NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Children's Camps Injury Report

INSTRUCTIONS: Use this form to report all camper and staff injuries which result in death or which require resuscitation or admission to a hospital; camper injuries to the eye, head, neck or spine which require referral to a hospital or other facility for medical treatment; camper injuries where the victim sustains second or third degree burns to five percent or more of the body; camper injuries which involve bone fractures or dislocations, and camper lacerations requiring sutures. Additional types of injuries may also be reported using this form.

SECTION A: FACILITY INFORMATION

Camp Name: _____ **Facility Code:** _____

Camp Address: _____ **Date Reported:** _____

SECTION B: EVENT INFORMATION

Date of Incident: _____ **Time of Occurrence** (Military Time)**:** _____ **Location where injury occurred:** ☐ In-Camp ☐ Out-of-Camp

Where did injury occur? _____ ***For locations marked with an asterisk, please provide the specific name or description of the location:** _____

a. Amusement park
b. Aquatic area*
c. Aquatic theme park
d. Archery area
e. Arts & crafts
f. Assembly area
g. Bathroom/shower
h. Camp/trail/road
i. Classroom
j. Cookout area
k. Dining area
l. Drama/stage area
m. Horseback area/trail
n. Indoor sports area
o. Kitchen area
p. Open field/lawn*
q. Outdoor sports area
r. Parking lot
s. Playground
t. Public highway/road
u. Recreational hall
v. Riflery area
w. Ropes/challenge course
x. Sleeping area
y. Tenting/campsite area
z. Other*

SECTION C: VICTIM INFORMATION

For an incident with more than one victim, utilize this form for the incident and initial victim information and attach form DOH-61H (Children's Camps Multiple Victim Injury Report) for the additional victims.

1. Single or Initial Victim Information.

The box below contains confidential information that must be collected by the LHD for follow-up, and will be protected against unauthorized disclosure.

Name of Victim (Last, First, MI): _____ **Name of Parent or Guardian (Last, First, MI):** _____

Home Address: _____ **Home Phone Number:** _____

Age: _____ **Gender:** ☐ Female ☐ Male ☐ X ☐ Other **Status:** ☐ Camper ☐ Developmentally Disabled Camper ☐ CIT/Jr. Counselor ☐ Counselor ☐ Other Staff* ☐ Other*

***For status types marked with an asterisk, please specify the individual's role:** _____

What was the victim doing? _____

a. Amusement park rides
b. Aquatic theme park rides
c. Archery
d. Arts & crafts
e. Bicycling
f. Boating/Canoeing
g. Chores
h. Classroom instruction
i. Cooking
j. Dancing/Acting
k. Diving
l. Eating
m. Fighting
n. Free period
o. Games-organized*
p. Gymnastics
q. High adventure activity
r. Hiking
s. Horseback riding
t. Martial arts
u. Nature study/walk
v. Playground equipment activity
w. Playing
x. Riflery
y. Rollerskating/ rollerblading
aa. Ropes/Challenge course
bb. Sleeping
cc. Sports*
dd. Swimming
ee. Transportation
ff. Travel between activities
gg. Walking/Running
hh. Woodcarving/Wood working
ii. Woodcutting/chopping
z. Other*

***For activities marked with an asterisk, please provide the specific name or description of the activity:** _____

2. Number of Victims: ☐ Single Victim ☐ Multiple Victims (DOH-61H attached)

SECTION D: INJURY INFORMATION

For each injury, enter the injury type, injured area, and cause of injury in the table below, using the choices in items 1-3. For items with an asterisk, please provide a description in the **Specify* column. The most severe injury should be entered as the First Injury. To report injuries for additional victims of this incident, use form DOH-61H (Children's Camps Multiple Victim Injury Report).

	1. Type of Injury	*Specify	2. Area Injured	*Specify	3. Cause of Injury	*Specify
First Injury						
Second Injury						
Third Injury						
Fourth Injury						

1. Type of Injury

a. Bite
b. Burn
c. Concussion
d. Cut
e. Dislocation
f. Fracture
g. Internal (organ damage)
h. Near drowning
i. Puncture
j. Strain/Sprain
k. Suffocation/drowning
z. Other*(specify)

2. Area Injured

a. Abdomen
b. Ankle
c. Arm
d. Back
e. Chest
f. Clavicle (collar bone)
g. Eyes
h. Face
i. Foot
j. Hand/finger
k. Head
l. Hip
m. Knee
n. Leg
o. Neck
p. Respiratory System
q. Shoulder
r. Spine
s. Wrist
z. Other*

3. Cause of Injury

a. Bite from*
b. Collision with*
c. Contact with heat or flame
d. Contact with sharp object
e. Falling/Stumbling
f. Motor vehicle accident
g. Poisoned by*
h. Struck by*
i. Submersion
z. Other*

SECTION E: TREATMENT

For each person providing treatment, indicate in the below table the location and type of treatment that person provided, using the choices in items 1-3. For items with an asterisk, please provide a description in the **Specify* column. Up to FOUR treatment providers may be indicated. To report treatments for additional victims of this incident, use form DOH-61H (Children's Camps Multiple Victim Injury Report).

	1. Who Provided	*Specify	2. Where Provided	*Specify	3. What Provided	*Specify
Treatment Provider #1						
Treatment Provider #2						
Treatment Provider #3						
Treatment Provider #4						

1. Who Provided Treatment?

a. Dentist
b. Emergency Medical Technician
c. First Aider*
d. Licensed Practical Nurse
e. Nurse Practitioner
f. Physician
g. Physician's Assistant
h. Registered Nurse
i. Victim
z. Other*

2. Where was treatment provided?

a. Camp infirmary
b. Admitted to Hospital
c. At site
d. Dentist's Office
e. Doctor's Office
f. Emergency Clinic
g. Emergency Room
z. Other*

3. What Treatment was provided? (Indicate the primary treatment provided)

a. Antibiotic
b. Antihistamine/Decongestant
c. Anti-inflammatory/analgesic
d. Antiseptic
e. Cast/Splint
f. Diagnostic
g. Epinephrine Administration
h. Gastrointestinal (antacid, laxative)
i. Psychotropics
j. Resuscitation
k. Supportive (bedrest, observation, physical therapy)
g. Epinephrine Administration
j. Resuscitation
l. Sutures,* Staples*, medical glue (indicate how many below)*
z. Other*

SECTION F. SUPERVISION AND CONTRIBUTING FACTORS

1. Supervision during incident: (indicate as many as apply) _____

a. Activity inadequately addressed in the written plan
b. Activity not addressed in the written plan
c. Camper orientation for activity not documented/received
d. No staff present
e. Quality of supervision adequate
f. Quality of supervision inadequate
g. Staff not trained/knowledgeable as per the written plan
h. Staff orientation/training for activity not documented/received
i. Supervision ratio inadequate
k. Written plan not followed
j. Supervision ratio correct
z. Other *

***For items marked with an asterisk, please describe:** _____

2. Contributing Factors: (indicate as many as apply) _____

a. Alcohol/Drug use
b. Area/Equipment not safe
c. Area/Equipment not maintained
d. Area not approved for use
e. Developmental disability
f. Equipment not approved
g. Horseplay
h. Physical disability
i. Pre-existing medical condition
j. Required safety equipment not used/defective
k. Topography
l. Victim lacked necessary skill/ability
m. Weather*
n. None
z. Other*

***For contributing factors marked with an asterisk, please describe:** _____

SECTION G. NARRATIVE – Note to LHD: When entering the narrative into eHIPS, do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Provide a description of the incident (use additional sheets if necessary). Pertinent victim and environment information should be discussed for the time period leading up to, during and after the incident. When applicable, describe camper supervision including staff to camper ratios, visual and verbal communication capabilities between campers and staff, compliance with Subpart 7-2 and the camp's written safety plan.

LHD USE ONLY (Note: eHIPS will assign the incident and victim ID numbers when entered into the system.)

eHIPS Incident #: _____ **eHIPS Victim ID #:** _____

Information received by: _____ **Title:** _____

Report reviewed by: _____ **Title:** _____

INVESTIGATION/FOLLOW-UP SERVICE:

Inspector's Name: _____

Date of Service: _____ **Hours:** _____ **Service:** ☐ On-site Investigation ☐ Telephone Follow-up

Inspector's Name: _____

Date of Service: _____ **Hours:** _____ **Service:** ☐ On-site Investigation ☐ Telephone Follow-up