



Camp Soule 2024 Policies and Procedures



JOIN US OUTSIDE THIS SUMMER! *The mission of the Soule Homestead Education Center is to support and maintain a community based non-profit education center for the benefit of area schools and the general public while preserving and enhancing the historic 120-acre Soule Homestead. Hands-on learning opportunities include environmental programs, organic farming activities, traditional crafts, and cultural events.*

Soule Homestead Education Center

46 Soule Street
Middleboro, MA 02346
508-947-6744
www.soulehomestead.org

Camp Soule complies with the regulations of the Massachusetts Department of Public Health (105 CMR 430) and is licensed by the Town of Middleborough

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Staffing Plan

In accordance with regulation 105 CMR 430, Soule Homestead's Day Camp program will maintain a staff to camp ratio of the following amounts:

- 1 counselor per 5 campers under age 7
- 1 counselor per 7 campers over age 7 (state requirement is 1 counselor per 10 campers for this age range).

Everyone is welcome to attend Soule Homestead's Summer Camp program and for that reason if a child has a mild disability and needs additional support, we will schedule an additional staff member so that we can modify the program for the week and bump staff ratios to 1 counselor per 4 campers.

Some campers may have higher needs and may be accustomed to a 1:1 ratio while they are in a school setting. These campers are welcome to attend camp but parents will need to provide either themselves or a professional to be their child's 1:1 aid. This aid will have the training needed to address any needs that a camper may have. This aid will work only with the child that they are attending with and will not be asked to oversee the group and will not be allowed to be alone with any other children.

Our staff will do everything in their power to modify the events of the week to make everyone feel included. This may include sending home notifications to parents about potential food allergies or changing an activity so that all campers can be involved. The goal is to safely meet everyone's needs while still providing for an enjoyable summer experience.

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BACKGROUND INFORMATION CHECKS FOR STAFF AND VOLUNTEERS

In accordance with 105 CMR 430.090, it is the policy of Soule Homestead Education Center (SHEC) to conduct background checks for all day camp employees and volunteers as detailed below.

Criminal Background Check Policy

In addition to the background check requirements detailed below, all day camp employees and volunteers are subject to SHEC criminal background check policy (a copy of which is attached). The SHEC criminal background check policy requires all staff and volunteers to self-report any felony conviction and to undergo a criminal offender record information (“CORI”) review by the Massachusetts Criminal History Systems Board, and a sex offender record information (“SORI”) review by the Massachusetts Sex Offender Registry Board. For additional information please see our criminal background check policy.¹

Requirements for all Staff: (MA Residents)

- SHEC will obtain prior work history for the previous five (5) years, including the name, address and phone number of a contact person at each place of employment.
- SHEC will obtain three (3) positive reference checks from individuals not related to the staff person.
- All staff must complete a standard job application, which requires reporting of any criminal conviction including misdemeanors.

Requirements for all Staff: (Non MA Residents)

- SHEC will obtain prior work history for the previous five (5) years, including the name, address and phone number of a contact person at each place of employment.
- SHEC will obtain three (3) positive reference checks from individuals not related to the staff person.
- All staff must fill out a standard job application, which requires reporting of any criminal conviction, including misdemeanors.

Requirements for all Volunteers

- SHEC will obtain prior work or volunteer history for the previous five (5) years, including the name, address and phone number of a contact person at each place of employment or place of volunteer service.
- SHEC will obtain a CORI Report from the Massachusetts CHSB.

¹ All CORI and SORI information collected is maintained separately from general camp paperwork and is only accessible by authorized individuals. We will make CORI and SORI records available as necessary for the purpose of licensure by the Board of Health.

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CORI CHECK POLICY

The Soule Homestead Education Center (SHEC) conducts Criminal Offender Record Information (“CORI”) checks on prospective and current employees, volunteers and contractors whose positions involve the potential for unmonitored access to children. SHEC generally follows the practices and procedures below with respect to its CORI checks.

- SHEC will conduct CORI checks for Massachusetts criminal records as authorized by the Massachusetts Criminal History Systems Board (“CHSB”). We will notify all applicants, employees, volunteers and contractors subject to CORI checks that such checks will be conducted. If requested, the individual will be provided with a copy of this CORI policy.
- An informed review of a criminal record requires adequate training. Accordingly, the Camp Director is authorized to review Massachusetts CORI and will be thoroughly familiar with the educational materials made available by CHSB.
- Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant, employee, volunteer or contractor. Rather, the Camp Director will make determinations of suitability based on CORI checks consistent with this policy and any applicable law or regulations.
- If SHEC receives a criminal record from CHSB, the authorized individual will closely compare the record provided by CHSB with the information on the Massachusetts CORI request form and any other identifying information provided by the applicant, volunteer, employee or contractor, to ensure the record relates to the individual.
- If SHEC is inclined to make an adverse decision based on the results of the CORI check, we will notify the applicant, employee, volunteer or contractor in a timely manner. SHEC will provide the applicant, employee, volunteer or contractor with a copy of the criminal record and this policy, will advise the individual of the part(s) of the record that make the individual unsuitable for the position, and will give the individual an opportunity to dispute the accuracy and relevance of the CORI record.
- SHEC will provide applicants, employees, volunteers or contractors challenging the accuracy of a Massachusetts CORI record a copy of CHSB's ***Information Concerning the Process in Correcting a Criminal Record***. If the Massachusetts CORI record provided does not exactly match the identification information provided by the applicant, employee, volunteer or contractor, we will make a determination based on a comparison of the Massachusetts CORI record and documents provided by the individual. SHEC may contact CHSB and request a detailed search consistent with CHSB policy.
- If SHEC reasonably believes the CORI record belongs to the applicant, employee, volunteer or contractor and is accurate (based on the information provided in section IV of this policy for Massachusetts CORI checks), then we will make a determination of suitability for the position. Unless otherwise provided by law, The SHEC will consider certain factors in determining suitability, which may include, but are not limited to, the following:
 - Relevance of the crime to the position sought;
 - The nature of the work to be performed;
 - Time since the conviction;
 - Age of the individual at the time of the offense;
 - Seriousness and specific circumstances of the offense;

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- The number of offenses;
 - Whether the individual has pending charges;
 - Any relevant evidence of rehabilitation or lack thereof; and
 - Any other relevant information
- SHEC will notify the applicant, employee, volunteer or contractor of the decision and the basis of the decision in a timely manner.
 - CORI checks will be run on “year-round” employees and volunteers every three years. It is the responsibility of the employee and volunteer to advise us immediately if their CORI status changes within the three year period. Seasonal staff and/or any other staff/volunteer that has a break in employment with Soule Homestead will have a CORI run every year.

It is the right of any parent/guardian with children participating in Camp Soule programs to request (and receive) copies of employee CORI/SORI records.

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CHILD ABUSE & NEGLECT PREVENTION PROCEDURES

The Soule Homestead Education Center (SHEC) seeks to protect all children attending its camp from all forms of abuse and neglect. In furtherance of this goal and in accordance with Massachusetts law, the SHEC staff maintain the procedures discussed below to respond to all incidents of observed, reported or suspected child abuse and neglect.

Abuse & Neglect Prevention Procedures:

Reporting Abuse or Neglect: Any SHEC employee or volunteer who (1) learns that a child has experienced any form of abuse or neglect, or (2) has reason to suspect that a child has experienced any form of abuse or neglect, **must** make a report to the Camp Director. The Camp Director will report this to the Massachusetts Department of Social Services (“DSS”), Massachusetts Department of Public Health (“MDPH”) and the Middleboro Board of Health (“MBOH”) immediately. Upon receiving a report of actual or suspected abuse or neglect, the Camp Director shall immediately make a report to all three agencies. Any time a report of actual or suspected abuse or neglect is made to DSS, MDPH and MBOH, the Camp Director shall also notify the SHEC Executive Director.

Camp Director’s Written Report: Following any report of actual or suspected abuse or neglect, the Camp Director shall submit a written report to DSS, MDPH and MBOH within 48 hours in compliance with M.G.L. c. 119, § 51A. The Camp Director’s report shall contain the child’s age, gender, the names and addresses of the child and his/her parents or guardians, and all information regarding any injuries, abuse, maltreatment or neglect, including evidence of prior injuries, abuse, maltreatment or neglect. The report also shall include the circumstances under which the Camp Director or other reporting employee or volunteer first became aware of the abuse or neglect, what action, if any, was taken to treat or protect the child, and the name of the person(s) making the report. The Camp Director’s report shall also include any other relevant information that may be helpful to these agencies.

Abuse or Neglect by a SHEC Employee or Volunteer: The Camp Director shall notify DSS, the Middleboro Board of Health and also the Massachusetts Department of Public Health when any report made pursuant to M.G.L. c. 119, § 51A involves abuse or neglect of a child occurring while in the care of the SHEC camp or during a SHEC program. The Camp Director shall ensure that any employee or volunteer being investigated for possible abuse or neglect of a child does not work with any child until a DSS investigation is complete

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HEALTH CARE POLICY

General Health Care Policies

Please read carefully!

If you have any questions about these policies or would like to discuss health care concerns before your arrival at Soule Homestead Education Center, please call our **Education Coordinator, Melanie Fernandes**. Thank you in advance for your help with this important aspect of camper care.

Office phone: 508.947.6744

The staff at Soule Homestead Education Center (SHEC) wants your camper to have a healthy and happy experience at camp! Our emphasis is on wellness and safety and the vast majority of campers never need to have medical care during the course of their stay! However, should the need arise, our **on-site Coordinator/Health Care Supervisor (Melanie Fernandes/Camille Lombardi-substitute)** has been certified in Adult/Child/Infant CPR and First Aid.

Please remember that the nature of this camp is such that your child will be outdoors and active throughout the course of the program. It is important that parents use discretion on a daily basis when evaluating their child for camp. Parents are asked to keep children with conditions that could be impairing to their camp experience or contagious to other campers at home.

First Aid Preparedness

As previously mentioned, there is always one on-site Health Care Supervisors who has been certified in Adult/Child/Infant CPR and First Aid. In addition, Camp Staff have a minimum of 1 Class B and 1 Class A First Aid kit as designated by ANSI Z308-2015 standards. The Camp Staff also carry copies of each camper's health record and emergency contact information with them at all times.

Documentation:

Staff will document any medical issues that took place during each day of camp. This will take place in our medical log which is kept in the program room at all times. This notebook is a bound book so that pages cannot be removed. If there is a serious injury or a fatality, the Camp Director will complete an incident report and submit it to MDPH and the Middleboro BOH.

Medical Care

Our **Health Care Consultant (Dr. Aaron Bornstein, Middleboro Pediatrics, 2 Lakeville Business Park, Lakeville, MA, 02347)** is a licensed physician and will oversee matters of health and safety and handle all routine medical matters. However, in the case of an emergency our Camp Staff will call 911 for rescue/ambulance or 1-800-222-1222 for poison control, and the parent will be notified immediately.

Physician & Hospital

Routinely, if it is determined that a camper should be taken to the hospital, they will be taken to Beth Israel Deaconess Hospital, 275 Sandwich St, Plymouth, MA 02360

Medical Treatment Protocols (MTPs)

MTPs are general instructions to the Camp staff, issued by our Health Care Consultant, that pertain to a host of potential injuries and illnesses that may occur and allow/direct our Health Care Supervisor to administer specific medications and treatments, provide first aid care, evaluate and treat an illness, and determine when additional medical intervention is necessary.

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Medications and Treatments at Soule Homestead Education Center

At Soule Homestead Education Center we take medications very seriously, and therefore, we are required to follow strict protocols. As parents it is important that you are properly prepared with any medications that are brought to camp.

Campers take medication for a variety of reasons while at camp. Generally, medications and treatments are kept locked in the Camp Classroom when not being administered. A locked fridge (temp 36F-46F) in our Camp Classroom will be available for any medications that need to be refrigerated. The exceptions are epi-pens, rescue inhalers and some types of insulin which are with campers at all times. All medications must be presented to the on-site Coordinator/Health Care Supervisor at check-in. Medications must be in original packaging and all medications will be returned to the parent of the camper at the end of the day of camp.

Sunscreen and Bug Spray: Camp Staff **will only** administer sunscreen to campers if they have signed a release. It is the parent's responsibility to prepare their child for camp each day. However, in the event that a parent has forgotten to apply sunscreen or bug spray, the Camp Staff will have them on hand and parents may personally administer it to their children. Parents are encouraged to fill out the sunblock release for their child.

Care of mildly ill campers: Parents are required to notify our on-site Coordinator/Health Care Supervisor in the case that the child has a mild illness and may need special care that day. Our on-site Coordinator/Health Care Supervisor will administer medications following medical treatment protocols (MTP's) to ensure the wellness of the camper. Again, parents are asked to keep children with conditions that could be impairing to their camp experience or contagious to other campers at home. In the event that a child becomes mildly ill during the camp program, the parent/emergency contact will be notified and asked to pick up their child.

Prescription Medications

Any and all prescription medications brought to camp **MUST be in the original container from the pharmacy**, with labeling dated within the last 12 months, which details **exactly** how it is to be administered. (Inhalers, creams, eye drops and nasal sprays must come with the box they came in if that is where the prescription label is located.) Any changes from said labeling must be in writing from the physician and dated within the last 12 months. Sample packaging of prescription medications will not be accepted. Prescription medication will be returned to the parent of the camper at the end of the day of camp.

Over-the-Counter Medications and Treatments (OTCs)

The MTPs do allow for the administration of over-the-counter medications and treatments according to package instructions only and for indications determined by our Health Care Consultant.

(OTC medications such as Tylenol, Ibuprofen, decongestant, antihistamine and anti-itch creams/ointments as well as a number of other common treatments named in our MTP are stock items at camp. You need not bring such medication with you unless your child will be using it in large quantities.)

All OTCs (including but not limited to: pills, creams, inhalers, vitamins, sprays, drops, supplements) must be brought to camp in original packaging with a doctor's written order, (usually a PRN order), dated within the last 12 months.

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Vitamins and dietary supplements cannot be given without a doctor's written order dated within the last 12 months.

Emergency Medication (see *Emergency Medication Permission Form*)

Under certain circumstances, parents may opt for their camper to carry certain prescribed emergency medications, such as an EpiPen, asthma rescue inhaler or insulin on their person. (Please see our Emergency Medication Permission Form to read more about this.) Upon arrival at camp, the on-site Health Care Supervisor must evaluate your camper's ability to be responsible for the medication 24/7, and to self-administer these medications appropriately. Every camper who comes to camp with a rescue inhaler, EpiPen or insulin and his/her parent /guardian must read the aforementioned policy and sign the form indicating their choice, even if the decision is made not to self-carry.

MEDICATION ADMINISTRATION POLICY

Our programs have staff authorized to administer certain prescription and non-prescription (over-the-counter) medications, **INCLUDING BUG SPRAY, HAND SANITIZER AND SUNSCREEN**, to participants ***when we have proper documentation on file***. Both the prescription and OTC medication forms **MUST BE FILLED OUT FOR EACH CHILD ATTENDING CAMPS**.

Prescription and Non-Prescription Medication Authorization Forms are enclosed. Similar forms used by your daycare, school, or doctor are acceptable if they provide the same information. Separate forms must be submitted for each medication. ***Please bring completed forms and clearly labeled medications with you on the first day of the programs.***

The enclosed Administration of Medication Policy describes the responsibilities and procedures for us to work together to ensure the safety of your child. If you have any questions about administering medication to your child during camp, please contact the appropriate Program Director listed below:

Administration of Medication Policy

Soule Homestead Education Center may store and administer medications for program participants under certain conditions:

- Prescribed inhalers or epi-pens or other medications with parent's consent;
- Non-prescription oral medications and/or topical medications with parent's consent.

Parent Responsibilities (for prescribed medications)

It is the parent's responsibility to inform program staff upon registration that their child has a prescribed inhaler, epi-pen, or other medication. An authorization form is required to be signed by the parent. They must include:

- The child's name, address, and birth date.
- The drug name.
- The prescribed dose.
- The method of administration.
- The time to be administered.

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Medications must be in their original container and clearly labeled. Parents must replace medications prior to the expiration date.

Staff Responsibilities

- All medications shall be kept in a locked box in a staff room inaccessible to children. Keys to the locked box shall be accessible only to personnel authorized to administer medication.
- Medication shall be administered only in accordance with the written order of the authorized prescriber. The first dose of any medication shall not be administered except in an emergency.
- Any unused portion of the medication shall be returned to the parent at the end of the program.
- Parents will be notified when/if a child has been administered any medication.
- Parent shall be notified immediately of any administration errors by telephone and in writing. The error shall be documented in the child's record.
- Staff will keep accurate documentation of all medications administered by completing the proper paper work, which will be kept in the program director's files. Individual administration records shall be written in ink and include:
 - The date the medication was administered.
 - The time it was administered.
 - The dose that was administered.
 - The signature of staff person administering the medication.
 - Any comments.

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MEDICATION ERRORS

Medication errors are defined as the following:

- Administering the wrong medication
- Administering a medication to the wrong camper.
- Administering an incorrect dose of a medicine.
- Failing to administer a prescribed medication without acceptable reason for omission (medication refused by student, no supply, early dismissal, late arrival, etc.).
- Failing to administer the medicine at the correct time (within 30 minutes before or after the scheduled time)
- Failing to administer the medication by the correct route.
- Failing to administer the medication according to generally accepted standards of practice.
- Administering a medication that has not been authorized by the parent/guardian.
- Administering a medication that has not been ordered by a licensed prescriber by either student specific order or standing order.
- Failure to store a medication in accordance with state regulations and statutes.
- Accidental destruction or loss of controlled drugs.

If an error in medication is made, the following steps are taken:

1. The Health Care Supervisor shall make a full assessment of the camper's condition.
2. The Health Care Supervisor shall activate EMS (when applicable).
3. The Health Care Supervisor shall call the Health Care Provider/Prescriber and/or Poison Control first aid and referral recommendations when applicable.
4. The Health Care Supervisor shall notify the Camp Director, parent, and the prescriber of the medication of the error, as soon as possible after the incident.
5. The Health Care Supervisor shall document the error in the medical log as soon as possible after the incident.
6. The Health Care Supervisor shall write up an Incident Report and forward a copy to the Camp Director as soon as possible after the incident.
7. The Soule Homestead Education Center shall maintain a copy of the report.
8. The Health Care Supervisor shall enter a narrative note into the medical log documenting the error, an assessment of the campers' condition following the error, nursing interventions, and notifications made.
9. The Director shall document any remediation or other action that takes place following the error and a copy will be placed in the employees personnel file.
10. A COPY OF THIS INCIDENT REPORT SHALL BE MAINTAINED IN SHEC CAMP RECORDS FOR NOT LESS THAT 5 YEARS. COPIES OF THIS REPORT ARE AVAILABLE TO PARENTS AND HEALTH CARE PROVIDERS UPON REQUEST

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MEDICATION ERROR INCIDENT REPORT

DATE: _____ TIME: _____

CHILD'S NAME: _____

AGE: _____ PROGRAM: _____

MEDICATION GIVEN: _____ DOSE: _____

MEDICATION THAT SHOULD HAVE BEEN GIVEN:

DOSE: _____

PRESCRIBER: _____

CONTACTED:

- PARENT: NAME OF PARENT: _____
- SHEC EXECUTIVE DIRECTOR
- HEALTH CARE PROVIDER/PRESCRIBER: _____
- POISON CONTROL (IF RECOMMENDED BY PROVIDER)

REMEDY/SOLUTION:

SIGNATURE OF ON-SITE HEALTH CARE: _____

SIGNATURE OF EXECUTIVE DIRECTOR: _____

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DISCIPLINE POLICY

The Soule Homestead Education Center works to connect children to the wonders of nature by creating an atmosphere during our summer program that is nurturing, safe and fun. For this reason when campers arrive each day at the Summer Fun Program, they are presented with the rules of behavior.

Soule Homestead Education Center rules of behavior:

1. Stay with the group and staff at all times. Soule is a working farm with tractors, trucks etc.
2. No climbing on gates, fences or farm machinery.
3. No running after livestock or yelling at animals.
4. We treat all living things with respect. This rule applies to plants, animals and people. When meeting a new animal, listen carefully to the rules given by instructors on how to safely interact with it.

If a situation should arise where a child is unable to follow the above rules, our staff has been trained in appropriate discipline methods. The first step is for the counselors to verbally remind the child of our rules and the expected behavior. If a child is yelling at an animal, a verbal reminder, suggestion of what behavior is appropriate and/or redirect. For example, let the child know that running after an animal is not safe but that later in the program we will be able to run while playing a game.

If the child repeats the behavior they will receive a time out to re-think their behavior. Time outs will be issued for intervals of no more than five minutes in a quiet area that is within sight of the counselor.

If after a time out, the child continues with the same behavior, they will be removed from the program and brought to the Homestead office. The parent will be immediately notified to come pick up their child for the day. The child's return to programming is up to the parent.

The Homestead has a zero-tolerance policy for bullying/aggressive physical behavior, even between siblings. If this kind of behavior occurs, the child will automatically be removed from programming, brought to the office and the parent will be required to come pick up the child. Return to programming the next day will be at the discretion of the Education Coordinator/Executive Director.

If at any time it becomes apparent that a child poses a significant risk to his/herself, to other children and/or staff, the child will be removed from programming and parents called to come pick up their child. A discussion with the parents that includes the Education Coordinator and Executive Director will happen in order to decide if it is safe to have that child return to programming. This decision may impact the child's ability to continue for the duration of the current program or future programs.

Soule Homestead Education Center reserves the right to remove a child from programming for any reason, including but not limited to, the safety of other children, staff and the Homestead property/residents. If a child is removed from programming and not permitted to return, no refund will be issued.

When a counselor is disciplining a child, they must remember to keep an even tone at all times. A counselor should only be placing hands on a child if there is imminent danger, for example, the child tries to run into the street. Prohibitions include: "(1) Corporal or physical punishment, including

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spanking, is prohibited; (2) No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse; (3) No camper shall be denied food, water, or shelter; (4) No child shall be punished for soiling, wetting or not using the toilet.” Staff will also be instructed that punishment is not appropriate for bathroom accidents and they will be handled with discretion.

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FIRE EVACUATION PLAN

Camp Soule at Soule Homestead Education Center is largely an outdoor program, geared towards connecting children with the natural world. However, because some portions of the program take place in our classroom area, we strongly believe that the best protection is preparation. There are fire extinguishers clearly marked in the classroom and office, and a copy of this protocol is clearly posted in the classroom.

On Monday when the children arrive and are introduced to the program, they will be shown the different exits and also participate in a fire drill.

In the event of a fire in the classroom, campers and staff are expected to do the following:

1. As soon as someone sees or smells smoke, pull the fire alarm.
2. Everyone in the room shall proceed out of the classroom through the clearly marked Exit. (Door leads directly outdoors to two different sides of the building depending on where the fire is located.)
3. One counselor shall call 911 and alert other staff that there is a fire.
4. One counselor shall lead all of the children into the open pasture just behind the barn (also known as activity field). This is an open space with a fence blocking the children from incoming emergency vehicles.

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DISASTER/ EMERGENCY PLAN

Due to the outdoor nature of this program, all efforts are made to track the weather and plan accordingly. Please refer to the contingency plan in dealing with predicted weather events.

However, in the case of an unforeseen severe weather event (such as a lightning storm) or other unexpected emergency the following protocol is to be followed:

1. All campers and staff come together to be identified.
2. Camp Staff will proceed with the group to the classroom.
3. Once all campers and staff have been safely situated and accounted for, parents shall be notified to come and collect their children.
4. As cars pull up next to the classroom door, camp staff will run the children out to the parents' cars. Once all of the children have been safely loaded into the vehicles, parents can exit the property.

In the event of a tornado, the following protocol is to be followed:

1. All campers and staff come together to be identified.
2. Camp Staff will proceed with the group to the concrete utility room
3. Once all campers and staff have been safely situated and accounted for our staff will stay with them until the storm threat has passed. Once it is safe, parents will be notified to come and pick up their children.

If the disaster is taking place on Soule Homestead property (such as a wildfire), the following protocol is to be followed:

1. All campers and staff come together to be identified.
2. Camp Staff will proceed with the group to the field across the street (owned by the neighbor and used with permission).
3. Once all campers and staff have been safely situated and accounted for parents will be notified to come and pick up their children unless threat disappears and children can be safely returned to property.

If there is a situation where a staff member feels that campers are in imminent danger (active shooter, lock down etc.), the following protocol is to be followed:

1. Staff will quickly identify and gather campers.
2. Camp Staff will proceed with the group to either the bathrooms, office or utility room. All these doors have a lock on them. Instruct campers to be quiet until the threat subsides. Call 911 once children are in a safe location.

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LOST CAMPER POLICY

The first rule of behavior for all campers is that we stay with our group at all times. Soule Homestead Education Center is a very large place with many barns, sheds and pastures. If you do not stay with your counselor at all times, you could get lost. All efforts are made to prevent a child from ever becoming lost. The SHEC maintains a proper ratio of campers to staff and volunteers to allow for adequate supervision. All staff carry phones, radios and are provided with the phone numbers for the SHEC office, other staff cell phones, and Middleboro Police and Fire.

It is important that counselors are aware of where all campers are at all times. This is ensured by performing frequent head counts throughout the program and by never allowing campers to leave the counselors' line of sight. When hiking in the woods, it is suggested that one staff person walk in the front of the group and one follow in the rear. If a child is unable to follow the rules of behavior, counselors shall refer to the Discipline Policy.

If at any time a child is believed to be lost, counselors shall enact the following policy:

1. Gather all campers together to be identified. Determine who is missing.
2. Question campers & staff about when and where the camper was last seen.
3. At this time:
 - a. One counselor shall calmly lead the campers to the classroom and distract them with a quiet game or activity.
 - b. The other counselor shall immediately summon all other staff and inform them that
 - c. a child is missing. All other available staff and volunteers will start searching for the missing child.
 - d. The other counselor shall then contact the child's parent/guardian and inform them that the child is lost and that a search party has been activated.
4. At the same time that one counselor is contacting parents, the other counselor shall then contact the Middleboro Police Department.
5. Upon arrival of Middleboro Police, the search party shall yield to the directions of the Police Department.
6. When the child is safely found, the parent/guardian shall be notified and the search called off. When parents and guardians arrive to pick up their children, counselors shall brief them as to what happened and ask that they reiterate the importance of following directions and staying with the group to their children.

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UNRECOGNIZED PERSON PROCEDURE

SHEC is open to the public year-round and while camp is in session. Interactions with the public may happen from time to time. Unfamiliar persons on the camp property may range from families enjoying a day at the farm, someone lost and looking for directions, to a person with intent to do harm. Some judgment must be made on the part of staff.

If the person seems threatening in any way, staff will not approach the person or take any chances. Camp Staff will remove themselves and the campers from the area, notify the Camp Director, while observing (if possible) the whereabouts of the person.

- Camp Staff should make note of the make, model, and license number of the car, if possible.
- Remove campers from the area
- While continuing to observe the person (if possible), contact the Director immediately
- If warranted, proceed with campers to the safe area (Utility Room) and await the “all clear” from the Director.

ACTIVE SHOOTER ON HOMESTEAD PROPERTY

This procedure refers to a shooter intent on doing harm to visitors and/or themselves.

Although hunting is prohibited on Homestead property, during hunting season, staff are required to wear safety vests when out on grounds.

For an active shooter:

1. Gather children and staff and proceed immediately to the Utility Room (safe area)
2. Using radios, notify Director of situation
 - a. Director will immediately contact 911 and proceed to the safe area
3. All staff and campers will remain in the safe area until such time that the police have resolved the situation and given the “all clear”
4. Parents will be contacted immediately following all clear to pick up their child(children)
5. The Board will be notified ASAP

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TRAFFIC CONTROL POLICY

Drop-Off

Parents will enter the Soule Homestead Education Center from Soule Street and drive on the driveway to the left of the building, past the picnic tables. Parents will be instructed to park across from the poultry barn, in front of the classroom. Children will be greeted by a staff member who will stay with children until all campers have arrived. Children will remain indoors and out of the way of traffic. Parents will proceed to exit around the back of the barn and straight out the driveway to Soule Street. Due to COVID, parents and caregivers are not permitted inside the classroom.

Pick-Up

Children are only released to parents/guardians or another adult as designated in writing. Parents shall enter the same parking lot where they dropped off their children earlier that day. Campers will be gathered together in the classroom space, due to COVID, parents will not enter the classroom to pick up campers, but will remain outside socially distanced from other families. Staff will release each child (one-by-one) to their caregiver.

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Disease Outbreak Response Plan

The rapid spread of gastrointestinal (vomiting and diarrhea), respiratory and other ailments can quickly change a pleasant camp visit into a difficult experience for staff and campers. Soule Homestead Education Center has established the following policy and procedure to help identify an illness outbreak and limit its impact. Early intervention may prevent additional cases of illness.

Identification

- Screen new camper/staff as they arrive at camp for any current illness. Any symptomatic campers or staff members should be sent home for medical evaluation.
- Common ailments will be recorded in the Medical Log and increased frequency of cases of illness with similar symptoms (i.e., headache, vomiting, diarrhea, fever, eye infection, sore throat, etc.) will be tracked.

If multiple campers and/or staff exhibit symptoms, the Middleboro Health Department immediately (reporting is required within 24 hours).

Prevention and Control

- Handwashing will occur frequently
 - Adequate supplies of hand washing soap and forced air dryers will be available at all times in bathrooms. The outdoor handwashing station will have soap available for use.
 - Wash hands carefully with soap and warm, running water for 20 seconds after using the toilet. Additionally, campers and staff will wash their hands frequently throughout the day and before eating. Staff will monitor campers' handwashing. Camp staff will supervise and/or help young children wash their hands thoroughly and properly.
 - Alcohol-based hand sanitizers should be used if soap and water is not available.
 - When hands are visibly soiled, after toileting, and after cleaning vomitus or other potentially contaminated body fluids, alcohol-based sanitizers will not substitute for soap and water when possible.

Housekeeping

- Conduct regular cleaning and disinfection of bathroom facilities
- Staff should be educated on and wear personal protective equipment (gloves and masks) and use disposable cleaning products when cleaning vomitus. In addition, staff should practice thorough handwashing, and be encouraged to change to clean clothing prior to resuming other activities.
- Water Supply - water at SHEC is from an approved town source.

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Restrictions and Exclusions

- Physically separate ill from well campers and staff.
 - Ill campers or staff members will be immediately isolated at the camp's infirmary and arrangements made to send them home.
- Ill persons may not return to duties and/or activities until medical clearance is obtained
 - Any camper and staff who are sent home should seek prompt medical attention.
- If needed/recommended, SHEC will shut down the current camp session and evaluate what should be done for upcoming (planned) sessions.

Reporting and Notification

- SHEC will notify the Middleboro Health Department within 24 hours of illnesses suspected of being water, food, or air-borne, or spread by contact.
- Parents will be notified as soon as possible of illness outbreaks..

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CONTINGENCY PLAN

Camper doesn't show up for a day

If a registered camper does not arrive at camp by 9:15am, the counselor will contact the parent/guardian to see if or when the camper will arrive.

Child not registered arrives

If a camper arrives at camp who is not registered, the following steps will be taken. If there is room in the program, the parent will be directed to talk with the Director to discuss the possibility of joining the group. The camper will only be able to stay if they are able to furnish all the needed paperwork including proof of immunization.

Camper doesn't show up at point of pick-up

Campers are supervised at all times. If, for whatever reason, a child becomes separated from the group at any time, please refer to the Lost Camper Policy.

Weather

This program is designed to foster an appreciation for the outdoors in all types of weather. Parents should outfit their children accordingly. Due to the outdoor nature of this camp, all efforts are made to track the weather and plan ahead. If inclement weather is predicted, then the camp staff will prepare an indoor activity for the campers to do in the classroom.

In the case of a severe, unforeseen weather event, please refer to the Disaster Plan.

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APPENDIX

CONCUSSION POLICY AND PROCEDURE

Soule Homestead Education Center (SHEC) has developed this protocol to educate summer camp staff and volunteers about appropriate concussion management. Although Camp Soule is a farm and nature camp, with non-competitive, non-contact activities (which do not put campers at high-risk for concussions), we still feel it is important that all camp staff and volunteers are properly trained in identifying signs and symptoms of concussions in the event that a head injury did occur. This protocol outlines procedures for camp staff to follow in managing concussions and outlines SHEC policy as it pertains to return to camp issues following a concussion.

A safe return-to activity protocol is important for all campers following any injury, but it is essential after a concussion. The following procedures have been developed to ensure that concussed campers are identified, treated, and referred appropriately.

SHEC's Camp Director will review this protocol annually. Changes or modifications will be reviewed, and written notification will be provided to volunteers, summer camp staff and other appropriate summer camp personnel.

All summer camp staff will be required to go online, annually for concussion training through: "Heads Up" training from the Center for Disease Control and Prevention at:

http://www.cdc.gov/concussion/HeadsUp/online_training.html

Recognition of Concussion:

These signs and symptoms — following a witnessed or suspected blow to the head or body — are indicative of probable concussion.

Signs (observed by others):	Symptoms (reported by camper)
Appears dazed or stunned	Headache
Exhibits confusion	Fatigue
Moves clumsily (altered coordination)	Nausea or vomiting
Balance problem	Double vision, blurry vision
Personality change	Sensitive to light or noise
Responds slowly to questions	Feels sluggish
Forgets events prior to head injury	Feels "foggy"
Forgets events after head injury	Problems concentrating
Loss of consciousness (any duration)	Problems remembering

Any camper who exhibits signs, symptoms, or behaviors consistent with a concussion must be taken to the designated camp infirmary and parents are called to pick up the child. The child will not be allowed to return to camp until cleared by an appropriate health care professional.

Management and Referral Guidelines for All Camp Staff and Volunteers:

- A camper who is symptomatic, but stable (not worsening), may be transported by his/her parents. The parents should be advised to contact the camper's primary care provider or seek care at the nearest emergency department on the day of the injury.

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- The following situations indicate a medical emergency and require immediate medical attention (911 called by camp staff):
 1. Any camper with a witnessed loss of consciousness (LOC) of any duration
 2. Any camper who has symptoms of a concussion and who is not stable (condition is worsening)
 3. Any camper who exhibits any of the following symptoms
 - Deterioration of neurological function
 - Decreased level of consciousness
 - Decrease or irregularity in respirations
 - Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
 - Seizure activity

Guidelines and Procedures for Summer Camp Staff and Volunteers:

1. Recognize concussion
 - All summer camp counselors and volunteers at camp should become familiar with the signs and symptoms of concussion that are described above.
 - Annual online training will occur for summer camp staff.
2. Remove from activity
 - Any camper who exhibits symptoms or behaviors consistent with a concussion (such as LOC, headache, dizziness, confusion, or balance problems) must be removed from activity, brought to designated camp infirmary, parents and/or 911 contacted.
 - The camper cannot return to camp until cleared by an appropriate health care professional.
3. Refer the camper for medical evaluation
 - The summer camp staff and/or the Camp Director is responsible for notifying the camper's parents of the injury.
 - A camp staff member or Camp Director should remain with and monitor the camper until a parent and/or emergency responders arrive.
 - Depending on the injury, an emergency vehicle or the parents will transport the camper from the camp.

Return to Play (RTP) Procedures after Concussion:

- Return to activity and play is a medical decision. The camper must meet all of the following criteria in order to progress to activity:
 - Asymptomatic at rest and with exertion (including mental exertion), AND
 - Have written clearance from a physician

Follow--Up Care for the Camper Returning to Camp:

- Camp staff will monitor the camper on a regular basis throughout the camp day/week.

Resources:

- Center for Disease Control and Prevention --
http://www.cdc.gov/concussion/HeadsUp/high_school.html#3
- The Heads-Up -- pocket card or clipboard sticker each contains information about signs, symptoms, and emergency contacts and may be used as an instant checklist and resource for camp staff and volunteers

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Massachusetts Public Health Fact Sheet MENINGOCOCCAL DISEASE

What is meningococcal disease?

Meningococcal disease occurs with infections due to the bacterium, *Neisseria meningitidis*. There are two major types of meningococcal disease: Meningococcal meningitis and meningococemia. Meningococcal meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord. Meningococemia is an infection of the blood and may also involve other parts of the body.

What are *Neisseria meningitidis*?

Neisseria meningitidis are bacteria that may be found normally in people’s throats and noses. About 5 to 15% of people carry these bacteria and do not get sick from them. These people may be called “carriers.” Carriers only have bacteria for a short time. Usually, the bacteria go away and these people may have increased resistance to infection in the future. In rare cases, the bacteria may get into the blood and go to the tissue surrounding the spinal cord and brain, causing severe illness.

How are the bacteria spread?

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

How is meningococcal disease diagnosed?

Persons showing signs and symptoms of illness are diagnosed by growing the bacteria from their spinal fluid (meningitis) or blood (meningococemia) in the laboratory. It may take up to 72 hours to have test results. Sometimes an earlier diagnosis can be made by looking at a person’s spinal fluid under a microscope. Often a preliminary diagnosis is made on the basis of signs and symptoms before laboratory results are available.

What are the signs and symptoms of illness?

Meningococcal meningitis:

Signs and symptoms of meningitis include sudden onset of high fever, stiff neck, headache, nausea, vomiting, and/or mental confusion. Changes in behavior such as confusion, sleepiness, and being hard to wake up are important symptoms of this illness. A rash may be present, often involving the hands and feet. In babies, the only signs of this illness may be acting more tired than usual, acting more irritable than usual, and eating less than usual. Babies with meningitis will usually have a fever, but this is not a reliable sign of illness. Anyone who has these symptoms should be seen by a health care provider right away.

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Meningococemia:

Signs and symptoms of meningococemia include a sudden onset of fever, chills, and feeling unusually weak and tired. A rash may be present, often on the hands and feet. Anyone who has these symptoms should be seen by a health care provider right away.

How are these illnesses treated?

Antibiotics are used to treat people with both meningococcal meningitis and meningococemia. People who have had close contact with the sick person any time during the two weeks before she/he became ill may also need to take antibiotics. Preventive treatment of all close contacts should be started as soon as possible but ideally within 24 hours of identifying the case.

Why do close contacts of a sick person need to be treated?

Close contacts of a person who has meningococcal disease are treated with antibiotics because the disease-causing bacteria may be spread from the infected person to other people through contact with the saliva (spit) of the infected person. The antibiotics will kill the bacteria and prevent illness.

Is there a vaccine to protect me from getting sick?

Yes, there are 3 different meningococcal vaccines.

- **Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo)** protects against 4 serotypes (subgroups), A, C, W, and Y, of meningococcal disease. It is recommended for all children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule.

College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- **Meningococcal serogroup B vaccine (Bexsero and Trumenba)** protects against serogroup B meningococcal disease. It is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.
- **Quadrivalent meningococcal polysaccharide vaccine (Menomune)** also protects against 4 types (A, C, W, Y) of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. It is recommended for people with certain high-risk conditions 56 years of age and older.

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If you have questions about whether or not you or your child should receive any of these vaccines, talk to your healthcare provider.

Massachusetts law requires newly enrolled full-time students attending colleges and schools with grades 9-12, who will be living in a dormitory or other congregate housing, licensed or approved by the school or college, to receive quadrivalent meningococcal vaccine or sign a waiver declining vaccination. This law does not apply to meningococcal B vaccines. More information about this requirement may be found in the MDPH document entitled "Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges."

What should I do if I have had contact with a person who has meningococcal disease?

If you have had close contact with a person who has been diagnosed with meningococcal disease you should call your healthcare provider and get an antibiotic. If you have had contact with an ill person, but have not had close contact, you should be aware of the symptoms of illness and contact your health care provider right away if you have any of these symptoms.

Are there times when I would not have to take antibiotics after close contact with a sick person with meningitis?

Yes. Meningitis can be caused by many different types of germs, including other bacteria and viruses. Only certain types of meningitis require treatment of the infected person's close contacts. If you have questions about meningitis or your exposure to a sick person, contact your healthcare provider.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or on the [MDPH website](#)
- Your local health department (listed in the phone book under government)

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Massachusetts Public Health Fact Sheet LYME DISEASE

What is Lyme disease?

Lyme disease is caused by bacteria (germs) that are spread by tiny, infected black-legged (deer) ticks. Both people and animals can have Lyme disease.

Where do cases of Lyme disease occur?

In the United States, Lyme disease most commonly occurs in the Northeast and mid-Atlantic regions and in the upper Midwest. In Massachusetts, Lyme disease occurs throughout the state.

How is Lyme disease spread?

Lyme disease is spread by the bite of an infected black-legged tick (AKA Deer Tick). The tick usually must be attached to a person for at least 24 hours before it can spread the germ. Black-legged ticks in Massachusetts can also carry the germs that cause babesiosis and human granulocytic anaplasmosis. These ticks are capable of spreading more than one type of germ in a single bite.

When can I get Lyme disease?

Lyme disease can occur during any time of the year. The bacteria that cause Lyme disease are spread by infected black-legged ticks. Young ticks (nymphs) are most active during the warm weather months between May and July. Adult ticks are most active during the fall and spring but may also be out searching for a host any time that winter temperatures are above freezing.

How soon do symptoms of Lyme disease appear after a tick bite?

Symptoms of early Lyme disease, described below, usually begin to appear from 3 to 30 days after being bitten by an infected tick. If untreated, symptoms of late Lyme disease may occur from weeks to years after the initial infection.

What are the symptoms of Lyme disease?

Early stage (days to weeks): The most common early symptom is a rash (*erythema migrans*) where the tick was attached. It often, but not always, starts as a small red area that spreads outward, clearing up in the center so it looks like a donut. Flu-like symptoms, such as fever, headache, stiff neck, sore and aching muscles and joints, fatigue and swollen glands may also occur. Even though these symptoms may go away by themselves, without medical treatment, some people will get the rash again in other places on their bodies, and many will experience more serious problems.

Treatment during the early stage prevents later, more serious problems.

Later stages (weeks to years): If untreated, people with Lyme disease can develop late-stage symptoms even if they never had a rash. The joints, nervous system and heart are most commonly affected.

- About 60% of people with untreated Lyme disease get arthritis in their knees, elbows and/or wrists. The arthritis can move from joint to joint and become chronic.
- Many people who don't get treatment develop nervous system problems. These problems include meningitis (an inflammation of the membranes covering the brain and spinal cord),

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facial weakness (Bell's palsy) or other problems with nerves of the head, and weakness or pain (or both) in the hands, arms, feet and/or legs. These symptoms can last for months, often shifting between mild and severe.

- The heart also can be affected in Lyme disease, with slowing down of the heart rate and fainting. The effect on the heart can be early or late.

Is there treatment for Lyme disease?

People who are diagnosed with Lyme disease can be treated with antibiotics. **Prompt treatment during the early stage of the disease prevents later, more serious problems.**

What can I do to lower my chances of getting Lyme disease, or any other disease, from ticks?

Prevention begins with you! Take steps to reduce your chances of being bitten by any tick. Ticks are most active during warm weather, generally late spring through fall. However, ticks can be out any time that temperatures are above freezing. Ticks cling to vegetation and are most numerous in brushy, wooded or grassy habitats. When you are outside in an area likely to have ticks (e.g. brushy, wooded or grassy places), follow these simple steps to protect yourself and your loved ones:

- Use a repellent with **DEET** (the chemical N-N-diethyl-meta-toluamide) or **permethrin** according to the instructions given on the product label. DEET products should not be used on infants under two months of age and should be used in concentrations of 30% or less on older children. Permethrin products are intended for use on items such as clothing, shoes, bed nets and camping gear, and should not be applied to skin. Other repellents, such as picaridin, oil of lemon eucalyptus and IR 3535, have also been found to provide protection against ticks. More information on choosing a repellent and how to use repellents safely is included on the MDPH Public Health Fact Sheet on Tick Repellents at www.mass.gov/dph/tick.
- Wear long, light-colored pants tucked into your socks or boots, and a long-sleeved shirt. This may be difficult to do when the weather is hot, but it will help keep ticks away from your skin and help you spot a tick on your clothing faster.
- Stay on cleared trails when walking or hiking, avoiding the edge habitat where ticks are likely to be.
- Talk to your veterinarian about tick control options (tick collars, repellents) for your pets.
- More information on choosing a repellent and how to use repellents safely is included in the [MDPH Tick Repellents fact sheet](#). Contact the MDPH at (617) 983-6800 for a hard copy.

Did you know?

You don't have to be a hiker on Cape Cod to worry about ticks. In Massachusetts, you may be bitten in your own backyard. There are lots of things you can do around your own backyard to make it less inviting for ticks! Visit the [MDPH Tick-borne Disease Website](#) for suggestions.

After spending time in an area likely to have ticks, check yourself, your children and pets for ticks. Young ticks, called nymphs, are the size of a poppy seed. Adult black-legged ticks are the size of a sesame seed. Both nymph and adult ticks can spread the bacteria that cause Lyme disease; however, nymphs are of more concern. They are aggressive feeders and so tiny that it can be

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difficult to see them on the body, unless you are looking carefully. When doing a tick check, remember that ticks like places that are warm and moist. Always check the back of the knees, armpits, groin, scalp, back of the neck and behind the ears. If you find a tick attached to your body, remove it as soon as possible using fine-point tweezers. Do not squeeze or twist the tick's body, but grasp it close to your skin and pull straight out with steady pressure.

Know the symptoms of Lyme disease as described in this fact sheet. If you have been someplace likely to have ticks and develop symptoms of any disease carried by ticks, see your healthcare provider right away.

Where can I get more information?

- **For questions about your own health**, contact your doctor, nurse, or clinic
- **For questions about diseases spread by ticks**, contact the MDPH at (617) 983-6800 or online on the [MDPH Tickborne Diseases website](#). You may also contact your local Board of Health (listed in the telephone directory under "Government").
- **Health effects of pesticides**, MDPH, Bureau of Environmental Health at (617) 624-5757

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Massachusetts Public Health Fact Sheet

EEE (Eastern Equine Encephalitis)

What is EEE?

Eastern equine encephalitis (EEE) is a rare but serious disease caused by a virus.

How is EEE spread?

The virus that causes EEE is spread through the bite of an infected mosquito. In Massachusetts, the virus is most often identified in mosquitoes found in and around freshwater, hardwood swamps. More information about different types of mosquitoes that can spread the virus can be found on the MDPH website at www.mass.gov/dph/mosquito.

EEE virus particularly infects birds, often with no evidence of illness in the bird. Mosquitoes become infected when they bite infected birds. Although humans and several other types of mammals, particularly horses and llamas, can become infected, they do not spread disease.

How common is EEE in Massachusetts?

EEE is a very rare disease. Since the virus was first identified in Massachusetts in 1938, just over 115 cases have occurred. The majority of cases typically have been from Bristol, Plymouth, and Norfolk counties. However, in an active year human cases can occur throughout the state.

Outbreaks of EEE usually occur in Massachusetts every 10-20 years. These outbreaks will typically last two to three years. The most recent outbreak of EEE in Massachusetts began in 2019 and included twelve cases with six fatalities. The outbreak continued in 2020 with five cases including one fatality.

What are the symptoms of EEE?

The first symptoms of EEE are fever (often 103° to 106°F), stiff neck, headache, and lack of energy. These symptoms show up three to ten days after a bite from an infected mosquito. Inflammation and swelling of the brain, called encephalitis, is the most dangerous and frequent serious complication. The disease gets worse quickly and some patients may go into a coma within a week.

Is there treatment for EEE?

There is no treatment for EEE. In Massachusetts, about half of the people identified with EEE died from the infection. People who survive this disease will often be permanently disabled. Few people recover completely.

What can you do to protect yourself from EEE?

Since the virus that causes EEE is spread by mosquitoes, here are some things you can do to reduce your chances of being bitten:

- Schedule outdoor events to avoid the hours between dusk and dawn, when mosquitoes are most active.
- When you are outdoors, wear long pants, a long-sleeved shirt and socks. This may be difficult to do when the weather is hot, but it will help keep mosquitoes away from your skin.

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- Use a repellent with **DEET** (N, N-diethyl-m-toluamide), **permethrin**, **picaridin** (KBR 3023), **IR3535** (3-[N-butyl-N-acetyl]-aminopropionic acid) or **oil of lemon eucalyptus** [p-menthane 3, 8-diol (PMD)] according to the instructions given on the product label. DEET products should not be used on infants under two months of age and should be used in concentrations of 30% or less on older children. Oil of lemon eucalyptus should not be used on children under three years of age. Permethrin products are intended for use on items such as clothing, shoes, bed nets and camping gear and should not be applied to skin.
- Keep mosquitoes out of your house by repairing any holes in your screens and making sure they are tightly attached to all your doors and windows.
- Remove areas of standing water around your home. Here are some suggestions:
 - Look around outside your house for containers and other things that might collect water and turn them over, regularly empty them, or dispose of them.
 - Drill holes in the bottom of recycling containers that are left outdoors so that water can drain out.
 - Clean clogged roof gutters; remove leaves and debris that may prevent drainage of rainwater.
 - Turn over plastic wading pools and wheelbarrows when not in use.
 - Change the water in birdbaths every few days; aerate ornamental ponds or stock them with fish.
 - Keep swimming pools clean and properly chlorinated; remove standing water from pool covers.
 - Use landscaping to eliminate standing water that collects on your property.
- More information on choosing and using repellents safely is included in the MDPH Mosquito Repellents fact sheet which can be viewed online at www.mass.gov/dph/mosquito. If you can't go online, contact the MDPH at (617) 983-6800 for a hard copy.

Did you know?

Mosquitoes can begin to multiply in any puddle or standing water that lasts for more than four days! Mosquito breeding sites can be anywhere. **Take action** to reduce the number of mosquitoes around your home and neighborhood. Organize a neighborhood clean-up day to pick up containers from vacant lots and parks and to encourage people to keep their yards free of standing water.

Mosquitoes don't care about fences, so it's important to remove areas of standing water throughout the neighborhood.

Where can I get more information?

- Your doctor, nurse, or health care clinic, or your local board of health (listed in the telephone directory under local government).
- The Massachusetts Department of Public Health (MDPH), Division of Epidemiology at (617) 983-6800 or on the MDPH Arbovirus website (www.mass.gov/dph/mosquito).
- **Health effects of pesticides:** MDPH, Bureau of Environmental Health at 617-624-5757.
- **Mosquito control in your city or town:** Mosquito control in Massachusetts is conducted through nine mosquito control districts. The State Reclamation and Mosquito Control Board (SRMCB) oversees all districts. Contact information for each district can be found online at www.mass.gov/state-reclamation-and-mosquito-control-board-srmcb. You may also contact the SRMCB within the Massachusetts Department of Agricultural Resources at 617-626-1777 or your local board of health.

**Chinese, Haitian Creole, Portuguese, Spanish, and Vietnamese translations of this fact sheet are available under additional resources.*

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Diabetic Accommodation Plan

Soule Homestead is committed to making its programs and activities available on a non-discriminatory basis, including to children with disabilities, as required under Title II of the Americans with Disabilities Act (ADA). In accordance with the ADA and its implementing regulation, we will make reasonable modifications to its policies, practices or procedures when such modifications are necessary to avoid discrimination on the basis of disability, unless SHEC finds that making such modification would fundamentally alter the nature of the service, program, or activity.

SHEC recognizes that children with insulin-dependent diabetes who participate in Camp Soule may require assistance with diabetes management. The management regime of every child with diabetes may be different and, for this reason, one policy cannot dictate the particular protocol for all individuals. This policy is limited to diabetes management and does not apply to the administration of any other medications.

SHEC affirms that successful participation of the children and accommodation of the children's needs depend on an actively cooperative relationship and ongoing communication between the parent/guardian of the child and camp staff.

1. Individualized Assessment and Reasonable Modification:

Within a reasonable amount of time, but in most cases no less than two weeks prior to the first day of the camp session, SHEC will make an individual assessment of the needs of each child with diabetes on a case-by-case basis and will work with families to provide reasonable modifications in accordance with this Policy and applicable laws. To this end, the Town will assess the level of assistance or supervision that is reasonable based upon the situation and will provide whatever assistance is appropriate and consistent with the Diabetes Management Plan. SHEC may request additional information or guidance from the child's health care provider or parent/guardians, as necessary.

2. Training

In accordance with applicable law, if a child with diabetes applies for any session or program, and if requested by a parent/guardian, SHEC will arrange for a qualified health care professional to provide basic training to appropriate camp personnel. The basic training will include a general overview of diabetes and typical health care needs of diabetics, recognition of common symptoms of hypoglycemia and hyperglycemia, and will discuss ways to get help quickly. SHEC will arrange for any camp staff working directly with a camper with diabetes to receive training that enables the staff to provide all care required to comply with applicable law, if requested by the parent/guardian. The training will include an overview of diabetes, general information on how to recognize signs and symptoms of hypoglycemia and hyperglycemia, and diabetic care practices related to glucose monitoring and regulating glucagon and insulin administration, including by insulin pump. In addition, depending on the unique needs of the child, training may include information about dietary requirements for individuals with diabetes and training and guidance from parents or guardians of children about any reasonable modifications needed by a child as identified in each child's Diabetes Management Plan. Parents or guardians must provide information and training necessary for staff to be trained with regard to any unique needs of their camper.

B. Parent's/Guardian's Responsibilities:

Within twenty (20) business days prior to the beginning of any session or program, the parent/guardian of a child with diabetes will provide SHEC the following:

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(1) A completed Diabetes Management Form, legible and in easy to understand terms, detailing any and all care necessary for the child's management, which is signed by the child's health care provider and signed by the child's parent/ guardian to permit our staff to undertake steps indicated on the Diabetes Management Form

(2) A completed Physical Exam Form and any other health-related documents deemed relevant by the child's medical provider

For children currently attending a camp program who would require treatment for diabetes for the first time during any session, the parent/guardian must immediately submit the completed Diabetes Management Plan as set forth above, and comply with the remaining aspects of this Policy with sufficient time to allow staff to make good faith efforts for continuation of the camp program consistent with this Policy.

The parents/guardian will be available at the request of the SHEC to attend a run through prior to the first day, and to continue to meet with and advise the staff working with the child about proper diabetes care.

The parent/guardian will be available by phone or have other emergency contacts (which may include the child's health care provider) available by phone each day that the child is participating in a camp session to answer questions regarding the child's management of diabetes care and to approve particular actions related to proper care, when necessary.

The parent/guardian will provide specific information and training about the child's diabetes and particular needs related to diabetes care to the staff, and will permit the child's personal health care providers to share information with staff and other health care personnel when necessary to assure the child's safety and compliance with the child's Diabetes Management Plan.

The parent/guardian will promptly inform the staff of relevant changes in the child's health status. The parent/guardian will provide, along with instructions about proper maintenance or use of all items, all supplies and equipment necessary for the child's safe participation in all activities. The parent/guardian will provide and properly maintain all supplies and equipment for the child's diabetes and assist with proper disposal of equipment and supplies. Children may carry their own medical supplies and snacks in a safe fashion that meets local code or safety standards for the care and disposal of medical supplies so that these supplies are in close proximity to the child. When the child cannot hold these supplies, the supplies will be held at the administrative office or health office, or by a staff member. Please see Emergency Medication Permission Form.

As applicable, the parent/guardian will furnish all appropriate meals and snacks as none are served by SHEC staff and that are necessary to meet the child's needs. The parent/guardian will also ensure that the carbohydrate content falls within the proper amounts set forth in the Diabetes Management Plan so that the totals will be predetermined and calculated by the parent/guardian. Carbohydrate values will be calculated and provided on labels on each food item provided by the parent/guardian so that the staff may monitor the appropriate use of insulin and insulin pumps or other equipment to administer insulin. The parent/guardian will check the child's blood sugar levels each morning before the child arrives at camp to ensure they are within the established "target range" in the child's Diabetes Management Plan.

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Hypo-/Hyperglycemic Information Sheet

All of our staff will be trained on the following information about Hypo and Hyperglycemia and how to recognize if a camper is in need of medical assistance. If a camper has a prescription for insulin it will be determined if it needs to be stored in the refrigerator or if it will be kept with the camper. Please see the release below for emergency medications.

Hypoglycemia occurs when your blood sugar level drops too low to provide enough energy for your body's activities. This also is called low blood sugar or low blood glucose. A normal blood sugar range varies with each person. The normal range is about 65 to 99 mg/dL. In most cases, patients with levels below 70 mg/dL are treated for low blood sugar. Please talk with your doctor about the blood sugar range that is best for you.

Symptoms

- Hunger
- Confusion.
- Nervousness and shakiness.
- Difficulty speaking.
- Sweating.
- Feeling anxious or weak.
- Dizziness or lightheadedness.
- Irritability or mood change.
- Sleepiness.

Causes of Hypoglycemia

People taking blood-glucose-lowering medicines can have blood sugars fall too low for a number of reasons, including:

- Meals or snacks that are too small, delayed or skipped.
- Excessive doses of blood-glucose-lowering medicines.
- Increased activity or exercise.
- Excessive alcohol intake.

Prevention

It is important to follow a regular schedule to maintain your usual medication times with your usual meals and activities. You should remember several things to help prevent hypoglycemia:

- **Some diabetes medicines** can cause low blood sugar; ask your doctor about yours.
- **Meal plans** designed by your dietitian can help you eat regular meals that fit your preferences and lifestyle.
- **Physical activities**, such as sports or exercise may require a snack or an adjustment to your medication. Talk to your doctor about what is right for you.
- **Blood sugar** should be checked regularly by people with diabetes. Simply checking will help you know if you are having a hypoglycemic episode. If your blood sugar is 70 mg/dL or below, this is considered low blood sugar.
- **A quick source of sugar, like glucose tablets or Lifesavers®**, should be kept with you at all times in case of a hypoglycemic episode so you are able to treat the problem right away.

Treatment

If you think your blood sugar is too low, use a blood glucose meter to check your level. If it is 70mg/dL or below, take 15 grams of a fast-acting carbohydrate. Wait 15 minutes, and check your blood sugar again. You can remember this as the 15:15 rule. Repeat the treatment until your blood sugar is within

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normal range. If you do not have your meter with you and are feeling symptoms of low blood sugar, treat with a fast-acting sugar that will help raise your blood sugar quickly, such as:

- 3 to 4 glucose tablets.
- 4 ounces of any fruit juice or regular soda.
- 8 ounces of skim milk.
- Hard candy (6 to 7 Lifesavers® or 7 jelly beans).

Hyperglycemia

Hyperglycemia is another name for high blood sugar levels. Please check with your doctor for the blood sugar range that is best for you.

Symptoms

- Thirst.
- Frequent urination.
- Fatigue.
- Blurred vision.
- Increased hunger.
- Dry skin.
- Slow-healing wounds.

Causes of Hyperglycemia

Hyperglycemia may occur for several reasons, including:

- Change or increase in food intake.
- Wrong or missed dose of insulin or diabetes tablets.
- Side-effects of some medications.
- Not enough physical activity.
- Emotional stress.
- Illness.

Long-term Complications

- Heart disease.
- Kidney disease.
- Vision loss.
- Nerve damage.
- Liver damage.
- Skin sores.
- Infection.

Prevention/Treatment

Hyperglycemia can be avoided in many cases. Remember these suggested actions to help maintain control of your blood sugar.

- **Check food intake** and look for ways to improve your eating pattern. Ask your dietitian for help.
- **Take insulin or diabetes tablets** in the prescribed doses and at the correct times. Contact your doctor if you are concerned.
- **Drink plenty of water** to prevent dehydration.
- **Try increasing your physical activity** gradually and make it a part of your lifestyle.
- **Consider ways of reducing stress** through relaxation training or stress management.
- **See your doctor** if you are ill to ensure the illness is treated as soon as possible.
- **Do not skip diabetic medications on sick days.** Contact your doctor.

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Prescription Medication Authorization Form (Epi-Pens, Inhalers)

My child carries: **N/A**-my child **does not** carry or require an inhaler, Epi-pen or other prescription medication

Epi-Pen (allergy: _____)

Inhaler

Other

Child's Name: _____

Date of Birth _____

Address: _____

Program (include session date): _____

I authorize the staff of the Soule Homestead Education Center to administer the following medication as directed to the child named above.

Name of medication: _____ Prescribed dosage: _____

Method of administration: _____

Time to be administered: _____

Prescriber/Health Care Provider: _____

Phone: _____

OR

I have read The Soule Homestead Education Center Health Care Policy and Emergency Medication Policy. I **give permission** for my child, _____, to carry his/her medication (such as a rescue inhaler, EpiPen, insulin etc.) on his/her person to all camp activities, in his/her personal pack at all times. I understand it will be the child's responsibility to make sure he/she has the medication with him/her at all times. My child is trained to self-administer his/her medication and may self-administer the medication if needed. I further understand that if my child is determined to be handling such medication irresponsibly or inappropriately by camp staff, the medication will be kept in the office and will be readily available but may not be immediately available by reason of distance. (My child understands that all use of emergency medications must be reported to a staff member and recorded).

Has your child had any adverse reactions to this medication? Not previously given

No

Yes If yes, explain: _____

Signature of Parent/Guardian: _____ DATE: _____

Relationship: _____

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Non-Prescription (Over-the-Counter) Medication Authorization Form

Soule Homestead Education Center may administer certain Over-the-Counter (OTC) medications with parent or guardian approval. Below is a list of medications SHEC staff can administer.

- Children’s Tylenol (liquid)
- Calamine Lotion
- Children’s ibuprofen (liquid)
- Hand sanitizer
- Children’s Benedryl (liquid)
- **Sunscreen (provided by parent)**
- Hydrocortisone cream
- **Bug Spray (provided by parent)**

Child’s Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____

Phone: _____

Program (include session date): _____

I **DO NOT** give permission for SHEC staff to administer ANY medication to my child, *INCLUDING HAND SANITIZER, BUG SPRAY and SUNSCREEN*

I authorize the staff of the Soule Homestead to administer the following medication as directed to the child named above:

Medication	Brand (if providing)	Dose	When given
<i>Example: Sunscreen</i>	<i>Target brand SPF 50</i>	<i>Skin coverage</i>	<i>As needed</i>

Signature of Parent/Guardian: _____ Date: _____

Relationship: _____

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GENERAL EMERGENCY MEDICAL INFORMATION FORM

Child Name: _____ Age: _____ Birthday: _____

Parent Name: _____ Cell: _____

Parent email: _____

Alternative/Emergency Contact: _____ Cell: _____

Secondary Emergency Contact: _____ Cell: _____

Child's Primary Care Physician: _____ Phone: _____

Address: _____

Does your child carry a rescue inhaler? Yes* No

**if yes, you MUST indicate on Prescription Medication Authorization Form*

Does your child have a life-threatening allergy? Yes No Unknown

If yes, to what?: _____

Do they carry an Epi-pen? Yes* No

**if yes, you MUST indicate on Prescription Medication Authorization Form*

Is your child on any daily medications (including vitamins)? Please list:

Is your child facing any other challenges or is there any other information you feel we should know? (having this information will help our staff make your child's experience more positive):

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PICK UP AUTHORIZATION FORM

Please fill in the information below for people with permission to pick up your child from programming. All listed authorized people will still need to present a photo ID the first time they pick up your child.

Child Name: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Emai: _____

NAME	CELL PHONE

I give permission to the above parties, and ONLY the above parties to pick up my child from Soule Homestead Education Center. In the event that I need to have a non-listed person pick up my child from programming, I will notify SHEC immediately VIA email or text message.

Parent/Guardian Signature: _____ Date: _____

Is there anyone we should be aware of that does not have your permission to pick up or otherwise interact with your child? Yes No

If yes, please list: _____

PHOTO RELEASE

I grant permission to Soule Homestead Education Center, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Soule Homestead Education Center for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by Soule Homestead Education Center. I hereby release Soule Homestead Education Center and its legal representatives from liability for any violation or claims relating to said images or video.

I **DO NOT** grant permission

Parent/Guardian Signature: _____ Date: _____

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Relationship to child: _____