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STATE OF CONNECTICUT
REGULATION
OF

Department of Public Health
Name of Agency

Concerning
Youth Camp Licensing Regulations
SUBJECT MATTER OF REGULATION

Section 1. NEW- The regulations for Connecticut State Agencies are amended by adding sections 19a-428-1 to 7 as follows:

19a-428-1 Definitions as used in Section 19a-428-1 to 19a-428-7, inclusive, of the Regulations of Connecticut State Agencies

(1) "Administration of medication" means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;
(2) "Authorized prescriber" means a physician, dentist, advanced practice registered nurse, or physician assistant;
(3) “Challenge course” means one or more events or obstacles suspended from trees, utility poles, or other structures that provide participants with problem solving opportunities for self-discovery, physical challenge, risk-taking or group support which may include but are not limited to low course activities, high course activities, climbing on walls and towers, or natural sites.
(4) “Commissioner” means the Commissioner of Public Health or the commissioner’s designated representative;
(5) "Department" means the Connecticut Department of Public Health, which is the youth camp licensing entity
(6) "Medication" means any legend or nonlegend drug as defined in section 20-571, including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes;
(7) “Medication error" means failure to administer medication to a child, or failure to administer medication not more than one (1) hour of the time designated by the prescribing practitioner, or failure to administer the specific medication prescribed for a child, or failure to administer the medication by the correct route, or failure to administer the medication according to generally accepted medical practices, or failure to administer the correct dosage of medication;
(8) " nurse” means a person currently licensed under chapter 378 of the Connecticut General Statutes to practice nursing as an advanced practice registered nurse or registered nurse;
(9) "Parent(s)" means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;
(10) "Pharmacist" means a person with a license to practice as a pharmacist in accordance with section 20-590 of the Connecticut General Statutes;
(11) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;
(12) "Physician assistant" means an individual who is licensed in accordance with section 20-12b of the Connecticut General Statutes and regulations adopted thereunder;
(13) "Program staff" means those persons responsible for the direct care of children;
(14) "Self administration of medication" means that the child is able to identify and select the appropriate medication by size, color, amount, or other label identification; knows the frequency and time of day for which the medication is ordered; and administers the medication appropriately;
(15) "Significant medication error" means a medication error, which is potentially serious or has serious consequences for a child, such as, but not limited to, the administration of medication by the wrong route; for which the child has a known allergy; which was given in a lethal or toxic dosage; or which causes serious medical problems resulting from the error. Refusal of a medication is not considered a significant medication error if appropriate follow up action is taken; and
(16) "Staff" means personnel, including volunteers, who provide a service to a youth camp.

Section 19a-428-2 Staffing

(a) No person shall establish, conduct or maintain a youth camp without adequate and competent staff.

(b) The camp director shall be over the age of twenty- one and of good character. Except for those persons who have already served at least one summer as a camp director, a camp director shall have had at least sixteen weeks administrative or supervisory experience, in an organized camp or in lieu thereof equivalent training or experience in camping satisfactory to the commissioner.

(c) The director of each individual waterfront or swimming area, including areas devoted to the practice of aquatics, shall be over age twenty and shall possess an American Red Cross Lifeguard Training current rating or its equivalent.

(d) The director of each small craft waterfront area shall possess current certification in American Red Cross Lifeguard Training or its equivalent and current certification in the small craft safety program of the American Red Cross or its equivalent for the type of small craft used in the camp. Each such director shall comply with the provisions of the Connecticut boating safety laws and laws relating to scuba diving.

(e) Persons who are acting in a lifeguard capacity shall meet the requirements of section 19a-113a-1 of the Connecticut General Statutes.

(f) Waterfront areas, swimming areas, and small craft waterfront areas utilized by campers or staff while on excursions shall be directed by a person who meets the applicable requirements of subsection (c) or (d) of this section.

(g) The director of the firing range shall be at least twenty-one years of age and shall possess a current National Rifle Association Instructor's card or equivalent.

(h) The director of the archery range shall be over age eighteen and possess evidence satisfactory to the department of appropriate training and experience in archery.

(i) The director of horseback riding activities shall be over age eighteen and possess evidence satisfactory to the department of appropriate training and experience.

(j) The challenge course director shall be at least twenty years of age and shall have completed training directly from an authoritative source in all of the challenge activities offered by the camp. The authoritative source shall have published standards, guidelines, or other instructional materials that are in accordance with current published standards and recognized operational practices of a nationally recognized organization. The challenge course director shall be an employee or contracted vendor of the camp and on-site at the camp during the majority of time when campers or staff are participating in low or high events. Any staff member leading a challenge course activity shall be at least eighteen years of age and shall have had training in accordance with current published standards and recognized operational practices of a nationally recognized organization on the course elements they are leading and had their skills verified and evaluated by the challenge course director.

(k) The camp director may also serve as the director of archery or horseback riding activities if the camp director meets the requirements of subsection (h) and (i) of this section.

(l) Counselors shall be over age sixteen. Counselors in training shall be over age fourteen.

(m) In resident camps the ratio of staff, which shall not include cooks, clerical and maintenance personnel, to campers shall be at least one person over age sixteen to six campers under age eight, and to eight campers eight years and older. In day camps the ratio shall be at least one person age sixteen or older to each nine children under age six, and to each twelve children over six years. The camp director shall be responsible for the supervision of the campers at all times while the campers are at the camp, indoors or outdoors or on excursions.

(n) Whenever campers or staff are participating in the activities specified in subsections (c) through (i) of this section, the director of the activity or other staff who meets the age, training, and experience requirements of the director of the activity shall be on site where the activity is occurring.

(o) Whenever campers or staff are participating in the activities specified in subsection (j) of this section, the director of the activity or other staff who is at least eighteen years of age and who meets the training requirements of the director of the activity shall be on site where the activity is occurring.

(p) The camp director or the camp director’s designee shall make arrangements to conduct the Department’s inspector around the camp premises and to supply the state inspector with any information, documents or materials necessary in order to comply with the inspection process. The camp director shall be familiar with all of the activities offered at the camp during the period of the camp’s license, and have immediate access to all records and facilities utilized for all activities offered during the period of the camp’s license.

(q) The camp director shall be responsible at all times for the health, comfort and safety of campers and staff. The director shall be responsible for the implementation of the camp’s policies and procedures.

(r) The camp director and staff shall report actual or suspected child abuse or neglect, or the imminent risk of harm of any child to the Department of Children and Families as mandated by sections17a-101 through 17a-101(e), inclusive, of the Connecticut General Statutes.

Section 19a-428-3 Records

(a) Records of both staff and campers shall be kept on file at camp and shall include the personal data concerning each member of the staff and camper kept in any reasonable form the camp director may choose, including therein the name, age and

address of the individual, the name, address and telephone numbers including the business telephone number of the parent, guardian, or in the case of an adult next of kin, who shall be notified in an emergency, the date of first attendance at camp and the date of leaving camp permanently in the case of residence camps, or the last date of attendance at camp in the case of day camps, and a physical examination by a physician, an advanced practice registered nurse or a physician assistant licensed pursuant to chapter 370 dated not more than thirty-six months prior to the date of arrival at camp. A physical examination, including a complete immunization history that is required for school purposes, may also be used to satisfy this requirement provided it is dated not more than thirty-six months prior to the date the camper arrives at camp. The physical examination requirement may be waived where such procedure is contrary to the religious beliefs of the camper. A statement requesting such exemption shall be submitted annually and shall be kept on file at the camp. This statement shall be signed by a parent or guardian, and shall grant permission to camp authorities to authorize physical examination or other appropriate measures when medical emergencies occur. The parent or guardian shall certify and accept complete responsibility for the health of the camper and that to the best of the parent's or guardian's knowledge the camper is in good health. All staff and campers shall be adequately immunized according to the schedule adopted by the commissioner in accordance with section 19a-7f of the Connecticut General Statutes. The physical examination shall include a complete immunization history. Where the individual because of medical or religious reasons does not have such immunizations these reasons shall be so specified in writing by a physician, physician assistant or an advanced practice registered nurse indicating that the child has a medical contraindication to immunization or by the child's parent(s) that immunization is contrary to the religious beliefs and practices of the child or the parent(s) of such child.

(b) The commissioner shall be notified in writing as soon as possible, but no later than five (5) business days, of any change in circumstances which alters or affects the camp services as stated in the license application. Changes which shall be reported include, but are not limited to, change in location, change in operational dates, change in trip dates, and change in camp director.

Section 19a-428-4 Physical Plant and Program Practices

(a) The water supply shall either be provided from a public water system that is regulated by the department and in compliance with all applicable sections of the Regulations of Connecticut State Agencies, or it shall be from a source that is of sufficient quality and quantity to meet all the requirements of the maximum number of persons served by the camp at any time and shall be in conformance with section 19-13-B51a through section 19-13-B51m, inclusive, and section 19-13-B101 of the Regulations of Connecticut State Agencies.

(b) Drinking fountains shall be sanitary as prescribed in section 19-13-B35 and no common drinking utensils shall be provided or used.

(c) Chemical toilets, fly tight privy pits or water flushed toilets shall be provided and shall be maintained in a clean and sanitary condition. Separate toilets for males and females shall be provided. In a residential camp at least one toilet seat for each fifteen persons or fraction thereof shall be provided. At least one toilet seat for each twenty persons or fraction thereof shall be provided in each day camp. Urinals may be substituted for not more than one-half of the total requirement for male campers. No sleeping quarters within a camp shall be at a greater distance than three hundred feet from the toilets. The location of all toilets shall be plainly indicated by signs. Privies shall be located at least two hundred feet from a kitchen or food service area.

(d) The method of final sewage or refuse disposal utilized in connection with the operation of a camp shall be such as to create no nuisance and shall conform with the requirements of sections 19-13-B103 and 19-13-B104 of the Regulations of Connecticut State Agencies, and plans for such disposal shall be approved by the department.

(e) The plumbing facilities within each camp shall conform with the requirements of section 19-13-B45 of the Regulations of Connecticut State Agencies.

(f) Adequate hand washing facilities shall be provided with at least one facility for each twenty persons or fraction thereof. Wash basins and water shall be readily accessible to the toilet rooms. In a residential camp at least one shower house shall be provided with one shower head for each twenty persons or fraction thereof.

(g) Supervision and equipment sufficient to prevent littering of the grounds with rubbish, garbage or other refuse shall be provided and maintained. Fly tight depositories for such material shall be provided and conspicuously located. Each unit site within a camp shall be not more than a distance of not over two hundred feet of such depository. Such depositories shall not be permitted to become foul smelling or unsightly or a breeding place for flies.

(h) Facilities for dispensing foods or beverages shall meet requirements of section 19-13-B42 of the Regulations of Connecticut State Agencies. Day camps shall collect and store potentially hazardous food in appropriate refrigeration facilities.

(i) Swimming and bathing facilities when provided shall comply with the provisions of sections 19-13-B33b, 19-13-B34 and 19-13-B36 of the Regulations of Connecticut State Agencies.

(j) The camp site shall be owned by the operator or the operator shall have a written lease giving permission to use the site for a youth camp and shall comply with the following general sanitation requirements:

(1) The location of the camp shall be such as to supply adequate drainage of all areas occupied by campers, the food preparation and service area and other activity areas.

(2) Buildings shall be maintained in a safe and sanitary condition. When the department or the local director of health so directs, a certificate of approval shall be obtained from the local or state fire marshal.

(3) All hot water and space heaters shall be properly located and vented.

(k) In every camp where space for trailer coaches is rented or offered for rent or on which free occupancy or camping of trailers is permitted to trailer owners or users, sanitary facilities shall be furnished for the disposal of wastes from trailer sinks and toilets. Trailer facilities and parking shall comply with the provisions of section 19-13-B44 of the Regulations of Connecticut State Agencies.

(1) Fields intended for athletic activities or use shall be maintained free of hazards.

(m) The waterfront and aquatic activities shall be laid out and conducted in accordance with the American Red Cross Water Safety Aquatics and Small Craft Activities training or equivalent.

(n) Any amusement ride or devise shall meet the requirements of sections 29-132 to 29-136, inclusive, of the Connecticut General Statutes.

(o) The firing range shall be laid out and operated in accordance with standards of the National Rifle Association or its equivalent.

(p) Documentation shall be maintained on site of an annual inspection of the challenge course elements, or more frequent inspections if the course has been subject to any significant environmental impact, by a professional vendor or other qualified personnel not directly affiliated with the camp who follow the recommendations of authoritative sources, adhere to peer-accepted practices in construction and inspection and have experience in the construction and evaluation of the types of challenge courses being offered at the camp.

(q) The challenge course, firing range, archery range and horseback riding activities shall be conducted in accordance with written policies and procedures maintained on site that address emergency operating plans, equipment maintenance and inspection, communicating concerns to supervisory/managerial staff, supervision of activities, staff child ratios, protective equipment, eligibility requirements for participation and restriction of access to the course and equipment by unauthorized and unsupervised persons.

(r) Vehicles used for the transport of campers both on and off the camping premises shall maintain official verification of a motor vehicles safety inspection for the current year and shall be licensed including, if necessary, licensure for their specific use.

(s) Boats and small crafts shall be licensed or registered under the boating laws, if so required, and this information shall be available upon request to agents of the department. Water safety equipment shall meet United States Coast Guard standards where applicable.

(t) When any out of camp outings or trips are planned, advance information shall be kept on file which will include permission of the campers to participate, signed by the parent or guardian, the purpose of the trip and the itinerary, the names of the campers, trip director and staff. The trip director shall be an adult who shall have had experience or hold certification in the activity in which the trip is being conducted.

(u) Exceptions to the requirements of subsections (a), (c), and (f) of this section may be made by the commissioner at the commissioner's discretion in the case of primitive or pioneer camps. Exceptions to the requirements of subsection (a) of this section may be made by the commissioner at the commissioner's discretion in the case of day camps where the requirements of a physical examination or health memorandum for campers would impose a hardship on the administration of such a camp. Application for such exemptions shall be made in writing by the camp director or person to whom the camp license has been issued at least thirty days before the opening of camp.

Section 19a-428-5 Health Care

(a) A physician or advanced practice registered nurse shall be on call and responsible for all health care including first aid. Annually the physician or advanced practice registered nurse shall sign and date standing orders to be carried out in the physician's or advanced practice registered nurse's absence by the camp nurse or first aid instructions to be carried out by a person over age twenty-one having American Red Cross Standard First Aid and Personal Safety Training certification, or the equivalent. Physicians and nurses employed in camps shall hold current Connecticut licenses and registrations. Additional aides under age twenty-one may be employed if they possess American Red Cross Standard First Aid and Personal Safety Training certification or its equivalent but shall not be in charge of health care. All camp health care personnel shall present current proficiency certification in cardiopulmonary resuscitation as evidenced by examination by the American Red Cross, American Heart Association, or the equivalent. For residential camps having two hundred fifty or more campers or staff in residence a registered nurse shall be required to be in charge of first aid and emergency medical care activities. First aid equipment and supplies shall be specified by the camp physician or advanced practice registered nurse in the first aid instructions. Only nonprescription drugs shall be available in stock containers in camps. Prescription drugs shall be available only on individual prescription unless locked and in the sole custody of an authorized prescriber. Proof of use records as required under section 21a-254 of the Connecticut General Statutes shall be kept.

(b) Communicable disease control requirements. Communicable disease control shall meet the requirements of sections 19-13-A2 to 19-13-A24, inclusive of the Regulations of Connecticut State Agencies.

(c) There shall be on file a memorandum of understanding with the on-call or resident physician or advanced practice registered nurse concerning the provision of medical care for emergencies and of routine care to be carried out at camp, including

standing orders for the nurse, if there is one, and instructions for the director of first aid in lieu of a resident physician or nurse, for both day and residential camps.

(d) There shall be a working telephone available to the first aid area for the use of the first aid staff, with posting of the telephone numbers of the camp physician or advanced practice registered nurse, camp director, camp nurse, nearest hospital, local director of health in whose jurisdiction the camp falls, local fire department in whose jurisdiction the camp falls, local police department in whose jurisdiction the camp falls, the poison control center, and of ambulance services.

(e) An abstract record of all cases treated at camp shall be kept in a bound volume or other manner that prevents alteration of the date, time, and facts. The record shall include the date, the condition, the disposal and the persons responsible for the care. At least once a week these cases shall be reviewed by the camp physician or advanced practice registered nurse who shall sign and date the information indicating the physician or advanced practice registered nurse's review of cases.

(f) There shall be available a defined area where ill or injured individuals may rest and receive care until they are either removed to their homes or recovered. This area shall be adequate to provide for the temporary isolation of any suspected communicable diseases and shall have its own toilet facilities not used for other purposes within the camp.

(g) Any fatality which occurs at camp or which results from camping activities or any injury or illness which occurs at camp or which results from camping activities and which is attended by a physician, nurse, or person in charge of health care at the camp, and as a result of which the person (1) is sent home from a resident camp, or (2) is admitted to a hospital shall be reported to the department not more than twenty-four hours after being sent home or after being admitted to a hospital by telephone by the camp director or the camp director's designee. This verbal report shall be confirmed in writing not more than seventy-two hours after the verbal report on a form designated by the department. The original report form shall be maintained at the camp or sponsoring organization for a minimum of two years. A copy shall be forwarded to the department upon completion of the form. For day camps, such reports are not required for any injury or illness where the individual as a result of such injury or illness is sent home and for which there is no hospital admission.

Section 19a-428-6 Administration of Medications

(a) Youth camps are not required by this subsection to administer medications to children. If a youth camp permits the administration of medications of any kind by unlicensed program staff, the youth camp shall comply with all requirements of this section and shall have a written policy and procedures at the youth camp governing the administration of medications which shall include, but not be limited to, the types of medication that will be administered, parental responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the department during inspections or upon demand and shall reflect current best practice. No program staff member under eighteen (18) years of age shall administer any medication at a youth camp.

(1) Administration of Nonprescription Topical Medications Only

(A) For the purposes of this subdivision, nonprescription topical medications shall include:

(i) diaper changing or other ointments free of antibiotic, antifungal, or steroidal components;

(ii) medicated powders; and

(iii) gum or lip medications available without a prescription;

(B) Nonprescription Topical Medications Administration/Parent Permission Records

The written permission of the parent shall be required prior to the administration of the nonprescription topical medication and a medication administration record shall be maintained and document each administration of the topical medications, and kept on file at the youth camp for each child administered a nonprescription topical medication. The medication administration record and parent permission shall become part of the child's health record when the course of medication has ended. The parent shall be notified immediately of any medication administration error and in writing and the error shall be documented in the record. This information shall include:

(i) the name, address, and date of birth of the child;

(ii) the name of the medication;

(iii) the schedule and site of administration of the medication, as applicable, according to the manufacturer's directions;

(iv) the name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication;

(v) the date and time the medication is started and ended;

(vi) the name of the person who administered the nonprescription topical medication; and

(vii) the signature of the camp director or the camp director's designee receiving the parent permission form.

(C) Nonprescription Topical Medications, Labeling and Storage

(i) The medication shall be stored in the original container and shall contain the following information on the container or packaging indicating:

(I) the individual child's name;

(II) the name of the medication; and

(III) directions for the medication's administration.

(ii) The medication shall be stored away from food and inaccessible to children and unauthorized persons. External and internal medications shall be stored separately from each other.

(iii) Any unused portion of the medication shall be returned to the parent. Any expired medication shall be destroyed by the program staff member in a safe manner or returned to the parent.

(2) Administration of Medications Other Than Nonprescription Topical Medications

(A) Training Requirements

(i) Prior to the administration of any medication by program staff members, the program staff members who are responsible for administering the medications shall first be trained by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the trainer indicating that the trainee has successfully completed a training program as required herein. A program staff member trained and approved to administer medication shall be present whenever a child who has orders to receive medication is enrolled and present at the youth camp, and the youth camp permits the administration of medication by unlicensed program staff.

(ii) The training in the administration of medications shall be documented and shall include, but not be limited to, the following:

(I) statement of objectives;

(II) a description of methods of administration including principles and techniques;

(III) techniques to encourage children who are reluctant or noncompliant to take their medication and the importance of communicating the noncompliance to the child's parent and to the authorized prescriber;

(IV) demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly;

(V) recognition of side effects and appropriate follow up action;

(VI) avoidance of medication errors and the action to take if a medication error or a significant medication error occurs, or if a dosage is missed or refused;

(VII) abbreviations commonly used;

(VIII) required documentation including parent permission, written orders from authorized prescribers, and the record of administration;

(IX) safe handling, including receiving medication from a parent, safe disposal, and universal precautions; and

(X) proper storage including controlled substances, in accordance with section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) In addition to the training in section 19a-428-6(a)(2)(A), before a program staff member may administer oral, topical or inhalant medications, he shall have successfully completed a training program on the administration of oral, topical and inhalant medications. The trainer who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse shall assure that the program staff member understands the indications, side effects, handling, and methods of administration for oral, topical and inhalant medication. Thereafter on an every three year basis, the program staff member shall have their skills and competency in the administration of oral, topical and inhalant medication validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse. The facility shall have staff trained in the administration of inhalant medication used to treat asthma on site during all hours when a child who has a diagnosis of asthma and who has a prescription for an inhalant medication to treat asthma is on-site.

(iv) Injectable Medications by a premeasured commercially prepared syringe
In addition to the above training in section 19a-428-6(a)(2)(A), before a program staff member may administer injectable medications, the program staff member shall have successfully completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The trainer who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the program staff member understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, the program staff members shall have their skills and competency in the administration of injectable medication validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications by a premeasured commercially prepared syringe shall only be given in emergency situations.

(v) In addition to the above training in section 19a-428-6(a)(2)(A), before a program staff member may administer rectal medications, the program staff member shall have successfully completed a

training program on the administration of rectal medications. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the program staff member understands the indications, side effects, handling, and the methods of administration for rectal medication. Thereafter, every three years, the program staff member shall have their skills and competency in the administration of rectal medications validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse.

(vi) In addition to the above training in section 19a-428-6(a)(2)(A), before a program staff member may administer injectable medications, the program staff member shall have successfully completed a training program on the administration of injectable medications other than by a premeasured commercially prepared syringe. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the program staff member understands the indications, side effects, handling, and the methods of administration for injectable medication. Thereafter, every three years, the program staff member shall have their skills and competency in the administration of injectable medication other than by a premeasured commercially prepared syringe validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse.

(vii) A program staff member currently certified by the State of Connecticut Department of Developmental Services or the State of Connecticut Department of Children and Families to administer medications shall be considered qualified to administer medications for the modalities in which they have been trained at youth camps.

(B) Training Approval Documents and Training Outline

(i) Upon completion of the required training program, the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each program staff member who has demonstrated successful completion of the required training. Approval for the administration of oral, topical, inhalant, rectal medications and injectable medications other than by a premeasured commercially prepared syringe shall remain valid for three (3) years. Approval for the administration of injectable medications by a premeasured commercially prepared syringe shall be valid for one (1) year. A copy of the approval shall be on file at the youth camp where the program staff member is employed and shall be available to the department upon request.

(ii) The written approval shall include:

(I) the full name, signature, title, license number, address and telephone number of the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who gave the training;

(II) the location and date(s) the training was given;

(III) a statement that the required curriculum areas listed in section 19a-428-6(a)(2)(A) inclusive, of the Regulations of Connecticut State Agencies when applicable were successfully mastered, and indicating the route(s) of administration the trainee has been approved to administer;

(IV) the name, date of birth, address and telephone number of the program staff member who completed the training successfully; and

(V) the expiration date of the approval.

(iii) The trainer shall provide the trainee with an outline of the curriculum content which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the youth camp where the trainee is employed for department review. The department may require at any time that the youth camp licensee obtain the full curriculum from the trainer for review by the department.

(C) Order From An Authorized Prescriber and Parent's Permission

(i) Except for nonprescription topical medications described in section 19a-428-6(a)(1)(A) of the Regulations of Connecticut State Agencies, no medication, prescription or nonprescription, shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent which shall be on file at the youth camp. Such medications may include:

(I) oral medications;

(II) topical medications, including eye and ear preparations;

(III) inhalant medications;

(IV) injectable medications, by a premeasured, commercially prepared syringe, to a child with a medically diagnosed condition who may require emergency treatment;

(V) rectal medications; or

(VI) injectable medication other than by a premeasured commercially prepared syringe.

(ii) The written order from an authorized prescriber shall contain the following information which may be on the prescription label or on supplemental information provided by the authorized prescriber or pharmacist;

(I) the name, address and date of birth of the child;
(II) the date the medication order was written;
(III) the medication or drug name, dose and method of administration;
(IV) the time of the day the medication is to be administered;
(V) the date(s) the medication is to be started and ended as applicable;
(VI) relevant side effects and the authorized prescriber's plan for management should they occur;
(VII) notation if the medication is a controlled drug;
(VIII) a listing of any allergies, reactions to, or negative interactions with foods or drugs;
(IX) specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given;
(X) the name, address and telephone number of the parent;
(XI) the name, address and telephone number of the authorized prescriber ordering the drug; and
(XII) the authorized prescriber's signature.

(iii) If the authorized prescriber determines that the training of the program staff member is inadequate to safely administer medication to a particular child, or that the means of administration of medication is not permitted under this subsection, that authorized prescriber may order that such administration be performed by licensed medical staff with the statutory authority to administer medications.

(iv) The program staff member shall administer medication only in accordance with the written order of the authorized prescriber. The parent shall be immediately notified of any medication errors by telephone and subsequently in writing not more than seventy-two (72) hours after the medication error occurred, and the error shall be documented in the medication administration record.

(D) Required Medication Administration Records

(i) Except for nonprescription topical medications described in section 19a-428-6(a)(1)(A) of the Regulations of Connecticut State Agencies, individual written medication administration records for each child shall be maintained, reviewed prior to administering each dose of medication and kept on file at the youth camp. The medication administration record shall become part of the child's health record when the course of medication has ended.

(ii) The individual written medication administration record for each child shall include:

(I) the name, address, and date of birth of the child;
(II) the name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the program staff member;
(III) the name of the medication or drug;
(IV) the dosage ordered and method of administration;
(V) the date, time, and dosage at each administration;
(VI) the signature in ink of the program staff member giving the medication at the time of each administration; and
(VII) any refusal by the child in accepting the medication, and any follow-up action taken as a result of the refusal.

(iii) Medication errors shall be logged and recorded in the individual written medication administration record of the child. Significant medication errors, identified by the camp director or the camp director's designee, shall be reported in writing to the department not more than seventy-two hours after the medication error occurred. The camp physician shall review all logs of medication errors on a weekly basis, and a record of the review shall be kept on file at the youth camp.

(E) Storage and Labeling

(i) Medication shall be stored in the original child-resistant safety container. The container or packaging shall have a label which includes the following information:

(I) the child's name;
(II) the name of the medication;
(III) directions for the medication's administration; and
(IV) the date of the prescription.

(ii) Except for nonprescription topical medications described in section 19a-428-6(a)(1)(A) automatic

prefilled cartridge injectors, or similar automatic injectable equipment used to treat an allergic reaction, injectable equipment used to administer glucagon, or an inhalant medication to treat asthma and over the counter medications prescribed as an emergent first line of defense medication against an allergic reaction, medication shall be stored in a locked area or a locked container, in a refrigerator in keeping with the label or manufacturer's directions, away from food and inaccessible to children and unauthorized personnel. External and internal medications shall be stored separately from each other. Keys or the locking mechanism to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) Equipment and medications prescribed to treat asthma, administer glucagon, or as an emergent first line of defense medication against an allergic response or a diabetic reaction shall be stored in a safe manner, inaccessible to other children, to allow for quick access in an emergency.

(iv) All unused or expired medication, except for controlled drugs, shall be returned to the parent or disposed of by the camp director or the camp director's designee if it is not picked up not more than one (1) week following the camper's departure at the end of camp in the presence of at least one witness. The youth camp shall contact the CT Department of Consumer Protection for direction on the proper method of disposing of a controlled drug, and shall carry out the direction as required. The youth camp shall keep a written record of the medications destroyed which shall be signed by the person destroying the medication and the witness to the destruction.

(F) Petition For Special Medication Authorization

(i) The youth camp licensee may petition the department to administer medications to a child cared for at the youth camp by a modality that is not specifically permitted under this subsection by submitting a written application to the department including the following information:

(I) a written order from an authorized prescriber containing the information for the specific child set forth in section 19a-428-6(a)(2)(C)(ii) and a statement that the administration by the requested modality is the only reasonable means of providing medication and that the administration must occur during hours of the child's attendance at the youth camp;

(II) a written training plan including the full name, signature, title, license number, address and telephone number of the pharmacist, physician, advanced practice registered nurse, physician assistant, registered nurse, or pharmacist who will provide the training, a detailed outline of the curriculum areas to be covered in training, and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication will be administered safely and appropriately to the particular child;

(III) the name, date of birth, address and telephone number of the person(s) who shall participate in the training;

(IV) written permission from the child's parent; and

(V) such other information that the department deems necessary to evaluate the petition request.

(ii) After reviewing the submitted information, if the department determines that the proposed administration of medication for the particular child can be provided in a manner to assure the health, welfare and safety of the child, it may grant the petition. The department may grant the petition with any conditions or corrective measures the department deems necessary to assure the health, safety and welfare of the child. The department will specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the petition. If the department grants the petition, no medication may be administered until after the proposed training program has been successfully completed and a written approval from the physician, advanced practice registered nurse, physician assistant, registered nurse or pharmacist who provided the training is submitted to the department. The approval shall include:

(I) the full name, signature, title, license number, address and telephone number of the pharmacist, physician, advanced practice registered nurse, physician assistant, registered nurse or pharmacist who provided the training;

(II) the location and date(s) the training was given;

(III) a statement that the curriculum approved by the department was successfully mastered by the participant. The statement shall also include the modality of administration of medication that the participant has been approved to administer; and

(IV) the name, date of birth, address and telephone number of the person(s) who successfully completed the training.

(iii) Copies of all documentation required under this subsection shall be maintained at the facility. The requirements of sections 19a-428-6(a)(2)(D) and 19a-428-6(a)(2)(E) of the Regulations of

Connecticut State Agencies shall apply to the administration of medication authorized by petition.

(b) Children enrolled at youth camps may self administer medications with documented parental and authorized prescriber's permission. Children may request and receive assistance from staff in opening containers or packages or replacing lids. Children who self administer medications shall be able to identify and select the appropriate medication by size, color, amount or other label identification; know the frequency and time of day for which the medication is ordered; and administer the medication appropriately. Medication to be self administered shall be stored in accordance with section 19a-428-6(a)(2)(E) of the Regulations of Connecticut State Agencies

(c) Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 19a-131a of the Connecticut General Statutes and if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a youth camp licensed in accordance with section 19a-421 of the Connecticut General Statutes and located within a 10-mile radius of the Millstone Power Station in Waterford, Connecticut shall permit designated staff members to distribute and administer potassium iodide to adults present or to a child in attendance at the youth camp during such emergency, provided that:

(1) Prior written consent has been obtained by the youth camp for such provision. Written consent forms shall be provided by the youth camp to the parent(s) or guardian(s) of each child currently enrolled or employees currently employed at the youth camp promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the youth camp to the parent(s) or guardian(s) of each minor child upon enrollment and to each new employee upon hire. Such documentation shall be kept at the facility;

(2) Each person providing consent has been advised in writing by the youth camp that the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the youth camp about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;

(B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;

(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,

(D) side effects may include minor upset stomach or rash.

(4) Youth camps shall have designated staff members to distribute and administer potassium iodide to those individuals and minor children for whom prior written consent has been obtained. Such designated staff members shall be eighteen (18) years of age or older and shall have been instructed by the youth camp in the administration of potassium iodide. Such instruction shall include, but not be limited to; the following:

(A) the proper use and storage of potassium iodide;

(B) the recommended dosages of potassium iodide to be administered to children and adults as prescribed by the Food and Drug Administration.

(5) Potassium iodide shall be stored in a locked storage area or container, inaccessible to children.

Section 19a-428-7 Monitoring of Diabetes

(a) Policy and Procedures

(1) All youth camps at which designated program staff members will be administering finger stick blood glucose tests shall have written policies and procedures governing the administration of finger stick blood glucose tests to children diagnosed with diabetes mellitus. The policies and procedures shall address at least the following areas:

(A) parental responsibilities;

(B) staff training and responsibilities;

(C) proper storage, maintenance, and disposal of test materials and supplies;

(D) record keeping;

(E) reporting test results, incidents, and emergencies to the child's parent and the child's physician, physician assistant, or advanced practice registered nurse; and

(F) a location where the tests occur that is respectful of the child's privacy and safety needs.

(2) Said policies and procedures shall be available for review by the department during inspections or upon demand.

(b) Training

(1) Prior to the administration of finger stick blood glucose tests, the program staff member(s) shall have completed the following training requirements:

(A) a course approved by the department in first aid, as verified by a valid first aid certificate on file at the youth camp; and

(B) additional training given by a physician, physician assistant, advanced practice registered nurse, registered nurse, certified emergency medical technician, or the child's parent according to written guidelines provided by the child's physician, physician assistant, or advanced practice registered nurse. The additional training shall include, but not be limited to:

(i) the proper use, storage and maintenance of the child's individual monitoring equipment;

(ii) reading and correctly interpreting test results; and
(iii) appropriate actions to take when test results fail to fall within specified ranges indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse.

(2) The training shall be updated at least every three years when a child with diabetes mellitus who requires finger stick blood glucose testing is present at the youth camp.

(A) Documentation that program staff member(s) have been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for review by the department. Such documentation shall indicate:
(i) the subjects covered in training;
(ii) the signature and title of the instructor;
(iii) the signature and title of the trainee; and
(iv) the date the training was given.

(c) Administration of Finger Stick Blood Glucose Test

(1) Except as provided in subdivision (3) of this subsection, only program staff members trained in accordance with subsection (b) of this section may administer the finger stick blood glucose test in youth camps. No program staff member under eighteen (18) years of age shall administer finger stick blood glucose tests to another person at a youth camp.

(2) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the facility, a program staff member designated and trained to administer finger stick blood glucose tests shall be present at the youth camp.

(3) Upon the written authorization of the child's physician, physician assistant or advanced practice registered nurse, and the child's parent, a child may self administer the finger stick blood glucose test under the direct supervision of the designated staff member who has met the training requirements in subsection (b) of this section.

(d) Equipment

(1) The child's parent shall supply the youth camp licensee with the necessary equipment and supplies to meet the child's individual needs. Such equipment and supplies shall include at least the following items:
(A) the child's blood glucose meter and strips;
(B) an appropriate retracting lancing device used in accordance with infection control procedures;
(C) tissues or cotton balls; and
(D) fast acting carbohydrates to be given to the child as indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse for hypoglycemia.

(2) Such equipment and supplies shall be labeled with the child's name and shall remain in a locked storage area when not in use.

(3) The youth camp licensee shall obtain a signed agreement from the child's parent that the parent agrees to check and maintain the child's equipment in accordance with manufacturer's instructions, restock supplies, and remove material to be discarded from the facility. All materials to be discarded shall be kept locked until it is given to the child's parent for disposal. The youth camp may dispose of medical waste if it has a contract with a medical waste disposal contractor, in accordance with local, state, and federal laws.

(e) Record Keeping

(1) The youth camp licensee shall keep the following records at the facility as part of the child's medical record, and shall update them annually or when there is any change in the information:

(A) A current, written order signed and dated by the child's physician, physician assistant, or advanced practice registered nurse indicating:
(i) the child's name;
(ii) the diagnosis of diabetes mellitus;
(iii) the type of blood glucose monitoring test required;
(iv) the test schedule;
(v) the target ranges for test results;
(vi) specific actions to be taken and carbohydrates to be given when test results fall outside specified ranges;
(vii) diet requirements and restrictions;
(viii) any requirements for monitoring the child's recreational activities; and
(ix) conditions requiring immediate notification of the child's parent, emergency contact, the child's physician, physician assistant, or advanced practice registered nurse.

(B) An authorization form signed by the child's parent which includes the following information:
(i) the child's name;
(ii) the parent's name;
(iii) the parent's address;
(iv) the parent's cell phone numbers and telephone numbers at home and at work;
(v) two adult, emergency contact people including names, addresses and telephone numbers;

(vi) the names of the program staff member(s) designated to administer finger stick blood glucose tests and provide care to the child during testing;
(vii) additional comments relative to the care of the child, as needed;
(viii) the signature of the parent;
(ix) the date the authorization is signed; and
(x) the name, address and telephone number of the child's physician, physician assistant or advanced practice registered nurse.

(C) The youth camp director or the youth camp director's designee shall notify the child's parent in writing of the results of all blood glucose tests and any action taken based on the test results, and shall document the test results and any action taken in the child's medical record.

Section 2.

Section 19-13-B27a of the Regulation of State of Connecticut is repealed.

Statement of Purpose: To amend the regulations governing youth camps to include changes in the regulations as proposed by the Youth Camp Safety Advisory Council, expand the list of acceptable providers of cardiopulmonary resuscitation, establish requirements for challenge courses, establish standards for the storage of emergency medications, eliminate the requirement to petition the department to administer certain medications, and make technical corrections.