

2013 Children's Camp Incident Summary Report

New York State Department of Health

Bureau of Community Environmental Health and Food Protection

In 2013, local health departments reported an estimated 2,530 regulated children's camps operated in New York State. Of these, 544 were overnight camps and 1,986 were day camps, including 363 municipal day camps and 25 traveling summer day camps. It is estimated that over 900,000 children attend NYS children's camps each year.

To assess the health and safety at camps, a children's camp incident surveillance system is maintained. Camp operators are required to report serious injuries, illness and allegations of camper abuse to local health departments, who investigate the incidents and enter information into the New York State Department of Health's Environmental Health Inspection and Permitting System. A total of 1,038 incidents (1,582 victims) meeting Subpart 7-2 of the New York State Sanitary Code (SSC) criteria for a reportable incident were reported statewide in 2013 (Figure 1), indicating that less than two-tenths of 1% of campers experience injury and illness while at camp. Statewide analysis of the data is used for injury prevention and control and has been used to amend the SSC and develop administrative guidance. The following summarizes the 2013 reportable incidents.

Injuries:

There were 800 injuries reported during the 2013 camp season. This represents a ten percent decrease compared to the ten-year average of reportable injuries occurring at children's camps (Figure 2). The 2013 children's camp charts and graphs provides details as to the types of injuries sustained and activities at the time of the injury (Figures 3 – 15).

Injuries reported are those that meet the criteria in Subpart 7-2 of the SSC for:

- Camper injuries that result in:
 - death or require resuscitation;
 - admission to a hospital (treatment in the ER is not considered admission to a hospital);
 - eye, head, neck or spine injuries which require referral to a hospital or other facility for medical treatment;
 - bone fractures or dislocations;
 - lacerations that require sutures, staples or medical glue; or
 - second or third degree burns to 5 percent or more of the body.
- Staff injuries which result in death, require resuscitation, or admission to a hospital (treatment in the emergency room (ER) is not considered admission to a hospital).

Outbreaks:

There were 28 illness outbreaks reported during the 2013 camp season, as detailed in the table below. There were several ongoing gastrointestinal outbreaks with a large number of affected campers. Investigations of the outbreaks found that inadequate isolation of ill campers likely contributed to the spread and duration of the outbreaks.

Outbreak Type		Number of Outbreaks	Number Ill
Acute Illness	Coxsackie virus	1	4
Eye Infection	Conjunctivitis	2	11
Gastrointestinal	Norovirus	3	300
	Sapovirus	1	17
	GI of Unknown Etiology	5	105
Parasitic	Head Lice	3	30
Respiratory Infection	Strep Throat	4	17
	Respiratory of Unknown Etiology	2	8
Skin Infection	Impetigo	3	27
	Folliculitis	1	11
	Ringworm	2	15
	Scabies	1	6
Total		28	551

Epinephrine Administration:

There were 22 incidents reported in which epinephrine was administered during the 2013 camp season (Figure 18). Of these, seven administrations were necessary for insect stings or bites (six bee stings and one unknown insect) and nine for food allergies. Three administrations were due to an unknown allergen. One administration occurred for each of the following: panic attack, reaction to antibiotics, and accidental self-administration.

The accidental administration occurred when a camper found a camp supplied epi-pen on the seat of a bus and, thinking it was a toy, self-administered the epinephrine. The camp was instructed on proper storage techniques of epi-pens for camp trips by the local health department.

Epinephrine was administered in twelve instances where the camp was identified as participating in the Epinephrine Auto-Injector Program. There were ten epinephrine administrations at camps not participating in the Epinephrine Auto-Injector Program.

Of the total administrations, eight were identified as from the camp's supply, twelve were from the patient's supply, one was from another camper's supply, and one was from the camp health director's personal supply.

These administrations highlight the importance of the Epinephrine Auto-Injector Program, which allows children's camps to stock and special trained staff to administer epinephrine auto-injector to patients that may not know they have a severe allergy, or do not have their own auto-injector with them. Approximately 240 camps, or 9.5% of total camps, participated in the Epinephrine Auto-Injector Program in 2013.

Potential Rabies Exposures:

There were four probable bat-exposure incidents resulting in 20 potential camper and staff rabies exposures during the 2013 camp season (Figure 19). In two of these incidents, the bats were not captured, which resulted in five individuals being recommended for rabies post exposure prophylaxis (PEP). Two individuals received PEP treatment and three refused treatment. In the remaining two incidents, the bat was captured and tested negative for rabies, which resulted in PEP treatment being avoided for 15 individuals.

In addition to probable bat-exposures, there were potential rabies exposures from one raccoon bite, two rabbit bites, and one donkey bite. PEP treatment was given to the camper who was bitten by the raccoon. PEP was not necessary in response to the rabbit and donkey bites after determining that the animals were not infected with rabies.

Allegations of Physical and Sexual Abuse:

There were three allegations of sexual abuse of campers reported during the 2013 camp season. The alleged perpetrator was a counselor-in-training (CIT) in all three incidents. A CIT is a camper who is assigned to an on-duty counselor or other camp staff member in performing specific duties. A CIT may not independently supervise other campers. One CIT was involved in two separate incidents, which involved the CIT allegedly exposing himself to campers and inappropriately watching a camper go to the bathroom. A third incident involved a CIT allegedly inappropriately touching a camper; however, the incident could not be corroborated.

There was one allegation of physical abuse reported in 2013, which occurred at a camp with 20% or more developmentally disabled campers, and therefore also reported to the Justice Center for the Protection of People with Special Needs (see Justice Center section below for more information). The incident involved a staff member pulling a camper's hair which was substantiated by the Justice Center as physical abuse.

Allegations of physical and sexual abuse are investigated by law enforcement when they may contain violations of Penal Law. The local health department investigates all allegations to determine if the camp complied with supervision, staffing and other policies and procedures required by the camp regulations.

Fire

There was one report of a fire at a children's camp. The fire occurred in a cabin during the early morning hours while campers and staff were sleeping. All campers and staff safely evacuated the cabin without injury. The fire appeared to be electrical and started in the wall or ceiling area then spread to the roof. The cause of the fire was identified by the local fire chief incident commander as likely due to overloaded outlets/power strips.

Smoke detectors did not activate in initial stage of fire due to an attic exhaust system that pulled the smoke away from the detectors and vented it through the roof. The fire disrupted the electrical service to the building and was discovered by a camper who awoke because her personal fan had stopped working and the cabin was hot. The camper saw flames and woke the head counselor who immediately evacuated the cabin.

The fire impacted to the two adjacent cabins causing heavy smoke, water and partial fire damage to one cabin and minimal smoke and heat damage to the other. A total of 47 campers and staff were displaced by the fire and were relocated to other accommodations on the grounds. No injuries were reported.

Fatality:

One nine-year old camper died as a result of a traumatic brain stem injury sustained during a horseback riding incident. Eleven campers were involved in the incident. While riding single file on a camp trail, one of the horses became startled by an unknown source and ran, causing the other horses to follow. Eight campers fell off their horses and were treated onsite by camp staff and Emergency Medical Services (EMS). The victim was airlifted to the hospital and was removed from life support three days later. Two other campers sustained serious injuries (fractured nose and probable concussion) and were treated at the hospital. Two campers sustained minor contusions and all other campers involved did not sustain any injuries. The local health department's investigation into the incident did not identify any violations of Subpart 7-2 of the SSC. All campers were wearing an appropriate helmet, proper supervision ratios were maintained, trail procedures as outlined in the camp's safety plan were being implemented, and the camp's emergency procedures were followed.

Reportable Incidents at Children's Camps for Children with Developmental Disabilities:

In 2013, legislation was passed that created the [Justice Center for the Protection of People with Special Needs](#) (Justice Center). The Justice Center was created to protect people with special needs from abuse, neglect and mistreatment while receiving services from state managed, licensed, or permitted providers. The legislation included children's camps for children with developmental disabilities (camp with enrollment of 20% or more campers with developmental disabilities) as a type of facility within the oversight of the Justice Center. Camps for children with developmental disabilities are now required to report incidents to the Justice Center's Vulnerable Persons Registry (VPCR) hotline. In 2013, there were 48 children's camps for children with developmental disabilities.

Incidents that are accepted by the Justice Center are categorized as either abuse, neglect or a significant incident. Incidents of abuse or neglect are investigation by the Justice Center and determined to be "substantiated" or "unsubstantiated". Significant incidents are delegated to the local health department for investigation.

In 2013, there were three incidents categorized by the Justice Center as cases of alleged abuse and/or neglect. All three were substantiated by the Justice Center. The incidents involved a counselor teasing a camper, a camper choking on food, and a counselor pulling a camper's hair.

There were seven incidents categorized by the Justice Center as Significant Incidents and investigated by local health departments. Of these, four incidents involved inappropriate camper-to-camper contact, one incident of improper care by a staff person that didn't rise to the level of abuse, one incident resulting in an injury requiring more than first aid, and one incident involving improper supervision, but not rising to the level of neglect (Figure 20).

It should be noted that Justice Center incidents are included in other categories, such as an injury, illness, or incident of alleged physical and sexual abuse when the incidents meet the criteria in Subpart 7-2 of the New York State Sanitary Code for a reportable incident.

**Figure 1:
Children's Camp
Incidents – 2013**

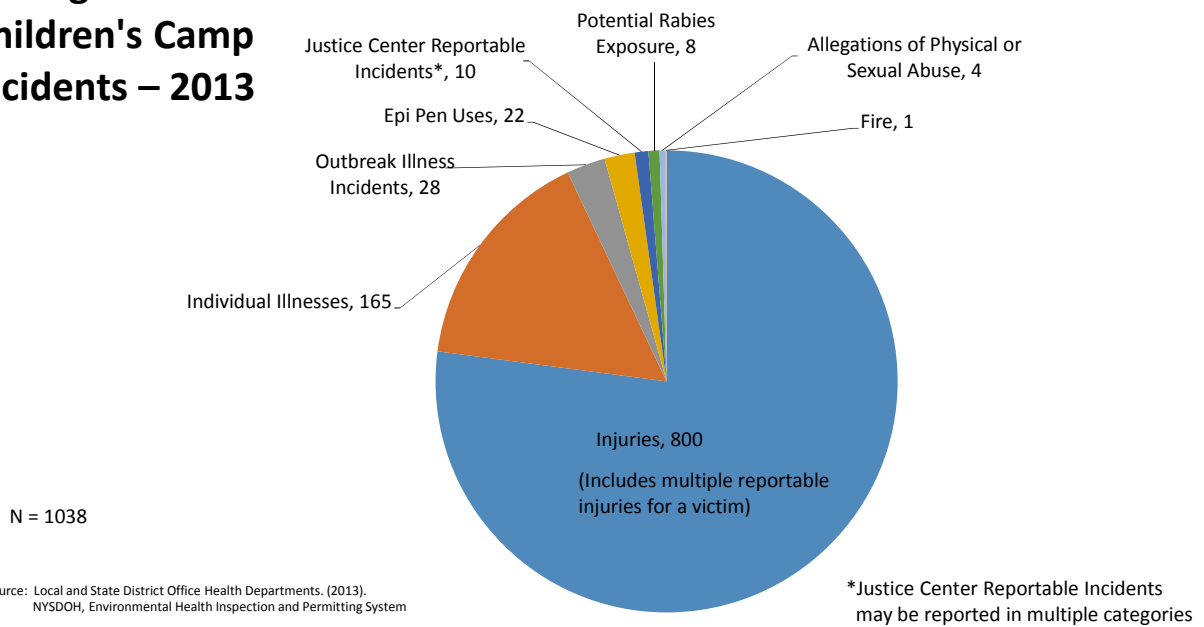
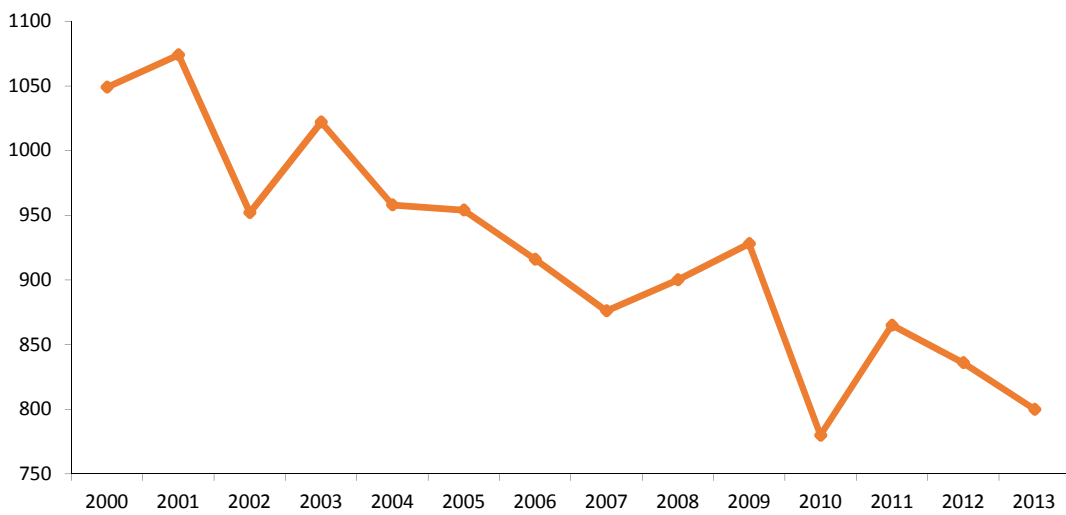
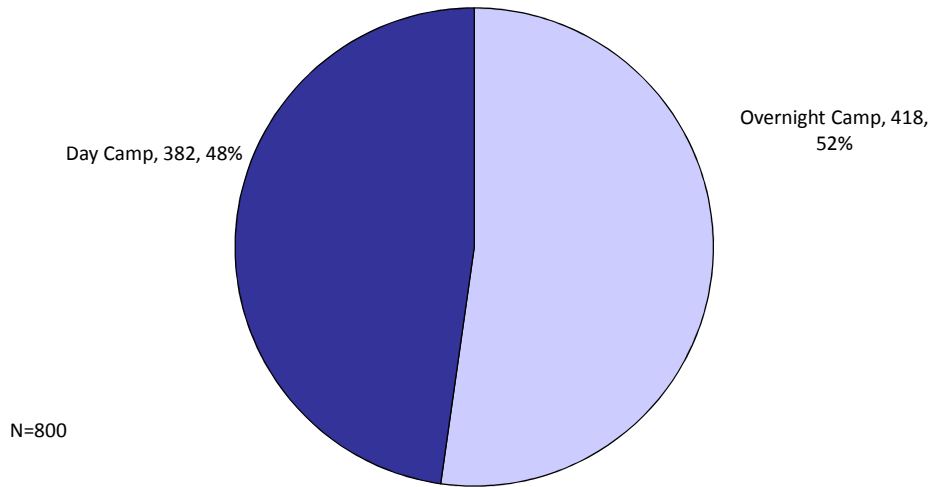


Figure 2: Camp Injuries by Year



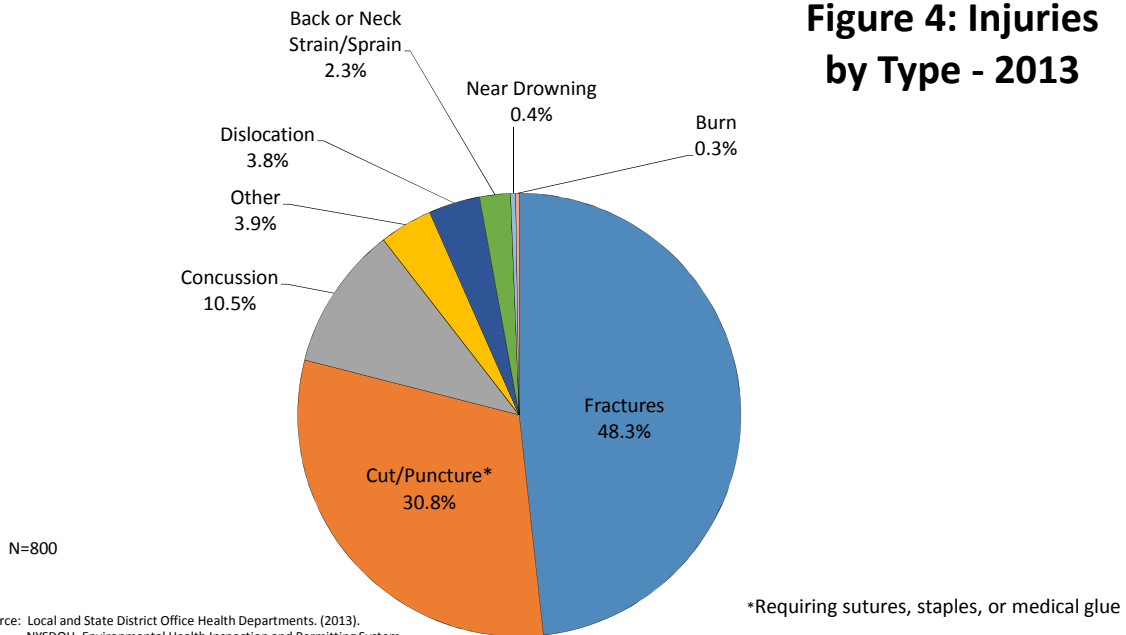
Source: Local and State District Office Health Departments. (2013). NYSDOH, Environmental Health Inspection and Permitting System

Figure 3: Injury Incidents by Camp Type - 2013



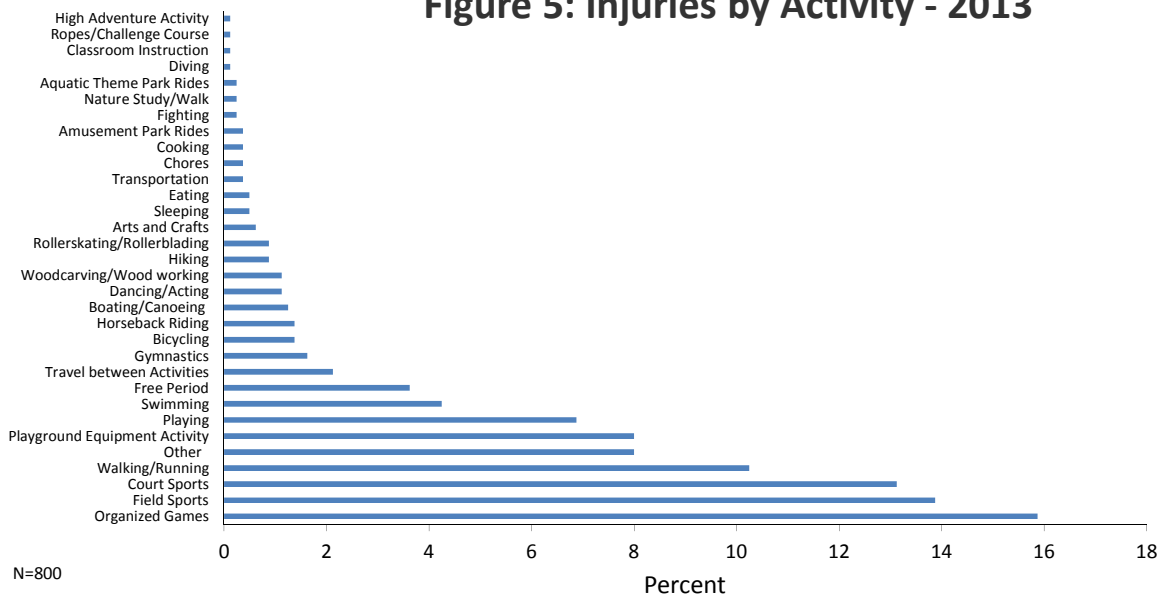
Source: Local and State District Office Health Departments. (2013).
NYSDOH, Environmental Health Inspection and Permitting System

Figure 4: Injuries by Type - 2013



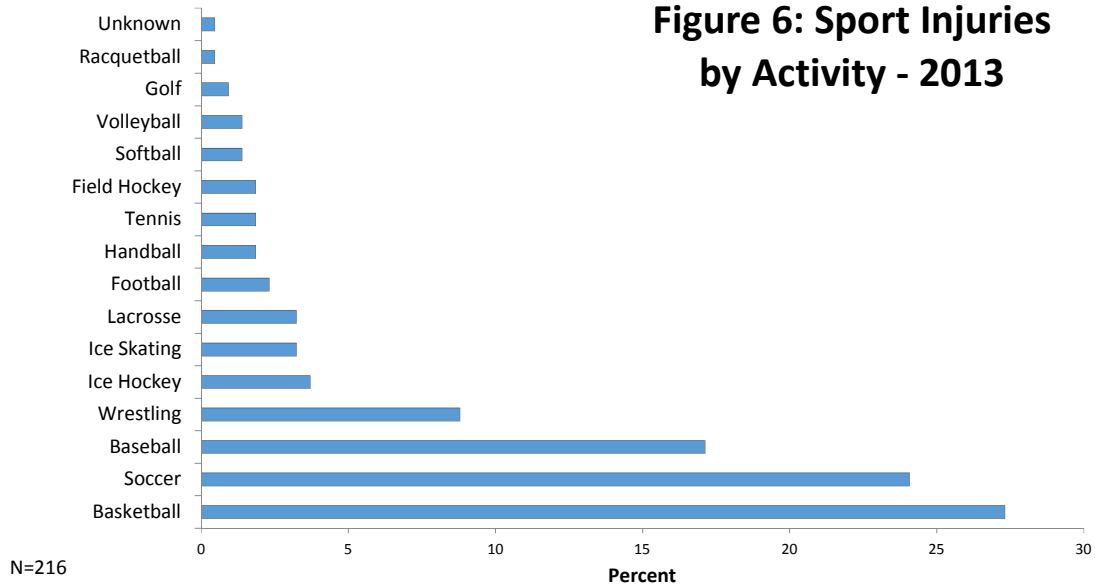
Source: Local and State District Office Health Departments. (2013).
NYSDOH, Environmental Health Inspection and Permitting System

Figure 5: Injuries by Activity - 2013



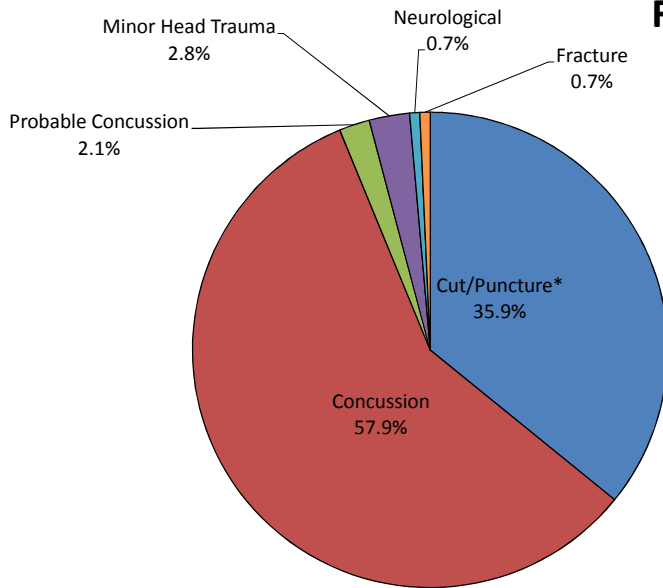
Source: Local and State District Office Health Departments. (2013). NYSDOH, Environmental Health Inspection and Permitting System

Figure 6: Sport Injuries by Activity - 2013



Source: Local and State District Office Health Departments. (2013). NYSDOH, Environmental Health Inspection and Permitting System

Figure 7: Head Injuries by Type - 2013

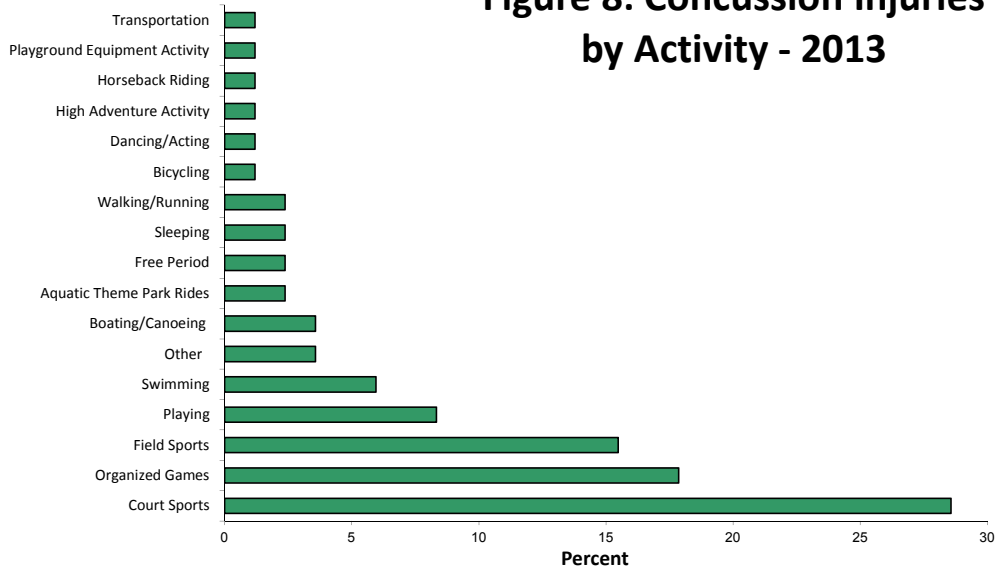


N=145

*Requiring sutures, staples, or medical glue

Source: Local and State District Office Health Departments. (2013).
 NYSDOH, Environmental Health Inspection and Permitting System

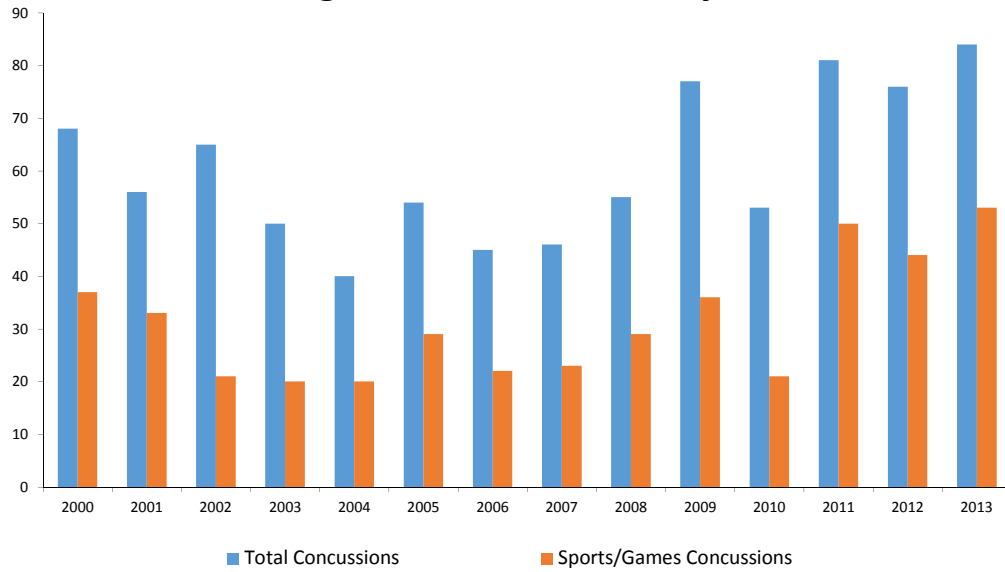
Figure 8: Concussion Injuries by Activity - 2013



N=84

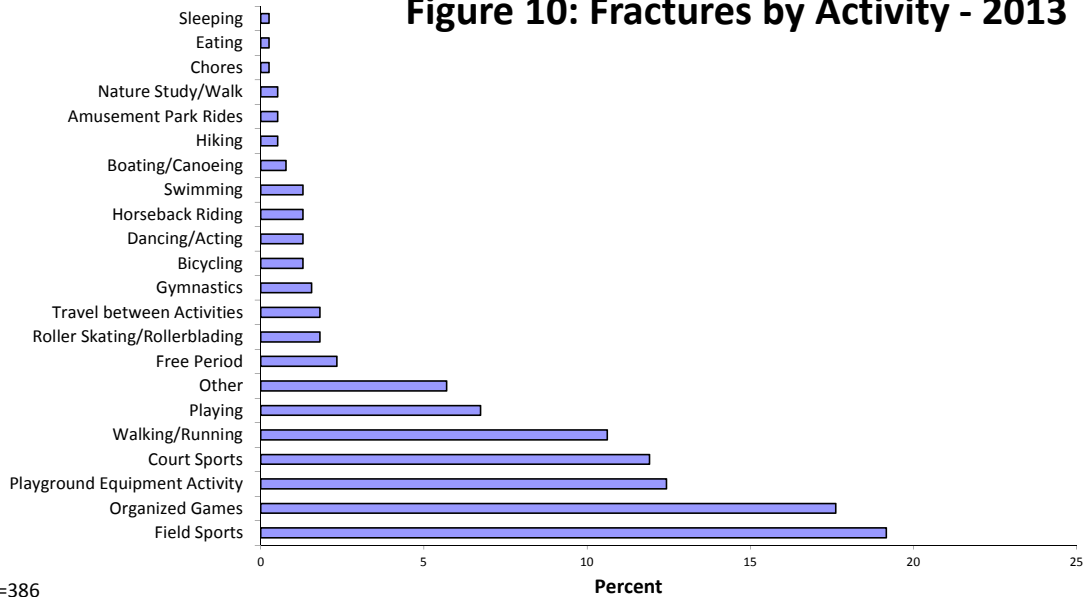
Source: Local and State District Office Health Departments. (2013).
 NYSDOH, Environmental Health Inspection and Permitting System

Figure 9: Concussions by Year



Source: Local and State District Office Health Departments. (2013). NYSDOH, Environmental Health Inspection and Permitting System

Figure 10: Fractures by Activity - 2013



Source: Local and State District Office Health Departments. (2013). NYSDOH, Environmental Health Inspection and Permitting System

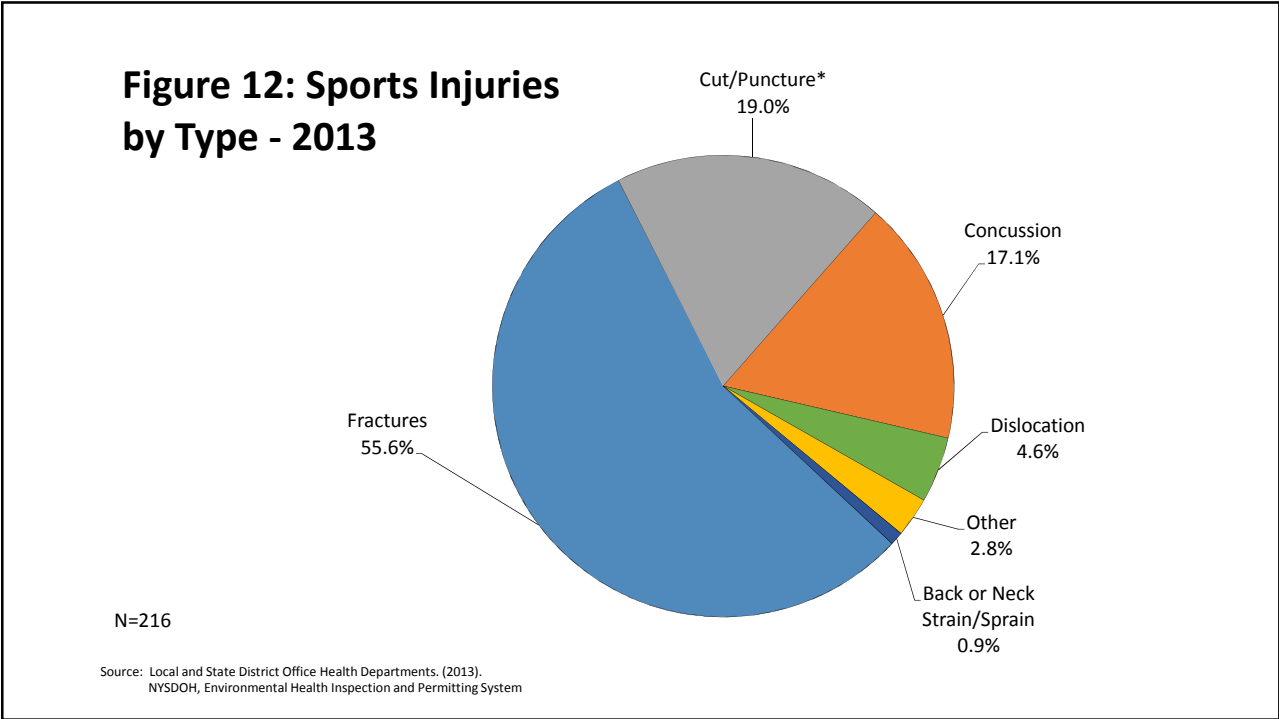
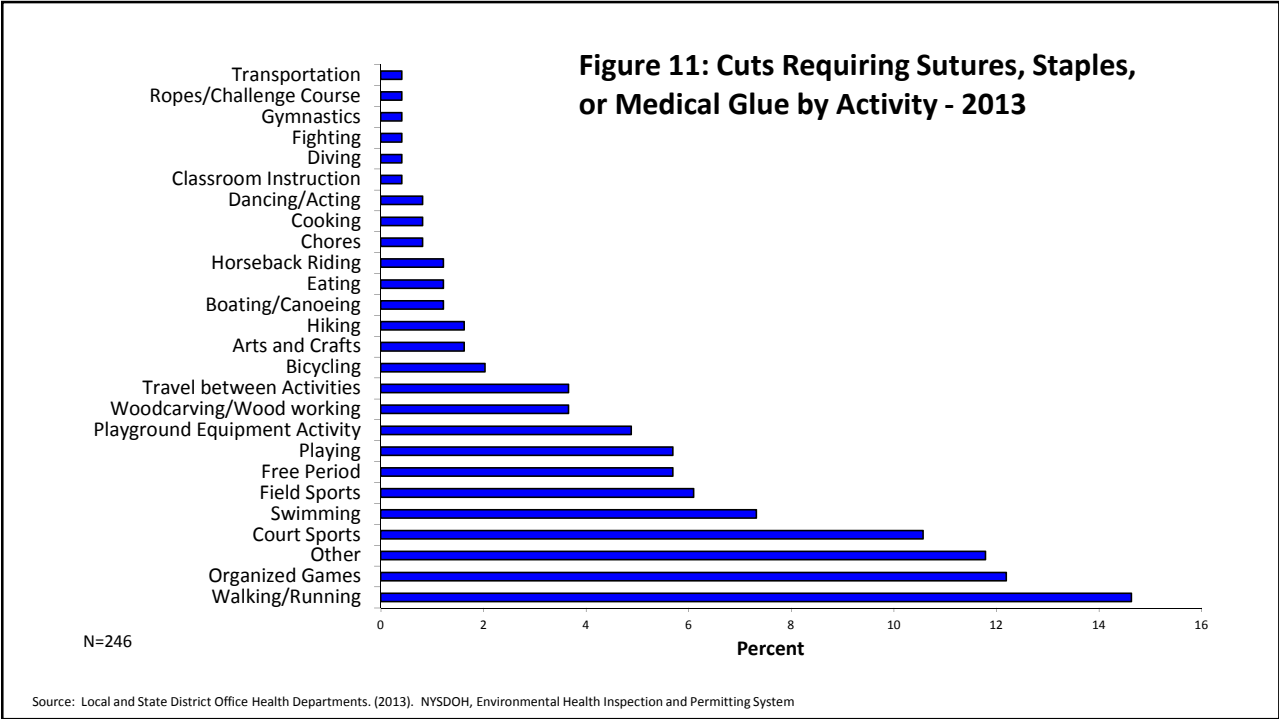
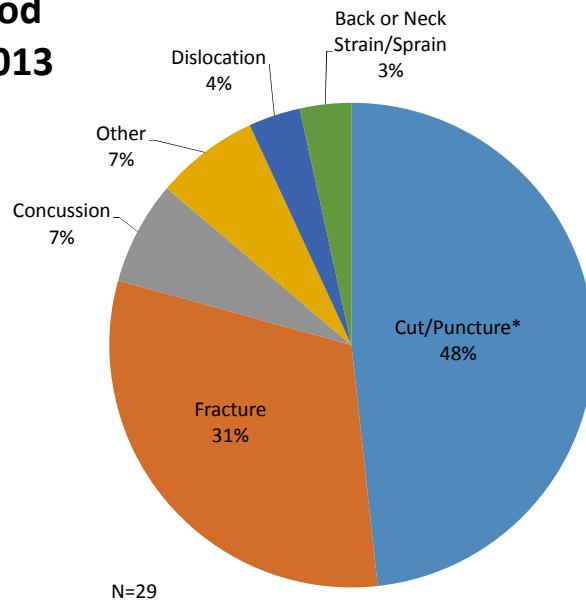


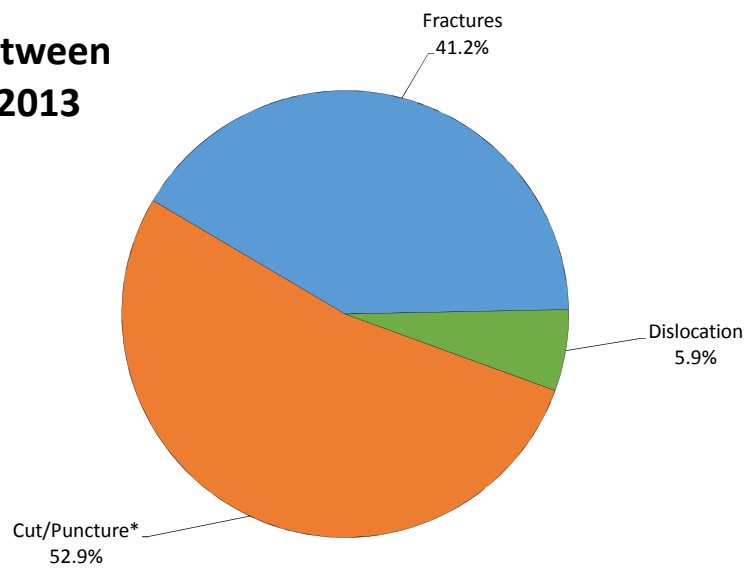
Figure 13: Free Period Injuries by Type - 2013



Source: Local and State District Office Health Departments. (2013).
NYSDOH, Environmental Health Inspection and Permitting System

*Requiring sutures, staples, or medical glue

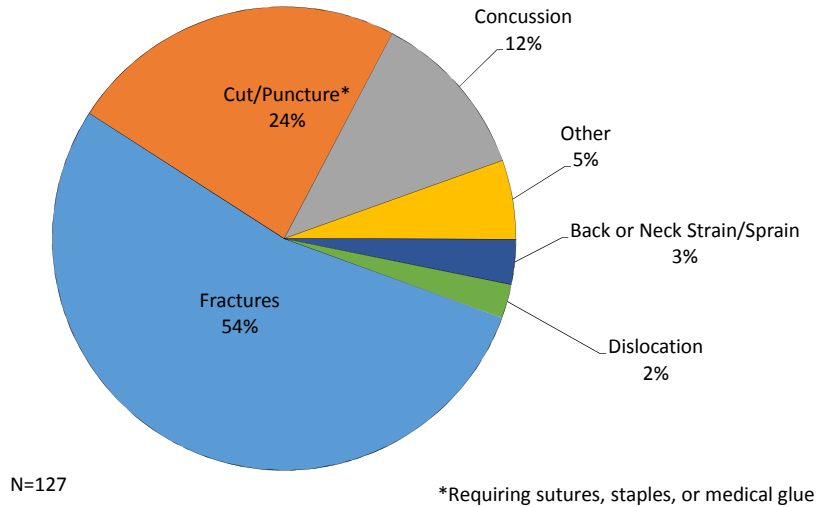
Figure 14: Travel between Activities Injuries - 2013



Source: Local and State District Office Health Departments. (2013).
NYSDOH, Environmental Health Inspection and Permitting System

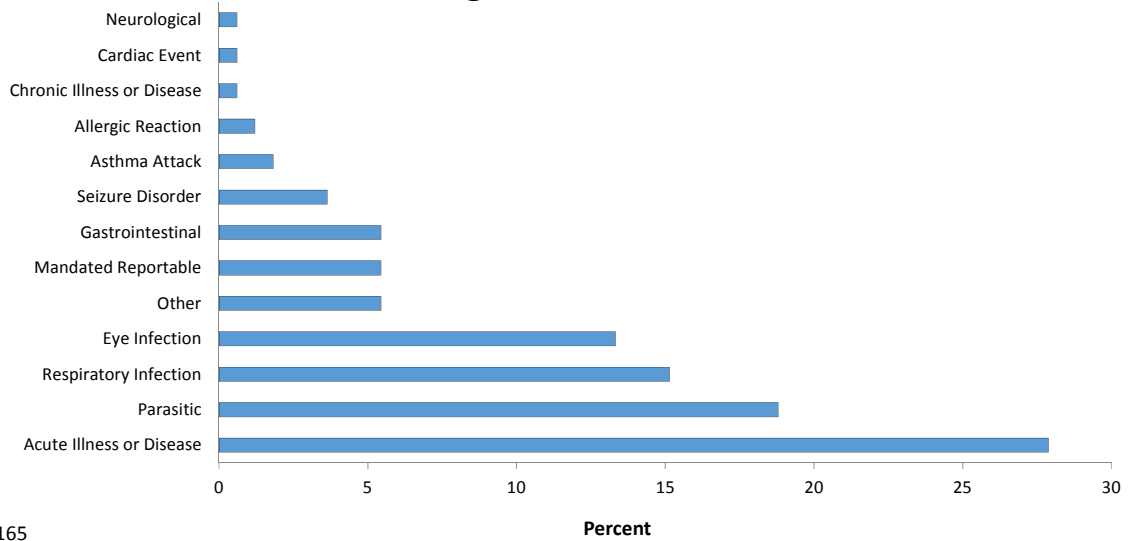
*Requiring sutures, staples, or medical glue

Figure 15: Organized Game Injuries - 2013



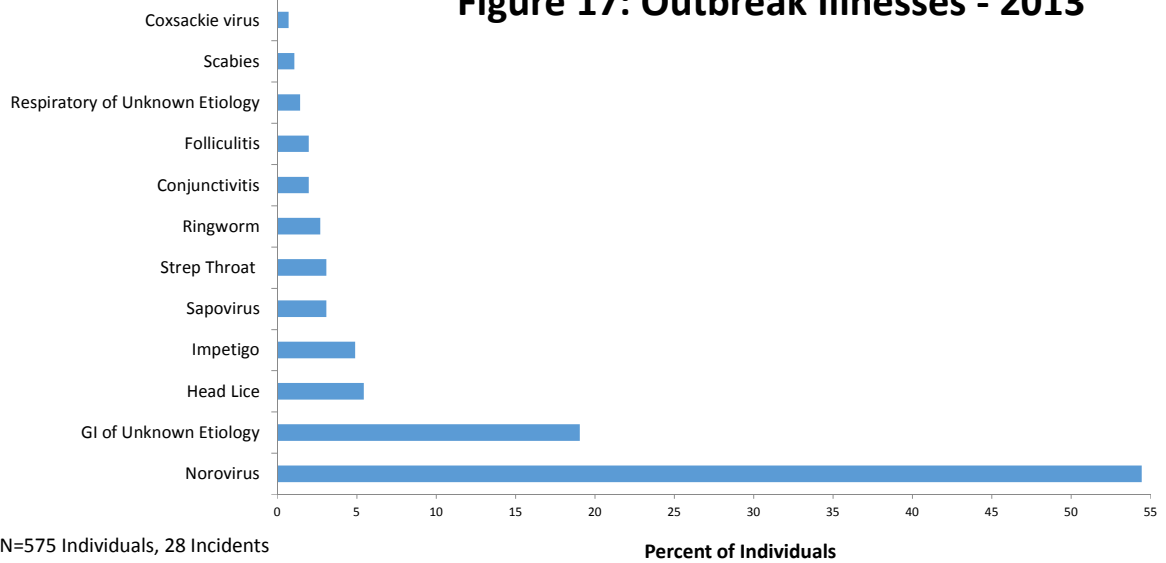
Source: Local and State District Office Health Departments. (2013). NYSDOH, Environmental Health Inspection and Permitting System

Figure 16: Individual Illnesses - 2013



Source: Local and State District Office Health Departments. (2013). NYSDOH, Environmental Health Inspection and Permitting System

Figure 17: Outbreak Illnesses - 2013



Source: Local and State District Office Health Departments. (2013). NYSDOH, Environmental Health Inspection and Permitting System

Figure 18: Epi-Pen Administrations by Year



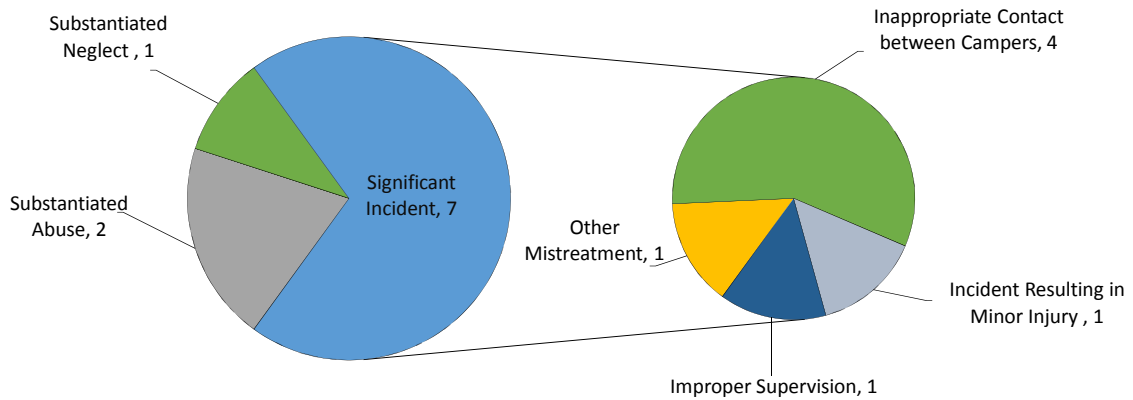
Source: Local and State District Office Health Departments. (2013). NYSDOH, Environmental Health Inspection and Permitting System

Figure 19: Potential Rabies Exposures by Year



Source: Local and State District Office Health Departments. (2013).
NYSDOH, Environmental Health Inspection and Permitting System

Figure 20: Justice Center Reportable Incidents - 2013



Source: Local and State District Office Health Departments. (2013).
NYSDOH, Environmental Health Inspection and Permitting System