



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP METACOMET

Parent/Guardian Handbook

SUMMER 2024



YMCA SOUTHCOAST- Dartmouth YMCA
276 Gulf Road Dartmouth, MA 02748
508.993.3361 | campmetacomet@ymcasc.org

WELCOME, FROM CAMP METACOMET!

Thank you for choosing Camp Metacomet for your summer camp option for your child. This parent handbook will give you all the information you need to be prepared for camp. We are so excited to have you join us for the #bestsummerever at Camp Metacomet.

YMCA Southcoast Summer Camps, licensed by the Massachusetts Department of Public Health (DPH) and the local board of health, are mandated to uphold all the agencies' rules and regulations pertaining to summer camp licensing. All sites maintain a current copy of the state regulations for parents to review upon request. The local Department of Public Health is located at 400 Slocum Road, Dartmouth, MA 02747. Parents may contact the local DPH to receive information regarding the program's regulatory compliance with background checks, grievance, healthcare and discipline policies. The DPH requires that all recreational camps provide registrants with information regarding the communicable disease meningitis and Covid-19. This information is attached to the end of this handbook.

CAMP CONTACT INFORMATION

FOR EMERGENCIES AND REPORTING ABSENCES

CAMP OFFICE 508.993.3361 CAMPMETACOMET@YMCASC.ORG

Executive Director

MaxineHebert.mhebert@ymcasc.org.508.993.3361 x10

Membership & Program Director

[Rochelle Whalen.rwhalen@ymcasc.org](mailto:RochelleWhalen.rwhalen@ymcasc.org).508.993.3361 x11

Camp Nurse

[Kristi Weigel.dartmouthnurse@ymcasc.org](mailto:KristiWeigel.dartmouthnurse@ymcasc.org).508.993.3361 x16

SUMMER CAMP STAFF

We believe the success of our program and, ultimately your child's experience, lies in the quality of our staff. Our staff is carefully selected based on their experience, education, character and interpersonal skills. Our main objective is to nurture the developmental growth and meet the needs of each child. Each staff member meets or exceeds the DPH requirements for their position. In addition, the YMCA mandates summer camp staff to have current CPR and First Aid certifications, attend 30 hours of Orientation Training, and attend yearly Child Abuse Prevention Training. Prior to hire, sexual offender and criminal offender Background Record Checks (BRC) are completed by the YMCA. BRCs are completed annually for summer camp staff. All YMCA staff fall under the MA guidelines of Mandated Reporting and are mandated by law to report all incidents of suspected child abuse or neglect of children under the age of 18 (according to MA Law (Chapter 119 Section 51A). Any evidence of potential child abuse or observation of inappropriate contact by a parent, staff member or other child will be reported to the immediate supervisor or Executive Director which will then report in writing to the Massachusetts Department of Child and Families and the local DPH.

OFF HOURS CONTACT BETWEEN STAFF & CAMPERS

The YMCA prohibits staff members from babysitting for, caring for, providing instruction to, or engaging in social relationships outside of approved YMCA activities with children (other than family) who participate in YMCA programs or class activities. This includes all social media platforms. This policy is designed for the protection of all involved - children, staff members, parents and the YMCA. If you have further questions, please do not hesitate to speak with the Executive Director.

GROUP RATIOS (staff:child)

Salamanders (5-6 year olds)	2:10
Turtles (7-8 year olds)	1:10
Hawks (9-12 year old GIRLS)	1:10
Coyotes (9-12 year old BOYS)	1:10
Teens (13-14 year olds)	1:10
Specialty (9-14 year olds)	1:10

Many activities have additional staff as well and the ratios are even smaller.

CAMP HOURS & DROP OFF/PICK UP PROCEDURES

Camp hours are Monday through Friday 9 AM to 4 PM. We are CLOSED for the 4th of July holiday. Camp drop off is from 8:45 to 9 am and pick up is from 3:45 to 4 pm. Please remain in your vehicle, drive slowly and carefully and watch for signage. Please be aware that you MUST be on the authorized pick up list and have a photo identification EVERY DAY for us to release your child.

EXTENDED CARE HOURS & DROP OFF/PICK UP PROCEDURES

Morning extended care begins at 8am and afternoon extended care runs until 5pm. Families utilizing extended care MUST park in a parking spot and walk the child into the office for sign in/out. Please do not park in a handicapped space unless you have a placard to do so.

EARLY DISMISSAL

No child may leave camp for early dismissal without a parent/guardian signing them out in the main office. All early dismissals MUST be signed out in the main office and a photo ID will be checked. DUE TO DISMISSAL PROCEDURE AND BUS TRANSPORTATION NO CAMPER WILL BE DISMISSED BETWEEN 3:30-3:45 PM.

AUTHORIZED RELEASES

Any changes to authorization for pick up must be made by a parent/guardian in person or in writing by emailing the camp directly at campmetacomet@ymcasc.org prior to 1pm on the day of change. To protect your child, we cannot accept verbal authorization over the phone.

In the event that a staff member suspects that the parent is under the influence of alcohol or another controlled substance, the camp reserves the right to speak with the parent and make alternate arrangements for transporting the child home safely. If the staff member is met with resistance on the authorized pickup policy and refuses to provide proper identification or appears under the influence, the police will be notified.

REPORTING ABSENCES

Please contact the office at 508.993.3361 or email

campmetacomet@ymcasc.org to report an absence prior to 9:30 am

Absences can also be reported through the REMIND app. Our class code is @24comet.

Sample Camp Schedule *Activities listed subject to change

	Monday	Tuesday	Wednesday	Thursday	Friday
9:10-9:30	Morning Ceremony	Morning Ceremony	Morning Ceremony	Morning Ceremony	Morning Ceremony
9:40-10:15	Swim	Swim	Swim	Swim	Swim
10:20-10:55	Outdoor Adventure	Tower	Arts & Crafts	Basketball	Nature
11:00-11:35	Farm	STEM	Farm	Farm	Volleyball
11:40-12:15	Sandbox	Archery	Group Sports	Tower	STEM
12:15-12:50	Lunch	Lunch	Lunch	Lunch	Lunch
12:55-1:30	Swim	Swim	Swim	Swim	Closing Ceremony
1:35-2:10	Volleyball	Basketball	Outdoor Adventure	Archery	Closing Ceremony
2:15-2:50	Snack	Snack	Snack	Snack	Closing Ceremony
2:55-3:30	Arts & Crafts	Group Sports	Tetherball	Sandbox	Closing Ceremony

CAMP NUTS & BOLTS

WHAT TO WEAR

Plan on dressing your camper in comfortable clothes. Be sure your camper is familiar with personal items and can identify them in the event of a loss. **LABEL EVERYTHING!** Campers **MUST** wear closed-toe shoes that will provide some support and traction (sneakers work best). All clothing should be appropriate for outdoor play. We recommend sending them in clothes that are OK to get dirty, as our fun activities sometimes end with a lot of mess. All campers should bring a swimsuit and towel everyday.

Join us for the
#BESTSUMMEREVER!



BACKPACKS

Backpacks are good for transporting items to and from camp. Please label the backpack with your camper's name! A plastic bag is good for your camper's swimsuit and towel. Campers have a designated area to leave their backpack during the day. Backpacks with wheels are often more of a hinderance than a convenience, as they are hard to wheel over the grass.

LUNCH/SNACKS/WATER

Please pack a nutritious, balanced lunch for your camper including snacks for snack time. Camp does not have refrigeration or microwave use for lunches. A small cooler with the camper's name works best for packing lunches and drinks. All campers **MUST** bring a refillable water bottle as we have refillable water stations available. One juice box does not suffice to keep your child hydrated throughout the day. For example, water bottles should not be a disposable poland springs bottle but a sturdy reusable water bottle.

SUNSCREEN/BUG SPRAY/HAND SANITIZER

We ask that you apply sunscreen to your child before you drop them off at camp. Please provide sunscreen, bugspray, and hand sanitizer in your child's backpack. Don't forget to label them! Counselors will have campers reapply sunscreen throughout the day and apply bugspray when necessary.

CAMP TIPS & TRICKS

- Avoid tank tops—less exposure of shoulders to the sun helps prevent sunburns.
- Label sunscreen/bug spray with masking tape and then write the child's name.
- Wear bathing suit to camp—bring a change of clothes. This eliminates a change and gets the kids into the pool faster.
- Socks are the #1 lost and found item. Closed toed sandals (keens) or slip on shoes with a back can also be worn. Please no flip flops. Campers are unable to do adventure activities (hiking/rockwall) without closed toed shoes.
- A plastic shopping bag works best for wet clothes from the pool.
- Refillable/washable water bottles are best. Please label them! Poland Spring bottles all look the same and are difficult to label.

LOST & FOUND

We will make every effort to return lost and found items while your child is at camp. Please LABEL all your child's belongings. Parents are welcome to check lost and found at drop off and pick up. Items left will be donated. The YMCA is not responsible for lost, stolen or damaged clothing or items

WHAT NOT TO BRING

Camp is a natural setting to retreat from the amenities of electronic technology and to discover self-potential, group dynamics, friendships and nature. Cell phones, iPads/tablets, kindles, Nintendo DS/DSI, Ipod, Pokemon or other trading cards, toys, etc do not fit into the camp setting. Please do not send any valuable or meaningful items to camp with your child. Leave these items at home.

CELL PHONE POLICY

We have a NO CELL PHONE POLICY at camp. This opportunity could be the only time your child is disconnected from technology during the day.

Leaving phones at home allows campers to focus on being a kid, relationship building and being 100% present at camp. Our staff is unable to supervise cell phone use between campers. For your child's safety and others, we request all devices to be left at home.

Counsel your child that if they need to contact home, they should speak with the counselor, head counselor or the director. Parents will be contacted if any problems arise or if their child is experiencing a challenge in adjusting to camp. In the event your child requires a cell phone for after camp activities, phones may be signed into the camp office until departure.

Cell phones are a liability to camper safety. Research shows that cell phone use by youth in general can lead to bullying and unsafe environments. By removing a camper's access to technology, we avoid possible exposure to the following:

- Bullying via social media**
- Inappropriate materials and or videos**
- Unauthorized photographs or videos of other campers**

By sending your child to Camp Metacomet, you are agreeing to abide by our cell phone policy. Failure to comply with this policy may result in termination from Camp Metacomet or any affiliated YMCA Southcoast camp.

If you have any questions or concerns about our cell phone policy, please contact our camp office at 508-993-3361.

SWIM AT THE Y

Swimming and splashing around are a great part of summer camp. Safety is our top priority at the pool. Each camper will take a swim test prior to their first time in the pool. Campers are placed into swimming categories and tracked with colored wristbands.

Non Swimmers - Campers who cannot demonstrate swim skills will need to wear a float belt, unless the camper is able to comfortably stand in 4ft of water

Shallow - Campers who demonstrate some swimming skills or can stand comfortably in shallow water (4-4 1/2 ft)

Deep End - Swimmer can jump into the water over their head and easily return to the surface. Swim 50 yards unassisted front crawl stroke without resting and tread water for 30 seconds.

In the event that a camper does not participate in swim, they are expected to sit in a designated area (as there is no running on the pool deck) for the duration of swim time.

RAINY DAYS & EXTREME HEAT

We ask that parents plan ahead as indoor space is extremely limited. In the case of inclement weather, children will move indoors if absolutely necessary (i.e. thunderstorm/tornado warning). In the case of extreme heat, we utilize as much shade as possible and implement extra swim/water activities. Swimming is highly encouraged as this is the quickest way to cool down. Schedules may be adjusted so that children are not participating in field activities during the hottest part of the day. Camp leadership staff will make decisions during inclement weather to ensure safety for all campers.

CAMPER WELLNESS

PHYSICALS AND IMMUNIZATIONS

Up to date physicals and immunizations must be on file **BEFORE** your child attends their first day of camp. Children will be unable to attend if these reports are not on file. Children with allergies or a special diagnosis will have additional paperwork that must be completed and signed by a physician and the parent. In accordance with state regulations, no child will be permitted to be at camp without all required documentation completed and any necessary medication.

CARE FOR MILDLY ILL CAMPERS

In the event that your child is not feeling well, has a fever, or has been injured during the camp day, we will make every effort to contact you or emergency contacts by phone. Any child running a temperature of over 100* or has vomited will be required to go home. Campers may return after 24 hours without symptoms or fever reducing medications. For example, a child sent home on Tuesday may not return until Thursday.

DISPENSING OF MEDICATIONS

If your child will be taking any medication while at camp, a sufficient supply must be sent in its original prescription container with the current date, camper name, drug name, prescribed dosage and name of physician prescribing the medication. A medical consent form must be completed and signed by the parent/guardian to dispense any medication including aspirin or other non prescription products. A camper who takes medication at camp will also need an Individualized Health Care Plan signed by the parent/guardian and child's physician. Medication **MUST** be brought to camp by the parent/guardian. Please do not send it in your child's backpack.

BEHAVIOR MANAGEMENT

The YMCA will not tolerate inappropriate behaviors or language towards other campers or staff and will follow our behavior management plan to ensure that all campers have a safe and enjoyable experience at camp. Behaviors such as inappropriate language or gestures, physical or emotional bullying, destruction of camp property or refusal to remain with the camp group will be documented as a written behavior incident. Parents will be notified of the incident via phone or email.

If a child exhibits an inappropriate behavior, camp staff will redirect the child and engage him/her in another activity. If the child still needs assistance, he/she will be separated from the environment by camp staff. When a child's behavior is disruptive to the program, we will take the following steps to assist the child in regaining control over his/her behavior.

1. Discuss the behavior with the child
2. Redirect the child into another activity within their group setting
3. If the child continues to act out while participating in an individual activity, he/she will be given a renewal time period. The renewal time will be appropriate for the child's age
4. After the renewal time, the child is allowed to participate with his/her group in the ongoing activity. If after the renewal time, the child refuses to rejoin their group or is not able to return to the group, the parent will be contacted for pick up.

The YMCA reserves the right to immediately suspend or terminate a camper due to any excessive behavior that inhibits the safety of any camper or staff. This includes inappropriate physical and/or verbal behavior by a child or parent or a parent who is uncooperative with YMCA policies or has chronic tardiness at pick up time. No refunds will be issued for suspensions or terminations from camp.

The Department of Public Health and the YMCA prohibit the use of the following punishments in their behavior management plan: spanking, use of corporal punishment, cruel or severe punishment, humiliation, use of physically abusive treatment, neglect, denying food, force feeding, disciplining a child for soiling, wetting or not using the toilet or any techniques that require the use of physical restraint.

GRIEVANCES

PARENT

When a parent has a grievance that can not be resolved with the camp staff, a meeting will be arranged with the camp coordinator. After that meeting, if the parent does not feel the issue is resolved , the parent may request a meeting with the Executive Director.

CHILD TO CHILD OR CHILD TO CAMP STAFF

The children are encouraged to share with staff any problems they are having. If the child does not feel as though his/her issues are resolved, then a meeting will be set up with the camp coordinator, staff and child. If the child feels that the issue still hasn't been resolved, the child will meet with a parent and camp coordinator. If there is a need, the next meeting would include the Branch Executive Director.

STAY IN THE KNOW

PHOTO RELEASE/SOCIAL MEDIA

Photographs and videos of camp activities are taken each year and may be used in promotional and informational materials regarding Camp Metacomet. If you do not want your child to be photographed during camp, please indicate your request on the registration forms. Follow the "Dartmouth YMCA" on Facebook to see photos and video updates from our weeks at Camp Metacomet.

PARENT COMMUNICATION/REMIND APP

Please join our camp class in the REMIND app. Our class code is @24comet. This is the easiest way to send a quick message about an absence or late drop off/early pick up.

For more detailed questions or concerns, please email campmetacomet@ymcasc.org. We will ensure that your concern/message gets to the correct person and that you receive a response in a timely manner.

CAMP METACOMET 2024 SUMMER CAMP BUS SCHEDULE

Bus Stop #	** times subject to change**	AM	PM
1	Caddyshack, 900 State Road, Dartmouth	7:50	4:55
2	Potter Elementary School, 185 Cross Road, Dartmouth	8:00	4:30
3	Winslow Elementary School, 561 Allen Street, New Bedford	8:20	4:15
4	DeMello Elementary School, 654 Dartmouth Street, Dartmouth	8:30	4:00

Camp Arrival 8:40am

Camp Departure 3:50pm

One-Way Transportation \$25 per session

Two-Way Transportation \$50 per session

CAMP BUS POLICIES & PROCEDURES

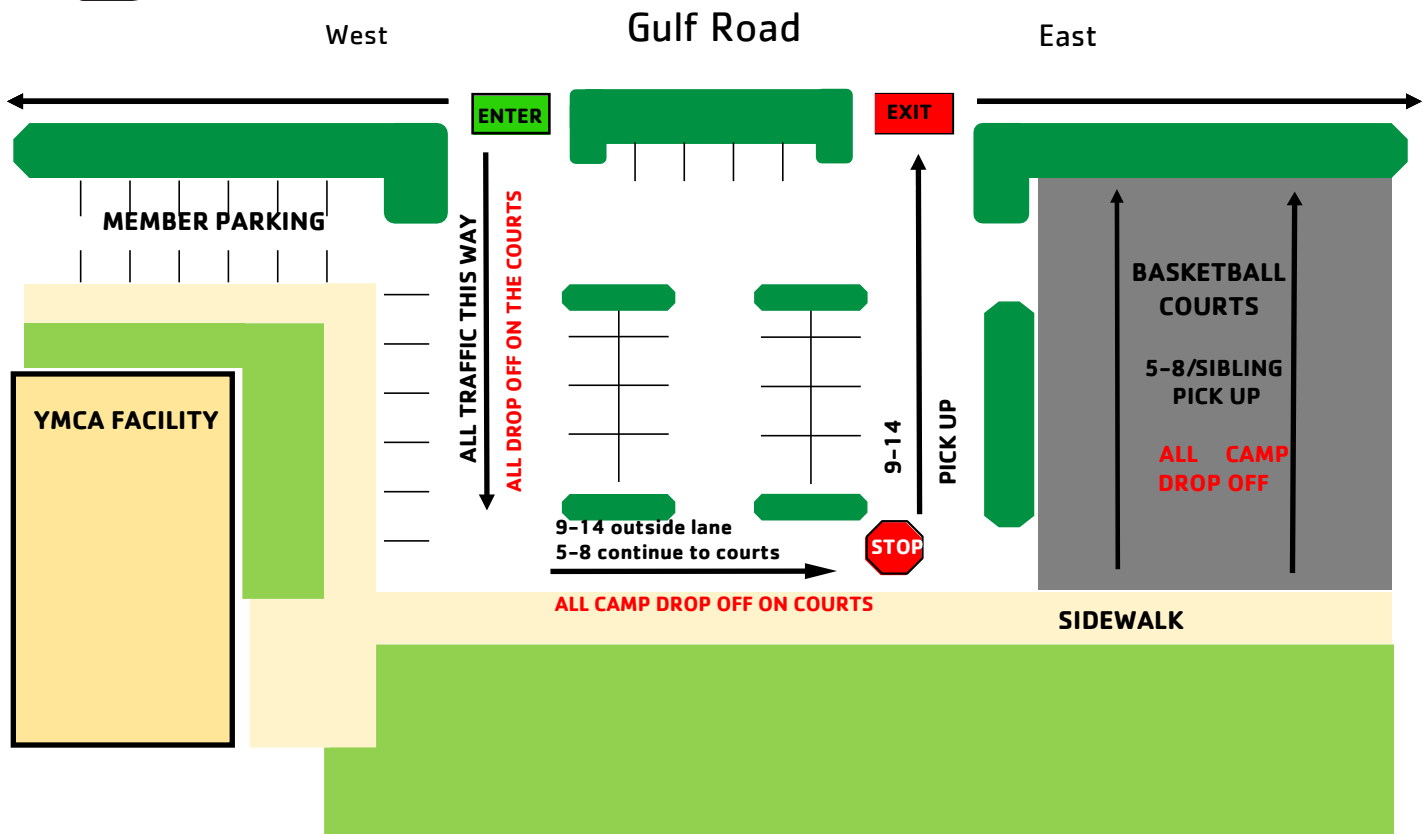
- **BUS SPACE IS LIMITED.**
- Please be sure to arrive on time for your bus stop.
- There will be a 2 minute grace period at each stop, those who are late may try to get on at the next stop or will need to be dropped off at camp. We cannot wait for late arrivals.
- Please be sure that authorized pick ups are listed on your camp registration form and that anyone picking up from the bus has a photo ID ready for the bus monitor. Authorized pick ups must be 16 years of age or older.
- Authorized pick ups must be on the original registration form or added by parent/guardian in writing.
- Campers **MUST** be signed on and off the bus by parent/authorized pick up each day.
- We will always try our best to be on time! Please note that there is a chance for potential delays, especially in the afternoons.
- Children must be picked up on time. If an authorized pick up is not present at the appropriate bus stop on time, children will remain on the bus and be brought back to the Dartmouth YMCA. A parent or guardian must be present at the camp to pick up at that time.
- No food, electronics, or toys will be allowed on the bus. Children should eat breakfast prior to arriving at camp.
- Children must remain seated at all times. Failure to follow safety and behavior guidelines can and will result in termination from the camp bus.
- YMCA Southcoast will be following transportation guidelines provided by our local and Massachusetts Department of Public Health and the CDC to ensure a safe environment for our campers.
- Transportation fees are non refundable or transferable.
- Transportation is provided by Fisher Bus Co. Camp Metacomet will provide a bus monitor.

In the event that a change in transportation plan needs to be made, communication to the camp office must take place no later than 12pm the day of the necessary change. A response from a camp representative must be received to confirm the change.



Camp Metacomet at the Dartmouth YMCA

CAMPER DROP OFF & PICK UP PLAN



For the safety of our campers and staff, for drop off and pick up, please remain in your vehicle **AT ALL TIMES**.

DROP OFF: Enter the YMCA parking lot from the WEST Entrance as indicated by the Enter sign and **proceed onto the courts and make 3 lines**. Please watch for the red poles. Please exit by the driveway to the EAST. A staff member will assist your camper out of the vehicle and escort them to their camp group. **Please remain in your vehicle! Drive slowly and carefully!**

PICK UP: For pick up, please watch for signs to pick up by ages. All 5-8 year olds and all siblings, please drive carefully and pick up on the courts. For 9-14 year olds, please continue straight and pick up along the grass islands. All vehicles will exit by driveway to the EAST. Remain in your vehicle and when you approach the stop sign, a staff member will check your photo ID each day and ensure your name is on the authorized pickup list before escorting your camper to your vehicle. Please drive slowly and carefully and watch for the red poles! All campers must be picked up by 4:00pm. In the event that you are late for pickup, you will be charged a late fee. **Please plan accordingly as the Padanaram bridge does close DAILY at 4pm throughout the summer.**

Any questions, concerns, daily notes or requests for additional authorized pickups must be submitted via email and sent to campmetacomet@ymcasc.org. We will do our best to respond to your concerns in a timely manner between the hours of 9am and 5pm in the order of which they are received. Thank you for your cooperation with policy changes. We want to ensure you that all decisions being made are with a focus of the health and safety of our camp families and staff members.

EXTENDED CARE: Please park in a parking space and sign in/out in the office.
Please do not park in a handicapped space unless you have a placard to do so.

Meningitis

May 2018 | Page 1 of 4

What is meningitis?

Meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord.

What are the symptoms of meningitis?

Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, sensitivity to light, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In some infants, the only signs of meningitis may be crankiness or tiredness and poor feeding. Babies with meningitis usually run a fever, but not always. Anyone who has or observes these symptoms should contact a health care provider right away. Some cases of meningitis are very serious, leading to permanent neurologic problems, amputation of limbs, loss of hearing, seizures or strokes, and even death.

What causes meningitis?

Many different kinds of viruses and bacteria (germs) can cause meningitis. A sample of spinal fluid, usually collected by a spinal tap, is needed to find out if someone has meningitis and to see what caused it.

What kinds of bacteria can cause meningitis?

Neisseria meningitidis are bacteria that can cause illness in people of any age. At any time, about 5-15% of people have these bacteria in their throats or noses without getting sick. The bacteria are spread through saliva (spit) during kissing, sharing of food, drinks or cigarettes (including e-cigarettes), and by close contact with infected people who are sneezing or coughing. People who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get antibiotics (medicine) for protection. Meningitis caused by these bacteria is called “meningococcal.” There are vaccines, which can be used to help prevent this kind of meningitis.

Haemophilus influenzae type b bacteria, called Hib, can also cause meningitis. There is a vaccine called “Hib vaccine” that prevents infants and young children from getting Hib disease. Most adults are resistant to this type of meningitis, and thanks to the vaccine, most children under 5 years of age are protected. Certain people who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get an antibiotic to protect unimmunized, under-immunized or immunocompromised children in their household.

Streptococcus pneumoniae are bacteria that cause lung and ear infections but can also cause “pneumococcal” meningitis. These bacteria are usually found in the throat. Most people who have these bacteria in their throats stay healthy. However, people with chronic medical problems or with weakened immune systems, and those who are very young or very old, are at higher risk for getting pneumococcal meningitis. Meningitis caused by *Streptococcus pneumoniae* is not spread from person-to-person. People in close contact with someone who has pneumococcal meningitis do not need to get antibiotics.

Other bacteria can also cause meningitis, but meningitis from these other bacteria is much less common and usually not contagious.



What about viruses?

Viral meningitis, also called **aseptic meningitis**, is much more common than bacterial meningitis. A group of viruses called *enteroviruses* is the most common cause of viral meningitis. These viruses are found in the throat and feces (stool) of infected people. The virus is most likely to be spread when people do not wash their hands after using the toilet or changing a diaper or soiled sheets, then touch their own mouths, prepare food for others, or touch others with their contaminated hands. These viruses can also be spread by the kind of close face-to-face contact that is common in families.

Many enteroviruses don't cause people to feel very sick. Others may cause only mild diarrhea or vomiting. People with viral meningitis are usually less sick than people with bacterial meningitis. They usually get better on their own. People who are close contacts of viral meningitis patients do not need to be treated with antibiotics. However, they should wash their hands often with soap and warm water or use alcohol-based hand rubs or gels to stop the spread of these viruses. There are usually more cases of viral meningitis in the late summer and early fall.

How is meningitis spread?

Many of the viruses that cause meningitis are spread through saliva (spit) or feces (stool). The bacteria that can cause meningitis are usually spread from person-to-person through contact with infected saliva. Most people may already have immunity (natural protection) against many of these germs.

How can meningitis be prevented?

If a person is exposed to the saliva of someone with meningitis caused by certain types of bacteria, public health officials or your health care provider may recommend an antibiotic to prevent disease. Frequent handwashing with soap and water or use of alcohol-based hand rubs or gels can help stop the spread of many viruses and bacteria. Not sharing food, drinks, or eating utensils with other people can also help stop the spread of germs.

There are 5 vaccines that can help prevent meningitis:

- ***Haemophilus influenzae* (Hib) vaccine** is usually given at 2, 4, 6 and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. Children over 5 years of age usually do not need this vaccine. But, some older children or adults with special health conditions should get it.
- **Pneumococcal conjugate vaccine 13-valent (PCV13)** is recommended for all children less than 24 months old. It is usually given at 2, 4, 6, and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. It is also used in high-risk people 2 years of age and older. This vaccine is recommended to be given as a first dose in a series with PPSV23 vaccine, for everyone 65 years of age and older.
- **Pneumococcal polysaccharide vaccine 23-valent (PPSV23)** is used in high-risk individuals 2 years of age or older. (High-risk children less than 5 years of age should also receive PCV13.) This vaccine is also recommended to be given as the second dose in a series with PCV13 for everyone 65 years of age and older.



- **Quadrivalent meningococcal conjugate vaccine** (Menactra and Menveo) is recommended for 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 quadrivalent 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) 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 (an inherited disorder), 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) who are not at high risk **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.

Talk with your doctor about which vaccines you or your child should receive.

Are students required to get meningococcal vaccine?

Yes. Massachusetts law requires the following students receive quadrivalent meningococcal conjugate vaccine (unless they qualify for one of the exemptions allowed by the law):

- Secondary school (those schools with grade 9-12): newly enrolled full-time students who will be living in a dormitory or other congregate housing licensed or approved by the secondary school must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past.
- Postsecondary institutions (e.g., colleges): newly enrolled full-time students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, regardless of housing status.

More information may be found in the MDPH documents “*Meningococcal Disease and College Students*” and “*Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools.*”

Shouldn't meningococcal B vaccine be required?

CDC's Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. At the current time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously,



adolescents and young adults (16 through 23 years of age) may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection against most strains of serogroup B meningococcal disease. This would be a decision between a healthcare provider and a patient. These policies may change as new information becomes available.

Where can I get more information about meningitis?

- Your health care provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <http://www.mass.gov/dph/>
- Your local health department (listed in the phone book under government)



COVID-19 Isolation and Exposure Guidance for Children and Staff in Recreational Camp/Program Settings

Overview

Effective August 15, 2022, children and staff in child care, K-12, out-of-school time (OST) and recreational camp settings should follow the below guidance.¹

- A [rapid antigen test](#), such as a self-test, is preferred to a PCR test in most situations.
- To count days for isolation, Day 0 is the first day of symptoms OR the day the day positive test was taken, whichever is earlier.
- Contact tracing is no longer recommended or required in these settings, but schools or programs must continue to work with their Local Board of Health in the case of outbreaks.
- The Commonwealth is not recommending universal mask requirements, surveillance testing of asymptomatic individuals, contact tracing, or test-to-stay testing in schools. While masks are not required or recommended in these settings except for in school health offices, any individual who wishes to continue to mask, including those who face higher risk from COVID-19, should be supported in that choice. For those who need or choose to mask, masking is never required in these settings while the individual is eating, drinking, sleeping or outside.
- All individuals are encouraged to stay up-to-date with vaccination as vaccines remain the best way to help protect yourself and others.

Isolation and exposure guidance and protocols

- Quarantine is no longer required nor recommended for children or staff in these settings, regardless of vaccination status or where the exposure occurred. All exposed individuals may continue to attend programming as long as they remain asymptomatic. Those who can mask should do so until Day 10, and it is recommended that they test on Day 6 of exposure. If symptoms develop, follow the guidance for symptomatic individuals, below.
- Children and staff who test positive must isolate for at least 5 days. If they are asymptomatic or symptoms are resolving and they have been fever free without the use of fever-reducing medicine for 24 hours, they may return to programming after Day 5 and should wear a high-quality mask through Day 10:
 - If the individual is able to mask, they must do so through Day 10.
 - If the individual has a negative test on Day 5 or later, they do not need to mask.
 - If the individual is unable to mask, they may return to programming with a negative test on Day 5 or later.
- Symptomatic individuals can remain in their school or program if they have mild symptoms, are tested immediately onsite, and that test is negative. Best practice would also include wearing a mask,

if possible, until symptoms are fully resolved. For symptomatic individuals, DPH recommends a second test within 48 hours if the initial test is negative.

- If the symptomatic individual cannot be tested immediately, they should be sent home and allowed to return to their program or school if symptoms remain mild and they test negative, or they have been fever-free for 24 hours without the use of fever-reducing medication and their symptoms are resolving, or if a medical professional makes an alternative diagnosis. A negative test is strongly recommended for return.

Note: At this time, the US Food and Drug Administration (FDA) has not approved or authorized any at-home rapid antigen test for use in children under 2 years of age. However, at-home rapid antigen tests may be used off-label in children under 2 years of age for purposes of post-exposure, isolation, and symptomatic testing. It is recommended that parents or guardians deciding to test children under 2 years of age administer the at-home rapid antigen test themselves.

COVID-19 Symptoms for Child Care, K-12, OST, and Recreational Camps

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills
 - Difficulty breathing or shortness of breath
 - New loss of taste or smell
 - Muscle aches or body aches
 - Cough (not due to other known cause, such as chronic cough)
 - Sore throat, *when in combination with other symptoms*
 - Nausea, vomiting, *when in combination with other symptoms*
 - Headache, *when in combination with other symptoms*
 - Fatigue, *when in combination with other symptoms*
 - Nasal congestion or runny nose (not due to other known causes, such as allergies), *when in combination with other symptoms*
-