

Camp Harbor View

Summer Camp Family Handbook

Camp Harbor View must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Boston Inspectional Services Department's Division of Health Inspections. Under the authority of M.G.L. c. 111 §§ 3 and 127A, the regulations at 105 CMR 430.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN (State Sanitary Code, Chapter IV) were adopted to insure minimum housing, health, safety and sanitary protection for children in the care of recreational camps operating in the Commonwealth.

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Welcome

Welcome to Camp Harbor View! Now that your child is enrolled, please take a few moments to read this Family Handbook. It contains important information that will help make your child's experience an excellent one.

Licensing Information

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Camp Mission Statement

Camp Harbor View changes lives and enhances Boston by exposing underserved youth to the possibilities of a future they may have never envisioned. We provide unique experiences that let kids be kids, build confidence, unlock creativity, broaden horizons, and foster skills for successful lives. Our exceptional summer camp experience and year-long programming helps kids to envision new pathways to success by providing life-shaping experiences at a critical time in their lives.

Communication with Camp

If you have any questions or concerns throughout the summer, please reach out to us via phone or e-mail. Camp staff are available throughout the camp day to take your call and are happy to speak to you regarding your child and the program. For matters that are not urgent or cannot be immediately answered, your call will be returned between 4:15 p.m. and 6:00 p.m. daily so our staff can focus their attention on the campers while camp is in session.

Camp Office Phone: (617) 379-5500

Camp Office Fax: (617) 224-5603

Camp Office E-Mail: info@campharborview.org

Absence Policy

Campers may be absent no more than 3 days per session. After three days of absence, the camper will be un-enrolled from camp. Some exceptions to this policy may apply, please reach out to the Camp Office via e-mail regarding any absences.

Reporting Grievances

Should a parent/guardian have a grievance with the camp on any issue regarding the safety and well-being of a camper, a verbal communication should be made immediately to the Executive Director. The grievance will be reviewed by the Executive Director. Issues will be addressed with the appropriate individual(s) in a confidential manner. Follow-up written documentation must be submitted within ten days of the complainant's notification of the incident to the following:

Camp Harbor View Grievances

Attn: Executive Director

46 Plympton Street

Boston, MA 02118

Telephone: (617) 379-5500

lfortenberry@campharborview.org





If there is a grievance against the Executive Director, verbal communication should be made immediately with the Director of Human Resources, followed up in writing within ten days to the address below. The grievance will be reviewed by the Director of Human Resources. Issues will be addressed in an appropriate and confidential manner.

Camp Harbor View
Attn: Director of Human Resources
46 Plympton Street
Boston, MA 02118
Telephone: (617) 379-5500
dhalderman@campharborview.org

Parent/Guardian Request for Information

Parents/guardians of enrolled campers may at any time in writing request a complete copy of policies pertaining to health care at camp, background checks, and discipline/positive behavior guidance. Requests must be sent to info@campharborview.org.

Transportation

Campus Traffic Plan

Long Island is not accessible by car. No camper may be dropped off or picked up at the Seaport except in emergency cases and with approval from the Executive Director prior to transport.

Pick Up and Drop Off Plan

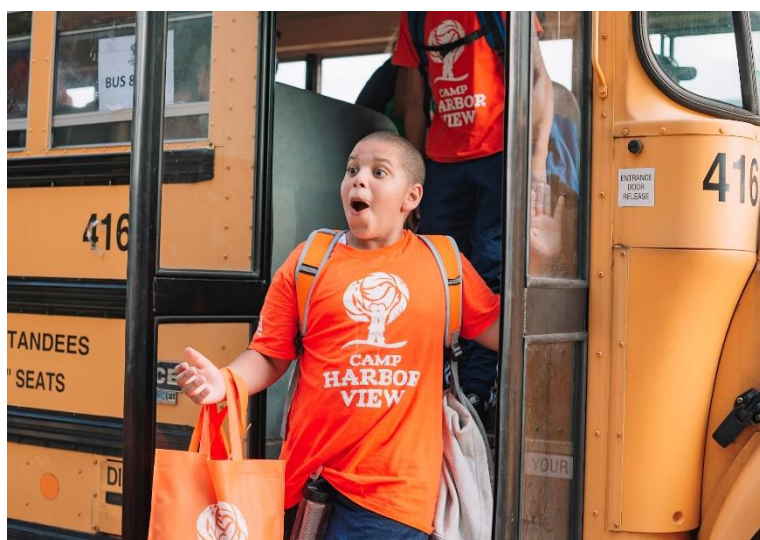
All campers must arrive to their bus stop on time to check in with the bus monitor. Busses depart for the Seaport at their designated times. Upon arrival to the Seaport, busses will pull up along Seaport Boulevard and campers will walk down the apron to the boat. At dismissal, busses will be called in order and campers will walk down the apron to the busses and board. Busses will depart for the city bus stops where campers will either walk home (ages 12+ with parent/guardian permission) or be picked up by a parent/guardian or other designated adult (under 12).

Pick Up by Someone Other Than Parent/Guardian

If a camper is to go home with someone other than the parent/guardian, a note or e-mail must be sent to the Camp Office stating who the alternate pick up person is prior to dismissal. These people may also be listed in the online registration system.

T Riders/Walkers/Bike Riders

Participants who take the T, walk, or ride a bike home from the bus stop must have a waiver on file with the camp office, signed by a parent/guardian. Participants must be 12 years or older to walk/bike/take the T from their bus stop to home. They may not walk/bike/take the T home unless a waiver is on file or notification is given to the camp office during the camp day.



Emergency Procedures

In Case of Camp, Local or National Emergency

You will receive an automated call or text from camp with instructions and information.

Phone Numbers and Emergency Contacts

Please make sure that we have correct phone numbers on file for the entire time your child is at camp. Although they are infrequent, emergencies do happen. We want to be able to reach you so that you are available for your child.



Meals

Breakfast, lunch and dinner are provided to all campers daily by our partner, City Fresh. Menus can be found on the Camp Harbor View website.

Food Allergy Policy

Camp Harbor View recognizes that food allergies, in some instances, may be severe and even occasionally life threatening. The foods most likely to cause allergic reactions are peanuts, tree nuts, dairy products, eggs, soy, wheat, fish, and shellfish. Peanut allergies are among the most common.

Camp Harbor View is not allergen-free however, all provided meals are nut-free and we operate a nut-free facility.

Parents/guardians of participants with life-threatening allergies must provide us with emergency medications and a written medical treatment protocol for their child for addressing allergy-related events.

Information pertaining to a camper's allergies will be shared with Camp Harbor View staff that work directly with the camper, including nursing staff, but otherwise will be kept as confidential as possible.

Behavior Policy

Camp Harbor View's rules and agreements are founded on our core values: Fun, Respect, Responsibility, Community, Character, and Courage. They are laid out here in much the same manner that we discuss them at camp. To help your children to have the best possible time at Camp Harbor View, we encourage parents/guardians and campers to discuss these behavior agreements in advance of camp.

Fun: Our goal at Camp Harbor View is to provide a safe and fun camp environment. We do this by following the expectations set by our core values.

Respect: We respect ourselves, each other, the staff and the environment. Make safe choices and take care of yourself. Treat others as you wish to be treated. You don't have to be best friends with everyone, but you must be kind to each other. Follow staff's directions. Leave the space cleaner than when you found it by cleaning up after yourself.

Responsibility: We take responsibility for ourselves and ownership of our actions and their consequences. We are responsible for our belongings and make sure to bring appropriate camp gear for each day.

Community: We do not tolerate insults or poor treatment of others based on race, social class, language, gender, sexual orientation, religion, disability or any other difference. We wear our camp uniform with pride. If you have an idea, please share it. Remember that you are a valuable part of our camp.

Character: We fully engage in the camp experience, leaving technology off the island or away for the duration of the day. We use appropriate language.

Courage: We try new things and do our best at each program area. We take safe risks. Ask for help from a staff if you feel bad or are sick. If you notice that a fellow camper is making unsafe choices, tell a staff.

Most youth thrive in Camp Harbor View's environment of respect and positive communication. Our discipline program is based in respectful communication. When behavior is inappropriate or unsafe, we take the following steps:

1. Discuss the situation, make a verbal agreement defining the desired behavior, and establish any natural consequences as applicable (e.g. sitting out from some pool time for running at the pool).
2. If the problem continues, camper and staff create a written agreement. This may be followed by a call home.
3. If the behavior is still unresolved, the parent/guardian will be contacted and the camper will be sent home.



It is important to note that should the Executive Director and staff feel it is necessary to send a child home for any reason, their parent, guardian, or emergency contact person is obliged to pick the child up immediately at their own expense from the Seaport. We reserve the right to send a camper home without completing steps 1 and 2, as deemed necessary by the Executive Director.

Our model of positive behavior guidance strictly prohibits the following methods of discipline:

- There will be no corporal punishment; staff will not physically discipline campers for any reason
- No camper will be subjected to cruel or severe punishment, humiliation, or verbal abuse
- No camper will be punished for soiling, wetting, or not using the toilet
- Food, water, or shelter will never be withheld as a form of punishment



Medical Procedures

In accordance with Massachusetts State Regulations, Camp Harbor View has a Health Care Consultant who oversees our health care policies and is available for consultation as needed. As our consultant is not on campus, two registered nurses are present daily from 8:15 am to 4:45 pm. The nurses serve as our Health Care Supervisors. The health center is located in the Administration Building on campus. To speak to the nurses, please contact the camp office. The nurses tend to all the campers' and staff's health care needs, including the administration of medications. They maintain a medical log of all camper and staff health complaints and treatments. Additionally, all camp staff are certified in First Aid and CPR.

Health History, Physical Form, Immunizations

All health forms must be on file at the beginning of camp. It is a violation of state regulations to have any camper engage in activities at camp without the proper health information on file. Please be sure your camper's information is complete and up to date. Campers must have a physical within 18 months preceding the last day of camp as well as a Camper Health History to be completed by the parent/guardian.

Written records of immunizations must be provided. Immunizations are to be in accordance with the most current recommendations from the CDC. In addition to the list here, a 2019 letter is attached to this document regarding immunization of campers. Staff and children under 18 require:

Grades Kindergarten – 6

Kindergarten requirements apply to all students ≥ 5 years.

DTaP	5 doses; 4 doses are acceptable if the 4th dose is given on or after the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP.
Polio	4 doses; 4th dose must be given on or after the 4th birthday and ≥ 6 months after the previous dose, or a 5th dose is required. 3 doses are acceptable if the 3rd dose is given on or after the 4th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1st birthday and the 2nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1st birthday and 2nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades 7 – 12

In ungraded classrooms, grade 7 requirements apply to all students ≥ 12 years.

Tdap	1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥ 10 years since Tdap.
Polio	4 doses; 4th dose must be given on or after the 4th birthday and ≥ 6 months after the previous dose, or a 5th dose is required. 3 doses are acceptable if the 3rd dose is given on or after the 4th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
MMR	2 doses; first dose must be given on or after the 1st birthday and the 2nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1st birthday and 2nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Medications

We follow the regulations set by the state of Massachusetts. Please remember that campers cannot carry medication at camp, with the exception of asthma inhalers and epi-pens, and our Camp Nurse must know about these. If your child needs any medication during the camp day, you must complete the online Medication Consent Form. This form must be signed by the parent/guardian for the nurse to administer medication. All medications must be in the original pharmacy container with the appropriate label with camper identification information, this includes over the counter medications as well as prescription medications. Please see the document regarding the authorization to administer medication to a camper on the Camp Harbor View website.





Illness and Injury

Families are asked not to send their child to camp if they are sick or contagious. If a child becomes ill during camp, the child may be required to remain in the nurse's office for the duration of the camp day, and/or a parent/guardian or emergency contact may be called immediately to pick up the child at the Seaport. Campers must be picked up within 1.5 hours of contacting the parent/guardian. Campers are asked to be kept at home from camp until they have had a full 24 hours without symptoms. Campers who do not have up-to-date immunizations for the two accepted reasons according to Massachusetts State Law may be excluded from camp in the event of a communicable disease outbreak

Please keep your child at home if he/she experiences any of the following symptoms within 24 hours of the beginning of a new camp day:

- Fever of 100 degrees or higher (Children should be fever-free for 24 hours before returning to camp)
- Flu-like symptoms
- Sore throat, particularly with swollen glands
- Cold symptoms such as repeated coughing or sneezing, which are likely to spread infection
- Significant headache, stomachache, or chest pain
- Obvious infections such as chicken pox (all lesions should be crusted over before returning to camp)
- Contagious skin disease such as impetigo
- Contagious illness such as strep throat
- Any illness where a child is unable to participate fully in camp activities

Note: Children placed on antibiotics should be on them for 24 hours before returning to camp.

Communication from Nurses

The Camp Nurse will call parents and guardians immediately following initial care of a camper, when the camper requests that we call, or when they determine the camper should not return to the group for further medical attention or other health reasons.

Because we remain focused on the health and safety of all campers, we try to limit the time we spend on the phone contacting parents about incidental health needs of campers, such as a stubbed toe or scraped knee. If the needs of your child require more care than our Camp Nurse can provide, we will contact you. Expect follow up about anything of concern by the Camp Nurse or other camp leadership either via phone or e-mail.

Sunscreen

Please apply sunscreen liberally to your camper before leaving home every morning, even if it looks like rain. Sunscreen application should become a routine for camp. Campers with a signed sunscreen authorization form will re-apply throughout the day. Waterproof and sweat proof sunscreens work well for a busy camp day. Look for products that screen-out both UVA and UVB rays. Most pediatricians recommend an SPF of 30 or higher. We have found that sunscreen sticks work well for the face, especially around the eyes. Please send your camper with a bottle of sunscreen labeled with their name. Staff do not assist campers with the application of sunscreen. Sunscreen is available at the Nurse's office if a camper forgets theirs.

Concussions

A concussion is a type of brain injury often caused by a bump, blow or jolt to the head. While concussions can be mild, they can have a serious effect on a young, developing brain. At Camp Harbor View, all campers who sustain a head injury are immediately sent to the Nurse's office where the Camp Nurse will review the signs and symptoms checklist. Upon completion of this checklist, parents may receive a phone call home concerning the injury. Please review the attached information sheet on concussions for more information.

Meningococcal Fact Sheet

As required by 105 CMR 430.157 *Communicable Disease Reporting and Parental Education Requirements*, information regarding meningococcal disease and immunization shall be provided annually to the parent/guardian of each camper in accordance with M.G.L. c. 111 § 219. Please see document regarding commonly asked questions about meningococcal disease on our website.



At Camp

On the first day of camp, all campers will be provided a backpack, a water bottle, and three Camp Harbor View t-shirts. Campers should use this or another backpack to bring any needed items to camp, including their water bottle. Other items to bring include:

- Sunscreen
- Bathing Suit
- Towel
- Insect Repellent

Campers should dress appropriately for the weather. They must wear their Camp Harbor View shirt **every day**. Campers who come to the bus stop without their Camp Harbor View shirt will be

turned away from camp that day. Campers should also come to camp wearing shorts and socks and sneakers. Sneakers are mandatory for safety reasons. Other footwear (crocs and slides) may be permissible at the pool. Programming will continue outside regardless of weather as long as it is safe to do so; campers should pack spare clothing and/or rain gear or sweatshirts/long pants if it is cold.

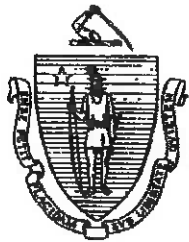
All campers should label their belongings with their name.

What to Leave at Home

Pocket knives, weapons, drugs and/or alcohol **are not** permitted on camp property. This includes squirt guns and other toy weapons. Violation of this expectation may result in dismissal from the program.

Explicit apparel that is offensive, discriminatory or suggestive is not permitted to be worn.

Camp Harbor View is electronics-free. Campers should leave all electronic devices, including handheld gaming devices and cell phones at home. Campers are responsible for all items they bring to camp. Camp Harbor View is not responsible for any lost or stolen items.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Community Sanitation Program
250 Washington Street, Boston, MA 02108-4619
Phone: 617-624-5757 Fax: 617-624-5777
TTY: 617-624-5286

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Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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

**Advisory regarding the Parent/Guardian Authorization to
Administer Medication to a Camper**

CONTACTS: Steven F. Hughes, Director (617) 624-5757, or
David T. Williams, Senior Analyst (781) 774-6612

RE: Clarification of Recreational Camp document titled: Authorization to Administer Medication
to a Camper (completed by parent/guardian)

DATE: March 29, 2018

Dear Parent/Guardian,

If your child may require any medication during their time at camp, Massachusetts regulations require the camp to follow certain procedures to ensure minimum safety requirements are met (105 CMR 430.000: *Minimum Standards for Recreational Camps for Children* (State Sanitary Code, Chapter IV)). The attached consent form gives the camp permission to store and administer medication to the camper by certain trained camp staff. The criteria below explain the requirements for those medications and the procedures the camp must follow. It is important for you to carefully review these criteria and discuss any specific questions with camp staff.

- If providing prescription medications for the camp to administer to your child, please complete the attached form "Authorization to Administer Medication to a Camper" completely.
 - Specify "NA" – Not Applicable, where appropriate.
 - Be sure to sign the form.
- Medication that will be administered at camp must be provided by the parent/guardian to the camp in the **original container(s)** bearing the pharmacy label with the following information:
 - the date of filling
 - the pharmacy name and address
 - the filling pharmacist's initials
 - the serial number of the prescription
 - the name of the patient
 - the name of the prescribing practitioner
 - the name of the prescribed medication
 - directions for use and cautionary statements contained in such prescription or required by law
 - if tablets or capsules, the number in the container
 - All over-the-counter medications must be kept in the original containers containing the original label, which shall include the directions for use

¹ There is an exception for epinephrine auto injectors, where other trained employees may administer with parent/guardian consent.

- **Medications must be stored at camp in a secure location.**
- **When camp session ends, all remaining medications must be returned to the parent or guardian whenever possible or destroyed.**
- **Prescription medication may only be administered by the camp's Health Care Consultant (HCC) or designated Health Care Supervisor (HCS)¹**
 - The Health Care Consultant is a licensed health care professional authorized to administer prescription medications, but may not be required to be on-site at all times
 - The Health Care Supervisor may or may not be a licensed health care professional authorized to administer prescription medications. If they are not a licensed health care professional, they must be trained by the Health Care Consultant and the administration of medications must be under the professional oversight of the Health Care Consultant. A Health Care Supervisor must be on-site at all times the camp is operating.
- **If your child is insulin dependent, you may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration, and a Health Care Supervisor will need to be present to oversee self-administration. There are boxes in the attached forms where you can confirm or deny this permission.**
- **If your child has an allergy requiring an epinephrine prescription (epinephrine auto injector):**
 - You may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration.
 - You may consent to trained employees, other than the HCC or HCS, administering the epinephrine auto injector during an emergency.
- **Every camp must have a written policy for the administration of medications that identifies the individuals who will administer medications, as well as storage and record keeping procedures. You may ask the camp for a copy of their policy.**

Tuberculosis

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What is Tuberculosis (TB)?

TB is an infection or disease caused by a germ that you breathe into your lungs. There are two forms of TB: TB infection and TB disease.

What is TB infection?

TB infection is the form of TB where you have a small number of TB germs remaining alive in your body, but they are not harming you. Your body's defenses (your immune system) are keeping them from causing problems. You feel fine, you are not sick and you cannot give TB germs to anyone. If you have TB infection and your immune system becomes weak from another disease or from medicines you may take, your TB infection can develop into TB disease. TB infection is sometimes called "latent" or "sleeping" TB.

What is TB disease?

TB disease is the form of TB where you have a large number of TB germs living in your body and the germs are causing harm. Usually you feel sick, and you often can spread TB germs to others. TB disease can be found in any part of your body but it usually affects your lungs. The most common symptoms of TB disease are **coughing, fever, loss of appetite, weight loss, weakness, night sweats and feeling very tired.**

How do you get TB?

TB germs go into the air when someone who is sick with TB disease in the lungs coughs, sneezes, speaks or sings. People who are living, working or spending a lot of time with this person share the same air. They can breathe in the TB germs and get infected with TB. You cannot get TB from a person with TB infection.

Can you get TB from sharing food?

No. TB germs are spread from person to person through the air only. You cannot get infected with TB germs by sharing or handling food or other objects.

Who is at risk for getting TB infection?

People at risk for getting TB infection are those who have had contact with a person with TB disease during the time they were coughing TB germs into the air. People who have lived in parts of the world where there is a lot of TB are at risk for having TB infection.



Is there a test for TB infection?

Yes. There are two different types of tests for TB infection, a blood test and a skin test. Either test can find out if you have TB germs in your body. With a blood test, a small amount of your blood is taken for the test. With a skin test, a small amount of fluid is placed under the skin of the forearm. You will need to come back in two or three days to have your doctor or nurse read the skin test results. If your TB test is positive, it means that you have TB germs, and your doctor may order a chest X-ray to be sure you are not sick with TB disease.

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Can TB infection be treated?

Yes. Your doctor or nurse may give you one or more medicines to treat TB infection. You will take the medicine for 3 to 9 months, depending on the medicine. It is important to take medicine for TB infection so it doesn't turn into TB disease.

Can TB disease be treated?

Yes. If you have TB disease, you will take several TB medicines for at least 6 months to cure TB disease.

What is drug resistant TB disease?

Drug resistant TB disease is caused by TB germs that cannot be killed with common medicines. If you have drug resistant TB disease, you may have to take more, and different, TB medicines for at least 12 months. TB can become drug resistant if you do not take your TB medicines according to the directions or if you stop taking the medicines before your treatment is over. You can also become infected with drug resistant TB if the germs you breathed in were from a person with drug resistant TB.

What is BCG?

BCG is a vaccine against TB that is given in countries where TB is common. It can help prevent infants and small children from getting sick with TB disease. At best BCG protects children for up to 5 years, and sometimes it does not protect against TB at all. It is rarely used in the United States.

Can BCG vaccine cause a positive TB test?

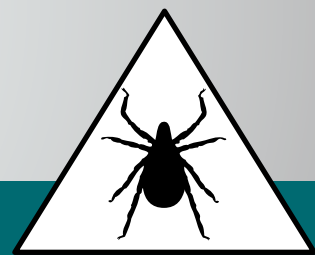
BCG does not cause a positive blood test result. A positive TB skin test result is usually from TB germs in your body, not from the BCG vaccine.

For more information about TB, contact your city or town Board of Health or the Massachusetts Department of Public Health, Tuberculosis Program at (617) 983-6970 or <https://www.mass.gov/tuberculosis>





Understanding Tick Bites and Lyme Disease



How to prevent tick bites



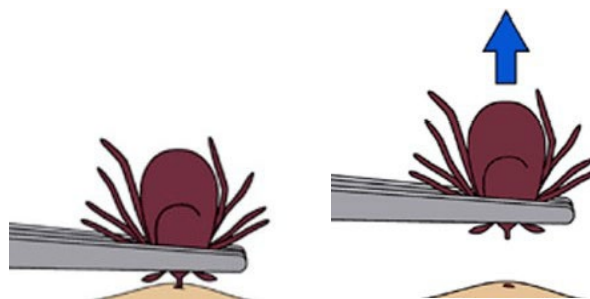
Ticks can spread disease, including Lyme disease.

Protect yourself:

- Use Environmental Protection Agency (EPA)-registered insect repellents containing DEET, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone. Always follow product instructions.
- Wear clothing treated with permethrin.
- Shower as soon as possible after spending time outdoors.
- Check for ticks daily. Ticks can hide under the armpits, behind the knees, in the hair, and in the groin.
- Tumble clothes in a dryer on high heat for 10 minutes to kill ticks on dry clothing after you come indoors. If the clothes are damp, additional time may be needed.

How to remove a tick

1. Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible.
2. Pull upward with steady, even pressure to remove the tick. Avoid twisting or jerking.
3. Clean the bite area and your hands with rubbing alcohol or soap and water.



Notes:

- Remove the tick as soon as possible to reduce your chances of getting an infection from the tick bite.
- Don't use nail polish, petroleum jelly, or a hot match to make the tick detach.
- If tick mouthparts remain in the skin, leave them alone. In most cases, they will fall out in a few days.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention



Facial paralysis.



Bull's eye rash on the back.



Arthritic knee.



When to see your healthcare provider

If you develop a rash, fever, exhaustion, or joint and muscle aches within several weeks of removing a tick or spending time in tick habitat, see your healthcare provider. Be sure to mention your recent tick bite and when it happened, or that you've spent time in places where ticks may live.

If left untreated, Lyme disease can affect the joints, heart, or nervous system.

Antibiotics treat Lyme disease

People treated with antibiotics in the early stages of Lyme disease usually recover rapidly and completely. The antibiotics most commonly used to treat Lyme disease include: doxycycline, amoxicillin, or cefuroxime axetil.

Looking ahead to recovery

Rest and take antibiotics as prescribed. Recovery may take several weeks or longer.

Some people wonder if there is a test to confirm that they are cured, but there is no such test. Retesting for Lyme disease is not recommended because blood tests might be positive for months or years after you have been treated. A positive test doesn't mean you are still infected. It simply means that your immune system remembers your infection.

You can get Lyme disease again if you are bitten by another infected tick, so protect yourself from tick bites.

For more information see www.cdc.gov/Lyme and www.cdc.gov/Ticks



HEADS UP SCHOOLS

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*


To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



*To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

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. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, 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 most at 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 persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

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?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and 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 or adolescent 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.
4. contact their healthcare provider immediately if they have symptoms of meningitis.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

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 on the MDPH website at www.mass.gov/dph.

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