BROOKLINE TENNIS ACADEMY SUMMER SPORTS CAMPS

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105 CMR: 430.090 Background Checks

Brookline Tennis Academy Camp is to obtain background checks on all prospective employees and volunteers. Each candidate is selected for a phone or skype interview, followed by an in-person interview. Three reference checks are completed and then an offer of employment is made. Returning staff prior references may be used, however if there is a gap in employment for one or more camp seasons, new references willbe required. Each employee has to complete the hiring paperwork of which the following are kept on site at The Roxbury Latin School:

- Certificate of Immunization
- Health History
- Certification (lifeguard, CPR, First Aid, etc.)
- Criminal Offenders records Investigation (CORI) including Juvenile Reporting
- Sexual Offenders Records Investigation (SORI)
- Out of state/international criminal background checks
- A work history/resume including the past 5 years
- Three Positive Reference Checks
- Employment Eligibility Form
- Juvenile Records

File Maintenance

Employee files are retained for three years upon leaving and applications of those not selected are kept on file for future use for up to one year.

STAFF ORIENTATION AND TRAINING

105 CMR: 430.091

All camp staff will receive two days of training prior to the opening of camp. The training will include an overview of the camp its philosophy, organization, policies, and procedures. The staff will receive additional in-service training in the safe and appropriate use of all the equipment associated with the various camp activities.

- All Counselors, junior counselors, and other staff will complete the *"Heads Up"* on-line head injury safety training. All camp staff will review the emergency action plan.
- All camp staff will be trained in prevention of disease transmission to the standards of the American Red Cross or its equivalent.
- The plans for Fire Evacuation, Disaster, Lost Camper, Lost Swimmer, Traffic Control, and Special Contingency Planning will be reviewed.
- Staff will review their individual job descriptions and will understand the expectations for their specific job.
- In addition, staff will be taught to recognize signs of abuse and/or neglect and the proper reporting procedures.

Appendix B: Staff Orientation Schedule

PREVENTION OF ABUSE AND NEGLECT

105 CMR: 430.093

Suspected Child Abuse/Neglect Not Involving Staff:

The safety and security of campers is of utmost importance. When a suspected case of child abuse/neglect involving campers and not involving Brookline Tennis Academy staff is brought to the attention of the Camp Director, the following procedure will be followed:

1. By the end of the working day in which the report was made, the Camp Director will meet with the staff person who made the report of suspected abuse/neglect, and consult with a Department of Children & Families Worker.

2. If necessary and appropriate, the Director or his/her designate will contact the parents of the alleged victim for additional information.

3. In cases where abuse/neglect is strongly suspected, the Camp Director or his designate will file a written 51-A with the Massachusetts Department of Children and Families and Inspectional Services Department (City of Boston).

4. The Headmaster or his assistant will be notified that a 51-A was filed.

5. Massachusetts Department of Public Health will be notified that report has been filed with DCF.

The camp and its staff will cooperate in all official investigations of abuse and neglect alleged to have occurred at the camp, including identifying parents of campers currently or previously enrolled in the camp who may have been in contact with the subject of the investigation.

Abuse/Neglect of Camper by a Camp Staff Person

GRIEVANCE POLICY

If a child, coach, or other camper involved with Brookline Tennis Academy summer camp has a concern or grievance related to the operation of BTA'S program, staff, or policies, he or she should bring that concern first to the camp director, and secondly to the Director of Summer Camp programs at the Roxbury Latin School.

IMPORTANT: Any grievance involving an alleged violation of state or federal law will be reported to, and investigated by the proper authorities

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PHILOSOPHY

At BTA, a positive approach to behavior management begins by offering an engaging, developmentally appropriate camp experience. By providing supports that benefit all campers such as adequate structure, clear expectations, good modeling, and positive reinforcement, we strive to create the optimum conditions for campers to fully and appropriately participate in camp activities. We recognize, however, that every child is unique and some require additional supports to be successful. Within the bounds of maintaining a safe camp community, we are committed to making every effort to meet the needs of all campers.

Specifically, BTA staff are expected to:

- Create a constructive, positive atmosphere for children where strengths are maximized and weaknesses are minimized.
- Strive to keep expectations of children developmentally and physically appropriate while keeping in mind the children's dignity and self-respect.
- Establish a group atmosphere that is non-punitive in nature and where comments focus on reinforcing children's appropriate behaviors rather than commenting on negative behaviors.
- Comment on behaviors in constructive ways and suggest appropriate alternative behaviors.
- Encourage children to be responsible for their own behaviors.
- Recognize that each new day brings a fresh start for each camper.
- Campers will be responded to with respect, consideration, and treated equally regardless of sex, race, religion, culture, disability, sexual orientation, gender identity or economic status
    - Constructive methods must be used for handling inappropriate individual and groupbehavior and any corrective action must not be associated with food, rest or other physical requirements. Corporal punishments of any kind, including isolation, berating, humiliating, threatening, frightening or physical punishments are strictly prohibited.

- Staff will avoid being alone with a camper in a closed-in space or non-public area here other staff or volunteers cannot observe them.

Staff must report any incident that may be in violation of the above policy to the Camp Director within 24 hours of the occurrence. An investigation will be conducted promptly. Staff involved may be suspended or put on administrative leave pending the results of the investigation. If BTA Summer Sports Camps conclude there has been a violation of the policy, disciplinary action, up to and including termination of employment will occur. If an allegation is made against a staff member, no contact will occur between that staff member and the child involved until the investigation by DCF iscompleted.

The safety and security of campers is of utmost importance. When a suspicion of possible child abuse/neglect involving camp staff is brought to the attention of any staff member, that staff member must immediately notify the Camp Director. The Camp Director will take various steps to investigate, notify the appropriate internal and external authorities and document the situation.

If it is determined that abuse or neglect may have occurred, the Department of Children and Families will be contacted and a written 51-A will be filed. The Massachusetts Department of Public Health and Inspectional Services Department (City of Boston) will be notified that a report has been filed with DCF.

Appendix C: 51 A form
Appendix D: Child Abuse and Neglect- Mandated Reporter Guide
Appendix E: Recognizing signs of Abuse and Neglect

GENERAL SUPERVISION

CMR430.100-CMR430.102

Camp staff receive training at a two-day orientation and in-service training prior to the first day of sports specific clinics. Staff will have at least 4 weeks experience as a participant in structured group camping and/or at least four weeks experience in a supervisory role with children.

Camp Director must be at least 21 years old. He/She must have 2 years administrative experience at a recreational camp and/or have successfully completed a course in camp administration. Background information on the Camp Director is kept on file at the BTA Summer Sports Camps (refer to section CMR 430.090).

When director is off site an appropriate designee will be responsible for administration of the camp. The staff will be notified who is in charge at all times.

The ratio of staff to camper is 1:10 for campers ages 7 and older, and a 1:5 ratio for campers ages six or below. To successfully maintain these ratios, counselors must be within the line of sight and close proximity to their campers. Jr. Counselors may be included in the ration at 50% (2 Jr. staff=1 staff) but must always be in the presence of a counselor. Camp staff are supervising children at all times with appropriate staff camper ratios. All Jr. Counselors shall be at least 16 years of age. They will have completed staff training. All Jr.Counselors will be at least 3 years older than the campers they supervise. ***Appendix F: Camp Director Training Certifications or resume***

Brookline Tennis Academy Summer Camps

HEALTH CARE POLICY FOR BTA Summer Sports Camp
105 CMR 430.159(B) 430.150-430.161
These policies can be found at the end of this binder: starting after page 22.

PERSONAL HYGIENE

105 CMR: 430.162

Campers are expected to practice good personal hygiene, including washing hands regularly, especially after using restroom facilities. Campers are expected to bring active clothing and appropriate shoes for camp. Campers will be encouraged to bring a change of clothing in case one gets soiled or damaged. Campers will be encouraged to demonstrate proper hygiene at all times.

HEALTH RECORDS

105 CMR: 430.150- 430.153 AND 430.156

The health records for each campers, staff members and volunteers will be maintained by the Health care supervisor. All health records will be made readily available upon request to the Massachusetts Department of Public Health and the local board of health for licensing purposes. Records will be kept on site by Shelly Mars (Director of Brookline Tennis Academy) for three years.

Health records for all campers and staff under 18 years of age will include:

1) The camper's or staff member's name and home address and contact information.
2) The name, address and telephone number of the camper's or staff member's parent or guardian.
3) A written authorization for emergency medical care signed by a parent or guardian.
4) The camper or staff member's health care provider and health maintenance organization: name, address and telephone number
5) If the camper or staff member brings a prescribed medication from home the required documents include:
    a. A parental authorization form must be signed by the parent or guardian.
    b. A signed written medication order form is to be completed by the child's licensed prescriber.
6) Copies of injury reports, if any, required by 105 CMR 430.154.
7) Required health documents:

a. A current certificate of immunization indicating compliance with 105 CMR 430.152.

b. A current medical health history including allergies, required medications and any health condition or impairment that may affect the individual's activities while attending came.

c. A report of physical examination dated within the last 18 months.

Health records for staff greater than 18 years of age shall include:

1) The staff member's name and home address.

2) The name, address and phone number of an individual, if any, to be contacted in the case of emergency.

3) The name, address and phone numbers of the staff member's health care provider or health maintenance organization, if any.

4) Copies of injury reports, if any, required by 105 CMR 430.154.

5) A current medical health history including allergies, required medications and any health condition or impairment that may affect the individual's activities while attending came.

6) A report of a physical examination conducted during the preceding 18 months.

7) A certificate of immunization indicating compliance with 105 CMR 430.152.

REQUIRED IMMUNIZATIONS

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

To: Camp Directors

From: Pejman Talebian, MA, MPH, Director, Immunization Division

Date: March 2023

Subject: Required Immunizations for Children Attending Camp and Camp Staff

Vaccination is critically important to control the spread of vaccine-preventable disease. In 2017, a single case of mumps at a summer camp in Massachusetts resulted in isolation of ill individuals, vaccination of those without evidence of two doses of MMR vaccine at several camps, and quarantine of those who did not have evidence of immunity to mumps and who could not get vaccinated. International staff and campers with missing or incomplete vaccination records made rapid implementation of disease control measures very challenging.

Required Vaccines:

Minimum Standards for Recreational Camps for Children, 105 CMR 430.152, has been updated. Immunization requirements for children attending camp follow the Massachusetts school immunization requirements, as outlined in the Massachusetts School Immunization Requirements table, which reflects the newest requirement: meningococcal vaccine (MenACWY) for students entering grades 7 and 11 (on or after the 16th birthday, in the latter case; see the tables that follow for further details). Children should meet the immunization requirements for the grade they will enter in the school year following their camp session. Children attending camp who are not yet school aged should follow the Childcare/Preschool immunization requirements included on the School Immunization Requirements table.

Campers, staff and volunteers who are 18 years of age and older should follow the immunizations outlined in the document, Adult Occupational Immunizations.

The following page includes portions of the Massachusetts School Immunization Requirements table and Adult Occupational Immunizations table relevant for camps.

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed cases of disease, please contact the MDPH Immunization Program at immassessmentunit@mass.gov . Address questions about enforcement with your legal counsel; enforcement of requirements is at the local level.

Grades Kindergarten – 6

In ungraded classrooms, 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 or Tdap 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 first dose; 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 first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
MenACWY (formerly MCV4)	**Grades 7: 1 dose;** MenACWY required. **Grades 11: 2 doses**; 2nd dose MenACWY must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

Campers, staff, and volunteers 18 years of age and older

MMR	**2 doses,** anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born in the U.S. before 1957 is considered immune. Laboratory evidence of immunity to measles, mumps and rubella is acceptable
Varicella	**2 doses,** anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable
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 or Tdap should be given if it has been ≥ 10 years since Tdap
Hepatitis B	**3 doses (or 2 doses of Heplisav-B) for staff whose responsibilities include first aid;** laboratory evidence of immunity is acceptable

*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

Hepatitis B: 3 doses required for kindergarten-12th grade, and college. laboratory evidence of immunity is acceptable.

DTaP/DTP/DT/Td/Tdap: 5 doses of DTaP/DTP required for school entry unless the 4th dose is given on or after the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP/DTP. One dose of Tdap is required for all students entering grade 7-12, full-time college freshmen-graduates and all health science students. If it has been <5 years since the last dose of DTaP/DTP/DT/Td, Tdap is not required but is recommended regardless of the interval since the last tetanus-containing vaccine.

Polio: 4 doses required for school entry, unless the 3rd dose is given on or after the 4th birthday, and ≥6 months following the previous dose, in which case only 3 doses are needed. Administer the final dose in the series on or after the 4th birthday and ≥6 months following the previous dose. If 4 doses are administered before age 4 years, a 5th dose is recommended at age 4-6 years.

MMR: 2 doses are required for kindergarten-grade 5, grades 7-12. laboratory evidence of immunity is acceptable.

Varicella: 2 doses required for kindergarten-grade 5, grades 7-12, full-time undergraduate and graduate students and all health science students, unless they have a reliable history of chickenpox. A reliable

history includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee; or 2) laboratory evidence of immunity.

For Staff 18 Years of Age or Older:

1. **Measles, Mumps, Rubella Vaccine**: 2 doses of live measles-containing vaccine administered at/or after 12 months of age (at least four weeks apart) are required **(1 dose if born before 1957 outside of U.S.)**. Laboratory evidence of immunity is acceptable.

2. **Varicella:** 2 doses required if born in OR after 1980; OR if not born in U.S.

3. **Diphtheria and Tetanus Toxoids:** At least 3 doses of DTaP/DTP/DT/Td are required. A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years since the last dose of DTaP/DTP/DT/Td vaccine.

Immunization or Physical Exam Exceptions:

(A) Religious Exceptions. If a camper or staff member has religious objections to physical examinations or immunizations, the camper or staff member shall submit a written statement, signed by a parent or legal guardian of the camper or staff member if a minor, stating that the individual is in good health and the general reason for such objections.

(B) Immunization Contraindicated. Any immunization specified in 105 CMR 430.152 shall not be required if the health history required by 105 CMR 430.151 includes a certification by a physician certifying that he or she has examined the individual and that in the physician's opinion the physical condition of the individual is such that his or her health would be endangered by such immunization.

(C) Exclusion. In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a camp, all susceptible children, including those with medical or religious exemptions, are subject to exclusion as described in the *Reportable Diseases and Isolation and Quarantine Requirements* (105 CMR 300.000).

INJURY REPORTS

105 CMR: 430.154

Injury prevention – all staff will assess areas, equipment, and supplies daily for cleanliness and potential hazards which will be reported to the Camp Director. Staff will be notified and children relocated if necessary. The Camp Director will study all accident reports to eliminate any hazards. Staff will enforce safety rules and teach campers personal safety, and proper use of equipment.

In the event of a serious injury, in-patient hospitalization, death of a camper, staff person, or volunteer the Camp Director will contact the Department of Public Health and Inspectional Services Department (City of Boston) a report shall be completed on a form available from the Massachusetts Department of Public

Health for each qualifying incident:

https://www.mass.gov/lists/recreational-camps-for-children-community-sanitation

Appendix G: Camp Injury Report Form

The Health care supervisor will complete the DPH Recreational Camp Injury Report within 24 hours of the injury/accident and fax, mail or deliver the completed injury report to the Massachusetts Department of Public Health no later than 7 calendar days after the occurrence of the injury. The Camp Director should keep a copy on site and forward a copy to the Headmaster of the School.

Serious injury will include but is not limited to a situation in which suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital. The injury reports will include details of the situation, any pertinent medical history and the outcome of the situation.

- The Camp Director will obtain names and addresses of witnesses when appropriate and all pertinent data including instructions given and precautions taken to avoid such happenings. The Camp Administration and staff will cooperate with law enforcement officers if applicable.

The Health care supervisor will:

1. Record the incident in the Medical Log Book.
2. Give one copy of the DPH Recreational Camp Injury Report to the Camp Director
3. Send one copy of the DPH Recreational Camp Injury Report to the Massachusetts Department of Public Health and Inspectional Services Department, City of Boston (completed within 24 hours and sent within 7 days of the injury).
4. Complete and send one copy of the BTA SUMMER SPORTS CAMPS injury report to the Camp Director.

Plan for notifying Parents or Guardians:

Parents/guardians will be notified via telephone by the Camp Director or Health care supervisor as soon as possible after the situation is under control.

In the event that there is an incident resulting in serious injury or death of a camper or staff member, the Crisis Management Team (CMT), including the Camp Director, Director of Studies, Headmaster, Director of Community Relations, Director of Facilities, and Assistant Headmaster will meet to devise a plan on how to inform and process the incident with the other campers and staff.

MEDICAL LOG

105 CMR: 430.155

The Health care supervisor shall maintain a medical log which shall **contain a record of all camper and staff health complaints and treatment.** The medical log shall list the date & time, name of patient, complaint, and treatment for each incident. The medical log shall be maintained in a readily available format. If kept in writing it should be in a readily available format and shall be signed by an authorized staff person. **No lines shall be skipped and all entries shall be in ink.** The log book should be signed by an authorized staff person. The Health care supervisor will share information from the Medical Log Book with camp staff on a "need to know" basis.

AVAILABILITY OF HEALTH RECORDS AND LOGS

105 CMR: 430.156

All medical records and logs shall be readily available to the Health care supervisor, Camp Nurse, Health Care Consultant or other health personnel. All medical records and logs shall be made available upon request to authorized representatives of the Massachusetts Department of Public Health and of the local board of health, which licenses the camp. The Department of Public Health and the local board of health shall maintain the confidentiality of information relating to individual campers and staff.

COMMUNICABLE DISEASE REPORTING

105 CMR: 430.157

In the event that an outbreak of a communicable disease occurs at the camp, it shall be the responsibility of the Camp Director, Health Care Supervisor, or the Camp Nurse to **immediately report each case of an outbreak to both the Massachusetts and Boston Department of Public Health**. The report shall include the name and home address and the contact information for the parent/guardian of any individual in the camp known or suspected of having such disease. Until action on such case has been taken by the Camp Health Care Consultant, strict isolation shall be maintained.

The Health Care Supervisor or Camp Director, in consultation with the camp's Health Care Consultant, will be responsible for ensuring each suspected case of food poisoning or any unusual prevalence of any illness in which fever, rash, diarrhea, sore throat, vomiting, or jaundice is a prominent symptom is reported immediately to the Board of Health and the Department, by email or telephone. This report shall be made by the health care consultant, health care supervisor, or Camp Director.

Information regarding meningococcal disease and immunization shall be provided annually to the parent or legal guardian of each camper in accordance with M.G.L. c. 111, § 219.

The camp will make every effort to reduce risk of infection and the transmission of communicable diseases.

- The Health Care Supervisor(s) will maintain proper hand washing techniques that include washing their hands with soap and water or disinfect with hand sanitizer before and after handling any campers and before and after donning gloves. Adequate hand-washing stations will be available

throughout the camp and campers/staff will be required to wash hands prior to food consumption or handling.

- Staff/Campers will be instructed to properly cover their nose/mouth when coughing or sneezing.
- Personal supplies (hats, brushes, hair ties, contact solutions) towels and drinking containers are never shared with others.
- Campers/Staff will perform hand hygiene (hand washing with non-antimicrobial soap and water, alcohol-based hand rub or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- Staff suspected of having a communicable disease will not be permitted to work until cleared, in writing, to return by a health care professional.
- The nurse's office will be disinfected on a daily basis. All equipment used with campers or staff will be disinfected or disposed of after each use.

HEALTH CARE POLICY FOR SUMMER CAMP

105 CRM: 430.159 Health Care Consultant (must be a MA licensed physician, certified nurse practitioner or physician's assistant having documented pediatric training)

Name of Health Care Consultant: Maya Mundkur Greer MSN, FNP, Healthcare Consultant			
Address: 20 Hilltop Road, Chestnut Hill, MA 02467			
Phone: 617-877-1836 Email: mayamundkur@gmail.com			
Health Care Policy Approved by Health Care Consultant and signed for 2023		Policies Provided to Parents (including care of ill campers, medication administration and emergency care: In Parent Handbook	

Appendix H: Health Care Consultant Agreement

105 CRM: 430.159 Health Care Supervisor(s) (must be at least 18 years of age and present at the camp at ALL times as well as trained in First Aid and CPR (American Heart Association, Red Cross or

equivalent). Each full-time staff member is provided with a copy of the camp medical policy and trained in the program's infection control procedures and implementation of policy during orientation.

Emergency Telephone Numbers

Fire: 911

Police: 911

Rescue/Ambulance: 911

Poison Control Center: 1-800-222-1222

Hospital(s) utilized for emergency

Name: Brigham & Women's Faulkner Hospital
Address: 1153 Centre Street, Jamaica Plain, MA 02130
Phone: 617-983-7000

First Aid Kit Information

Location for First Aid Kit(s):	Nurse's Office and all program areas
Location for First Aid Manual:	In each first aid kit
First Aid is administered by:	Health Care Supervisor (Registered Nurse)
First Aid Kit is maintained by:	The Roxbury Latin School Athletic Trainer, Misty Beardsley
Designated area for infirmary:	Nurse's Office located in Main Building

Emergency Procedures if parents cannot be contacted

1. Notify emergency contacts provided by parent/guardian that are on file
2. Use the emergency release form with parent's/guardian's signature for EMS

3. Continue to attempt to reach a parent/guardian

Examples of Situations that would require Emergency Attention

Staff trained in CPR and First Aid are designated to administer emergency medical attention. Emergency Medical Response will be activated in the event of a life-threatening emergency.

The following list of symptoms have been identified by American College of Emergency Physicians as situations that would necessitate prompt attention and emergency medical transport.

1. Difficulty breathing (including but not limited to severe Asthma attacks not responsive to prescribed medication
2. Allergic reactions (including severe swelling, generalized rash or difficulty breathing)
3. Chest pain and pressure in chest
4. Uncontrolled bleeding
5. Severe abdominal pain
6. Possible fracture of dislocation indicated by pain and inability to bear weight or movement
7. Permanent teeth that are knocked out. Replacement must occur within 2 hours
8. Fainting or loss of consciousness
9. Convulsions or seizures
10. Severe burns, smoke inhalation or near drowning
11. Foreign bodies in nose and/or ear
12. Change in mental status (confusion or difficulty arousing)
13. Head or spine injury

WHEN IN DOUBT CALL 911 FOR EMERGENCY MEDICAL RESPONSE

Procedures for Head Injury or Concussion

BTA SUMMER SPORTS CAMPS requires that all existing and newly hired applicable staff complete the CDC's Head's Up Concussion training annually. If a member has sustained **an injury to the head or if there is suspicion of a concussion**, the following steps must be followed per BTA SUMMER SPORTS CAMPS protocol:

Remove the member from physical activity and/or sports-related play. Observe the member for signs and symptoms of a concussion if they have experienced a bump or blow to the head or body. When in doubt, keep the member out of any form of physical activity or sports-related play.

A Concussion Signs and Symptoms Checklist provided by the CDC will be followed and completed for any member that has sustained an injury to the head or if there is a suspicion of a concussion.

Concussion Signs Observed	Concussion Symptoms Reported
1. Can't recall events *prior to* or *after* a hit or fall. 2. Appears dazed or stunned. 3. Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent. 4. Moves clumsily. 5. Answers questions slowly. 6. Loses consciousness *(even briefly)*. 7. Shows mood, behavior, or personality changes.	1. Headache or "pressure" in head. 2. Nausea or vomiting. 3. Balance problems or dizziness, or double or blurry vision. 4. Bothered by light or noise. 5. Feeling sluggish, hazy, foggy, or groggy. 6. Confusion, or concentration or memory problems. 7. Just not "feeling right," or "feeling down".

Monitor for a minimum of 30 minutes- Interval assessment take place at the time of the injury and in sequential 15 and 30 minute increments.

Seek medical help immediately if…

A. Most concussions do not result in emergency care. However, if symptoms worsen, you notice behavioral changes or any of the following listed below, **call 911 immediately.**

- Headaches that worsen
- Seizures
- Neck Pain
- Dizziness
- Vomiting
- Increased confusion or irritability
- Weakness, numbness in arms and legs
- Unable to recognize people/places,

- Drowsy, not easily awakened or less responsive than usual

B. **Inform the member's parents or guardians about the injury,** and possible signs and symptoms of a concussion that have been observed. Give the parents or guardians the CDC's Heads Up Parent Fact Sheet on concussion.

C. **Ensure that the member is evaluated by a health care professional experienced in evaluating for concussion**. Any member suspected of having a concussion should be evaluated by an appropriate health-care professional within a day of the "injury". Staff will not try to judge the severity of the injury. Health care professionals have a number of methods that they can use to assess the severity of concussions. Recording the following information can help health care professionals in assessing a member after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (*if any*)

D. **Keep the member from participating in physical activity or sport-related play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play.** A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain. **Members with a concussion should be medically cleared** by an appropriate healthcare professional prior to resuming participation in any physical activities or sports-related play. This clearance shall be in the form of a written letter signed by the health care professional. The parent or guardian must provide a copy to the local BTA SUMMER SPORTS CAMPS club before a member can resume physical activity or sport-related play. BTA SUMMER SPORTS CAMPS staff involved in the accident will forward this letter to the main office to be filed with the accident report on this member.

Included in this medical clearance, should be the formulation of a gradual return to play protocol provided by the health care professional.

Care of mildly ill campers

Campers who report not feeling well, such complaints as headache, stomachache, sore throat, etc., will be taken to the designated area for sick campers at the camp. The parent/guardian of the camper will then be contacted for them to be taken home. The ill camper will be supervised by the health care supervisor until the parent/guardian arrives at the camp. In such circumstances where the camper must remain at camp for

the remainder of the day, the health care supervisor will ensure that the camper has a quiet area to rest and frequently monitor the camper's condition.

Allergies and Medical Conditions

The camp application requests information on camper's allergies and/or medical conditions. Parents/guardians will be asked to provide the health care supervisor with emergency care plans for those with allergies or medical conditions such as asthma, diabetes, seizures, etc. Such plans should include prevention/care measures, emergency care and emergency numbers for parent/guardians and health care providers.

All staff will be made aware of those campers with allergies, the necessary prevention measures and emergency care. Campers with a prescribed Epi-Pen must have the Epi-Pen with them at all times or with the supervising staff member for that camper.

Staff who directly supervise campers with medical conditions will be made aware of the condition (with parental consent), prevention/care measures and emergency care. Campers with prescribed inhalers for asthma may carry them with them or have a supervising staff member carry the inhaler for that camper. Diabetic supplies may also be carried by the camper and/or supervising staff member for that camper.

Standing Orders: First Aid for Common Camp Occurrences

First Aid Procedure

1. Abrasions, cuts, lacerations, punctures & scratches

    a. Wash your hands with soap and water or hand sanitizer and put on non-latex disposable gloves
    b. Clean minor injuries thoroughly with plain soap and water and pat dry area with sterile gauze

    c. Cover area with band aid or non-stick sterile dressing

SEVERE BLEEDING: Act fast to control the bleeding

1. Apply firm direct pressure on the wound with a sterile dressing (if available). Do not inspect or remove gauze for 5 minutes to allow for clotting to occur.
2. Elevate injured area above the level of the heart if possible.
3. Apply firm direct pressure to supplying blood vessel if direct pressure to the wound is not successful.
4. Secure a dry sterile pressure dressing- which consists of sterile gauze and a sterile dressing wrapped tightly around the wound and continue to apply pressure if bleeding continues.
5. If bleeding persists call 911 and notify the parent/guardian

Allergic Reaction (Anaphylaxis): A life-threatening allergic reaction (anaphylaxis) can cause shock, a sudden drop in blood pressure and trouble breathing. In people who have an allergy, anaphylaxis can occur minutes after exposure to a specific allergy-causing substance (allergen). In some cases, there may be a delayed reaction or anaphylaxis may occur without an apparent trigger.

Signs and symptoms of anaphylaxis include:

- Skin reactions, including hives, itching, and flushed or pale skin
- Swelling of the face, eyes, lips or throat
- Constriction of the airways, leading to wheezing and trouble breathing
- A weak and rapid pulse
- Nausea, vomiting or diarrhea
- Dizziness, fainting or unconsciousness

Common anaphylaxis triggers:

- Medications
- Foods such as peanuts, tree nuts, fish and shellfish
- Insect stings from bees, yellow jackets, wasps, hornets and fire ants

How to administer Epinephrine Auto Injector (EpiPen)

1. Immediately call 911 and have another staff notify the parent/guardian
2. If the victim has a prescribed epinephrine auto injector (EpiPen, Auvi-Q, others) to treat an allergic reaction prepare to administer it.
3. Be sure you have the correct medication for the victim, (refer to the instructions on the medication for additional support as the directions vary slightly with different brands).
4. Have the member lay down. If necessary have another staff hold the leg that you will be injecting. Younger kids almost always need to be held firmly as they will often move or squirm.
5. Form a fist around the pen and pull off the cap on the top of the pen with your other hand.
6. Swing and jab the tip firmly into the outer thigh until it clicks.
7. Hold the pen firmly in the thigh for 10 seconds.
8. Give the EpiPen to EMS when they arrive

**An additional injection may be required if symptoms do not improve after the 1st injection is administered and if EMS will not arrive within 5-10 minutes.

**If there are no signs of breathing, coughing or movement, begin CPR.

Animal Bites:

1. Wash area thoroughly with warm water and soap, rinse well with clear running water.
    a. Apply sterile dressing.
    b. Call parents to have child taken to the health care provider.
    c. Veterinarian should confine and observe animal
    d. If an animal cannot be found, notify police.

Athlete's foot: Refer to health care provider, do not share footwear.

Blisters:

a. If intact, apply soft absorbent dressing- do not puncture
b. If broken or threaten to break, clean with warm water and soap, apply dry sterile absorbent dressing.

Choking: If the victim can speak or cough forcibly and is getting sufficient air, do not interfere with his/her attempts to cough the obstruction from the throat. If the victim cannot speak or is not getting sufficient air, have someone call 911 while you perform abdominal thrusts.

The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Inability to talk
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips and nails turning blue or dusky
- Loss of consciousness

<u>If choking is occurring, use either the American Heart or The Red Cross approach to caring for a choking victim. Use the technique you have been trained on.</u>

<u>The Red Cross recommends a "five-and-five" approach</u>

1 . Give 5 back blows: First, deliver five back blows between the person's shoulder blades with the heel of your hand.

2. Give 5 abdominal thrusts**:** Perform five abdominal thrusts (also known as the Heimlich maneuver).

3. Alternate between 5 blows and 5 thrusts until the blockage is dislodged.

<u>The American Heart Association recommends the Heimlich maneuver (abdominal thrust only)</u>

To perform abdominal thrusts (Heimlich maneuver) on someone else >1 year of age:

1. Stand behind the person. Wrap your arms around the waist. Tip the person forward slightly.
2. Make a fist with one hand. Position it slightly above the person's navel.
3. Grasp the fist with the other hand. Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.
4. Perform a total of 5 abdominal thrusts, if needed. If the blockage still isn't dislodged, repeat the 5 abdominal thrusts.

If the person becomes unconscious, perform standard CPR with chest compressions and rescue breaths and call 911.

CPR Differences: Adult and Child- C (circulation), **A** (Airway), **B** (Breathing)

	Adult	**Child (1 year through the onset of puberty)**
Hand Position for Compressions	Hands centered on lower half of sternum	Hands centered on lower half of sternum
Rate of Compressions	100–120/minute	100–120/minute
Depth of Compressions	Depth At least 2 inches	About 2 inches
Compression-Ventilation Ratio	1 or 2 rescuers 30:2	1 rescuer 30:2 2 or more rescuers 15:2

**Allow full recoil of chest after each compression; do not lean on the chest after each compression

**Limit interruptions in chest compressions to less than 10 seconds

Airway

To open the airway of an infant, use the same head-tilt/chin-lift technique as you would for an adult or child. However, only tilt the head to a neutral position, taking care to avoid any hyperextension or flexion in the neck. Be careful not to place your fingers on the soft tissues under the chin or neck to open the airway.

Rescue Breathing-

Adult = 1 ventilation (breath) every 5 to 6 seconds

Infant/Child (1 year through the onset of puberty) = 1 ventilation (breath) every 3 seconds

Convulsions/Seizures:

1. Ensure the victim has an open airway- If vomiting occurs, turn victim on their side, wipe mouth and ensure open airway
2. Prevent Injury- Protect the patient from a head injury by lowering them to the ground if there is a chance they will fall. Remove any objects that could cause injury.
3. Call 911, then the parent or guardian

** Do not restrain person having convulsions

** Do not put anything in the mouth of the person having a seizure

** It is not unusual for the victim to be unresponsive or confused for a short time after a seizure.

Earache

1. Take the child's temperature
2. Call the parent to have child seen by health care provider
3. Keep out of water until seen by health care provider

Eye injuries

1. Flush eye with sterile eye solution located in the First Aid kit- unless object is impaled in the eye
2. If eye is scratched or object embedded in eye, place sterile gauze or cup (dependent on object) over eye secured with tape or cling gauze- do not attempt to remove objects imbedded in the eye.
3. Call parent and have child seen by health care provider
4. If serious injury, call 911.

Fainting

1. Have victim lie down, elevate feet higher than head and breathe deeply
2. Provide fresh air, rest and quiet
3. Keep victim resting until fully recovered

**Call 911 if unconscious, otherwise call parent to take home and have seen by health care provider

Fractures

1. Do not move suspected area
2. Do not apply anything to area, except ice if tolerated
3. Call parent for health care provider evaluation
4. If victim must be moved, splint area so that area cannot be moved
5. Cover any open areas with sterile gauze

6. If loss of conscious or signs of shock, call 911 immediately.

**Call 911 if the fractured bone is protruding through the skin or is at risk for breaking through the skin

Headache

1. Take temperature
2. Provide rest and quiet
3. If still persists, call parent

Head injury

1. If victim is unconscious, call 911 and follow American Red Cross for the unconscious victim with suspected head/neck/back injury.
2. If victim is conscious, have him/her lie down
3. Keep victim warm and quiet
4. If they have a wound, cover with sterile dressing
5. Follow the BTA SUMMER SPORTS CAMPS concussion protocol
6. Call parent and have seen by health care provider

Insect bites and stings- Refer to the allergy list. If a child has a known allergy and has a prescription for an EpiPen administer the EpiPen according to the health care provider instructions and call 911 immediately

1. For simple bites, cleanse the area with warm soap and water
2. If a bee or wasp bite occurs, remove the stinger using forceps if pulls out easy
3. Apply ice to area

If the child has no known allergy but has trouble breathing, call 911 immediately- do not leave the child alone.

Nosebleeds

1. Seat the victim upright with head slightly forward
2. Pinch the nostrils for 5-10 minutes and have the victim breathe through their mouth
3. Apply ice to the bridge of the nose
4. If bleeding does not stop, is still heavy or reoccurs call parent and have seen by health care provider

Poison ivy, oak and sumac

1. Wash with soap and water
2. Advise parents to apply calamine lotion

Rash- A rash, sometimes called dermatitis, is swelling or irritation of the skin. Rashes can be red, dry, scaly, and itchy. Rashes can include lumps, bumps, blisters, and even pimples. Some rashes, especially accompanied by fever, can be a sign of a serious illness. Hives can also be serious because they can be a sign of an allergic reaction and the camper may need immediate medical attention. Hives appear on a

person's body when histamine is released in response to an allergen. The trigger could be a certain food, medicine, or bug bite. A virus also can cause hives.

Common types of rashes:

- **Eczema**, also called **atopic dermatitis**, is a common rash for children. Eczema can cause dry, chapped, bumpy areas around the elbows and knees or more serious cases of red, scaly, and swollen skin all over the body. Children who get eczema often have family members with hay fever, asthma, or other allergies. About half of the children who get eczema will develop hay fever or asthma themselves. Eczema is not an allergy itself, but allergies can trigger eczema. Some environmental factors (such as excessive heat or emotional stress) can also trigger the condition.
- **Irritant contact dermatitis** is caused by contact with something irritating, such as a chemical, soap, or detergent. It can be red, swollen, and itchy. Even sunburn can be a kind of irritant dermatitis because it's red and might itch while it's healing.
- **Allergic contact dermatitis** is a rash caused by contact with an allergen. An allergen is something you are allergic to, such as rubber, hair dye, or nickel, a metal found in some jewelry. If you have nickel allergy, you might get a red, scaly, crusty rash wherever the jewelry touched the skin. The most common source of this type of rash is poison ivy.

While other illnesses cause rashes, **fifth's disease** and **hand, foot, and mouth** disease are the most common during the summer months.

- **Fifth disease** is especially common in children between the ages of 5 and 15. Symptoms usually include a distinctive red rash on the face that makes a child appear to have a "slapped cheek." The rash then spreads to the trunk, arms, and legs.
- **Hand, foot, and mouth** (HFM) disease is caused by viruses that live in the body's digestive tract. The virus can spread from person to person, usually on unwashed hands and surfaces contaminated by feces. Children ages 1 to 4 are most prone to the disease. Outbreaks usually occur during the warm summer and early fall months. HFM disease causes painful blisters in the throat, tongue, gums, hard palate, or inside the cheeks. A skin rash with flat or raised red spots can also develop, usually on the palms of the hands and soles of the feet and sometimes on the buttocks.

Care for Rashes:

1. Check to see if the rash is located on one part of the body (localized) or is present on other parts of the body as well (generalized)
2. If the child complains of difficulty breathing, cannot speak or there is swelling of face and/or lips, call 911
3. Keep the area clean, cool and dry
4. If the child complains of itchiness, avoid having scratching.

5. Check for other signs or symptoms of illness such as fever

6. Call parents to have the child evaluated by their health care provider to determine if the rash is contagious

7. To help describe the rash to the parent or health care provider in order to determine if there is a need for exclusion, use this list of questions:

- Is the rash red?

- Is it all over the body or only in certain areas?
- When did it start?
- Is it getting better or worse?
- Is the rash flat or bumpy?
- Are the spots big or little? (such as pinpoint, dime size or various sizes)
- Are the borders round or irregular and blotchy?
- Are there blisters?
- Is the rash itchy? (in an infant this may be observed as irritability)
- Has there been a fever or other symptoms?
- Has anyone else at home had similar symptoms recently?

Shock- Shock may result from trauma, heatstroke, blood loss, an allergic reaction, severe infection, poisoning, severe burns or other causes. When a person is in shock, his or her organs aren't getting enough blood or oxygen. If untreated, this can lead to permanent organ damage or even death.

Signs and symptoms of shock vary depending on circumstances and may include:

- Cool, clammy skin
- Pale or ashen skin
- Rapid pulse
- Rapid breathing
- Nausea or vomiting
- Enlarged pupils
- Weakness or fatigue
- Dizziness or fainting
- Changes in mental status or behavior, such as anxiousness or agitation

Call 911 If you suspect a person is in shock. Then immediately take the following steps:

1. Lay the person down and elevate the legs and feet slightly, unless you think this may cause pain or further injury.
2. Keep the person still and don't move him or her unless necessary.
3. Begin CPR if the person shows no signs of life, such as breathing, coughing or movement.
4. Loosen tight clothing and, if needed, cover the person with a blanket to prevent chilling.
5. Don't let the person eat or drink anything.
6. If the person vomits or begins bleeding from the mouth, turn him or her onto a side to prevent choking, unless you suspect a spinal injury.

Sore throat

1. Check temperature
2. Check throat
3. Call parent to take home or have seen by health care provider

Sprains and strains

1. Elevate the injured area and provide complete rest to the area
2. Apply ice and compression (ace bandage) to minimize swelling and pain
3. Call parent and have seen by Health Care provider for diagnosis and treatment

Stomach aches or upset stomachs

1. Take temperature
2. Provide rest/lie down
3. Call parent to take child home, if severe have seen by health care provider

Sunburn

1. If mild, apply cold compresses
2. If severe, refer to health care provider

Sunstroke

1. Take victim indoors or to a shady area
2. Have them lie down on back, feet slightly elevated
3. Loosen any tight clothing,
4. Apply cold compresses to head and behind neck
5. Cool body with tepid water
6. If victim is conscious, have them sip water
7. Call parent, and refer for emergency treatment

Toothache

1. Call parents to have seen by dentist

Tooth Avulsion (a complete displacement of a tooth from its socket- **Permanent Teeth only!)**

1. Keep the patient calm
2. Find the tooth and pick it up by the crown (the white part)- avoid touching the root
3. If the tooth is dirty, wash it briefly (10 seconds) under cold running water
4. Assist/encourage the patient to replant the tooth into the socket and have them bite on a handkerchief to hold it into position. **If this is not possible then place the tooth in a suitable storage media for an avulsed tooth Storage solutions for a tooth avulsion:** Hank's Balanced Salt Solution(containing calcium, potassium chloride and phosphate, magnesium chloride and sulfate, sodium chloride, sodium bicarbonate, sodium phosphate dibasic, and glucose), propolis, egg white, coconut water, Ricetral, or whole milk. Avoid storage in water!

5. Seek emergency dental treatment immediately.

Vomiting

1. Have victim rest
2. Ensure the victim will not choke on vomit- sit up and lean forward
3. Do not feed milk products or solid foods to a child who has been vomiting
4. Give small amounts of fluid if tolerated
5. Call parents to have child taken home, see health care provider if necessary

Exclusion from Camp due to Illness

Campers may not attend or will be sent home from camp for the following:

1. Illness that prevents the child from participating comfortably in activities.
2. Illness that results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
3. An acute change in behavior - including lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash.
4. Fever (temperature above 101°F [38.3°C] orally or 100°F [37.8°C] or higher taken axillary [armpit] or measured by an equivalent method) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea).
5. Diarrhea- defined by watery stools or decreased form of stool that is not associated with changes of diet. (Depending on the cause of the diarrhea, a note from the child's health care provider may be required to return to the program).
6. Blood or mucus in the stools not explained by dietary change, medication, or hard stools.
7. Vomiting more than 2 times in the previous 24 hours.
8. Abdominal pain that continues for more than 2 hours or pain associated with fever or other signs or symptoms of illness.
9. Mouth sores with drooling- unless the child's primary care provider states that the child is noninfectious.
10. Rash with fever or behavioral changes- until the primary care provider has determined that the illness is not an infectious disease.

** Indicates a note from the child's health care provider is needed upon return to the program.

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

Plan for infectious spills control and monitoring

1. Any camper or staff member that has signs and symptoms of illness and/or infection will be sent home and advised to seek a medical evaluation from their health care provider for diagnosis and treatment.
2. Increased prevalence of illness or symptoms of food poisoning such as fever, rash, diarrhea, sore throat, vomiting or jaundice will be reported to the Camp Director. The Camp Director will then inform the local board of health and the Massachusetts Department of Public Health.

3. Facilities and supplies will be available for proper hand hygiene as well practice of proper hand hygiene by all campers and staff.
4. All areas used for eating will cleaned with soap and warm water after eating.

Procedures for the cleaning up of blood spills

1. Non-latex disposable gloves must be worn in addition to any other necessary personal protective equipment needed to protect the individual responsible for cleaning the blood spill from blood-borne pathogens.

2. Use a disposable absorbent towel to clean the area of the spill as thoroughly as possible. Place soiled towels in contaminated materials bag.

3. All surfaces that have been in contact with the blood should be wiped with a 1:10 dilution of household bleach can (this solution should not be mixed in advance because it loses its potency). After the disinfectant is applied, the surface should either be allowed to air dry, or else to remain wet for 10 minutes before being dried with a disposable towel or tissue.

4. After disposable gloves are removed, they should be placed in contaminated materials bag and sealed and disposed of in a hazardous materials bin. Hands should be thoroughly washed with soap and water after the gloves are removed.

Storage and Administration of Medication

105 CMR: 430.160

Medications will only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant.

Administering medications (prescription and non-prescription)

The health care supervisor will administer only oral and/or topical medications, or Epi-Pen when appropriate (see allergies and medical conditions). The health care supervisor will or has receive(d) training on proper medication administration. There will be documentation of the training and competency of each health care supervisor trained and designated to administer medication at their respective camp sites. The Health Care Consultant will be given a copy of the documentation of the training contents.

Before any prescription medication(s) will be administered at camp the following conditions must be met:

1. A signed authorization form by the parent or guardian to give their child medication(s) while at camp.

2. A signed written medication order by the camper's licensed prescriber (physician, nurse practitioner or physician assistant). One form should be filled out for each medication to be administered at camp.

3. All prescribed medication(s) given at camp must be in their original pharmacy bottle/container which must contain on the original pharmacy label including:

a. Pharmacy name and address
b. Serial number of the prescription
c. Refill number
d. Name of licensed prescriber
e. Name of child receiving medication
f. Name of prescribed medication
g. Directions for use and cautionary statements, if any
h. Dose and time(s) of medication
i. Original prescribed date
j. Discard (expiration)date
k. If tablets or capsules, the number in the container.
l. All non-prescription medication(s) must be in their original package.

The Health Care Consultant will review and sign off on any medication to be given during summer camp.

The health care supervisor will accept the delivery of medication and ensure that all proper documentation is in place before administering medication(s).

Documentation of Medication Administration:

A medication administration record will be kept for each camper that receives medication during camp hours. This record will include:

1. A daily medication log, including the medication order and parent/guardian authorization.

The daily log shall contain:

1. The dose or amount of medication administered.
2. The date and time of administration or omission of administration, including the reason for omission.
3. The full signature of health care supervisor administering the medication. If the medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.
4. All documentation shall be recorded in ink and shall not be altered.

Reporting and Documentation of Medication Errors

A medication error includes any failure to administer the medication as prescribed for a particular camper, including failure to administer the medication:

1. Within appropriate time frames (The appropriate time frame should be addressed in the medication administration plan.)
2. In the correct dosage
3. In accordance with accepted practice
4. To the correct camper

In the event of a medication error, the health care supervisor must notify the parent or guardian immediately. (The health care supervisor will document the effort to reach the parent or guardian.) If there is a question of potential harm to the student, the health care supervisor will also notify the camper's licensed prescriber or the camp's health care consultant. The Camp Director is to be notified of the situation and status.

The health care supervisor on BTA SUMMER SPORTS CAMPS incident report form will document medication errors. These reports will be retained in the camper's health record. They will be made available to the Department of Public Health and Inspectional Services Department (City of Boston) upon request. All medication errors resulting in serious illness requiring medical care will be reported to the Department of Public Health, and Inspectional Services Department (City of Boston). All suspected diversion or tampering of drugs will be reported to the Department of Public Health, Division of Food and Drugs. For serious illnesses from medication errors a DPH Recreational Camp Injury Report should also be completed according to the injury report guidelines.

Self-Administration of Medications

"Self-administration" means that the camper is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction.

A camper may be responsible for taking his/her own medication after the following requirements are met:

1. The camper, health care supervisor and parent/guardian, where appropriate, enter into an agreement, which specifies the conditions under which medication may be self-administered.

2. The health care supervisor, as appropriate, develops a medication administration plan, which contains only those elements necessary to ensure safe self-administration of medication.

3. The camper's health status and abilities have been evaluated by a licensed prescriber who then deems self-administration safe and appropriate. As necessary, the health care supervisor shall observe self- administration of the medication.

4. The camper is able to identify the appropriate medication, knows the frequency and time of day for which the medication is ordered.

5. There is written authorization from the camper's parent or guardian that the student may self- medicate.

6. The licensed prescriber provides a written order for self-administration and the camper follows a procedure for documentation of self-administration of medication.

Storage of Medication

All medications will be stored in their original pharmacy or manufacturer labeled containers and in such a manner as to render them safe and effective. Expiration dates shall be checked.

All medications to be administered at camp shall be kept in a securely locked affixed cabinet used exclusively for medications. Medications requiring refrigeration will be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 36 to 46 degrees Fahrenheit

Returning or Destroying Medication

Any unused, discontinued or outdated medications shall be returned to the parent or guardian as soon as possible. If the medication cannot be returned, it shall be destroyed as follows:

1. Destruction of prescription medication shall be accomplished by the health care supervisor, witnessed by a second person and recorded in a log maintained by the camp for this purpose. The log shall include the name of the camper, the name of the medication, the quantity of the medication destroyed, and the date and method of destruction. The health care supervisor and the witness shall sign each entry in the medication destruction log.

The medication log shall be maintained for at least three years following the date of the last entry.

Camps should train staff members so they can help with the following diabetes care:

- **Blood glucose monitoring:** If blood glucose (sugar) is out of target range, a child may be at risk for both short-term emergencies and long-term complications. Some children cannot self-test blood glucose and would need help from a staff member.
- **Insulin administration:** This can be either through injection by a syringe or pen, or through an insulin pump. The standard of care for children with type 1 diabetes is to give them multiple daily dosages of insulin, either through injection or through the pump.
- **Glucagon administration:** If a child experiences very low blood glucose (hypoglycemia), an injection of glucagon can save his or her life. Glucagon is a rescue medicine that must be used right away. Staff should be trained to use this life-saving medication.

All staff members responsible for children with diabetes should be trained to know the warning signs of low and high blood glucose (hypoglycemia and hyperglycemia) and know how to help.

The signs of hypoglycemia (low blood sugar) include:

- Shakiness or dizziness

- Nervousness or sweating
- Hunger
- Headache
- Pale face
- Anger, sadness, confusion, stubbornness or crankiness
- Fainting or clumsiness
- Tingling feeling around mouth
- Seizure

The signs of hyperglycemia (high blood sugar) include:

- Frequent urination
- Extreme thirst
- Feeling weak or tired
- Blurry vision or can't see clearly

EMERGENCY/MEDICAL FACILITIES AND EQUIPMENT

105 CMR: 430.161

There will be a designated space for ill or injured campers to be treated with any first aid needs. This location should include space for a child to rest, have privacy during treatment, and a space to isolate a child suffering from an illness that may be a communicable disease. There will be two locations: 1. The nurse's office in the Main Building, 2. The Athletic Trainer's room located in the Indoor Athletic Facility (IAF).

First aid kits are adequately stocked by the school's athletic trainer BUT maintained by the Health Care Supervisor. Only staff members who are CPR and first aid certified will administer first aid. All first aid administered will be recorded in the Medical Log. First Aid Kits will be filled to the new American National Standards Institute Z308.1 2015 standards listed below:

ANSI 2015

Minimum Size or Volume

Class A Kits		Class B Kits	US	Metric
Adhesive Bandage	16	50	1 x 3in	2.5 x 7.5cm
Adhesive Tape	1	2	2.5yd (total)	2.3m
Antibiotic Application	10	25	1/57oz	0.5g
Antiseptic	10	50	1/57oz	0.5g
Breathing Barrier	1	1	-	-
Burn Dressing (gel soaked)	1	2	4 x 4in	10 x 10cm
Burn Treatment	10	25	1/32oz	0.9g
Cold Pack	1	2	4 x 5in	10 x 12.5cm
Eye Covering (with means of attachment)	2	2	2.9sq in	19sq cm
Eye/Skin Wash (1fl oz. total)	1	-	-	29.6
Eye/Skin Wash (4fl oz. total)	-	1	-	118.3ml
First Aid Guide	1	1	-	-
Hand Sanitizer	6	10	1/32oz	0.9g
Medical Exam Gloves	2pair	4pair	-	-
Roller Bandage (2in)	1	2	2in x 4yd	5cm x 3.66m

Roller Bandage (4in)	-	1	4in x 4yd	10cm x 3.66m
Scissors	1	1	-	-
Splint	-	1	4 x 24in	10.2 x 61cm
Sterile Pad	2	4	3 x 3in	7.5 x 7.5cm
Tourniquet	-	1	1in (wide)	2.5cm (wide)
Trauma Pad	2	4	5 x 9in	12.7 x 22.86cm
Triangular Bandage	1	2	40 x 40 x 56in	101 x 101 x 142cm

PROTECTION FROM SUN AND TOBACCO

105 CMR: 430.163

Exposure to the sun is potentially damaging. Campers and Staff will be encouraged to use sunscreen of 30 SPF or higher and other medication like zinc oxide ointment before exposure to the sun. Limit on exposure to the sun by a child should be discussed with parents/guardians if indicated. A notation should then be made to the child's file.

If over exposure to the sun is evident, first aid procedures for the condition will be followed and administered by first aid certified staff members or the health care supervisor. The health care supervisor will record the instance in the Medical Log and will notify the parent either by phone or by sending a note home with the camper.

TOBACCO USE

105 CMR: 430.165

The Brookline Tennis Academy is a non-smoking campus and BTA Summer Sports Camps has a complete no tobacco use policy. Staff are informed during the interview process and orientation that no use of tobacco, including nicotine delivery systems (e-cigarettes, vaporizers, etc.), are allowed at the camp.

GENERAL PROGRAM ACTIVITIES & DISCIPLINE

105 CMR: 430.190

Parents complete authorizations for each camper including: people authorized by the legal guardian to drop off/pick up their children and method of arrival and dismissal. Parents will submit a form for campers walking home within a specific distance set by BTA Summer Sports Camps. Legal guardians will be called if campers do not arrive at the start of camp, and parents are directed to call BTA Summer Sports Camps if campers do not arrive home within 10 minutes of schedule. Staff monitor arrival and dismissal for camper safety and instruct drivers and walkers in safe practices such as use of crosswalks, and allowing campers toonly exit vehicles on the sidewalk.

Any promotional literature or brochures will state, ***"This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health."***

Prior to their child attending camp, a parent/guardian will receive a parent handbook that will review pertinent camp policies including but not limited to background check, health care and discipline as well as procedures for filing a complaint. In addition, the parent handbook includes policy for mildly ill campers, emergency medical releases, and medication administration policy. The parents are notified that they may request copies of background check policies, heath care and discipline policies.

If a child arrives at the camp who is not registered and the camp is unfamiliar with, every effort will be made to locate the child's parents/legal guardian. If this is unsuccessful, the proper authorities will be notified. While this process is occurring the child may receive a snack or meal, but will not be allowed to participate in activities at the camp.

If an unknown adult arrives at the camp, the camp staff will attempt to identify that person and will assess if they have a legitimate reason to be on the campus. If they cannot be identified or do not have a legitimate reason to be there, the leadership will ask them to leave the premises. If they are uncooperative the police will be called.

DISCIPLINE POLICY

105 CMR: 430.191

The following discipline is reviewed at staff orientation and parents are provided with a copy of our discipline policy. Parents are asked to support the staff in our efforts to foster a safe, positive environment for the campers.

At Brookline Tennis Academy Sports Camps, we abide by the school's fundamental standards. People cannot live and work together unless they agree on certain basic standards. The Roxbury Latin School is a community and Brookline Tennis Academy Summer Programs are a part of that community. The remain a member of the camp, a person must agree to and abide by certain fundamental principles:

- Honesty is expected in all dealings.
- Members and guests of this community are to be accorded respect and courtesy at all times.
- Diligent use of one's talents is an expected commitment in all school endeavors.
- Private and public property are to be treated with care and with respect.

While the school's standards are primarily applicable to the conduct of students while they are at school or participating in school-sponsored activities, the summer programs expects campers to live by these standards at all times. Providing supports that benefit all campers such as adequate structure, clear expectations, good modeling, and positive reinforcement, we strive to create the optimum conditions for campers to fully and appropriately participate in camp activities. We recognize, however, that every child is unique and some require additional supports to be successful. Within the bounds of maintaining a safe camp community, we are committed to making every effort to meet the needs of all campers.

Specifically, Brookline Tennis Academy Summer staff are expected to:

- Act as role models—everywhere, not just during camp sessions or on location. Campers learn from us (for better or for worse) wherever we have contact with them. How we act in every situation will be noticed.
- Strive to keep expectations of children developmentally and physically appropriate while keeping in mind the children's dignity and self-respect.
- Establish a group atmosphere that is non-punitive in nature and where comments focus on reinforcing children's appropriate behaviors rather than commenting on negative behaviors.
- Comment on behaviors in constructive ways and suggest appropriate alternative behaviors.
- Encourage children to be responsible for their own behaviors.

- Recognize that each new day brings a fresh start for each camper.

Fairness

Brookline Tennis Academy Summer Sports Camps will determine and review the facts of the case, establish responsibility, and establish a method of dealing with the person(s) involved. We reserve the right to maintain the integrity and credibility of the school's standards and the long- and short-range welfare of the whole camp community, and serve the well-being of the camper(s); their ability to deal with reality, their growth as a person, and their long-range happiness and welfare.

Staff Responsibility

While it is important for campers to be responsible for their own behavior, a greater responsibility rests with staff in determining how to maximize camper support. If one strategy doesn't work today, what can be tried differently tomorrow? If a behavior happened in a certain situation today, how can we avoid that situation tomorrow?

Discipline Policy

Depending on the situation, staff should take the following steps in an effort to address unacceptable behavior and correct the situation. Brookline Tennis Academy Summer Sports Camps reserves the right to skip any one of the steps if the situation warrants

- Staff will redirect the child to more appropriate behavior.
- The child will be reminded of the behavior guideline and program rules, and a discussion will take place. This must be done in a positive manner and, if possible, out of the earshot (but always within eyesight) of other campers.
- In the event of continuing or more severe misbehavior, staff will document the situation using a Camper Log in with the Director. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken. The Camper Log will remain in the possession of the camp director after a counselor has written the log.
- If the behavior persists, a parent will be notified (by phone or in person) of the problem by the camper's Head Counselor. The Head Counselor will consult with their Camp Director prior to placing the call home.
- (*Note*: Pick-up and drop-off are generally not appropriate times for this type of communication with parents)
- If warranted, the camp director will schedule a conference with the parent so they can determine the appropriate action to take.
- The Camp Director and counselors involved will follow the plan set forth in the conference and continue to monitor the camper's progress. The Head Counselor should keep the Camp Director informed of the camper's progress.
- If the problem still persists, the Head Counselor will schedule a conference that includes the parent, child (if appropriate), staff and Camp Director. The Camp Director will have all documentation to date and the notes from any previous conferences for review.
- If a child's behavior at any time threatens the immediate safety of that child, other children or counselors, the parent may be notified and expected to pick up the child immediately.
- If a problem persists and the child continues to disrupt the program, Brookline Tennis Academy Summer Sports Programs reserves the right to dismiss the child from the program. Decisions regarding dismissal shall be made in conjunction with the Camp Director.

At NO TIME is it acceptable for staff to use the following forms of discipline:

- Spanking or other corporal punishment
- Utilizing cruel or severe punishment including humiliation, intimidation, verbal or physical abuse or neglect
- Depriving children of meals or snacks
- Disciplining a child for soiling or wetting clothes
- Lying to children or promising what cannot be delivered
- Labeling children and using such labels in a wrongful manner
- Breaking confidentiality by talking about children or their families inappropriately in front of another person
- Assigning group discipline due to one misbehaving child

PLAYGROUND & ATHLETIC EQUIPMENT & FACILITIES

105 CMR: 430.206 – 430.207

Athletic Equipment and Facilities Requirements Policy – Storage & Operation of Power Equipment

All equipment associated with the sports programming will be set up and maintained in accordance with the manufacturer's standards. The portable equipment will be monitored daily by the Athletic Instructors. Any equipment that is in disrepair will either be repaired or replaced.

The equipment that needs to be distributed will do at the beginning of the day and collected at the end of the day by the camp staff.

All playing fields and courts will be kept free from holes and other obstructions which may cause an accident.

Power equipment will not be used by the campers, at any time. Power equipment will be stored in a locked place whenever not in use. Power equipment will not be stored, operated, or left unattended in areas accessible to campers without proper safeguards.

TELEPHONE POLICY

105 CMR: 430.209

The camp has a number of reliable phones available throughout the facilities that can be used in the event of an emergency. An emergency phone number list will be posted near designated telephones. The list will include the number of the health care consultant, police, emergency medical services and fire department.

Appendix I: Sample Phone List

EMERGENCY AND CONTINGENCY PLANS

105 CMR: 430.213

BTA Summer Sports Camps has a contingency plan including but not limited to the following emergencies: Fire, Disasters, Lost Camper, and Traffic Control.

FIRE DRILL

105 CMR: 430.210

There will be a fire drill within the first 24 hours of the beginning of each session. The fire evacuation plan will be reviewed and approved by the local fire department. The evacuation plan will be reviewed and practiced during staff orientation. (See also Fire Prevention Policy 105 CMR: 430.215.)

Appendix J: Fire Drill Form

CRISIS PROCEDURES

105 CMR: 430.211

The school's Crisis Plan is reviewed regularly. Updates and revisions will be published and distributed as they occur.

EVACUATION PROCEDURES

In the event of a hazardous environmental condition (e.g., a fire, gas leak, etc.), campers and staff should immediately proceed with the Evacuation procedure per the guidelines below:

The signal for an evacuation of the facility is ACTIVATION OF THE FIRE ALARM SYSTEM.

- All campers and staff must leave the building immediately and gather in designated areas, by

camp group**,** in the parking lot adjacent to the main entrance to the school off of St. Theresa Avenue.

- Counselors and Junior Counselors will take attendance of campers in their particular groups, and report any absence (other than campers not in camp that day) to the camp director or his designated representative.

- Campers should remain quiet at all times. No one will reenter the buildings until the Camp Director (or his designated representative) gives permission to do so.

- PROCEDURE FOR A "TAKING REFUGE" RESPONSE ON CAMPUS

In the event of a serious (but not immediate) outside threat to the safety of the school community (e.g., a military/terrorist attack on Greater Boston, hazardous weather, or direction from local law enforcement), campers, faculty, and staff should immediately proceed with the procedure per the guidelines listed below:

The signal is REPEATED SHORT RINGS of the school bells: 2-2-2-2 and also a NOTICE VIA THE SCHOOL-WIDE PHONE INTERCOM.

- All campers and staff who are in the Jarvis Refectory, Smith Art Center, and Bauer Science Building should proceed to the Smith Theater and gather in designated areas, by group level. All campers and staff located in the Ernst, Gordon, Perry, or Athletic Wings, including the Indoor Athletic Facility, should proceed to Rousmaniere Hall and gather in designated areas, by group level.

- Counselors (or junior counselors) will take attendance of campers in their particular groups, and report any absence (other than campers not in camp on that day) to the Camp Director or his designated representative.

- Campers should remain quiet at all times. All campers and staff must remain in the assigned gathering places until the Camp Director or his designated representative gives further direction.

- PROCEDURE FOR A "LOCK DOWN" RESPONSE ON CAMPUS

The signal for a Lock down is a 15 SECOND CONTINUOUS RINGING OF THE BELLS and also A NOTICE VIA THE SCHOOL-WIDE PHONE INTERCOM.

- When the signal sounds, all campers and staff should proceed to the nearest classroom or office. The classroom or office door should then be locked. An adult should be present in each occupied room. Campers and staff should position themselves in the room in a way that prevents their being seen through windows. So as not to attract attention, there should be no talking or noise-making. All lights should be turned off and the shades drawn. A message via the school-wide intercom system may provide further instructions. All campers and staff must remain in place until given other directions by a law enforcement or school official.

In the event that any of the above procedures is run as practice, an intercom announcement and/or a short ring of the school bell will signal the end of the drill.

MISSING CAMPER PROCEDURES

105 CMR: 430.212

The staff should regularly take a count of campers for whom they are responsible, particularly when moving from one area of camp to another. In addition to head counts, staff will institute a "buddy" system and ask campers to keep track of their buddy when moving place to place. If you discover a camper is missing, follow these procedures:

- Report the missing camper to the Camp Director or Supervisor of the group with the following information:
    - Campers name, age, sex
    - Last place the camper is seen
    - What was the camper wearing? (color and style, type of shirt, shorts, pants, etc.)
    - Other information that could be helpful (height, hair color and style)
- Retrace the group's steps. If unsuccessful, notify the office. Meanwhile:
- Check to see if child left camp early.
- Camp Director checks Medical Log of campers that have been sent home for medical reasons.
- Check all groups to see if camper is with the wrong group.
- Group counselors meet to determine when and where the camper was last seen. Report to the Director.
- Camp Director will sound Air Horn then remains at office to coordinate effort.
- Group staff check last known location and nearby areas.
- Specialists check all activity areas, respectively.

A thorough search is made of buildings and grounds, and if the camper is not found, then parents and police are notified. Director telephones parents to see if they have picked up the child early, made other special arrangements without notifying the Camp Office, or if the child left camp on his/her own. If the parents cannot be reached by phone, the Director will call emergency number on the medical form for information.

Accuracy and speed are crucial when searching for a missing camper.

Traffic Control:

At all times when campers leave BTA Summer Sports Camps they will do so as a group and the following procedures will be implemented:

Staff will take particular care as campers are dismissed at the end of the day as they greet those who are meeting them. All measures will be taken to secure safe passage of campers and staff.

Vehicle Drop off/pick up
Parents receive details including safe drop off and pick up procedures.

Appendix K: Campus Map with entrance and exit locations. Drop off locations are highlighted as well.

DAY CAMP CONTINGENCY PLANS

105 CMR: 430.213

Only campers who are enrolled in camp will be allowed to attend BTA Summer Sports Camps.

Before the beginning of each session, a camp roster/list of children is generated and submitted to the Clinic Director. The Clinic Director will check the list on a daily basis to ensure everyone is accounted for. Clinic Directors will take head counts throughout the day to ensure campers are accounted for.

From 8:30a.m. to 9:00 a.m., the campers arrive at camp. Each morning, a staff person will greet the children to ensure a parent or authorized adult is dropping them off. Once a camper is signed in, an BTA SUMMER SPORTS CAMPS counselor will escort them to the right area for their activity.

By 9:30 a.m. the Camp Director should begin to telephone all campers with unexplained absences. The cellular phone number will be called first. If a machine answers, a message is left stating the camper is absent. Next, the parent/guardian's work number is called and if the parent/guardian is not available, a message is left to call BTA Summer Sports Camps immediately.

By 3:45 pm the Camp Director should begin to telephone all campers that are not pre-registered for the extended day program. The cellular number will be called first. If a machine answers, a message is left stating the camper is has not been picked up. Next, the parent/guardian's work number is called and if the parent/guardian is not available, a message is left to call The BTA Summer Sports Camps as soon as possible. At this point the emergency contacts are called.

By 4:30, if a camper has not been picked up, the Camp Director will notify the members parent/guardian at cellular number first. If no one answers, next the work phone number is called, and if the parent/guardian is not available a message is left to notify The BTA Summer Sports Camps as soon as possible. At this point emergency contacts are called. If all phone numbers are unsuccessful, Camp Director may call the authorities.

If a camper who attended the program does not arrive for dismissal, Camp Director will implement lost camper procedures (see lost camper policy).

Any child who arrives at camp and is not registered to attend will be brought into the BTA Summer Sports Camps office. Every effort will be made to contact the child's parents or guardians to inform them that their child will not be allowed to attend the camp. If no parent or guardian can be reached, the Camp Director will be notified and if necessary authorities will be called.

EMERGENCY COMMUNICATION SYSTEM POLICY

In the event of any crisis, clear and effective communication is critical. The camp network of 2-way radios will be used to collect and share important information with staff. In the event that a radio is not accessible, school phones and personal cell phones should be used. For missing camper procedure, Camp Director will sound air-horn to communicate camp wide procedure. Other camp procedures are communicated through school bells and school-wide phone intercom.

STORAGE OF HAZARDOUS MATERIALS

105 CMR: 430.214

Storage of Gasoline and Flammable Substances

All flammable materials will be plainly marked and stored in a locked building not occupied by campers or staff and located at a safe distance from other buildings. Campers will not have access to the buildings or materials.

Storage of Disinfectant and Other Hazardous Chemicals

All containers for insecticides, disinfectants and other hazardous materials will be plainly marked and kept in a locked storage closet. The closet will be separate from where food is stored and no campers will have access to the closet.

FIRE PREVENTION

105 CMR: 430.215

BTA Summer Sports Camps will take every precaution to reduce the risk of fire:

- No smoking signs, and evacuation routes and signs will be posted throughout the buildings.
- All flammable liquids will be stored in approved containers away from combustibles.
- Trash will be removed on a regular basis.
- Corridors and doorways will be kept free of obstructions. Fire detection and alarm systems will be tested on a regular basis.
- There will be a fire evacuation director, an assistant evacuation director and three search monitors. If applicable, assistants will be assigned to any physically disabled people on site. The search monitors will close but not lock all interior doors after searching each room.
- A fire drill will be conducted during the first day of camp each session. There will be one fire drill per session.

Appendix L: Fire Inspection Certification for camp

FOOD SERVICE

105 CMR: 430.320

BTA Summer Sports Camps will not provide any campers with lunch or snacks each day. Campers will be responsible for bringing their own lunch and snack. Food should be placed in a cooler pack to ensure food is safe to eat. BTA staff will store packed lunches in coolers to maintain freshness.