments will be similarly disinfected with a hospital grade cold sterilant or a 1:10 dilution of hypochlorite.

4.4.4 All medical wastes will be double bagged and segregated from regular waste to be properly disposed. Sharps will be stored in a puncture proof sharps container for proper disposal.

4.5 Procedures for Health Care

4.5.1 Refer also to § 4.1.3 and § 4.1.4.

4.5.2 Hours of Operation

The First Aid Station is manned 24 hours of the day for urgent and emergent care needs.
The "usual" hours of operation for daily medication administration, follow up care, camper monitoring for pre-existing medical conditions, etc. are from 07:00 - 23 :00 hours i.e. between reveille and lights out.
Specific office hours will be published on the first day of camp.

4.5.3 Sick Call

Daily the CHD or a designated CHS staff visits each subcamp. At this sick call, sub-camp first aider reports are received, camper follow up is done, and sub-camp inspections take place. Camper needs and dispositions are determined and acted upon.

4.5.4 Abuse Allegations

If a report of alleged child abuse is received, the CHD will personally investigate the merits of the claim. Should the CHD substantiate the allegation, he will notify the permit-issuing official the Camp Operator, and the camper's legal guardian or parents.
The CHD will then act on the instructions of the permit-issuing official.

4.5.5 **Emergency Medical System**

The **EMS** activation telephone number is '***911***'.

	Name	Location	Distance	Telephone	Arrangements
Ambulance	Brooks Hose Company	Fillmore, NY	8 miles	585 567 - 8614	verbal/ written
Fire Dept.	Brooks Hose Company Short Tract Company	Fillmore, NY Short Tract, NY	8 miles 2 miles	585 567 - 8614 585 567 - 8838	verbal verbal
Hospital	Nicholas Noyes Memorial	Dansville, NY	30 miles	585 -335 – 4240 585-335-6001	written
Poison Control	Children's Hospital	Buffalo, NY	70 miles	716-878-7654	_
Police	NY State Police	Fillmore, NY	8 miles	585-567-2283	_

4.5.6 Out of Camp Trips

Refer to § 4.1.4 for Treatment protocols.
Refer to § 4.3.8 for camper medication administration on trips.
For any outing off- site, the Duty Officer must pick up from Health Services the Camper Health forms to take with them. On return to camp, they must immediately return them to Health Services.
The Duty Officer or the camp first aider must also supply a report of all care and treatment that may

have been required during the outing.

4.5.7 Risk Management

4.5.7.1 At the first signs of a communicable disease, a definitive diagnosis will be sought.

The affected camper will be isolated at the First Aid Station while the communicable disease is being confirmed for the period of time recommended by the physician.

The parents or legal guardians will also be notified concurrently.
If the situation warrants, arrangements will be made to return the camper to their home.

However, if follow- up care is required that will permit the camper to remain; the camp will attend to those arrangements.

The Allegany Health Dept. will be notified within 24 hours of a definitive diagnosis, as required by Code.

4.5.7.2 Procedures for identifying and responding to an illness outbreak

The health director or designee will check the medical log entries daily for common ailments and/or increased frequency of cases of illness with similar symptoms (e.g., headache, vomiting, diarrhea, fever, eye infection, sore throat).

If noted:

a. The local health department will be contacted immediately.

b. Intervention and control strategies recommended by the local health department and medical staff will be implemented at the camp to prevent the spread and reoccurrence of illness.

General intervention and control strategies to be implemented for an outbreak include, but are not limited to:

- a. Ill persons will be excluded from duties (e.g., food preparation/handling) and/or activities until permission is granted by the health director to resume.

- b. Ill individuals will be quarantined; housing areas for large number of ill at overnight camps will be designated, and ill day-campers will be sent home in the most practicable manner.

- c. Entry/exit from camp will be limited; activities involving visitors, including other (sub)camps will be postponed or restricted.

- d. Hand washing (staff and campers) will occur frequently and not just during outbreaks! Campers and staff will be instructed to wash hands after activities, and always after using the bathroom and before eating. Staff will monitor camper's hand washing. Soap, hand sanitizer and disposable paper towels will be provided in hand washing areas.

- e. Housekeeping – "Sick" areas (bathrooms, sleeping areas etc.) will require increased housekeeping emphasis. Housekeeping staff will be instructed to wear gloves and follow other precautions, as directed. Staff will be instructed to practice thorough hand washing, and will be encouraged to change into clean clothing prior to resuming other activities.

- f. All food will be single use servers only; no communal food e.g., salad bars for self-serving is permitted.

4.5.7.2 Elemental Overexposure

As part of the staff-training program, over exposure to the elements will be addressed. The emphasis is on prevention, e.g. hats and extra fluid intake during activities in the sun, sun block, appropriate rest periods on hikes, etc.
Health Services will issue weather warnings as required throughout camp.

4.5.7.3 Animal and Insect Hazards

Lyme's Disease and other insect borne diseases are covered in the staff and camper orientation sessions. Appropriate written materials are disseminated to each sub-camp.

The sub-camp first aiders job is to supervise and inspect all campers after deep woods activities, etc. With suspicion of tick bite, etc. the camper is to be referred to Health Services for evaluation and treatment.

Animal hazards, e.g. rabies, are also covered in the orientation sessions.

4.5.8 Medical Supplies

Centrally, the First Aid Station is equipped to treat all the campers present.

The kitchen is supplied with a first aid kit.

Each sub-camp supplies its own first aid supplies to treat its campers. When supplies run low, Health Services tops up their kits.

4.5.9 Medical Log and Records

Since 2024 all camper health forms and treatment records are maintained in a cloud based proprietary software program that is HIPPA compliant.

During camp, access to computers that access the software are located in the First Aid Station. Access is restricted to Health Services personnel with permissions strictly controlled and monitored by the CHD and the Camp Operator.

In the event of power failure or loss of internet connectivity, paper documentation with be used until such time as connections are restored. These also remain strictly controlled at the infirmary.

4.6 Camper Medical History and Screening

4.6.1 Screening

The Camp Health Director is charged with visually screening all camp participants upon arrival in camp. This screening will usually coincide with their registration.

Note: On opening day all campers must register upon arrival. The format has the Home Troop Scoutmaster or the ranking scout attend to the registration, presentation of credentials, health Forms (if not previously digitally submitted), payments, etc. Until this is accomplished, campers wait to be dispersed to their assigned sub-camp locations.

Should findings that pose concern be determined, the campers' Health Form will be immediately reviewed. If a situation is discovered that is significant, the camper may be sent home i.e., they may not be permitted to register. Generally, such problems are warded off by having the home Scoutmasters' screening and restricting campers.

4.6.2 Review of Histories

All health forms are collected and organized at registration by Health Services Staff. Since the implementation of digital records, pre-camp evaluation and review is performed. At registration the campers are verified to have submitted their digital forms.

No one is permitted to remain on campgrounds without a completed health form.

A thorough review of the health forms is done, such that by the end of the opening day a synopsis of camper concerns can be given to each sub-camp chief and their sub-camp first aider, the camper's immediate counselor. This pertains to concerns such as allergies, special diets, activity restriction or other conditions/special needs.

These issues will be further shared with other appropriate staff in charge of any activity that pertains to the camper's needs (e.g., aquatic director, kitchen manager).

This permits the institution of medication schedules and follow- up care schedules for any camper pre-existing conditions that have been started before camp and must be continued, as well as activity modifications.

4.7 Medical Log

4.7.1 Medical record keeping complies with jurisdictional legislation pertaining to handling and privacy.
When not using the cloud based digital record keeping, the following 'old school' manual format is utilized. To ensure both completeness and ease of daily operations a two-part approach is employed:
a log book keeping a sequential index of patients and a triplicate treatment form for each patient.

4.7.2 The central medical log book exists for each year of operation for each camp.
The log book is a hard covered, bound, lined, note book.
Each page is consecutively numbered.
For each day of operation, a separate page is started and the entries are listed consecutively.
When a day is completed the remaining space on the page is marked with a line.
Treatments are numbered consecutively, starting from the first day and run until the end of camp.

4.7.2 Log Book Format

The First page of the log book contains an exemplar of a signature and initials of all the treating staff of the camp first aid station.

The subsequent page layout is as illustrated:

Page No.				
Date				
No.	Time	Name	Sub camp	Treatment By
1.				
2.				

4.7.3 The Clinical Treatment Form

This form is a triplicate NCR form such that one copy resides with the camp, one with the patient on leaving camp and one if needs be appended to an incident report for the DOH or to be taken to the ER if the camper is sent for diagnosis and care.

An exemplar follows:

Sandor Sik Hungarian Scout Camp
Health Serivces
098 Robinson Road, Fillmore, NY, 14735

Sík Sándor Külföldi Magyar Cserkész
Tábor Egészségügyi Szolgálat
Telephone: (585) 567-8594

Camper Confidential Medical Treatment Record

Case Number
000000

Name _____ **Date** _____
SubCamp _____

HISTORY

Descriptiion of Illness/Injury (Be Specific)

Time	Blood Pressure	Pulse	Respiration	Temperature	Pupils
hrs	mmHg	/min	/min	°C	L: R:
hrs	mmHg	/min	/min	°C	L: R:
hrs	mmHg	/min	/min	°C	L: R:
hrs	mmHg	/min	/min	°C	L: R:
hrs	mmHg	/min	/min	°C	L: R:

TREATMENT

Care Rendered (Be Specific)

TREATED BY: _____

DISP

Disposition:

Discharge to Camp ☐ Hospital ER: ☐ Observation ☐

Time: ORDERED BY: _____

Follow Up Instructions:

ADVICE

Advised to see Physician After Camp: YES ☐ NO ☐

After Camp recommendations:

GIVEN BY: _____

4.8 Illness, Injury and Abuse Reporting

4.8.1 The permit issuing official at the Allegany County Health Department must be notified within 24 hours for any of the following:

i. - any illness or injury resulting in death, resuscitation, or hospitalization,
ii. - injuries to eyes, head, neck, or spine requiring hospital care,
iii. - 2nd or 3rd degree burns to 5% or more of body area,
iv. - injuries involving bone fractures or dislocations,
v. - lacerations requiring sutures,
vi. - allegations of physical or sexual abuse,
vii. - illness suspected to be water, food, air - borne or spread by contact.

4.8.2 Initial contact should be by telephone.
The appropriate form should also be filled out for each incident.
Each completed form will be scanned and sent by e-mail to the permit issuing official.

4.8.3 The CHD or the designee is responsible for the reporting of any incident or illness.

4.8.4 *Injury Control Program*

i. Review of the reported injury(ies) for trends.
ii. Further investigation, interviews, site inspections, etc. if trends are noted in report analyses.
iii. Isolation of cause(s), and determining appropriate action.
iv. Once cause and action are determined, delegating the remedial action to the responsible individual(s).

4.9 Camp Sanitation

4.9.1 Daily the CHD or one of his staff will visit each of the sub-camps and all of the camp facilities.
Using the NYS Health Dept supplied "Self-Inspection Report" as a guide, all areas will be assessed.
Deficiencies will be reported to the responsible individual for action.
General cleanliness and local sanitation concerns fall under the sub-camp chief and his staff.
All remaining concerns fall into the purview of the Technical Director and his staff.
Follow up to any reported concern will take place by the CHD.

4.9.2 Refuse management
Refer to § 2.8.

5.0 Activity Safety and Supervision

5.1 General Supervision

5.2 Activities – General

5.3 Waterfront Activities

5.4 Out of Camp Trips

5.1 General Supervision

5.1.1 Supervision Ratios

campers younger than 8 years	1: 8
campers older than 8 years	1: 10
during passive activities	1: 25

This applies to campers less than 18 years of age. Therefore, at our training camp this will apply to the following subcamps:

- rover candidates	1: 10
- patrol leader candidates	1: 10
- cub scout patrol leader candidates	1: 10
- cub scouts	1: 8
- scouts	1: 10.

The remainder of the training camps have candidates older than 18 years. Here the ratios will vary between 1: 8 and 1: 10.

The aim of supervision ratios is to enforce that the counselors will provide a level of supervision that shall protect campers from any unreasonable risk to their health or safety, including physical or sexual abuse.

Since the basis of our scouting activities is based on a patrol of 6-8 individuals and the patrol moves as a unit for all activities, the frequent taking of attendance ensures that no one is missing, lost or abandoned.

51.2 Three modalities of instruction are utilized.
The first is group lectures (1:25 ratio), the second is a sequence of stations where the candidates move from station to station for a specified time. The patrol CIT is always in attendance and the station is taught by a counselor (1: 8, 1: 10). Lastly, assignment based self-instruction is used. The CIT's and counselors are present as resources (1:8, 1:10, 1:25 depending on assignment).

5.1.3 After lights out the CIT or counselor is with his assigned patrol. If there is sufficient room, the supervisor is in the same tent or in another tent immediately beside.
Cubs, their counselors and CITs are housed in buildings and are never left unattended.

5.1.4 Counselors are expected to set an example for their charges during all activities. As such, all campers are expected to emulate their counselors and CIT's during all activities. All behaviour must be consistent with the training goals and objectives of the organization, and scouting.

5.1.5 Counselors are not allowed to impose corporal punishment, physical or verbal abuse on any assigned unruly camper. They may restrict activity participation, assign increased duties, or submit appropriate grading.

Should any camper become a significant management problem, the Sub-camp Chief must determine whether the camper should remain in camp or be sent home.

5.1.6 **Lost camper** procedure - refer to § 6.1. 5.

5.2 Activities - General

5.2.1 As described previously, the aim of the camps is to train scout leaders. The basic unit in the camp is the patrol. Usually, the maximum number of campers in a patrol is eight. Each patrol has an assigned CIT. The CIT functions as a role model for the patrol. In some situations, the patrol will have a counselor rather than a CIT. The task is the same.
Thus, in any and all camp activities, the patrol is attended to by the assigned CIT/Counselor.

5.2.2 Since the successful candidates are expected to return to their home cities as qualified scout leaders, safety instruction is included for each activity and assignment. This includes the proper inspection, handling and maintenance of any equipment that may be pertinent to the activity.

5.2.3 Candidate requirements are level specific, but there are general requirements common to each level. These include:

- minimum age requirements,
- written entrance examinations,
- pre-camp assignments,
- appropriate standing in scout requirements
- and the recommendation of their home scout master and District and / or Regional Commissioner.

5.2.4 All on-site camp activities have an Activity Leader in charge and one or more Counselors and CIT depending on the number of patrols participating in the activity. In this manner the requisite ratios are maintained (1:8 for greater than 6 years of age; 1:6 for 6 and under).

5.3 Waterfront Activities

5.3.1 Sandor Sik Park does not have water front facilities, as such, all water activities are to take place in one of the Letchworth State Park pools should water base activities be included in the program. This is contingent on the following.

The sub-camp will travel with the campers' Health forms which contain both parental (or guardian) permission to engage in swimming / waterfront activities and the camper's swimming ability level.

5.3.2 Before a sub-camp goes to the pool, the pool must be informed that the camp is going and the exact numbers must be given. This allows the pool to add more lifeguards.
The ratio is 1 lifeguard: 25 bathers.
The counselor and guard ratios are to be maintained at:

over 8 years 1: 10,
under 8 years 1: 8,
under 6 years 1: 6.

The Sub-camp will supply a qualified lifeguard to supplement the facility provided guards In the ratio of 1 lifeguard: 75 campers. They will engage in this role provided it is sanctioned by the Pool authorities, otherwise they will act as the other leaders in a camper supervisory role.

5.3.3 Campers will be assessed for swimming ability by the progressive swimming instructors of the Letchworth State Park pool staff and be segregated into the proper depths of water for their ability.

In the event that the State Park pool does not have a PSI, no water-based activities will be permitted!

5.3.4 Buddy / Board system
Each camper will be assigned a buddy. These assignments will be recorded by the Duty Officer on a clip board. The paired buddies will be accounted for against the written list at the time of the buddy checks conducted by the Duty Officer. These will occur no less than once every 15 minutes. (See Appendix 7.8 for form exemplar.) If a non-swimmer is paired with a swimmer, then neither is permitted to go into the deep end of the pool.

5.3.5 The Duty Officer will assign a counselor to monitor all campers that are not in the pool, if the numbers are greater than the listed ratios, then supplementary counselors are to be assigned.

5.3.6 Our standard whistle signals will be used to communicate, ensuring that they do not conflict with the pool signals.

5.3.7 **Lost Swimmer Plan**

i. Clear the water!
ii. Roll call.
iii. Immediate search of the pool.
iv. Immediate search of the pool vicinity by the camp counselors, with the exception of the Duty Officer who will remain and supervise the campers. The campers will be seated in one group.
v. The facility staff will be immediately notified and utilized to find the camper.
vi. If the camper has not been located in 20 minutes, the State Police will be notified and asked to assist.
vii. At this point the sub-camp will return to camp, a counselor will remain as an aid to the police.
viii. The Camp Operator will inform the permit issuing official.
ix. The next of kin will be informed if the search is unsuccessful after 2 hours.

5.4 Out of Camp Trips

5.4.1 All out of camp trip leaders are experienced counselors. They are First aid and CPR certified.

5.4.2 Trip routes are pre - selected and pre -inspected. Routes are carefully mapped. All appropriate permission and rights of way are secured in advance.

5.4.3 The trips are overnight trips and do not exceed 24 hours in duration.

5.4.4 Check points en route are used to ensure that constant contact is maintained.

5.4.5 At night the counselors are present at the bivouac areas to ensure that all the campers are in good condition. If they are unable to proceed, they are returned to camp by vehicle.

5.4.6 Meals are prepared on the trail. Only non-perishable foodstuffs are supplied. The campers carry water in sufficient quantity. It is replenished at checkpoints.

5.4.7 All campers are provided with the camp telephone number. The First Aid Station has a detailed route map for each trip. Should a problem arise Health Services will respond on site. If a problem of sufficient concern develops, the trip leader is to follow the **Off Site Protocol (§ 4.1.4.3).** All patrols have at least one mobile telephone with them for emergencies.

5.4.8 Incidental Water Immersion, which is entering a stream for the purpose of crossing or for personal hygiene, shall generally be discouraged if the depth of the water is greater than “mid-calf of the shortest camper”.

It is absolutely prohibited if the water’s depth cannot be determined or if the depth or water current prevents a safe crossing. The Trip Leader must be familiar with safe water flow characteristics and the camp safety plan procedures for any body of water entered. Staff must test the entire area that is to be entered prior to campers entering the water.

6.0 Orientation, Training and Protocols

6.1 Protocols (Compilation of all protocols in one location for ready reference)

6.2 Staff Training

6.3 Camper Orientation

6.4 Supervision and Discipline

6.5 Camp Evacuation Procedures

6.1 Protocols

All camp staff are to be familiar with and knowledgeable about the following protocols. They have been *duplicated* here in one section for ease of study and reference. The original section numbering is retained for ease of reference to the original context of the document.

Should any section be confusing or lack clarity, then ask your immediate supervisor or turn to the Chief Health and Safety Officer (Egészségügyi Vezető Tiszt) for clarification.

6.1.1 Fire Safety Plan

§ 3.1 **Evacuation**

NB: this is the General Evacuation Plan for the Camp

§ 3.1.1 Chain of Command

The entire camp, that is all the sub-camps and service personnel, are structured in the chain of command as diagrammed in § 1.1.2. There may be a designated Duty Officer for the entire camp.

All commands and requests flow through these specified chains during the course of camp. The senior ranking individual at the scene would initiate local, i.e. sub-camp, response to any developing incident. In most situations, this would be the Duty Officer. As the situation develops, the Sub-camp Chief would ultimately direct the action, utilizing the Duty Officer and the counselors, CIT's as marshals.

Globally in the camp, the Camp Director would take charge utilizing the Subcamp Chiefs and their subordinates as marshals.

§ 3.1.2 In the event of a situation or incident that requires evacuation, which may lead to a temporary disruption of camp or necessitate the closing of camp, the following will be followed:

i. notification of Allegany Co. Health Dept. with the particulars of the situation.
ii. via contracted buses and private vehicles, move the campers to
Short Tract Volunteer Fire Department
10355 Co. Rd. 15, Fillmore, NY 14735,
Phone: +1 585-567-8838
fire hall and its parking area as a holding and staging area.
iii. return to camp upon resolution of the emergency or arrange to have the campers picked up by their parents or legal guardians.
iv. after campers have been sent home, dismiss the staff and close the camp.

§ 3.1.4 **Alarm System**

In each sub-camp, all signals are conveyed by whistle signals (‘short hand' Morse code).
All campers are to have a personal whistle as part of their gear.
In the event of any emergency the first person on the scene is to sound the alarm.

A siren with Public Addressing capabilities is located at the central first aid station that is the main signal device for the entire camp.

The camp also has a handheld radio network set up internally for communications. Each sub-camp has one handset usually in the care of the Sub-camp Chief or the Duty Officer.

§ 3.1.5 Building and Tent Evacuation

The fire marshals supervise the evacuation of all structures. They are to ensure that all occupants are accounted for by name on leaving the structure.

If anyone is unaccounted for during the head count, the Lost Camper Protocol will be instituted as soon as practicable under the circumstances. Should the camp members be unable to do so because of the situation, the professional rescue personnel / fire fighters will be informed of the missing individuals, so that they can begin the search.

§ 3.1.6 Assembly Areas

Each sub-camp will assemble at the location of the Duty Officer. This will either be at the sub-camp parade square or the nearest safe open field location.

Each campsite has a large open parade square and all of the sites are in proximity to open areas.

§ 3.1.7 Evacuation Routes

The campsite has two main and one secondary internal roads that open onto Robinson Rd.
There are also two internal roads that open onto Short Tract Rd. no.15.
These major internal routes are also interconnected by trails.
In the event of an evacuation, the closest major road would be used first. If this were inaccessible or blocked, the trails would be used until access to the main road becomes possible. Each sub-camp would egress to the public roads by the shortest route possible and assemble at one location as

§ 3.6.3 The Fire Alarm Protocol

i. When a fire is sighted, the observer sounds the alarm.
(Whistle, Bugle, Air Raid Siren, Siren)

ii. The Duty Officer of the affected sub-camp sounds assembly and directs the the campers to the parade square. If the square is unsafe, then the nearest safe open area.

iii. All buildings, structures and tents are evacuated.
Counselors and CIT's acting as marshals ensure safe and total evacuation to the parade square. Roll calls identify and account for all campers.
If there is a missing camper, the Lost Camper Protocol is instituted.

iv. The fire department is notified.
An escort is dispatched to the closest camp entrance to guide the fire fighters to the fire location. (See map under § 3.1.8 for gate enumeration)

v. If the fire spreads, all the sub-camps will be sequentially ordered to evacuate under the guidance of the Camp Operator/Director.

vi. The camps will move via the safest and closest main camp road and or trail to the public roads. The entire camp will assemble at a designated safe location and wait for further instruction - return to camp; prepare to evacuate to the Short Tract Fire Department.

6.1.2 Medical Plan

§ 4.1.4 **Treatment**

i. Minor injury is treated as in camp.

ii. Major injury is to be treated as required and transported to the nearest ER
Notify CHD as soon as practical, request health forms be transferred to ER if not with the outing leader.

iii. Hospital Priority List (in order of use when possible):

1.	UR Noyes Health	Dansville, NY 585- 335-4240 https://www.urmc.rochester.edu/noyes
2.	Wyoming County Community Hospital	Warsaw, NY 585-786-2233 https://www.wcchs.net/
3.	Cuba Memorial Hospital	Cuba, NY 585-968-2000 https://www.cubamemorialhospital.com/

iv. Medical Facilities:

a.	Universal Primary Care	Houghton, NY 716-375-7500 https://upchealth.net/upc/houghton-2/
b.	Tri-county Family Medicine	Nunda, NY 585-335-3100 https://www.tcfmedicine.org/

v. Dental Facilities:

a.	Universal Primary Care	Houghton, NY (see above)

§ 4.8 **Illness, Injury, Abuse Reporting**

4.8.1 The permit issuing official at the Allegany County Health Department must be notified within 24 hours for any of the following:

i. - any illness or injury resulting in death, resuscitation, or hospitalization,
ii. - injuries to eyes, head, neck, or spine requiring hospital care,
iii. - 2nd or 3rd degree burns to 5% or more of body area,
iv. - injuries involving bone fractures or dislocations,
v. - lacerations requiring sutures,
vi. - allegations of physical or sexual abuse,
vii. - illness suspected to be water, food, air - borne or spread by contact.

4.8.2 Initial contact should be by telephone.
The appropriate form should also be filled out for each incident.

Each completed form will be scanned and sent by e-mail to the permit issuing official.

4.8.3 The CHD or the designee is responsible for the reporting of any incident or illness.

4.8.4 Injury Control Program

i. Review of the reported injury(ies) for trends.
ii. Further investigation, interviews, site inspections, etc. if trends are noted in report analyses.
iii. Isolation of cause(s), and determining appropriate action.
iv. Once cause and action are determined, delegating the remedial action to the responsible individual(s).

6.1.3 Waterfront Activities Plan

Sandor Sik Park does not have water front facilities, as such all water activities are to take place in one of the Letchworth State Park pools.

5.3.2 Before a sub-camp goes to the pool, the pool must be informed that the camp is going and the exact numbers must be given. This allows the pool to add more lifeguards. The ratio is 1 lifeguard: 25 bathers.
The counselor and guard ratios are to be maintained at:

over 8 years 1: 10,
under 8 years 1: 8,
under 6 years 1: 6.

The Sub-camp will supply a qualified lifeguard to supplement the facility provided guards In the ratio of 1 lifeguard: 75 campers. They will engage in this role provided it is sanctioned by the Pool authorities, otherwise they will act as the other leaders in a camper supervisory role.

5.3.3 Campers will be assessed for swimming ability by the progressive swimming instructors of the Letchworth State Park pool staff and be segregated into the proper depths of water for their ability.

5.3.4 **Buddy / Board system**
Each camper will be assigned a buddy. These assignments will be recorded by the Duty Officer on a clip board. The paired buddies will be accounted for against the written list at the time of the buddy checks conducted by the Duty Officer. These will occur no less than once every 15 minutes. (See Appendix 7.8 for form exemplar.)

5.3.5 The Duty Officer will assign a counselor to monitor all campers that are not in the pool, if the numbers are greater than the listed ratios, then supplementary counselors are to be assigned.

5.3.6 Our standard whistle signals will be used to communicate, ensuring that they do not conflict with the pool signals.

5.3.7 **Lost Swimmer Plan**

i. Clear the water!
ii. Roll call.
iii. Immediate search of the pool.
iv. Immediate search of the pool vicinity by the camp counselors, with the exception of the Duty Officer who will remain and supervise the campers. The campers will be seated in one group.
v. The facility staff will also be utilized.

vi. If the camper has not been located in 20 minutes, the State Police will be notified and asked to assist.
vii. At this point the sub-camp will return to camp, a counselor will remain as an aid to the police.
viii. The Camp Operator will inform the permit issuing official.
ix. The next of kin will be informed if the search is unsuccessful.

6.1.4 Out of Camp Trips Plan

§ 5.4.1 All out of camp trip leaders are experienced scouts, specifically counselors. They are First aid and CPR certified.

5.4.2 Trip routes are pre - selected and pre -inspected. Routes are carefully mapped. All appropriate permission and rights of way are secured in advance.

5.4.3 The trips are overnight trips and do not exceed 24 hours in duration.

5.4.4 Check points en route are used to ensure that constant contact is maintained.

5.4.5 At night the counselors also check on the bivouac areas to ensure that all the campers are in good condition. If they are unable to proceed, they are returned to camp by vehicle.

5.4.6 Meals are prepared on the trail. Only non-perishable foodstuffs are supplied as raw materials. The campers carry water in sufficient quantity. It is replenished at checkpoints.

5.4.7 All campers are provided with the camp telephone number. The First Aid Station has a detailed route map for each trip. Should a problem arise Health Services will respond on site. If a problem of sufficient concern develops, the trip leader is to follow the **Off Site Protocol** (§ 4.1.4.3). All patrols have at least one mobile telephone with them for emergencies.

5.4.8 Incidental Water Immersion, which is entering a stream for the purpose of crossing or for personal hygiene shall generally be discouraged if the depth of the water is greater than “mid-calf of the shortest camper”.

It is absolutely prohibited if the water’s depth cannot be determined or if the depth or water current prevents a safe crossing. The Trip Leader must be familiar with safe water flow characteristics and the camp safety plan procedures for any body of water entered. Staff must test the entire area that is to be entered prior to campers entering the water.

6.1.5 Lost Camper Plan

i. When a camper is identified as missing either by visual inspection or roll call the immediate superior is to be notified.

ii. The immediate superior informs the Duty Officer who will institute a search of the sub-camp environs. (Note: Campers are restricted to their subcamps at all times unless the Duty Officer has granted leave. The camper is allowed to go to a specified location and must have a pass authorized by the DO.)

iii. If the camper is not located in 20 minutes, the Camp Director will institute a camp wide search.

iv. After an unsuccessful search of one (1) hour, the State Police will be called in, and the Allegany County Health Department will be notified.

v. Should the camper still be missing after two (2) hours, the next of kin will be notified by the Camp Director.

6.1.6 Thunderstorm Safety Plan

Note that lightning can and does strike in the same place twice, thrice, numerous times! The old wives' tale is deadly.
A lightning strike can sometimes be anticipated. As the positive charge on the ground builds, your skin may be itchy and your hair may stand on end, metal in the area may shine, crackle and glow (St. Elmo's Fire).

In the Event of a Thunder storm:

i. All tents, quarters and buildings should be secured for foul weather. All non - essential equipment that draws electrical current should be disconnected.

ii. Equipment should be stored safely.

iii. Telephone use should be curtailed to emergency use only.

iv. Camper movements in the open should be curtailed to the essential only.

v. Campers should retire to their barracks for indoor activity, avoiding doors, windows, and buildings having extensive plumbing or electrical services.

vi. Sub-camps or campers caught in the open should seek shelter:
- nearest building
- all metal vehicle with rubber tires.
- in a boat, go below and crouch in the middle.
- deep caves, but avoid the walls; avoid shallow caves.
- if nothing else - the lowest ground and crouch down with the feet close together, and if possible, on a sleeping bag (inside or outside of a tent).
- avoid open water, depressions with streams, single trees, and flagpoles.
- never stay in a close group - spread out!
- do not carry „lightning rods", e.g. flagpoles, golf clubs, fishing poles, etc.

vii. If there is a storm, stop all swimming and boating activity.

viii. If there is a lightning strike, the witness should inform the appropriate superior for damage evaluation.

ix. If the strike causes a fire, the witness should extinguish it, if it is small or activate the **Fire Safety Plan**.

x. If the strike hits a camper, the nearest witness will:
- ensure their own personal safety.
- render immediate first aid.
- activate the camp emergency medical system.

6.1.7 Tornado Safety Plan

Before a Tornado

a. Be alert to changing weather conditions - Health Services monitors the weather daily and will notify the camp of impending weather.

b. A Tornado **Watch** means tornadoes are possible. Remain alert for approaching storms and camp wide notifications.

A Tornado **Warning** means that a tornado has been sighted or indicated by weather radar. *Take shelter immediately*.
Fillmore sounds their siren as the warning. Look for approaching storms.

c. Look for the following danger signs:
Dark, often greenish sky
Large hail
A large, dark, low-lying cloud (particularly if rotating)
Loud roar, similar to a freight train
If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

During a Tornado

If you are under a tornado **WARNING**, seek shelter immediately!

- All campers will proceed to the nearest **cinder block building** in camp:
  - Cserkesz Bolt Building no. B 6
  - OV Building no. B 9
  - Seged tiszti Building no. B13
  - Infirmary Building no. B12
- If you are inside, go to the center of the building to protect yourself from glass and other flying objects. Stay away from the windows. Do not open the windows or doors Protect your head and neck with your arms, crouch down.
- If you are outside, hurry to a nearby sturdy building or lie flat in a dry ditch or low-lying area.
- If you are in a car or mobile home, get out immediately and head for safety (as above).

After the Tornado

- Wait for the all clear.
- Stand by for instructions.

Adapted FEMA V-1010 2018

6.1.8 Rabies

Rabies virus is present in the saliva of infected animals, thus biting or leaving saliva on broken skin surfaces spreads infection. The virus can also enter the body by the mouth, lips and nose. An infected animal is contagious 4 - 5 days before displaying symptoms and will remain so until death.

Animal Behaviour Indicating Possible Infection

"The clinical signs of rabies in animals vary widely. A case is clinically defined as that in an animal that presents with any of the following signs:

- hypersalivation
- paralysis
- lethargy
- unprovoked abnormal aggression (e.g. biting two or more people or animals and/or inanimate objects)
- abnormal vocalization
- diurnal activity of nocturnal species."

WHO Expert Consultation on Rabies Third Report, (2018) p.88, ISBN 978-92-4-121021-8.

Precautions

* IMMEDIATELY report:

  - the presence and location of any suspicious animal.
  - the presence of a bat in any sleeping area, building area; a dead or roosting bat within reach of campers, indoors or out.
  - any injury caused by animal contact.

* do not play with strays and unknown animals.
* do not be friendly with wildlife.
* never touch a dead animal with bare hands.
* do not kill a suspected rabid animal unless it attacks you; isolate it if possible and seek help.
* do not touch and avoid injured and ill animals.
* do not touch and avoid any animal that exhibits behaviour that appears abnormal.

Potential Exposure

* IMMEDIATELY wash the wounds or exposure site with soap and water. Shield eyes, nose and mouth while washing.
* Immediately report to Camp Health Services for treatment.

Camp Health Services

* will notify LHD with circumstances of exposure.
* will render medical care and/ or transport to hospital for the victim.
* will notify local animal control officer for assistance.
* will attempt to isolate animal or keep carcass iced until it can be collected for testing.

6.1.9 Active Shooter Protocol

Sik Sandor Camp is located in rural Allegany County in which hunting regularly takes place. So, it is not unusual for gunshots to be heard. The camp is next to the local hunter's club, whose building we use with their permission during camp. During our camping seasons, when we are present, they do not hunt on their or our property.

Keeping this in mind, gunshots that are heard should not immediately suggest an active shooter. In the extremely rare possibility of an active shooter situation in camp, the following should be followed.

Akin to the Fire and Emergency Medical drills, this protocol may be practiced during camp.

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that campers are likely to follow the lead of camp staff during an active shooter situation.

1. RUN

If there is an accessible escape path, attempt to evacuate the premises.
Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

2. HIDE

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (e.g. a building with a closed and locked door)
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door if there is one
- Blockade the door or access with heavy furniture or materials

If the active shooter is nearby:

- Lock the door/ block the access
- Silence your cell phone and/or pager
- Turn off any source of noise (e.g. radios, televisions)
- Hide behind large items (e.g. cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

3. FIGHT

As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

How to react when law enforcement arrives:

- Remain calm, and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

Information to provide to law enforcement or 911 operators:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

adapted from: U.S. Department of Homeland Security

6.2 Staff Training

6.2.1 As described in § 1.3 Staff selection and verification, all staff have an understanding about:

- the camp format,
- the training curriculum for their subcamp,
- the chain of command,
- supervision of campers,
- the camp property and its terrain.

This is by the nature of their own training and the uniform standards, structure and functioning of the HSA in the camp and their home scout troops.

6.2.2 Before Camp

Each counselors and CIT will receive an information package from their Sub-camp Chief outlining their specific duties and responsibilities, included in the package is the Protocols of the preceding section.

6.2.3 At Camp

Upon arrival at camp, Health services personnel will ensure that all staff have a review of the pertinent information in the camp manual. To emphasize the concept of Preventable Injury, all and campers will be oriented to the hazards in their campsites, buildings and sleeping quarters.

6.2.4 Documentation

The training session will be documented on the "Staff Orientation Meeting Roster". This is kept at Health Services for inspection.

6.3 Camper Orientation

6.3.1 After pitching camp, each sub-camp holds a general introduction and information parade for the campers. During this parade, the following information is given:

i. - general camp rules.
ii. - subcamp specific standing orders.
iii. - general and specific chain of command.
iv. - reporting protocol of complaints, illness and injury.
v. - telephone location and usage.
vi. - restriction to sub-camp environs at all times; leave only with permission of the DO and a pass.
vii. - the protocols of section **6.1.**
viii. - the right to bring a complaint or a problem to the CHD bypassing the usual chain of command.
ix. - an overview of their program.

6.3.2 The campers will be given a tour of their campsite, buildings and sleeping quarters with emphasis on the hazardous areas. This will be documented on the appropriate form.

6.3.3 The orientation session is recorded on the "Camper Orientation Meeting Roster." This is on record at Health Services for inspection.

6.4 Supervision and Discipline

6.4.1 Refer to § 5.1

5.1.1 Supervision Ratios

campers younger than 8 years	1: 8
campers older than 8 years	1: 10
during passive activities	1: 25

This applies to campers less than 18 years of age. Therefore, at our training camp this will apply to the following sub-camps:

- rover candidates	1: 10
- patrol leader candidates	1: 10
- cub scout patrol leader candidates	1: 10
- cub scouts	1: 8
- scouts	1: 10.

The other training sub-camps have candidates older than 18 years. Here the ratios will vary between 1: 8 and 1: 10.

51.2 Three modalities of instruction are utilized.
The first is group lectures (1:25 ratio), the second is revolving stations where the candidates move from station to station.

The patrol CIT is always in attendance and the station is taught by a counselor (1: 8, 1: 10). Lastly, assignment based self-instruction is used. The CIT's and counselors are present as resources (1:8, 1:10, 1:25 depending on assignment).

5.1.3 After lights out the CIT or counselor is with his assigned patrol. If there is sufficient room, the supervisor is in the same tent or in another tent immediately beside.
Cubs and their counselors and CIT's are housed in buildings and are never left unattended.

5.1.4 Counselors are expected to set an example for their charges during all activities. As such, all campers are expected to emulate their counselors and CIT's during all activities. All behaviour must be consistent with the training goals and objectives of the organization and scouting.

5.1.5 Counselors *are not allowed to impose corporal punishment*, *physical or verbal abuse* on any assigned unruly camper. They may restrict activity participation, assign increased duties, or submit appropriate grading.

Should any camper become a significant management problem, the Sub-camp Chief must determine whether the camper should remain in camp or be sent home.

6.5 Camp Evacuation Procedures

6.5.1 Refer to § 3.1 and § 6.1

7.0 Appendices

7.1 Child Abuse

7.2 Map of wells

7.3 Map of buildings

7.4 Staff Orientation Meeting Roster Form

7.5 Camper Orientation Meeting Roster Form

7.6 Staff Educational Qualification Form

7.7 Medication Order Form

7.8 Swimming Buddy System Roster Form

7.9 Camp CPR Team

7.1 Child Abuse - Signs and Symptoms

7.1.1 Definition:
Philosophically, child abuse is „any act of commission or omission by individuals, institutions or society as a whole, and any conditions resulting from such acts or inactions, which deprive children of equal rights and liberties, and/ or interfere with their optimal development constitutes abusive or neglectful acts or conditions." (David Gil, 1974)

7.1.2 Legally this implies any child is in need of protection that has:

- suffered physical harm.
- been sexually molested or sexually exploited.
- conditions requiring medical treatment, that the parent or guardian does not provide.
- suffered emotional harm demonstrated by severe anxiety, depression, withdrawal, self-destructive or aggressive behaviour and the guardian/parent does not provide treatment.
- a mental, emotional, or developmental condition that if not remedied could seriously impair the child's development and the guardian/ parent does not provide or consent to alleviating treatment or remedy.

7.1.3 In camp one of two possibilities exists. The first and most reprehensible situation would be that a child would suffer abuse while under the care of the camp staff. The second is the situation in which camp staff becomes aware of alleged abuse that a child may be exposed to in their home environment.

Both of these require action. The former situation would be handled by internal investigation conducted by the CHD. If there is substance to the allegation, then the Allegany Co. Health Dept. would be notified for further action.

In the latter case, due to the out of state homes for most of the campers, direct camp involvement is difficult. The most expedient action would be contact the home troop scoutmaster and suggest that the allegations be investigated by local agencies.

7.1.4 Listed below are some of the signs and symptoms that would help raise staff awareness to the possibility of abuse.

Physical Abuse

Bruises - on buttocks or lower back in places unlikely to be injured.
- on the face due to slapping, pinching, pulling, etc.
- on the mouth due to gagging.
- shaped or patterned caused by an instrument.
- from human bite marks.
- on a child under one year of age who is not mobile.
- on the limbs or body from being tightly held.

Cuts - particularly on the face.

Burns - cigarettes and match tips are most common source for circular patterns.
- immersion type - ring shaped, also 'stocking' and 'glove' shaped.
- splash burns are irregular.
- dry contact burns will have the shape of the object eg. curling iron.
- suggesting the use of rope or restraints on arms, legs, neck, torso or ankles.

Head Injuries - bumps and/ or loss of patches of hair from pulling.
- nasal or jaw fractures.
- age inappropriate or unexplained loss of teeth.

Fractures - any multiple fractures.
- any multiple fractures in various stages of healing.
- any fracture in child under two years.

- fractures of the long bones or ribs.
- hip dislocation.

Child's Behaviour
- discloses that he/she has been physically abused.
- is reluctant or distressed at having to explain an injury.
- gives contradictory explanations
- appears anxious, apprehensive, even fearful of contact.
- fearful of returning home or of adult disapproval.
- behaves in an extremely demanding or aggressive manner.
- behaves in a withdrawn, shy, inattentive, daydreamy manner.

- overly passive or compliant.
- appears unhappy, tense, emotionally flat.
- low self-esteem.
- poor social relationships with peers.
- evidence of developmental lags, esp. in speech and motor function.
- resists changes in routine, staff persons and surroundings.
- may wear seasonally inappropriate clothing to cover marks.

Emotional Abuse

Child's Behaviour - poor self-image.
- overly self-critical.
- high expectations of self.
- failure to thrive in infancy.
- hyperactivity.
- poor social relationships with peers.
- range of behaviours from aggressive to withdrawn or overly compliant.

Neglect and Deprivation

Child's Physical Condition
- failure to thrive in infants or young children in which there is no evidence of disease or abnormality and when the condition improves with nurturing.
- developmental delay
- with older children consistently hungry; tired and listless.

Child's Behaviour
- shows signs of being hungry and thirsty, eg. begs, steals, etc.
- wants physical contact.
- poor social relationship with peers.
- engages in delinquent acts.

Sexual Abuse

Child's Physical Condition
-shows signs of genital/rectal and/or oral trauma.
- has torn, stained or bloody underclothing.
- has pain or itching in genital area.
- may have problems with urine or bowel movements or infections.
- vaginal odour or discharge.
- bedwetting or fear of going to the bathroom.
- presence of sexually transmitted disease.

Child's Behaviour
- has inappropriate sexual knowledge for age or is sexually provocative.
- sexually explicit language or drawings.
- complains of abdominal pain or discomfort.
- has difficulty sitting or walking.

- resists undressing or changing for gym class.
- young children may be nervous about toileting or diaper changing.
- appears socially withdrawn or uncomfortable with peers.
- dissociative states or multiple personality
- preoccupation with bizarre fantasies.
- shows fear of closed places.
- distrusts adults.
- tries hard to be "good" - overly compliant.
- perfectionist.
- poor self-esteem.
- substance abuse.
- running away or refusal to go home.
- delinquency and prostitution.
- presents as " overly - mature".

7.1.5 **Handling Disclosures of Child Abuse**

A child may disclose to an adult they trust that they are a victim of abuse.
When responding, it is important to recognize that:
- the child considers you to be significant and trustworthy.
- the child is in distress and needs to share their personal burden.
- that the child's confidentiality should be considered by speaking with them in a private place.

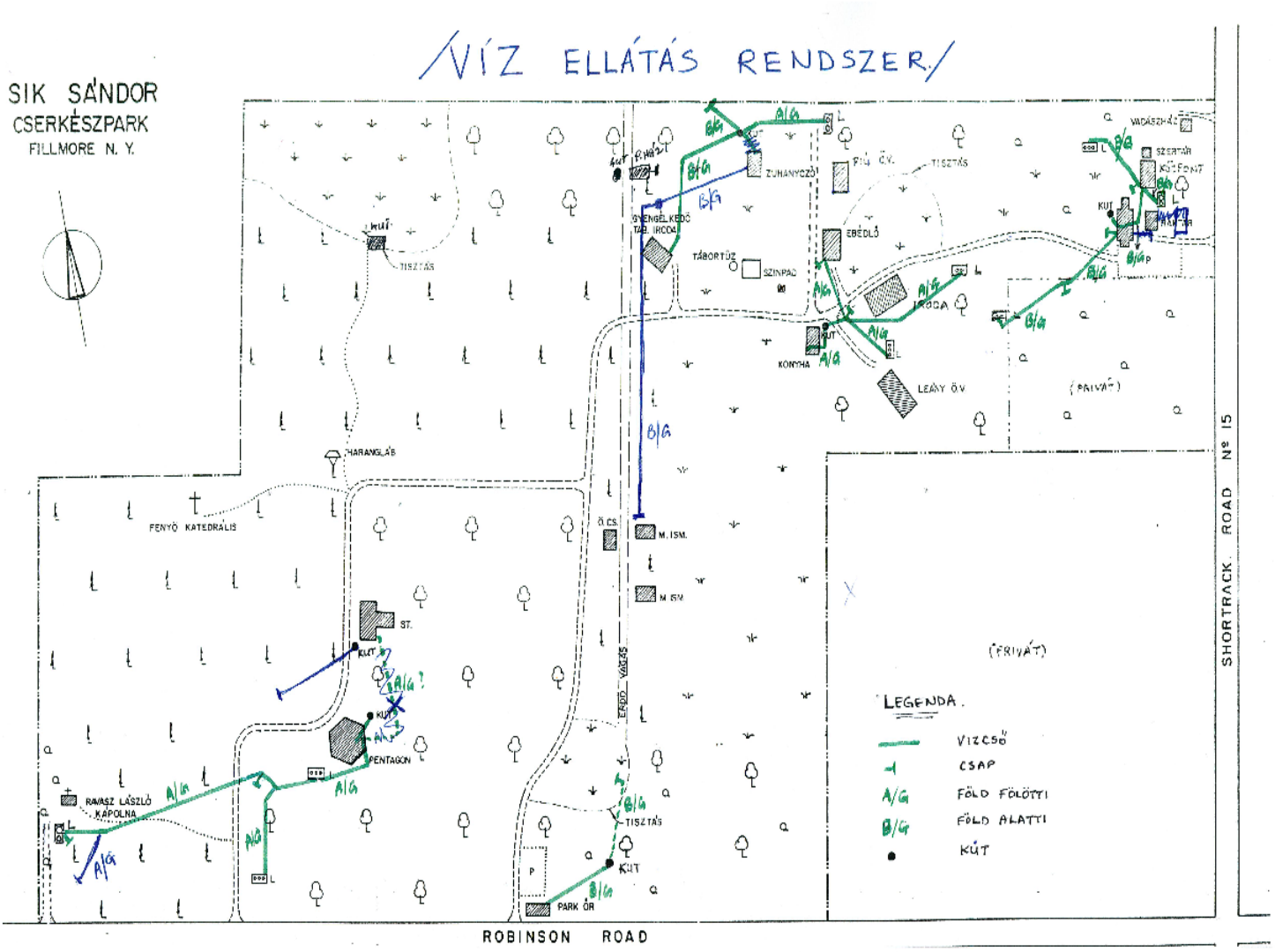
Do:
- give your undivided attention.
- allow the child to use their own words for what happened.
- get some clarification that abuse occurred, so that you are comfortable reporting your suspicions.
- respect the child's silences and reflections.
- acknowledge and reinforce the child's difficulties, e.g. anxiety, fear, etc.
- reassure the child that you will do everything you can to help them and their family.
- tell the child the steps you need to take in order to ensure their safety.
- ask for clarification of anything you don't understand.
- try to maintain a relationship with the child after the disclosure where possible.
- be sure you have someone to talk to after reporting.
- be aware and accepting of your own feelings.

Don't:
- make any promises you can't keep.
- promise to keep " the secret".
- correct a child's definitions or descriptions of what happened or of their names for body parts.
- display strong emotional reactions to what the child is telling you.
- tell the child they are to blame, or that they are in trouble or are not to be believed.
- criticize the child, their family, or the abuser.
- rush the interview, nor delve too deeply.
- insist the child remove normal indoor attire to view injuries.
- display the child's injuries to others indiscriminately.
- leave the child feeling alone and helpless.

Reference: *A Handbook for the Prevention of Family Violence*, Developed by the Family Violence Prevention Project of the Community Child Abuse Council of Hamilton - Wentworth, 1991.

7.2 Map of Wells

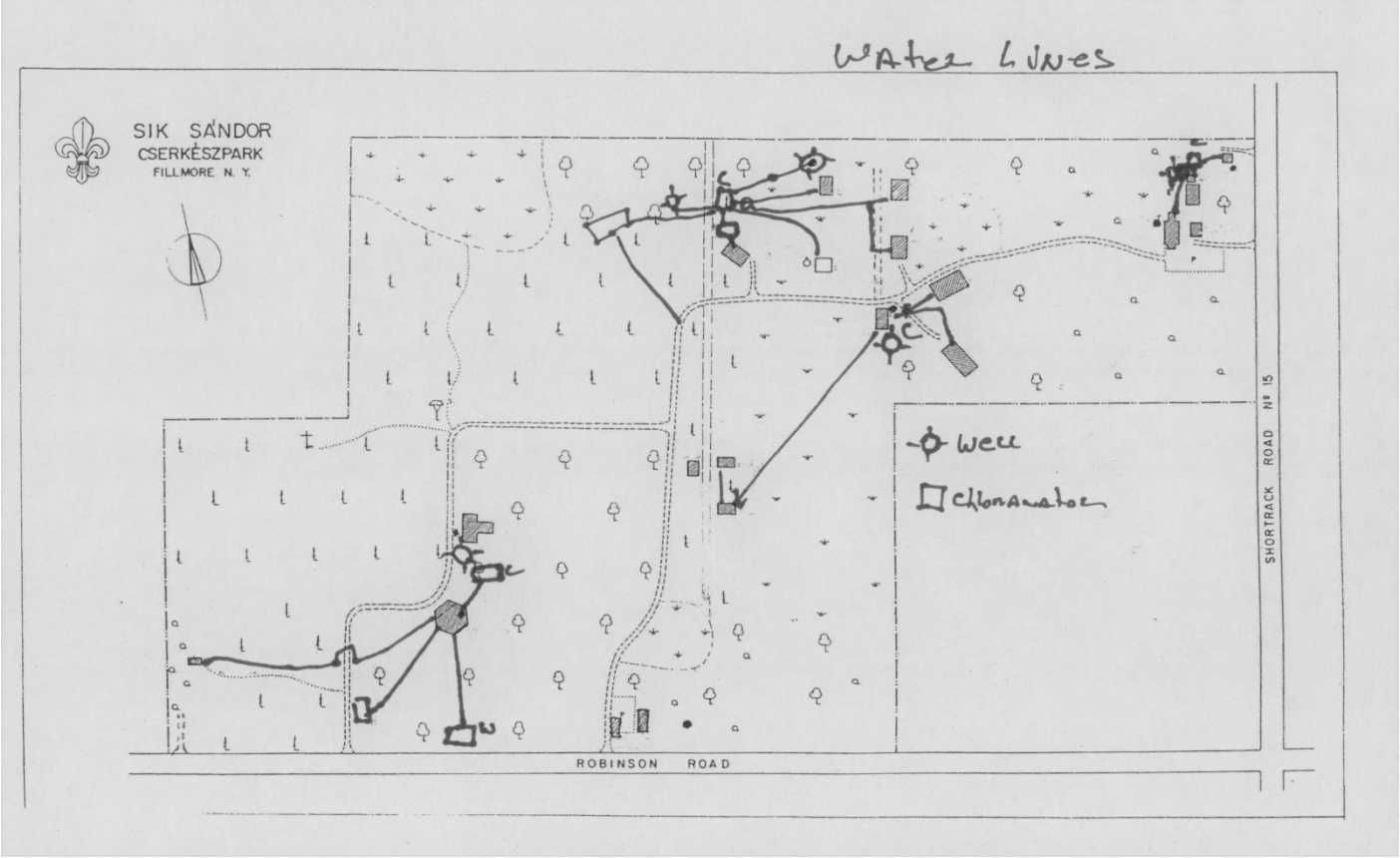
New map to replace this one once it has been updated- currently in the process.



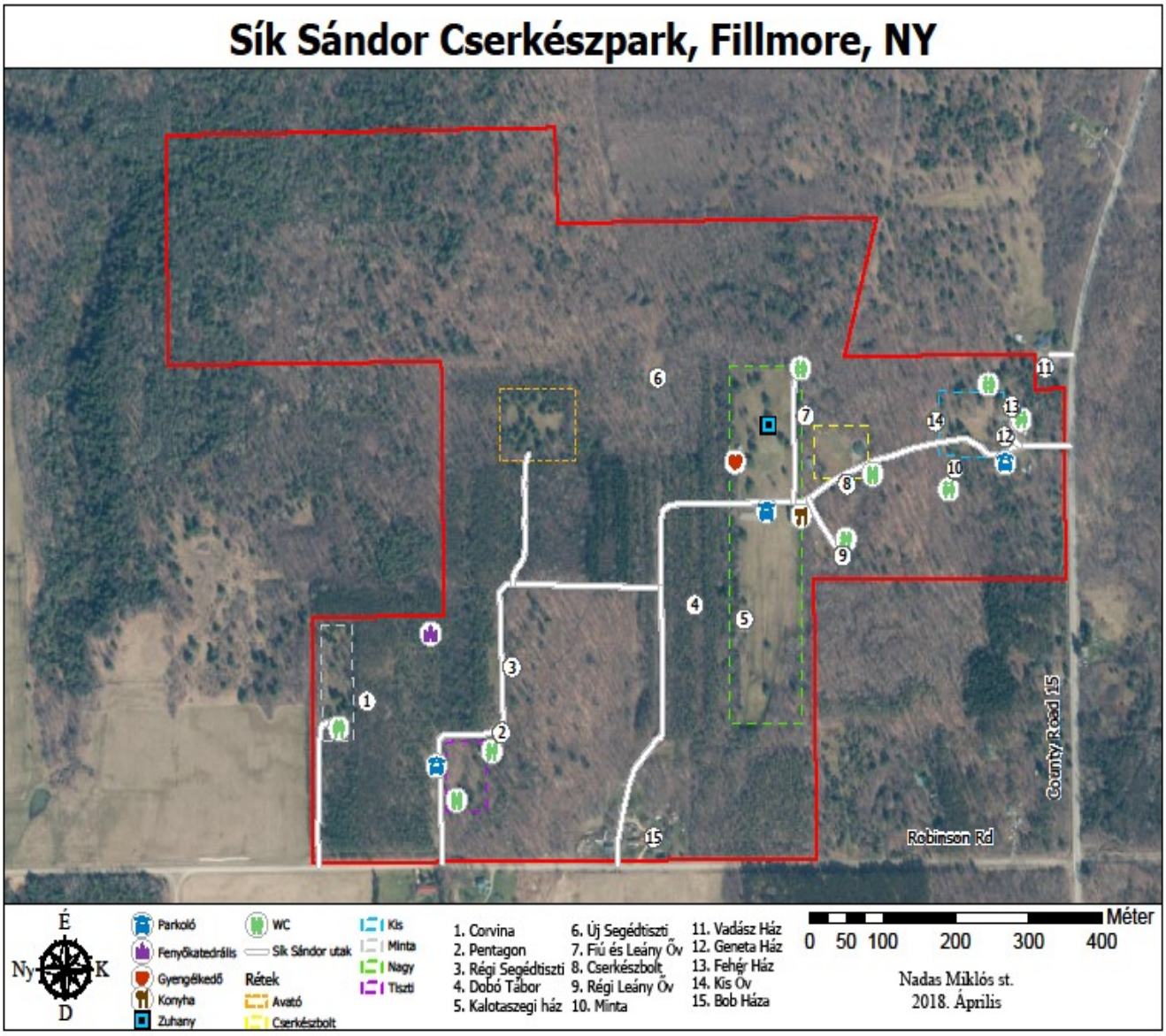
Legend
Translation of above
vízcső = water pipe
csap = spigot
A/G = above ground
B/G = below ground
kút = well

7.2.1 Map of Wells, Water lines and Chlorinators

New map to replace this one once it has been updated- currently in the process.



7.3 Map of Buildings, Camp sites, Camp Common and Specific Use Areas



7.3.1 Building and Structure Categories and Designations

	Buildings Epuletek - B1 - 19
B	
1	Parancsnoksag
3	Genetta-Haz
4	Minta Tabor Raktar?? / Reggi Konyha
5	Nadashaz
6	Cs. Bolt
7	Leany Barak
8	Fo Konyha
9	Fiu Barak
10	Tus
12	Uj Korhaz
11	Reggi Korhaz
16	Kalocsa Haz
13	SegedTiszti
14	Pentagon
15	Korvina Haz

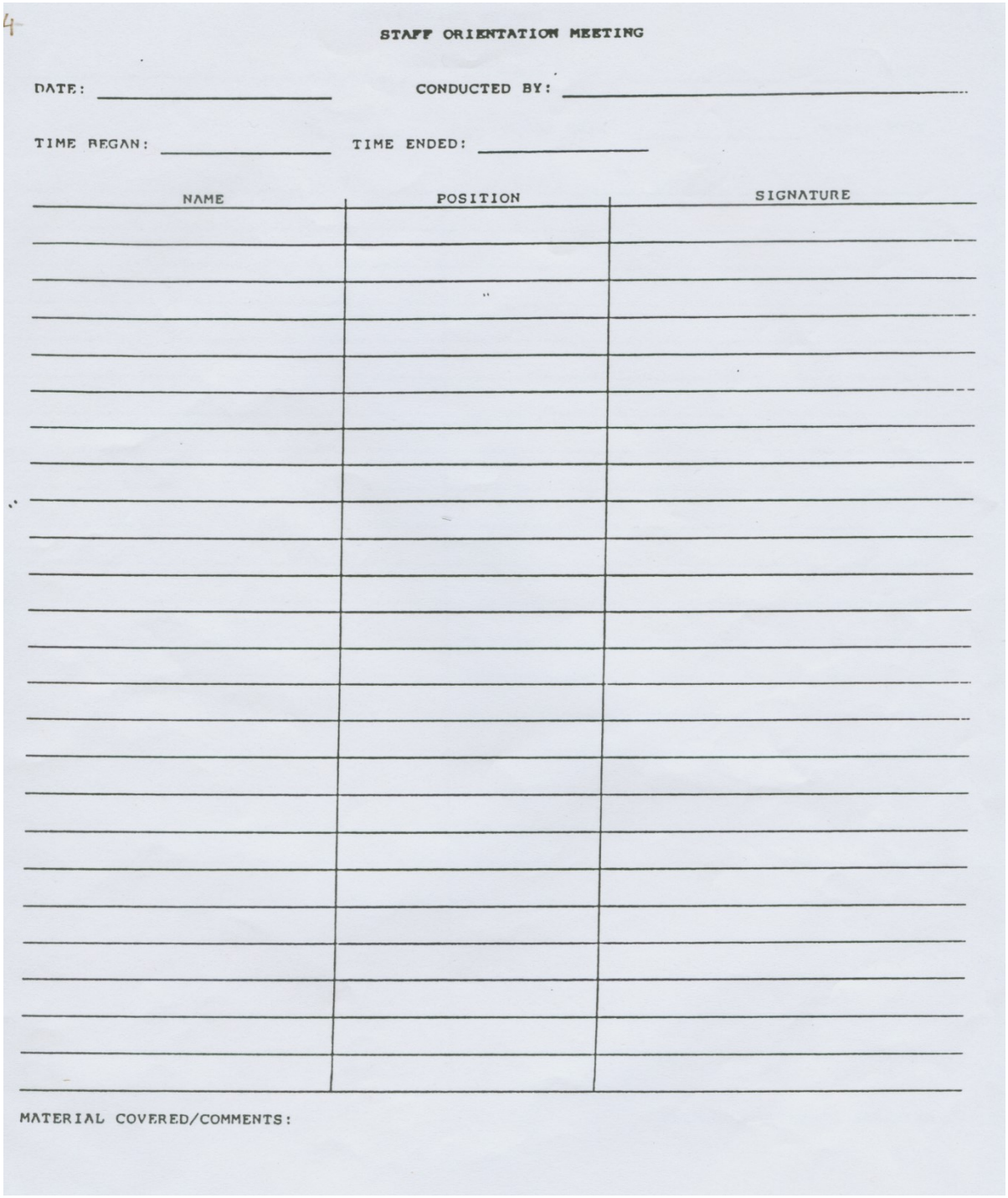
	Outhouses Budik - W1-11
W	
1	Parancsnoksag
2	Vadaszoknal
3	Nadashaz - Minta Tabor
4	Cs. Bolt
5	Leany OV
6	Fiu OV
7	SegedTiszti
8	Pentagon -1
9	" " " - 2
10	" " " - 3
11	Corvin Tabor

	Assembly Structures Gyulesi Helyek M1-4
M	
1	Torony- defunct
2	CSUR
3	OV. Pavilon
4	Jurta
5	Dobo Pavilon

	Chlorinator Buildings Clorine Hazak - C1-3
C	
3	Nagy Reten
2	Fo Konyha
1	Feherhaz

	Storage Sheds Raktar Epuletek S1-6
S	
1	Torony
2	Torony
3	Kis vilag
4	OV.
5	Tiszti

7.4 Staff orientation Meeting Roster Form



STAFF ORIENTATION MEETING

DATE: _____ CONDUCTED BY: _____

TIME BEGAN: _____ TIME ENDED: _____

NAME	POSITION	SIGNATURE

MATERIAL COVERED/COMMENTS:

7.5 Camper orientation Meeting Roster Form

CAMPER ORIENTATION

DATE: ____________________ CONDUCTED BY: ________________________________

TIME BEGAN: ______________ TIME ENDED: ______________

NAME	NAME

MATERIAL COVERED/COMMENTS:

7.6 Staff Educational Qualification Form

SÍK SÁNDOR CSERKÉSZPARK 20___ évi _____Tábor
HUNGARIAN SCOUT ASSOCIATION Camp

TÁBOR TÖRZS ÉS VEZETŐI NÉVJEGYZÉK • CAMP LEADERSHIP CORPS ROSTER

Név Name	***Szül. Dátum*** Birth Date	**Vezetői Képesítés** Rank	**Isk. Végzettség** Education	***Beosztása*** Assignment	***Megjegyzés*** Comments

7.7 Medication Order Form

Sandor Sik Hungarian Scout Camp
Health Serivces
5098 Robinson Road, Fillmore, NY, 14735 Telephone:

Sík Sándor Külföldi Magyar Cserkész
Tábor Egészségügyi Szolgálat
(585) 567-8594

Troop Number Csapat szám

Camper Medications Orders Form

Name_____ **Date** _____
SubCamp _____

As of 2008, New York State regulations require a physician signed medication order for all chidren participating at a children's camp. The order is to cover both existing prescription medications and the case that over the counter medications may be needed by the participating camper. Please have the camper's physician fill this form out completely. Please use the back of the form if more space is required.
It must be signed by the physician.

Medication Name	Route	Dosage	Schedule and Indications	Comments
Prescription	Medication(s) listed will be construed as an order to the Camp Health Services personnel to administer under supervision as directed.			
	PO		OD	
	PO		OD	
	PO		OD	
	PO		OD	
	PO		OD	
	PO		PRN	
	PO		OD	
OTC medications	A check mark (√) under comments or written instructions there will be construed as an order to the Camp Health Services personnel to administer under supervision as directed.			
No known allergies to any OTC				
Name Other	PO	Per label instruction by age/weight		

Physician
Name
Telephone: Fax:

7.8 **Swimming Buddy System Roster Form**

Swimming Buddy System Roster   Uszás Haver Rendszer Névsor

Camp
Tábor ______________________________________ Date
Dátum ______________

7.9 Camp CPR Team

The camp CPR Team is composed of camp staff that is dispersed throughout the sub-camps in various roles. Where possible, these team members should be certified health care professionals.

All camp staff must be CPR and First Aid certified to comply with NY state requirements (State Sanitary Code, Sub- part 7-2) and HSA policy.

Team members respond to an emergency, when summoned, that requires more personnel than Health Services may have available. They may also initiate the call out to activate the system.

Each sub-camp is to have 3 (three) designated team members on call – 1st on call, 2nd on call and 3rd on call.

When the request for assistance goes out over the camp radio system, one member from each sub-camp will respond in order of being on call and their availability to respond. Thus, if the 1st on call member is busy or off site, then the 2nd will respond and so on. In the event that all three designated individuals are occupied, then the next ranking free staff member should respond.

The location of the emergency will be given over the radio. Respond as quickly as possible by whatever means available to the specified location and be prepared to follow instructions form the incident commander.

The incident commander will be from Health Services until such time as an orderly transfer can be made to the local Emergency Medical System responders.

Depending on the nature of the call out, remain on site once the incident is over for any follow up, debriefing or administrative requirements.

The call out (Sürgős Orvosi Helyzet) will be drilled similar to the Fire Drill at least once during every camp.