



2016 Boating in Boston Camp Health Care Policy

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.

Boating Is Fun Camp
Boating for Teens Camp
River Adventure Camp

Emergency Contact Information

- State Emergency Contacts
- Health Care Consultant
- Local Emergency Contacts

Health Records

- Storage of Health Records and Confidentiality
- Availability of Health Records
- Health Records Requirements
- Camper/Staff Physical Examination by Physician
- Camper/Staff Required Immunizations

Medications

Injuries and Illness

- Plans for Prevention of Injury and Infection
- Protection from the Sun
- Reporting Injury and Illness
- Health Emergencies

First Aid Kits

First Aid Procedures

- Allergic Reaction

- Asthma Attack

- Dizziness

- Fainting/Unconscious

- Head Injury

- Heat Exhaustion

- Hypothermia

- Insect Bites and Stings

- Nosebleeds

- Major Cuts

- Sun Burn

Infection Control

- Mild Illness

- Communicable Disease

- Quarantine

- Handling Bodily Fluids



Emergency Contact Information

State Emergency Contacts

Poison Control: 1(800) 222-1222

MA Dept. of Public Health: (617) 624-5757; www.mass.gov/dph/dcs

Health Care Consultant

Noressa Santomenna

Family Nurse Practitioner

MA License: 276515

7 Brookfield Road

Milford, MA 01757

Work: 774-573-9253

Local Emergency Contacts

	Local Hospital	Emergency Phone	Health Supervisor
Hopkinton Camp	Framingham Union Hospital 115 Lincoln St Framingham, MA 01702 (508) 383-1000	Ashland Fire, Police, Rescue/Ambulance: 911 Fire Dept.: (508) 881-2323 Police Dept.:(508) 881-1212	Corey Guerra Camp Director cmguerra77@gmail.com Cell: (508) 887-5062
Spot Pond Camp	Melrose/Wakefield Hospital 585 Lebanon St. Melrose, MA (781) 979-3000	Stoneham, Fire, Police, Rescue/Ambulance:911 Fire Dept.: (781) 438-0127 Police Dept.:(781) 438-1215	Cameron White Camp Director cjwhite8492@gmail.com Cell: (978) 852-0990
Newton Camp	Newton Wellesley Hospital 2000 Washington St Newton, MA 02462 (617) 243-6000	Newton, Fire, Police, Rescue/Ambulance:911 Fire Dept.: (617) 796-2210 Police Dept.:(617) 796-2100	Chuck Domenie Camp Director c.domenie@boatinginboston.com Cell: (860) 277-3900
Natick Camp	Framingham Union Hospital 115 Lincoln St Framingham, MA 01702 (508) 383-1000	Natick, Fire, Police, Rescue/Ambulance:911 Fire Dept.: (508) 647-9550 Police Dept.: (508) 647-9500	Christian Kelley Camp Director ckelley@milfordma.com Cell: (508) 858-9392



Health Records

1. The Camp Director, under the guidance of the Health Consultant, shall maintain a health record for each camper and staff member.
2. A certificate of immunization or laboratory evidence of immunity is acceptable for all immunizations.
3. A camper or staff member with a known medical condition shall be identified to the appropriate staff with respect to confidentiality.
4. Exemptions for religious or medical reasons must be documented in writing and reviewed and approved by the Health Care Consultant.

Storage of Health Records and Confidentiality

After review by the Camp Director and Assistant Director, Camper and Staff Health Records shall be kept on in a locked file cabinet in the boathouse. In the case of a medical emergency, information may be released to the certified medical personnel. Confidentiality will be respected at all times in accordance with HIPPA regulations.

Availability of Health Records

All medical records shall be readily available to the health supervisor, health care consultant, or other health personnel and 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.

Health Records Requirements

1. The camper's or staff member's name and home address;
2. The name, address and telephone number of the camper's or staff member's parent(s) or guardian(s);
3. A written authorization for emergency medical care signed by a parent or guardian;
4. The travel location(s) and telephone number(s) of the camper's or staff member's parent(s) or guardian(s) if the parent(s) or guardian(s) will be traveling during the camping season;
5. The name, address and telephone numbers of the camper's or staff member's family health care provider or health maintenance organization, if any;
6. If the camper or staff member brings a prescribed medication from home, a written authorization to administer the medication signed by a parent or guardian;
7. Copies of injury reports, if any.



Camper/Staff Physical Examination by Physician

Each camper and full-time staff member shall, prior to attending or after receiving a conditional offer of employment, furnish to the camp the following:

1. camp health history form (signed by parent/guardian or in the case of a staff member 18 years of age or older, the staff member's signature)
2. camp eligibility forms
3. report of a physical exam (completed by a licensed health care provider within the past 24 months)
4. certificate of immunization
5. list of required medications administered while attending camp

Camper/Staff Required Immunizations

For Campers and Staff under 18 Years Old:

1. Measles, Mumps, Rubella (MMR) Vaccine:
 - a. 1st dose at or after 12 mos or older
 - b. Measles: 2nd dose 4 weeks after the first
2. Polio Vaccine:
 - a. 3 doses of inactivated polio vaccine (IPV) or oral polio vaccine (OPV) or
 - b. 4 doses mix IPV/OPV
3. Diphtheria and Tetanus Toxoids and Pertussis Vaccine
 - a. 4 doses DTaP/DTP/DT or 3 doses of Td
 - b. Ages 12-15: Booster of Td if it has been more than 5 years since last DTaP/DTP/DT
 - c. Ages 16 and up: Booster of Td if it has been more than 10 years since last DTaP/DTP/DT/Td
4. Hepatitis B Vaccine:
 - a. 3 doses if born on or after 1/1/92

Campers and Staff 18 Years or Older Exceptions:

1. Measles: 2 doses (exempt if born before 1957)
2. Mumps: 1 dose (exempt if born before 1957)
3. Rubella: 1 dose (exempt if born before 1957)
4. Diphtheria and Tetanus Toxoids: 3 doses DTaP/DTP/DT/Td
 - a. Booster dose of Td required if more than 10 yrs since last dose.



Medications

Because this is a day camp, medications are not generally administered during camp hours. However, any camper who has been prescribed an inhaler or EpiPen or who has an insulin pump may need to carry and self-administer these lifesaving medications.

1. **Medication Documentation:** Parents shall provide documentation from the licensed prescriber regarding the need for medication self-administration. This information will be kept on file in the camper's health record.
2. **Over the Counter Medication.** Benadryl and Ibuprofen shall be stocked in the boathouse first aid kit. Verbal or written consent for over the counter medications must be given by either the health care consultant or the parent/guardian before these medications may be administered.

Injuries and Illness

Plans for Prevention of Injury and Infection

1. **Grounds Maintenance.** The boathouse grounds shall be cleaned at the end of every camp day and double checked in the morning for sanitation and health purposes. This includes removal of potentially hazardous materials or obstacles.
2. **Helmet Policy for Sailors.** All sailors will be provided a helmet to wear while sailing.
3. **Supervision.** Campers shall be supervised at all times and the "buddy system" shall be used.
4. **Accountability.** Head counts and attendance shall be taken at the beginning and end of each AM and PM session and sporadically throughout the day. The camp director and assistant director shall consistently reinforce counselor accountability for campers.
5. **First Aid, Safety, and Health Training.** During staff orientation and monthly in-service training, all camp staff shall participate in basic first aid, safety, and health training. In-service training shall occur once a month to reinforce counselor training in First Aid, CPR, and lifeguarding skills. Each camp staff member shall receive a copy of this health care policy.
6. **Duty To Act.** All counselors shall be instructed that they have a duty to act whenever they see a potential safety issue and shall report safety concerns to the camp director, assistant director, or staff lead.
7. **Personal Hygiene.** Personal hygiene will be priority for all staff and campers. This includes hand washing after using the bathroom and before meals.

Protection from the Sun

We take sun protection seriously. The following precautions should be taken by campers and staff to guard oneself against sun damage:

1. Campers and staff shall take personal responsibility to apply sun protection in the form of sunscreen lotion, lip balm, hats and/or long sleeve shirts. Staff shall utilize shady areas when possible.
2. Campers who stay for full day sessions shall be reminded by staff to reapply sunscreen (brought from home) at lunch time.
3. Staff shall also take note of campers who are showing signs of sunburn and urge them to take immediate steps to protect their skin. A tent is available for protection from the sun.
4. Hydration. Campers and staff should continuously drink water throughout the day to prevent dehydration or heat exhaustion.



Reporting Injury and Illness

1. **Medical Log.** An entry shall be completed in the camp medical log as a result of treatment for any injury or illness. The medical log shall list the date, name of patient, complaint, and treatment and shall indicate whether or not a camp incident report was completed. Such injuries/illness recorded in the medical log shall include those that require minimal First Aid treatment such as but not limited to: minor abrasions and lacerations, heat cramps, heat exhaustion, and minor bruises.
2. **Camp Incident Report.** In the event that a camper or staff person is pulled from normal routine camp activities for treatment, a camp incident report shall also be completed. Camp incident reports of minor injuries and illness shall include the date and location of incident, weather, type of incident, action taken, outcome, reporting staff member, all parties involved, manager on duty, and a full narrative explanation of incident events and treatment.
3. **Informing Parent/Guardian.** The Camp Director, Assistant Director, or Staff Lead shall follow up with the parent or guardian of any camper whose injury requires First Aid treatment. Parents shall be notified either by telephone or at the time of pick up.
4. **State Incident Report.** A report shall be completed on a form prescribed by the Massachusetts Department of Public Health for each fatality or serious injury as a result of which a camper or staff person is sent home, is brought to the hospital or physician's office, and where a positive diagnosis is made.
 - a. Such injuries shall include but shall not necessarily be limited to those where suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital.
 - b. Within seven (7) days of the occurrence of the injury, a copy of the Mass. Recreational Camp Injury Report Form shall be faxed or mailed to the Massachusetts Department of Public Health:

Massachusetts Department of Public Health
Center for Environmental Health
Community Sanitation Program
250 Washington Street – 7th Floor
Boston, MA 02108-4619
Telephone: (617) 624-5757
Fax: (617) 624-5777

Health Emergencies

1. In the event of an injury, certified staff will administer basic first aid, call an ambulance if needed, and then turn over care to the ambulance crew.
2. Parents or the emergency contact person will be notified as soon as possible.
3. A senior staff member will accompany the injured or ill person to the hospital and remain with him or her until a family member arrives.
4. A Massachusetts Injury Report Form shall be completed by the group leader or camp director, in the event of a serious occurrence that requires medical care.



First Aid Kits

1. A First Aid kit and manual shall be kept in the boathouse office.
2. In addition, each group leader shall carry a waterproof first aid kit (and Epi-Pen when applicable) while on outings with campers away from the boathouse.
3. The first aid kit contents are reviewed by the Health Care Consultant at the beginning of the camp season and periodically, thereafter. It is the responsibility of the camp director to keep the first aid kits fully stocked from the main supply source, as needed.

First Aid Procedures

Allergic Reaction

1. Treat symptoms
 - a. Administer oral or topical Benadryl with permission from the parent.
 - b. Monitor symptoms
2. If serious (respiratory arrest, cardiac arrest), call 911 then contact parent.
 - a. Try to keep the person calm. Put in a cool space away from environmental stressors.
 - b. Never attempt to give oral medication to someone who is having trouble breathing.
 - c. If serious and the person is prescribed an EpiPen, ask the person to self-administer EpiPen.

Asthma Attack

1. Restore Normal Breathing
 - a. Ask the person to self-administer asthma medication.
 - b. Try to keep the person calm. Put in a cool space away from environmental stressors.
2. Call a parent or, if serious, call 911 if
 - a. Symptoms get worse or last more than 20 minutes

Dizziness

1. Treat Symptoms
 - a. The person should sit down or lie still.
 - b. If the person gets light-headed when standing up, the person should stand up slowly.
 - c. Avoid sudden changes in position.
 - d. If the person is thirsty, have him or her drink fluids.
 - e. Avoid bright lights.

Fainting/Unconscious

1. Prepare for Possible CPR
 - a. Assess environmental causes (Ex: caused by allergic reaction, hit to the head)
 - b. Position the person on his/her back.
 - c. Check the person's airway to be sure it is clear
2. If breathing and pulse is found:
 - a. Raise the person's legs at least 12 inches above the ground
 - b. Loosen restrictive clothing
 - c. If the person does not regain consciousness within one minute, call 911
3. If not breathing and no pulse, call 911 and begin CPR

Head Injury

Minor head injuries in young children are scary. And although the wounds are usually small, some head injuries need immediate medical care. For any head injury, the parent must be notified.

1. Reduce Swelling
 - a. Apply an ice pack
2. Call parent or if serious 911, in the event of the following symptoms:
 - a. Neck pain
 - b. Continuous crying
 - c. Needs stitches
 - d. Has a severe dent in the skull or severe swelling
 - e. Vomited several times
 - f. Presence of a clear fluid coming from the ear or nose
 - g. Has blurry vision
 - h. Has a bad headache
 - i. Had memory loss
 - j. Fell from a height greater than three feet
 - k. Was struck in the head by an object travelling at a high speed

Heat Exhaustion

1. Lower Body Temperature
 - a. Get the person out of the heat and into a cool environment.
 - b. If air-conditioning is not available, fan the person.
 - c. Spray the person with a garden hose, get him into a cool shower, apply cool compresses, or give the person a sponge bath
 - d. Rehydrate
 - e. Give cool, water as long as the person is alert.
2. Rest
 - a. Have the person avoid physical activity for the rest of the day.
 - b. With permission of the parent, give acetaminophen if the person has a mild headache.
3. Call a parent or, if serious, call 911 if
 - a. Symptoms get worse or last more than an hour
 - b. The person is nauseated or vomiting

Hypothermia

1. Raise Body Temperature
 - a. Get the person out of the cold and into a warm environment
 - b. Have the person change out of wet clothes
 - c. Add layers of warm, dry clothing, towels, or blankets
2. Call a parent or, if serious, call 911 if
 - a. Weak pulse
 - b. Slow, shallow breathing
 - c. Confusion and poor decision-making
 - d. Slurred speech or mumbling
 - e. Progressive loss of consciousness

Insect Bites and Stings

If the person **does not** have severe allergy symptoms:

1. Remove Stinger
 - a. Use a straight edge (like a credit card) to remove the stinger
 - b. Do not pinch the stinger, as this may release more venom
2. Control Swelling
 - a. Wash with soap and water, then ice the area.
 - b. If stung on your arm or leg, elevate it.
 - c. Remove any tight-fitting jewelry from the area of the sting. As it swells, rings or bracelets might become hard to get off.
3. Treat Symptoms
 - a. Continue to ice the area
 - b. You may apply calamine lotion with parent approval
4. **If the person has severe allergy symptoms call 911.**

Nosebleeds

1. Stop the Bleeding
 - a. Have the person sit up straight and lean forward slightly. Don't have the person lie down or tilt the head backward.
 - b. With thumb and index finger, firmly pinch the nose just below the bone up against the face.
 - c. Apply pressure for 5 minutes. Time yourself with a clock.
 - d. If bleeding continues after 5 minutes, repeat the process.
2. Call a parent or 911 if serious
 - a. Nosebleed doesn't stop after 10 minutes of home treatment.
 - b. The person is taking blood thinners, such as warfarin (Coumadin) or aspirin, or has a bleeding disorder
 - c. Nosebleed happens after a severe head injury or a blow to the face.

Major Cuts

Call a parent to come get the camper or, if it is serious, call 911. Major cuts may exhibit the following traits:

- The cut is deep or over a joint
- You cannot get the cut or laceration clean
- The injury is a deep puncture wound
- The cut is from a human or animal bite
- Excessive bleeding

Minor Cuts

1. Stop the Bleeding
 - a. Apply direct pressure on the area.
2. Clean and Protect
 - a. Clean the area with warm water and gentle soap.
3. Put a sterile bandage on the area.



SunBurn

1. Take the camper out of the sun for the day
2. Call parents if there is any blistering, serious burns or pus.

Infection Control

Mild Illness

1. If a child is mildly ill and does not feel well enough to participate in daily activities, that child shall be placed in a comfortable area away from other campers and monitored by a staff member until a parent or guardian is available to pick up that child.
2. An entry in the medical log as well as a camp incident report will be filed as a result of a camper or staff person pulled from normal routine camp activities for treatment of an illness.

Communicable Disease

1. Any camper or staff person with fever, vomiting, diarrhea, undiagnosed rash or other potentially contagious condition shall be placed in a comfortable area away from other campers and monitored by a staff member until a parent or guardian is available to pick up that child.
2. The camp director or staff lead will notify the camper's parent, guardian, or emergency contact by telephone.
3. The child or staff person may return to camp with a note from a physician clearing him/her for camp activities.
4. Any known outbreak of infectious disease shall be reported to the Health Care Consultant who will notify the local Board of Health and MA DPH, as required.

Quarantine

If a communicable disease is suspected and a child must be quarantined, that child will be kept in a comfortable location and monitored by a staff member until the parent, guardian, or emergency contact arrives.

Handling Bodily Fluids

When handling bodily fluids (whether during administration of First Aid or the sanitation of surfaces), the person should use a barrier (Ex: non-latex gloves), diligently and properly wash hands, and dispose of waste products with proper care. Contaminated surfaces should be cleansed with a mixture of bleach and water.