



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

To Whom It May Concern:

Enclosed is a 2016 Recreational Camp Application for the Town of Arlington. Please return the application, certifications, and \$55 fee as soon as possible. Once all information is received, we will call to schedule a pre-operational inspection. Please allow at least two weeks prior to the date you would like to open to complete this process.

For your convenience you will find the following documents enclosed:

- Christian's Law and supporting documents- This law pertains to all municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches.
- The U.S. CDC guidance Document entitled "Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety" – this information should be incorporated into each camp's orientation plan

Mass Department of Public Health guidance documents:

- *(New)* Recommended Immunizations for Children Attending Camp
- "Meningococcal Disease and Camp Attendees: Commonly Asked Questions"
****This document is required to be distributed to all parents or guardians of camp attendees at the time of initial enrollment.**
- "Public Health Fact Sheet: Rabies"
- "Is your Summer Camp Bat Proof?"
- "Capturing a Bat: What you need and How to Do It"
- "Camper Injury Report Form"

Additional guidelines for recreational camps can be found at the Mass Department of Public Health, www.mass.gov/dph , on the Community Sanitation Program webpage.

If you have any questions, please feel free to contact this office.

Sincerely,

Natasha Waden
Health Compliance Officer



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

2016 APPLICATION FOR A LICENSE TO CONDUCT
A RECREATIONAL CAMP FOR CHILDREN

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address _____

Telephone Number: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Type of Camp: _____ Day _____ Residential

Hours of Operation: _____

Dates of Operation: _____ Opening: _____ Closing: _____

Swimming Pool: Yes _____ Pool Permit Number _____ No

Bathing Beach: Yes _____ No _____

Meals Provided: Yes _____ Food Permit Number _____ No

Signature of Applicant: _____

Official Title: _____ Date _____

The following page is a list of documents that must be submitted with this application. All documents must be complete in order to process a permit.

Required Documents

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms (see attached)
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159(B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan – approved by local fire department (105 CMR 430.210(A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C))
- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps – contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for initial license after January 1, 2000 – lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal or sewage and waste water

Camp Director

Name: _____

Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Health Care Consultant

Name: _____

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): _____

MA License Number: _____

Health Supervisor

Name: _____

Age: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C): _____

Aquatics Director

Name: _____

Age: _____

Lifeguard Certificate issued by: _____

Expiration date: _____

American Red Cross CPR Certificate: _____

Expiration date: _____

American First Aid Certificate: _____

Expiration date: _____

Previous aquatics supervisory experience: _____

Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

Supervisory staff means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers.



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Memo

To: Camp Applicants
From: Natasha Waden, Health Compliance Officer
Date: June 7, 2016
RE: Christian's Law / requirement of personal flotation devices for municipal and recreational programs and camps for minor children; determination of swimming ability.

The above mentioned law took effect on October 16, 2012. The law requires municipal and recreational programs or licensed camps, conducting swimming at fresh or saltwater beaches in Massachusetts are in compliance with the Law this summer.

Summary of Christian's Law:

- Requires that municipal and recreational programs and camps for minor children have Coast Guard approved Type I, II or III personal flotation devices available to non-swimmers and at-risk swimmers who will be present in a swimming or diving area. This excludes swimming pools, wading pools and other artificial bodies of water.
- A "swimming test" shall be conducted at the first swimming session at municipal and recreational programs and camps in order to identify and classify non-swimmers and at-risk swimmers. Minors shall then be confined to swimming areas consistent with the limits of their swimming ability.
- No municipal or recreational program or camp for minor children shall refuse, decline or otherwise prohibit a parent, guardian or person with custody of a minor from providing a Coast Guard approved personal flotation device of Type I, II or III to such municipal or recreational. All personal flotation devices must be fit tested.

Please be aware, the above is just a summary and we encourage you to review the enclosed copy of the law and the FAQ page. Please also note that the Mass Department of Public Health (MDPH) is currently in the process of creating regulations pertaining to Christian's Law. Once approved, said regulations will be made available. In the meantime, MDPH has issued interim guidelines for the 2015 Season, which have been included in this packet.

Questions regarding this matter may be direct to this office at 781-316-3170.



Massachusetts Department of Public Health

Revised Interim Guidance Regarding Christian's Law

April 22, 2016

Overview:

Massachusetts General Law c. 111, §127A $\frac{1}{2}$, commonly referred to as “Christian’s Law”, was enacted on July 12, 2012. The Massachusetts Department of Public Health (Department) is preparing to promulgate regulations to implement requirements in the law for municipal and recreational programs and camps to have a system in place for ensuring that Coast Guard approved personal flotation devices (PFDs) are made available to non-swimmers and at-risk swimmers at programs or camps that conduct swimming activities at marine or freshwater beaches. In the meantime, the Department is issuing this guidance document as a reminder that the law is currently in effect, and to assist in compliance with several important aspects of Christian’s Law.

Municipal and recreational programs and licensed camps must: 1) determine each minor’s swimming ability prior to allowing participation in swimming activities; and 2) accept a PFD from a parent or guardian of a minor for the minor to use while in attendance at the program or camp.

Swim Ability Determination:

Christian’s Law, in part, requires that municipal and recreational programs and licensed camps make a determination of each participating minor’s swimming ability at the first swimming session, in order to identify and classify non-swimmers and at-risk swimmers. All participants, including non-swimmers and at-risk swimmers, as well as minors whose parents or guardians have provided a PFD for their child, must then be confined to swimming areas consistent with the limits of their swimming skills or to swimming areas requiring lesser skills than those for which they have been classified.

- Based on input from water safety professionals, the Department recommends that an individual who at testing does not meet criteria for a Red Cross Level 3 swim rating or a YMCA Minnow, be classified as a “non-swimmer,” and that an individual who at testing may or may not have met the criteria for a Red Cross Level 3 swim rating or the YMCA Minnow, but has been determined to have a physical, psychological, medical, or cognitive disability that could negatively impact his/her swimming ability, be classified as an “at-risk swimmer.”

- Christian's Law requires swim testing at the first swimming session prior to any swimming activities in order to classify each minor's swimming ability. The Department recommends that this swim test be conducted or overseen by trained staff that hold appropriate certifications from a nationally recognized swim instructor program, such as the American Red Cross (ARC) or the YMCA. The Department, in consultation with representatives for the ARC and the YMCA, recommends professional oversight of swim test determinations by individuals that hold either current ARC Water Safety Instructor (WSI r.09) or YMCA AQ711B - Lifeguard 2011 training certifications. The Department recommends individuals assessing swimming ability meet the following:
 - Hold a current Red Cross Lifeguard Training Certificate, or Royal Bronze Medallion, or Boy Scouts of America Lifeguard Certificate or National Y.M.C.A. Lifeguard Certificate or an equivalent certification, as determined by the Department; and,
 - Hold a current American Red Cross CPR Certificate for the Professional Rescuer or American Heart Association CPR Certificate for the Health Care Provider, or National Safety Council CPR Training, or an equivalent certification, as determined by the Department's Office of Emergency Medical Services; and,
 - Hold a Red Cross Standard First Aid Certificate, or a Red Cross Community First Aid and Safety Certificate (which certification may be evidenced by a notation on the back of any Red Cross Lifeguard Training Certificate), or National Safety Council First Aid Training, Level 2, or an equivalent certification, as determined by the Department; and,
 - Have, at a minimum, observed and/or participated in one annual swim test training conducted by a qualified Certified Swim Instructor.
- The Department, in consultation with water safety professionals, recommends that swimming ability determinations be conducted once per summer, at a minimum. Additionally, the Department recommends that swimming ability determinations be conducted at the same or comparable location to where the swimming activities will occur.

Personal Flotation Devices:

Christian's Law requires that municipal and recreational programs and licensed camps have a system in place to make PFDs available to non-swimmers and at-risk swimmers, and requires programs and camps to accept a PFD from a parent or legal guardian for their child to use when these programs or licensed camps conduct swimming or waterfront activities at fresh or saltwater beaches. Consistent with the intent of this law, the Department strongly recommends that all municipal and recreational programs and licensed camps provide all classified non-swimmers and at-risk swimmers with a PFD that meets United States Coast Guard (USCG) guidelines in accordance with the following:

- PFDs shall be USCG certified according to type (I, II, III) for size and buoyancy.

- All PFDs must always be in a serviceable condition prior to use and properly fitted to each individual.
- Information on the types of PFDs, size selection, and tips for determining & maintaining a PFD in serviceable condition is available directly from the USCG website at:

http://www.uscgboating.org/safety/life_jacket_wear_wearing_your_life_jacket.aspx
[All spaces represent an underscore character “_” in the website address]

- Non-swimmers, at-risk swimmers, and participants whose parents or legal guardians have provided a PFD for their child do not need to wear a PFD during a swim test, closely supervised swimming or diving lessons, and other closely supervised beach waterfront activities, however a PFD should be worn for all other swimming or boating activities, and whenever on a dock.
- The Department recommends that in every case in which a PFD is used by a minor, either when one is provided by a program/camp or when one is dropped off by a parent or legal guardian, staff at municipal and recreational programs and licensed camps conduct an initial fit test to determine that the PFD is the correct size, and check each minor’s PFD prior to every water entry to ensure that the PFD fits properly and is securely fastened.
- The Department recommends that all staff be trained for PFD fit testing by reviewing the short guidance video provided by the Department with assistance from the U.S. Coast Guard Auxiliary and Mass Parks/Department of Conservation & Recreation. A link to the video can be found at the website below:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/comm-sanitation/christians-law.html>

For more information please visit the MDPH – Community Sanitation Program website
www.mass.gov/dph/dcs or
contact the Massachusetts Department of Public Health, Bureau of Environmental Health at **617-624-5757**.



MGL c. 111, §127A½

Christian's Law

Frequently Asked Questions

- Q.** What is Christian's Law?
- A.** Massachusetts General Law c. 111, §127A½, commonly referred to as Christian's Law, was enacted on July 12, 2012. The law requires that all municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches must:
- 1.) Ensure that all minors are swim tested at the first swimming session;
 - 2.) Provide a properly sized and snug fitting personal flotation device (PFD) Type I, II, or III to all minor children determined to be either a non-swimmer or an at-risk swimmer; and
 - 3.) Allow parents or legal guardians to provide their own properly fitting PFD to the child if they so choose.
- Q.** Is Christian's Law currently in effect?
- A.** While regulations clarifying swim test requirements and other aspects associated with PFDs are being prepared, the mandate requiring municipal and recreational programs or licensed camps to use PFDs if provided by a parent has been in effect since October 16, 2012 (90 days after Christian's Law was enacted).
- Q.** How are municipal and recreational programs different from licensed recreational camps for children?
- A.** A licensed recreational camp must meet certain regulatory requirements for licensing. The definition of a recreational camp for children is very specific, and programs not meeting the legal definition in regulation 105 CMR 430.000, as well as those exempt pursuant to M.G.L. c. 111, §127A, are not subject to these requirements including, but not limited to, mandatory background checks for staff and volunteers; proof of immunization for all staff and campers; and proof of training, certification, and experience for staff conducting or supervising specialized or high risk activities (e.g..swimming).
- Q.** How will municipal and recreational programs or licensed camps determine appropriate swimming classification?

A. The Massachusetts Department of Public Health (MDPH) with input from various stakeholders including the Christian E. Frechette (CEF) Foundation, the Massachusetts Camping Association (MCA), the Massachusetts Park and Recreation Association (MPRA), the Massachusetts Municipal Association (MMA), and the Alliance of Massachusetts YMCAs is assessing requirements for swimming skill determinations based on classifications developed by national safety organizations such as the American Red Cross (ARC), YMCA, and others. MDPH is developing a list of appropriate trainings that will prepare staff at municipal and recreational programs or licensed camps using beaches for swimming programs on the conduct of safe and effective swim tests to meet the requirements of Christian's Law. These national safety organizations provide training certifications for swim instructors to determine the level of a minor's swimming ability.

Q. **How will municipal and recreational programs or licensed camps ensure the safety of non-swimmers and at-risk swimmers?**

A. Once swimmers are classified, a system should be implemented to ensure that any child determined to be a non-swimmer or at-risk swimmer is clearly designated via an identification method such as the use of colored wristbands. Proper classification for all minors participating in swimming programs through the use of trained swim instructors is necessary along with ongoing supervision of designated non-swimmers and at-risk swimmers to ensure the continued use of properly fitting PFDs.

Q. **How will municipal and recreational programs or licensed camps ensure appropriate PFDs are used?**

A. Christian's Law requires that all PFDs used at municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches must be United States Coast Guard (USCG) certified according to type (I, II, III), size, and buoyancy. All PFDs must be in a serviceable condition prior to use. Information on the types of PFDs, size selection, and tips for determining and maintaining a PFD in serviceable condition is available from the USCG at: http://www.uscgboating.org/safety/life_jacket_wear_wearing_your_life_jacket.aspx.

Q. **What do parents and legal guardians need to know?**

A. All children participating in swimming programs at municipal and recreational programs or licensed camps, excluding swimming pools, wading pools, and other artificial bodies of water, need to be classified according to their individual swimming ability through a swim test prior to entering the water for the first time. If the child is determined through swim testing to be a non-swimmer or at-risk swimmer then a properly fitting PFD must be provided by the municipal and recreational program or licensed camp. Christian's Law allows a parent or legal guardian to provide their own PFD for their child. Municipal and recreational programs or licensed camps should inform parents that they may choose to do so and, if the parents provide a PFD, it must be clearly identified with the child's name and contact information. Municipal and recreational programs or licensed camps must ensure the child is wearing the PFD during swimming activities and will need to initially and regularly check that the provided PFD is properly fitting.

Q. If parents can't afford a PFD for their child is there financial assistance available?

A. The CEF Foundation was established by the parents of Christian E. Frechette, the child that is named in Massachusetts General Law c. 111, §127A½. Parents who would like to provide a PFD for their child but are unable to purchase one may contact the CEF Foundation, which offers PFDs for underprivileged children at reduced or no cost. For more information please visit www.ceffoundation.org or contact Derek@ceffoundation.org.

Q. How will Christian's Law be enforced?

A. In Massachusetts, health regulations such as Christian's Law are incorporated in the State Sanitary Code. Similar to other regulations under the state sanitary code, Christian's law will be enforced at the local level through the Board of Health (LBOH), as well as by the MDPH pursuant to M.G.L. c. 111, §127A. All licensed camps are inspected annually for compliance as part of the licensing process by the LBOH, including swimming activities, pursuant to 105 CMR 430.000 – "Minimum Requirements for Recreational Camps for Children". Agents for the LBOH and/or the MDPH may conduct audit inspections at municipal and recreational programs pursuant to Christian's Law in conjunction with water testing pursuant to 105 CMR 445.000, "Minimum Requirements for Bathing Beaches".

For more information please visit the MDPH – Community Sanitation Program website <http://www.mass.gov/dph/dcs> or contact the Massachusetts Department of Public Health, Bureau of Environmental Health at **617-624-5757**.

Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety

What happens to the body as a result of exposure to extreme heat?

People suffer heat-related illness when the body's temperature control system is overloaded. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs. Several factors affect the body's ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions that can limit the ability to regulate temperature include old age, youth (age 0-4), obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug use and alcohol use.

Who is at greatest risk for heat-related illness?

Those at greatest risk for heat-related illness include infants and children up to four years of age, people 65 years of age and older, people who are overweight, and people who are ill or on certain medications.

What is heat stroke?

Heat stroke is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

What are the warning signs of a heat stroke?

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 103°F)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

What should I do if I see someone with any of the warning signs of heat stroke?

If you see any of these signs, you may be dealing with a life-threatening emergency. Have someone call for immediate medical assistance while you begin cooling the victim. Do the following:

- Get the victim to a shady area.
- Cool the victim rapidly, using whatever methods you can. For example, immerse the victim in a tub of cool water; place the person in a cool shower; spray the victim with cool water from a garden hose; sponge the person with cool water; or if the humidity is low, wrap the victim in a cool, wet sheet and fan him or her vigorously.
- Monitor body temperature and continue cooling efforts until the body temperature drops to 101-102°F.
- If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
- Do not give the victim alcohol to drink.
- Get medical assistance as soon as possible.

What is heat exhaustion?

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone to heat exhaustion are elderly people, those with high blood pressure, and those working or exercising in a hot environment.

What are the warning signs of heat exhaustion?

The warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting

The skin may be cool and moist. The pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. See medical attention if symptoms worsen or last longer than one hour.

What steps can be taken to cool the body during heat exhaustion?

- Drink cool, nonalcoholic beverages.
- Rest.
- Take a cool shower, bath, or sponge bath.
- Seek an air-conditioned environment.
- Wear lightweight clothing.

What are heat cramps and who is affected?

Heat cramps are muscle pains or spasms – usually in the abdomen, arms, or legs – that may occur in association with strenuous activity. People who sweat a lot during strenuous activity are prone to heat cramps. This sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion. If you have heart problems or are on a low-sodium diet, seek medical attention for heat cramps.

What should I do if I have heat cramps?

If medical attention is not necessary, take the following steps:

- Stop all activity and sit quietly in a cool place.
- Drink clear juice or a sports beverage.
- Do not return to strenuous activity for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention for heat cramps if they do not subside in 1 hour.

What is heat rash?

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. It can occur at any age but is most common in young children. Heat rash looks like a red cluster of pimples or small blisters. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases.

What is the best treatment for heat rash?

The best treatment for heat rash is to provide a cooler, less humid environment. Keep the affected area dry. Dusting powder may be used to increase comfort.

Can medications increase the risk of heat-related illness?

The risk for heat-related illness and death may increase among people using the following drugs: (1) psychotropics, which affect psychic function, behavior, or experience (e.g. haloperidol or chlorpromazine); (2) medications for Parkinson's disease, because they can inhibit perspiration; (3) tranquilizers such as

phenothiazines, butyrophenones, and thiozanthenes; and (4) diuretic medications or "water pills" that affect fluid balance in the body.

How effective are electric fans in preventing heat-related illness?

Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath or moving to an air-conditioned place is a much better way to cool off. Air conditioning is the strongest protective factor against heat-related illness. Exposure to air conditioning for even a few hours a day will reduce the risk for heat-related illness. Consider visiting a shopping mall or public library for a few hours.

How can people protect their health when temperatures are extremely high?

Remember to keep cool and use common sense. Drink plenty of fluid, replace salts and minerals, wear appropriate clothing and sunscreen, pace yourself, stay cool indoors, schedule outdoor activities carefully, use a buddy system, monitor those at risk, and adjust to the environment.

How much should I drink during hot weather?

During hot weather you will need to drink more liquid than your thirst indicates. Increase your fluid intake, regardless of your activity level. During heavy exercise in a hot environment, drink two to four glasses (16-32 ounces) of cool fluids each hour. Avoid drinks containing alcohol because they will actually cause you to lose more fluid.

Should I take salt tablets during hot weather?

Do not take salt tablets unless directed by your doctor. Heavy sweating removes salt and minerals from the body. These are necessary for your body and must be replaced. The easiest and safest way to do this is through your diet. Drink fruit juice or a sports beverage when you exercise or work in the heat.

What is the best clothing for hot weather or a heat wave?

Wear as little clothing as possible when you are at home. Choose lightweight, light-colored, loose-fitting clothing. In the hot sun, a wide-brimmed hat will provide shade and keep the head cool. If you must go outdoors, be sure to apply sunscreen 30 minutes prior to going out and continue to reapply according to the package directions. Sunburn affects your body's ability to cool itself and causes a loss of body fluids. It also causes pain and damages the skin.

What should I do if I work in a hot environment?

Pace yourself. If you are not accustomed to working or exercising in a hot environment, start slowly and pick up the pace gradually. If exertion in the heat makes your heart pound and leaves you gasping for breath, STOP all activity. Get into a cool area or at least in the shade, and rest, especially if you become lightheaded, confused, weak, or faint.

For more information, please visit www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
305 South Street, Jamaica Plain, MA 02130

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Division of Epidemiology and Immunization

Tel: (617) 983-6800

Fax: (617) 983-6840

www.mass.gov/dph/epi

www.mass.gov/dph/imm

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

To: Camp Directors

From: Susan Lett, MD, MPH, Medical Director, Immunization Program
Pejman Talebian, MA, MPH, Director, Immunization Program

Date: March 2016

Subject: Recommended Immunizations for Children Attending Camp

Vaccination is critically important to control the spread of vaccine-preventable disease. In 2015, 189 people from 24 states and the District of Columbia were reported to have measles. In 2014, the United States experienced a record number of measles cases, with 667 cases from 27 states reported to CDC's National Center for Immunization and Respiratory Diseases (NCIRD); this is the greatest number of cases since measles elimination was documented in the U.S. in 2000. The majority of people who got measles were unvaccinated.

In 2015, a single visiting exchange student developed measles while visiting Massachusetts and resulted in hundreds of exposures, and measures to control measles such as isolation of the ill individual and quarantine of those exposed who were unable to get vaccinated within 72 hours after exposure. This resulted in many missed days of work, school, daycare, and other activities such as graduations. In 2016, an outbreak of mumps among college students in Massachusetts has resulted in isolation of ill students and quarantine of those students who did not have evidence of immunity to mumps. Large institutions have had to consider cancelling events to keep mumps from spreading. This outbreak has remained moderate in size because of very high vaccination rates among students in Massachusetts.

Immunization requirements for entry to school in Massachusetts have been updated since 105 CMR 430.000, Minimum Standards for Recreational Camps

for Children, the regulation outlining immunizations required for camp, was last revised. Therefore, camp immunization requirements are not consistent with the latest required immunizations for school entry. We encourage you to use the School Immunization Requirements table as a reference. You can find this table at www.mass.gov/dph/imm. Click on "School Immunizations," choose "Immunization Requirements for School Entry."

Required Vaccines:

According to 105 CMR 430.152

(www.mass.gov/eohhs/docs/dph/regs/105cmr430.pdf)

- Campers and staff younger than 18 years of age are **required** to have **written** documentation of:
 - At least one MMR. A second dose administered at least one month after the first dose, is required for all campers and staff entering K - 12 or college in the school year immediately following the camp session or, in the case of ungraded classrooms, or not attending school, the requirement for 2 doses applies to everyone 5 years of age and older.
 - At least 3 doses polio vaccine
 - At least 4 doses of DTaP
 - One dose of Td (Tdap preferred) for campers and staff entering grades 7 through college. Everyone else is required to have a dose of Td (Tdap preferred) if it has been more than 10 years since the previous dose of Td.
 - 3 doses of hepatitis B vaccine, or laboratory evidence of immunity.

- Campers and staff 18 years of age and older are required to have documentation of:
 - Unless born before 1957, 2 doses of measles-containing vaccine and 1 dose each of mumps and rubella vaccines, or born before 1957, or laboratory evidence of immunity to measles, mumps and rubella.
 - At least 3 doses of DTaP/DTP/DT/Td. A booster dose of Td (Tdap preferred) is required if more than 10 years have elapsed since the last dose of DTaP/DTP/DT/Td.

Recommended Vaccines:

The Massachusetts Department of Public Health (MDPH) Immunization Program recommends the following vaccines in addition to the required list to better prevent an outbreak of vaccine preventable diseases at camp:

- Campers younger than 12 years of age:
 - At least 1 dose of varicella (chickenpox) vaccine or healthcare provider certified history of chickenpox disease.[§]

- Campers and staff 12 through 17 years of age:
 - 1 booster dose of Tdap*

- At least 1 dose of varicella (chickenpox) vaccine or healthcare provider certified history of chickenpox disease.[§]

- Campers and staff 18 years of age and older:
 - 1 dose of MMR for non-U.S.-born adults born before 1957 and 2 doses of MMR for everyone born in or after 1957, or laboratory evidence of immunity to measles, mumps and rubella
 - 1 booster dose of Tdap*
 - At least 1 dose of varicella (chickenpox) vaccine or health care provider certified history of chickenpox disease, or born in the U.S. before 1980[§]
 - Hepatitis B vaccine for staff whose responsibilities include first aid.

The recommendations for campers and staff 18 years of age and older also apply to any camp volunteers 18 years of age and older.

* Beginning in the fall of 2016, a booster dose of Tdap is required for school entry for grade 7 – grade 12 and all college students.

§ Beginning in the fall of 2016, 2 doses of chickenpox vaccine are required for school entry for kindergarten – grade 5, grade 7 – grade 12 and all college students. This 2-dose requirement will be phased in for 6th graders. For the fall of 2017, 2 doses of chickenpox vaccine will be required for all students.

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed cases of disease, please contact the MDPH Immunization Program at 888-658-2850 or 617-983-6800.

Meningococcal Disease and Camp Attendees:

Commonly Asked Questions

August 2011

Provided by Mass Department of Public Health in accordance with M.G.L. c.111 s 219

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or terminal complement component deficiency (an inherited immune disorder) are at risk. People who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

There are currently 2 types of vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age. Menveo® is approved for use in those 2 to 55 years of age. Meningococcal vaccines are thought to provide protection for approximately 5 years.

Should my child receive meningococcal vaccine?

Meningococcal vaccine is **not** recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child’s health care provider. In addition, parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child’s healthcare provider.

How can I protect my child from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at www.mass.gov/dph.

PUBLIC HEALTH FACT SHEET

Rabies

Massachusetts Department of Public Health, 305 South Street, Jamaica Plain, MA 02130

Revised: June 2010

What is rabies?

Rabies is a very serious disease that affects the brain and spinal cord of mammals (if an animal has hair or fur, it is a mammal). Cats, dogs, raccoons, coyotes and foxes are mammals, as are people. Rabies is caused by a virus and almost always causes death. Rabies is usually a disease of animals, but it can spread from an infected animal to a person.

How is rabies spread?

Rabies spreads when an animal with rabies bites another animal or person. The rabies virus is in the saliva (spit) of infected animals. Infected animals can also spread rabies if their saliva gets into a scratch or other wound, or the eyes, nose or mouth of another person or animal.

Does rabies cause death in people in the U.S.?

Yes, but it is very rare for people to get rabies in the United States. Of the 55,000 people who die of rabies every year around the world, only one or two of those deaths occur in the United States. The last death from rabies in a Massachusetts resident was in 1983, associated with exposure in Nigeria.

How common is rabies in animals in Massachusetts?

Fairly common. Since 1992, more than 5,000 animals have tested positive for rabies in Massachusetts. Most of these cases occurred in wild animals like raccoons, skunks, bats, woodchucks and foxes, but every year some pets (especially cats) and farm animals also get rabies. Fortunately, there is a vaccine to protect dogs and cats from rabies.

Is there something special about bats and rabies?

Yes. Most of the recent human cases of rabies in the US have been caused by bats. Any possible contact with bats should be taken seriously. This includes a bite or scratch, waking up with a bat in the room or finding a bat in a room with a young child or mentally impaired person. Bat teeth are so small that a person may not realize they have been bitten, so bat exposures need to be carefully evaluated.

What kinds of animals don't get rabies?

Birds, fish, reptiles (such as snakes, turtles and lizards), amphibians (such as frogs and salamanders) and insects (bugs) cannot get or spread rabies.

Can you tell if an animal is rabid?

You cannot tell if an animal has rabies just by looking at it. Rabid animals may act strangely after the virus affects their brains, or they may seem just fine.

Sometimes, rabid animals may aggressively attack people or other animals. Sometimes, a test is done on an animal's brain to find out if it had rabies.

How is rabies prevented in people?

After a person is exposed to rabies, they can be given shots (called "immune globulin") around the bite or scratch to help fight the virus where it entered the body. They will also get 4 or 5 vaccinations (shots) in their arm over several weeks. These shots will also help the person fight the virus. As long as the shots are given before the person starts to get sick, this will prevent them from getting rabies. If a person does not get the shots and then gets sick with rabies, there is no effective treatment. Rabies is almost always fatal.

What should you do if you think you've been exposed to rabies?

If you are bitten or scratched by an animal:

- Wash the wound with soap and water **right away** for ten minutes.
- Call your health care provider or local board of health. They can help you determine if you need to be treated for a rabies exposure.
- Your local animal control officer may be able to catch the animal that scratched or bit you. Wild animals should be tested immediately for rabies. Cats, dogs, ferrets and cows can be watched for 10 days. If they stay healthy, they did not expose you to rabies.

What should you do if you find a bat in your home?

- If the bat is found in a room with a sleeping person, an unattended young child, a mentally incapacitated person or a pet, the bat should be safely captured and tested for rabies. Information about how to safely capture a bat can be found in the document called *Capturing a Bat: What You Need and How To Do It* at www.mass.gov/dph/rabies.
- Call your local board of health for help in getting the bat tested for rabies.
- Call your healthcare provider, your local board of health or the Massachusetts Department of Public Health to help you determine if you need to be treated for a rabies exposure.

What should you do if you think your pet has been exposed to rabies?

If your pet is bitten or scratched by another animal:

- Call your veterinarian to help you determine if the animal needs medical attention.
- Your local animal control officer may be able to catch the animal that scratched or bit your pet. Wild animals should be tested immediately for rabies.
- In some cases, it may be necessary to confine your animal and watch it to see if it develops signs of rabies. Your local animal inspector can help you determine if this is necessary.

How can you help prevent rabies in Massachusetts?

- Teach children to never approach animals they don't know – even if they appear friendly.
- Report any animal that behaves oddly to your local animal control official.
- Enjoy wild animals from a distance. Do not keep wild animals as pets. This is against the law in Massachusetts.
- Make sure your pets are vaccinated against rabies. By law, all dogs, cats and ferrets must be regularly vaccinated against rabies.
- Don't feed or water your pets outside. Even empty bowls will attract wild and stray animals.
- Keep your pets in a fenced yard or on a leash and do not let them roam freely.
- Keep your garbage securely covered. Open garbage will attract wild or stray animals.
- Keep your chimney capped and repair holes in attics, cellars, and porches to help keep wild animals like bats and raccoons out of your home.

Where can you get more information?

- Your doctor, nurse or clinic, or local board of health (listed in the phone book under local government)
- Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983- 6800 or toll-free at 1-888-658-2850 or on the MDPH website at www.mass.gov/dph/rabies
- Massachusetts Department of Agricultural Resources, Division of Animal Health at (617) 626-1786 or on the MDAR website at www.mass.gov/agr

Attention Summer Camp Directors, Nurses and Maintenance Staff!

Is Your Summer Camp Bat Proof?

Bats are frequently found in summer camp settings for several reasons. First, summer camps are often located in areas that provide suitable habitat for bats and other wildlife. Second, bats are most active during the warm summer months. Finally, some camp buildings are not built to be weather-tight and bats may find ways to get inside.

Rabid bats may show abnormal behavior including: being on the ground, landing on someone, and/or flying during the day. However, there is no way to tell if an animal is rabid simply by looking at it. **All contact with bats and other wild animals should be reported to the camp nurse.**

Cabins used for sleeping should be inspected every spring before the camp opens.

- Inspect attic space, rafters, porches, and walls for signs of roosting (sleeping or resting) bats, such as bat guano (feces) and crystallized urine, or a musty odor.
- Look for openings that bats could get through, including spaces larger than 5/8 inch by 7/8 inch and long thin slots larger than 1/4 inch by 2 inches.
- If evidence of bats is found during an inspection, the cabin should not be used for sleeping until the animals have been removed and the building batproofed.

Camp buildings and cabins, particularly those used as sleeping quarters, should be **batproofed**.

- Bat proofing should take place during the month of May or from August 1 through mid-October when most bats will have left to hibernate or will have raised their young.
- Seal openings larger than 5/8 inch by 7/8 inch, or long thin slots larger than 1/4 inch by 2 inches.
- Use materials such as expanding spray-on foam, caulk, wire mesh, wood that fits tightly, steel wool (around pipes that enter buildings) etc., to seal gaps and holes.
- Make sure windows have screens, chimneys are capped, and electrical and plumbing openings are plugged.

For questions about bats and rabies, please contact your local board of health or call the Massachusetts Department of Public Health, Division of Epidemiology and Immunization at 617-983-6800.

For more information about bats contact the Division of Fisheries and Wildlife at www.mass.gov/masswildlife or call 508-389-6300.

Capturing a Bat: What You Need and How to Do It

When to capture a bat

- If contact between a person and a bat may have occurred, even if no wounds can be seen.
- If a bat is found close to an unattended child, a person who was sleeping, a person with sensory or mental impairment, or a pet.

Items Needed for a Bat Capture Kit

- **Gloves** – heavy, preferably pliable, thick leather.
- **Kitchen tongs or forceps** – 9” to 12” in length.
- **Coffee can or other similar container** – preferably with a tight-fitting lid.
- **Sheet of cardboard**
- **Tape**
- **Net** – with fine mesh and long handle.
- **Flashlight** – to locate the bat without scaring the animal and causing it to fly around in alarm.
- Guidelines for **How To Handle Bats at Summer Camp** or **What To Do If You Find a Bat In Your Home** – to determine when a bat should be captured.

To obtain the items listed above, the following types of vendors are suggested:

- **Hardware store/home & garden center** - gloves, flashlight, batteries, tape, tongs
- **Medical supply company** - forceps
- **Forestry supply company** - fine mesh insect net

How to capture a bat on a wall

Use a container – Close the doors and windows to the room, then wait until the bat lands. Approach slowly, placing the container over the bat. Slide the cardboard between the wall and the container, lifting away from the wall as a unit. Slowly slide the cardboard off the container while simultaneously slipping on the appropriately sized lid. Tape a lid to the container so the bat cannot escape and label the container so it is not accidentally opened. Contact your local board of health.

How to capture a bat in a high place or in flight

Use a net – Bats are very sensitive to movement around them. To capture a bat with a net you have to come from behind. Transfer the bat to a container with forceps or thick leather gloves.

For questions about bats and rabies please contact your local board of health or call the Massachusetts Department of Public Health, Division of Epidemiology and Immunization at 617-983-6800

**Massachusetts Department of Public Health
Community Sanitation Program
Recreational Camp Injury Report Form**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), 105 CMR 430.154 specifically requires that a report be completed, on a form prescribed by the Massachusetts Department of Public Health, for each fatality or serious injury as a result of which a camper or staff person is sent home, or is brought to the hospital or a physician's office and where a positive diagnosis is made. Such injuries shall include, but shall not necessarily be limited to, those where suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital. **A copy of each injury report must be sent to the Massachusetts Department of Public Health within SEVEN (7) days of the occurrence of the injury.**

PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EVERY QUESTION.

1. Name of Camp: _____

2. Street Address (please indicate the camp's in-session, physical address):

City/Town: _____ Zip Code: _____

3. Name of Camp Director: _____ 4. Telephone: _____

5. Name of Person Completing Form: _____

6. Today's Date: _____ 7. Date of injury: _____ 8. Time of Injury: _____ AM PM

9. Enter the number of campers and staff who were injured: ___ Camper ___ Staff member

Note: Fill out a separate form for each injured person

10. a) Age of person whose injury is described on this form: _____ b) Gender: M F

11. Where did the injury occur? On camp property Off camp property

12. Please specify the type of facility where the injury occurred:

- | | |
|--|---|
| <input type="checkbox"/> Athletic or recreational facility | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Dorm or sleeping quarters | <input type="checkbox"/> Other water body (not pool) |
| <input type="checkbox"/> Motor vehicle | <input type="checkbox"/> Other, please specify: _____ |

13. What was the incident outcome? Please check all that apply:

- Injury Illness Death

14. Explain in detail how the injury occurred (e.g. what type of activity was the injured person engaged in when the injury occurred) and describe the nature of the injury. **Do not include names or other personal identifying information regarding the injured person or other involved parties.**

15. Type of injury. Please check all that apply:

- Alleged abuse or neglect Allergic reaction Bite or sting Bruise or contusion
- Burn Concussion Cut or laceration Drowning
- Fracture or dislocation Heat or cold (e.g., heat exhaustion, hypothermia) Muscle strain Near drowning
- Psychological or mental health issue Undetermined Viral or bacterial infection
- Other, please specify: _____

16. What body part(s) were injured? Please check all that apply:

- Head, neck, and/or face
- Torso, please specify:
 - Abdomen Back Chest Hip
- Upper extremity, please specify:
 - Arm Fingers Hand Shoulder Wrist
- Lower extremity, please specify:
 - Ankle Foot Knee Legs Toes
- Internal
- Other, please specify: _____

17. Where was the person treated? Please check all that apply:

- Admitted to hospital Off-site medical facility (e.g., emergency room, physician's or dentist's office) On-site medical facility (e.g., clinic or infirmary)
- Other, please specify: _____

18. Was injured person sent home? Yes No

19. Did your camp change equipment, policies, or procedures as a result of this incident? Yes No

20. If yes, please check all that apply:

- Activity removed or forbidden Changes to equipment implemented New safety procedures implemented Safety education updated
- Venue changed or altered Other, please specify: _____

21. Briefly explain changes implemented as a result of this incident. If no changes were made, please explain why not.

PLEASE MAIL, FAX, OR EMAIL CAMP INJURY REPORTS TO:
 MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF ENVIRONMENTAL HEALTH
 COMMUNITY SANITATION PROGRAM
 250 WASHINGTON STREET-7th FLOOR
 BOSTON, MA 02108-4619
 TELEPHONE (617)-624-5757 FAX (617) 624-5777
 celestine.payne@state.ma.us