

CAMP JACK

The Jack Rua Camp for Children with Diabetes

A PROGRAM OF
PEOPLE INCORPORATED

CAMPER HANDBOOK



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People Incorporated Mission

Our mission is to strengthen our community for each of its members by providing premier services for children and adults of all abilities in a collaborative and creative environment.



Camp Jack Goal

The Jack Rua Camp for Children with Diabetes fosters friendships among children with diabetes, their siblings and friends through a safe, active program while enabling them to learn about and face the common challenges of diabetes.

Camp Jack must comply with the regulations of the MDPH and be licensed by the LBOH.

HISTORY OF CAMP

The Diabetes Association, Inc. (DAI) began its traditional day camp over 25 years ago at the Rod and Gun Club in Westport, Massachusetts. As the need for the program increased, the DAI began to look for a new site to support the growing number of campers living with diabetes and created a new home with the Boy Scouts of America at their Camp Buxton site in Rehoboth, Massachusetts. In 2009 DAI became an affiliate program of People Incorporated. The Diabetes Association's commitment to helping children living with diabetes to grow and learn has created exceptional experiences for hundreds of South Coast children in communities throughout Massachusetts and Rhode Island. In 2017, Camp Jack relocated to Camp Welch, 127 North Main Street, Assonet, MA 02702. Camp Welch is an outdoor camp operated by the Boys & Girls Club that offers many amenities, including two outdoor pools, athletic fields, a playground area, and indoor restroom facilities. Camp Jack occupies the former residential camp area of Camp Welch and operates as "a camp within a camp," retaining our own staff, policies, and procedures.



OBJECTIVES

To provide a safe environment for young people with diabetes, their siblings, and friends, Camp Jack will:

1. Comply with all codes and safety regulations of the state of Massachusetts and the American Camp Association.
2. Provide training for camp staff following the Diabetes Association protocols and utilizing a fully certified and qualified team of trainers.
3. Maintain a well-rounded camp staff, including those who have diabetes and parents of children who have diabetes.

To decrease isolation and feeling "different" among young people with diabetes, Camp Jack will:

1. Recruit campers to maintain at least 50% participation by campers with diabetes and ensure that each age group is well represented with campers with diabetes.
2. Increase peer support and understanding among siblings and friends.
3. Create an environment where living with diabetes is the norm.

To provide a fun and active program for young people with diabetes, their siblings, and friends, Camp Jack will:

1. Increase camper's opportunities to express their creativity.
2. Increase camper's appreciation and knowledge of nature and the environment.
3. Increase physical activity among campers.
4. Increase awareness of the community.
5. Decrease stress, boredom, and isolation amongst campers while increasing silliness, playfulness, and imagination.

To provide experiences where campers with diabetes, their siblings, and friends can learn about the disease and its challenges, Camp Jack will:

1. Increase knowledge of diabetes and its management.
2. Improve behaviors around diabetes management.
3. Increase independence.
4. Increase self-esteem.
5. Increase decision-making and problem-solving skills.
6. Increase knowledge of diabetes and ways to help and be supportive.
7. Increase knowledge and understanding of what it is like to live with a chronic disease.

To foster a long-term relationship with Camp Jack and the Diabetes Association, Camp Jack will:

1. Maintain participation of Camp Jack alumni.
2. Increase participation of campers in other youth programs of the Diabetes Association.

To support parents who are raising children with diabetes, Camp Jack will:

1. Reduce the stresses of 24-hour monitoring.
2. Offer safe, affordable, understanding child care for their children.
3. Increase their awareness of the diabetes community.
4. Increase their ability to support their child's growing independence.
5. Foster an ongoing relationship with the Diabetes Association.

DAILY SCHEDULE

ACTIVITIES

Camp Jack's programs have been designed to keep kids active throughout the day, requiring a bit more physical activity/exercise than a typical school day. Camp staff monitors campers closely as to prevent possibly high/low blood sugars, overheating, etc. All members of the staff are trained in CPR/First Aid, and the Camp Nurse is always present. Please dress your camper appropriately. Sneakers/closed toe shoes are mandatory. Written notes or phone calls from the parent/guardian or doctor are needed to excuse a camper from an activity.

Daily camp activities include sports, arts & crafts, nature, nutrition, archery, rest and free time. Each group rotates through an activity schedule daily, as follows:

8:00AM

Campers begin arriving

9:00AM

Flagpole and daily announcements

9:15AM

Activity 1

10:00AM

BGM testing and snack

10:30AM

Activity 2

11:15AM

Activity 3

12:00PM

BGM testing and lunch, free time

1:15PM

Activity 4 or special

2:00PM

BGM testing and snack

2:30PM

Activity 5

3:15PM

BGM testing for bus riders, clean

3:45PM

BGM testing and snack

4:00PM

Camp closes for the day

ACTIVITIES

Camp Jack's programs have been designed to keep kids active throughout the day, requiring a bit more physical activity/exercise than a typical school day. Camp staff monitors campers closely as to prevent possibly high/low blood sugars, overheating, etc. All members of the staff are trained in CPR/First Aid, and the Camp Nurse is always present. Please dress your camper appropriately. Sneakers are strongly suggested. Written notes or phone calls from the parent/guardian or doctor are needed to excuse a camper from an activity.

HEALTH AND SAFETY

The care and safety of our campers is our number one priority. Please follow our instructions regarding health forms and medications closely. Not following Health and Safety procedures will result in the camper's suspension until all forms are turned in and have been reviewed by medical staff.

HEALTH FORMS

Health forms (physical and immunizations; diabetic orders if applicable) must be uploaded at least **two (2) weeks prior to the start of camp**. Current immunization records from the camper's physician must clearly state the dates of immunizations in order to ensure that all records on file are current. Records that simply say "Up to Date" will not be accepted. Campers are not permitted on the camp bus/van or camp location without these forms (***school physical forms are not acceptable; forms must have a doctor's signature within 24 months of camp's first day***).

Campers arriving to camp or the camp bus/van stop with these forms in hand will not be allowed to stay until the camp medical staff has properly reviewed all forms. Any pertinent medical information regarding your camper will be shared with their respective staff pending parent/ guardian permission. Please review, sign, and return the Health Information Release forms included in the registration. Registrations will not be processed until all paperwork is signed and turned in. Camp Jack's Health Care Consultant requires two (2) weeks for review of health information. If signing up once camp has already begun, registration must be submitted no later than ten (10) business days before starting camp.

CARE FOR MILDLY-ILL CAMPER

Every effort will be made to care for ill campers. The Camp Nurse will check temperatures and provide a place for campers to rest in the Nurse's Station. In the event of any illness, injury or accident, a parent or guardian will be notified. If the nurse feels that the camper needs to leave camp, attempts will be made to reach someone from the Emergency Contact/Authorized Person's list and arrange for pick-up.

If your camper is experiencing any symptoms such as: fever, coughing, sore throat, runny nose, vomiting, or diarrhea, please keep them home.

Per CDC guidelines, if you test positive for COVID 19: Regardless of vaccination status, you will be instructed to isolate from others for five days. If after five days (day 6) you are fever-free for 24 hours without the use of medication and your symptoms are minimal and improving, or you never had symptoms, you may return back to camp.

NOTIFICATION OF PARENT/GUARDIAN

Parents/guardians will be immediately notified in the event that an ambulance is called, blood sugar becomes too high or too low, a head injury or insect sting is incurred. If vomiting occurs, the camper will need to be picked up immediately and may not return to camp for 24 hours after the symptoms cease. All parents/guardians will be notified if the camp ever needs to be evacuated for any reason.

EMERGENCY TRANSPORTATION

In the event of an emergency or event wherein the camp needs to be evacuated, chartered buses will be transporting campers to a predetermined location selected by emergency officials or the Diabetes Association office. Families will be contacted immediately about the situation and the next steps. In addition, if a bus pick-up/dropoff location needs to be changed due to unforeseen circumstances or an emergency, the Bus Monitor and Camp Coordinator will contact families of bus riders via phone.

MEDICATIONS AT CAMP

Campers that need to take prescribed medications while at camp (insulin, oral agents, etc.) are required to bring their medication directly to the Nurse's Station. Medication should be in its original package/container with labeled instructions on how to administer it and the camper's name. If a camper is riding the camp bus/van, medications will be given to the bus monitor upon entering the vehicle to be turned into the Camp Nurse upon arrival at camp. All medications must be accompanied by a doctor's note and will not be administered otherwise. **Medications cannot be administered if you have not initialed and signed the camper waiver regarding medications.** Please Note: We only carry the following items...Calamine Lotion, Benadryl, & Antibiotic Cream. If you think your child may need a specific over-the-counter medication throughout camp (i.e., Tylenol or Motrin), you must provide a signed PRN order from your child's physician and supply the medication to the camp nurse.

If you note that your child is on a specific medication. (i.e. inhalers, oral agents etc.), please also note whether it will need to be administered at camp. If it will be needed at camp, it needs to be provided in its original pharmacy container or box with a prescription label on it.

DIABETES MEDICATIONS

- If your camper requires **an insulin injection** or an oral agent while at camp, be sure to include the specific instructions on the health form as well as with the insulin or oral medication that is sent to camp.
- If a camper is on a **sliding scale** for insulin injections, please include the doctor's orders for our records. The injections will be given or monitored (whichever is appropriate) by the Camp Nurse.
- If a camper needs an **oral agent**, it will be administered and monitored by the Camp Nurse.
- If a camper is on the **pump**, please fill out the appropriate section for the Diabetes Health Information Form regarding the pump.

Please supply the nurse with the following items: Insulin & Glucagon supply (for time child will be at camp), extra pump supplies, emergency insulin administration (for pump failures), batteries, and testing equipment (meters, strips, etc.)

BLOOD GLUCOSE CHECKS

All campers with diabetes are required to check their Blood Glucose at designated times (as noted in the daily schedule) as well as any time they feel low or high or whenever a staff member witnesses warning signs of low or high blood sugars. Testing during the designated testing times should be done within the designated testing tent. This eliminates the risk for lancets and strips to be left on high traffic surface areas such as the picnic tables or camp grounds. Campers who need to check their Blood Glucose at other times throughout the day do not need to go back to the designated testing areas to do so, as time is of the essence. All Counselors have group backpacks that contain meters, testing supplies, sharps containers, glucose tabs, juice boxes and crackers to handle such situations.

Vaccine requirements, exemptions and Meningococcal information

A copy of immunization records are required to attend Camp Jack. In accordance with the most current Department immunization schedules developed pursuant to recommendations of the Centers for Disease Control and Prevention shall be required for all campers and staff.

Immunizations exemptions are as follows:

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

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

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

Immunization Schedule

Grades Kindergarten – 6

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

GRADES 7 – 12†

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

MMR	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

MENINGOCOCCAL REQUIREMENTS

Grade 7-10	1 dose; 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement
Grade 11-12 ⁺	2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

How is meningococcal disease spread?

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

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra, Menveo and MenQuadfi) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal

serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine (MenACWY) is routinely recommended at age 11-12 years with a booster at age 16 and is required for school entry for grades 7 and 11. In addition, these vaccines may be recommended for additional children with certain high-risk health conditions, such as those described above.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene, and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningococcal disease.

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

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <https://www.mass.gov/info-details/school-immunizations>

BATHROOM POLICY

In order to attend Camp all children must be able to independently utilize the restroom facilities and be completely toilet trained.

VISITORS

Visitors will check in at the welcome center, sign in and receive a visitor badge. The Camp Director will meet all visitors at the welcome center, walk them down to Camp Jack and accompany them throughout their visit.

Those without authorization to be on camp property from the Camp Director will be asked to leave immediately.

CAMPER BEHAVIOR & DISCIPLINE POLICY

BEHAVIOR EXPECTATIONS:

- Being a good listener & respecting all staff and peers.
- We keep our hands and feet to ourselves. No physical contact is allowed. Report any incident to the nearest counselor.
- We do not throw anything except appropriate sporting equipment during activities, sticks and stones must stay on the ground.
- We stay within the designated Camp boundaries and never wander off alone or leave Camp property.
- We help to keep camp clean and use the designated trash barrels.

UNACCEPTABLE BEHAVIORS:

- Swearing, inappropriate conversations or language.
- Bullying (see below)
- Bringing or using alcohol, drugs or tobacco
- Stealing or damaging other people's property
- Sharing or trading food/snacks
- The use of cell phones (unless for monitoring glucose levels)
- Bringing Pocket Knives and other weapons
- Bringing home any insects, animals, or aquatic life

DISCIPLINE POLICY

Disciplinary action will be taken on a case-by-case basis. Infractions including minor instances of disrespect, disobeying, and inappropriate language or behavior towards other campers or staff will be handled by a warning, followed by time away from the group. All infractions will be documented by staff and kept in the camper's file. A copy will be sent home with the camper at the end of the day.

Serious disciplinary actions will be taken in the event of physical fighting, destruction of property, and other behaviors or actions that put campers, staff, etc., in danger. Such behavior will result in a meeting with the Camp Coordinator and may be followed by suspension for the day, a meeting with the camper's parent/guardian, or possible expulsion from camp.

PROHIBITIONS:

- (1) Corporal punishment, including 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, shelter, or water as a form of punishment
- (4) No camper shall be punished for soiling, wetting, or not using the toilet

BULLYING

Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or group of people want to have power over another and use their power to get their way, at the expense of someone else. Bullying is defined as any **continuous**, unwanted and aggressive behavior(s) by another youth or group of youth, who are not siblings or current dating partners, that involves an observed or perceived power imbalance. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social or educational harm. Cyberbullying can also happen using social media platforms such as; SnapChat, Tik Tok, Instagram etc....This type of bullying can also lead to persons being hurt during or between the camp seasons/sessions and be especially hurtful when persons are targeted with meanness and exclusion.

At Camp Jack, bullying is inexcusable. Our Camp philosophy is based on our mission statement which ensures that every camper has the opportunity to learn about diabetes management while participating in a fun active program in a safe environment. We work together as a team to ensure that campers gain self-confidence, make new friends, and go home with great memories.

Unfortunately, persons who are bullied may not have the same potential to get the most out of their camp experience. Every camper has the right to have the best possible experience at camp, and by working together as a team to identify and manage bullying, we can help ensure that all campers and staff have a great summer at Camp Jack

We will follow our disciplinary policy to address bullying.

DISCIPLINARY ACTION

If a child cannot adjust to the Camp Jack setting and behave appropriately, the child may be suspended or terminated from Camp. All reasonable efforts will be made to help children adjust to Camp and have an enjoyable experience. The termination of a child from camp is a severe disciplinary measure. It is reserved for instances of repeated offenses, obvious disregard for Camp rules and policies, or cause serious safety concerns. Therefore, when reasonable efforts to provide positive remedies are ineffective, termination remains the right of the Camp Director and will be instituted in accordance with appropriate due process. If a suspension is in order, tuition obligations will not be forgiven. Termination will take place when the Camp Director feels the program does not meet the child's needs, when the safety and health of the child at the program cannot be assured, or when any of the following situations should arise:

- The child repeatedly threatens the health, safety, or well-being of any person or animal, or the routine and structure of the camp day operation. This includes eloping and running from the staff and/or the premises.
- Failure of family to meet its financial obligations to camp.
- When late pick-ups become excessive.
- Failure to maintain any of the policies set forth at Camp Jack.
- When a Caregiver or authorized person verbally or physically threatens to cause harm to a staff member, a child, or other individuals of the program.

All disciplinary actions are recorded on disciplinary forms noting the infraction, consequences for the action, which both caregiver and Camp Director signatures are required. A copy of the disciplinary form is given to the caregiver. Listed below, in order, are the disciplinary steps Camp Jack will follow.

1st infraction - Verbal warning

2nd infraction - Written warning and discussion with caregiver at release time

3rd infraction - Written warning & arrange a meeting to discuss behavior management

4th infraction - Suspension from Camp (1 allowed)

5th infraction - Termination for remainder of the Camp season

There are no refunds for campers who are terminated for disciplinary action.

BEHAVIOR AND DISCIPLINE

- No camper shall be subjected to cruel or severe punishment, humiliation or verbal abuse.
- No camper shall be denied food, water, or shelter as a form of punishment.
- No child shall be punished for soiling, wetting or not using the toilet.
- No camper shall be subject to abuse, neglect, or cruel, unusual, severe or corporal punishment including any type of physical hitting inflicted in any manner upon the body.

Parent Communication

Keeping open communication and maintaining professional relationships between Camp Jack staff and our Camp Jack parents/caregivers is essential to the safety and success of our campers.

If at any time parents/caregivers have a concern regarding any matter at camp, contact the Camp Director immediately. If there is a medical concern, contact our Lead Nurse.

It is recommended that Parents/caregivers never discuss camp concerns with camp counselors. This will avoid any confusion.

CAMPER CELL PHONE POLICY

We want your child to fully experience the magic of Camp Jack and participate in all activities. To achieve this, we need your help in limiting your campers' cell phone use. Disconnecting from the outside world while connecting with others at Camp, is part of the magic that happens on a daily basis. Camp Jack is an opportunity for campers to gain independence in all parts of their life, most critically with their diabetes management. During their time at Camp Jack, campers will be under the supervision of our Nurses, but will be encouraged to take the "lead" on their diabetes management, which is a core objective of Camp Jack.

Camp Jack's team of nurses are responsible cases. If you have concerns about your camper, their medical management, or want to speak to your child while at Camp, they are not receiving medical instructions from you instead of our nurse how they are at Camp, PLEASE contact the Camp Director.

We understand and recognize the importance for campers to have their phones with them and therefore, campers will only be allowed to use their phones to monitor glucose levels and bolus (when applicable). Campers who use a Dexcom CGM will be required to share their information with our nursing staff through the app Dexcom Share. Our Nurses are responsible for your camper's diabetes management and will be closely monitoring their blood sugars, so you don't have to.

Camp Jack will require campers to keep their phones away in their backpacks during the duration of the camp day. If a camper struggles to follow the Camp Jack cell phone policy, their phone will be confiscated and held by their Camp Counselor until release time. The camper's caregiver will be notified at the end of the day. CGM connection will be maintained as the camp counselors are always with their campers and the nursing team is consistently monitoring their levels.

Please always try to be mindful that during their time at Camp, your camper will be developing lifelong relationships with adults and peers who understand Type 1 Diabetes. These bonds are made stronger when campers are fully present.

Camp Jack is not responsible for lost or damaged phones.

CAMPER DRESS CODE

FOOTWEAR

It is mandatory that campers wear closed toe/heel footwear to Camp, specifically-sneakers with socks.

Slides, flip flops and Crocs are **ONLY** permitted during pool time and water activities that require a bathing suit.

CLOTHING

Clothing with the following is not permitted:

- Inappropriate language/images or suggestive material
- Alcohol/cigarette/drug advertisements
- Spaghetti strap tops
- SHORT Shorts. All shorts must be appropriate lengths-mid way down on the mid-thigh.

All clothing worn at Camp must be within the bounds of decency and good taste. The Camp Director will have final say on all clothing permitted or not.

SWIMSUITS

One piece swimsuits are highly recommended. However, two piece swimsuits are acceptable with appropriate coverage.

Campers who swim, MUST bring a change of clothes to Camp if they wear their swim suit to Camp under their clothes.

No camper will be allowed to stay in a swimsuit after swim time. If there are any concerns about this policy, please contact the Camp Director.

WHAT TO BRING TO CAMP

Many of our campers use the same type of blood glucose meter, and they could be easily misplaced, swapped, etc. A lost meter is a cause for all activity at camp to stop while camp staff and campers search for the missing item. **Please label all items with your camper's full name.**

Suggested Items:

- Insect repellent
- Water bottle
- Swimsuit
- Lunch
- Sunscreen
- Beach towel
- Water shoes

Please send children in with their own sunscreen as sunscreen components can cause sensitivity/rashes in some children. (SPRAY SUNSCREEN HIGHLY RECOMMENDED)

For younger children, it is suggested an extra pair of clothing be kept in a backpack (including underwear) in case of accidents

To ensure campers are fully protected, please apply the first application of bug spray and sunblock before arriving at camp.

Do **NOT** send:

- Valuable items, such as personal sports equipment
- Electronics (radios, iPods, iPads, tablets, games, etc.)
- Cell phones
- Pocketknives or other weapons
- Alcohol, drugs, or tobacco
- Pets
- Money

Items on the "do not send list" brought to camp will be confiscated and returned at the end of the camp day. Camp Jack and its staff are not responsible for lost, stolen, or damaged items.

Please note that cell phones are for diabetes management and emergency use only. Campers who ride the bus and wish to bring a cell phone with them for emergency reasons must leave their phones in their backpacks during the camp day.

All medical and treatment decisions must be passed to the camp leadership and NOT sent to your child's cell phone.

SNACKS/DRINKS

Camp provides a variety of healthy snacks for campers at both 10:00 am and 2:00 pm every day. These snacks are portioned or packaged to suit the needs of our campers. Gluten-free snacks are available, but if your child has a particular kind of gluten-free snack that they enjoy, we encourage them to bring it with them. Water is provided throughout the camp day. Sugar-free drinks will be offered at snack times only.

If your camper has a food allergy, it must be indicated on their Camper Health Forms.

Snack calendars are available upon request. Your child may bring in their own snack and keep it with them if they'd prefer.

LUNCH

All campers may bring their own lunches or get their lunches on site. Please do not pack candy in your child's lunch, regardless of whether or not they have diabetes.

Weekly Menus will be provided in advance, and carb counting will be provided for each menu option.

ON-SITE DROPOFF/PICK-UP TRANSPORTATION

SIGN-IN

Campers who will be dropped off at the camp may be dropped off no earlier than 8:00 am. Campers cannot be dropped off earlier than 8:00 am, as there is no nurse on duty before then.

Please park in the designated area. Driving through the site is not allowed.

Parents/Guardians/Authorized persons must physically sign in their camper with staff who will greet you in the parking area each morning. This procedure ensures the child's safety and also allows the staff to pass on any information that the parent/guardian/authorized person may need to know regarding the day's events.

SIGN-OUT

Campers may begin getting picked up at 3:45 pm. We discourage earlier pick-ups as it disrupts the cohesiveness of your camper's group. Please let the Camp Coordinator know, either by phone, email, or written note, if your child will need to be picked up early. All campers and staff must be picked up by 4:00 pm daily.

Persons picking up children from camp must go directly to staff in the parking area and physically sign them out. Campers will only be released to persons identified on their "Authorized Persons" form. If no one picks up the child at the camp, the child will be taken to the Freetown Police Station and will have to wait to be picked up there.

Please Note: If pick-up/dropoff location changes due to unforeseen circumstances or an emergency, the Camp Coordinator will contact families via phone call.

BUS DROPOFF/PICK-UP

Bus monitors will have a cell phone and all contact information for all campers riding the bus. If situations occur on the bus, including minor infractions such as misbehavior, families will be notified via phone or meeting the campers at pick-up. All infractions will be documented. ***If changes or emergencies occur that affect campers' pick-up/dropoff time and/or location, the bus monitor and camp coordinator will contact all parents/guardians of campers riding the bus via phone call with the next steps.***

Campers that do not follow the bus/van rules and put the safety of the other passengers at risk may be suspended from or lose their privileges to ride the bus immediately for the duration of camp.

SIGN-IN

Campers riding the bus/van to camp must be at their selected pick-up spot at the designated time. The bus/van will only wait for 5 minutes at each stop.

Parent/Guardians/Authorized Persons are to wait with their camper at the bus stop and physically sign their child in with the bus monitor.

Parents will be asked to sign a COVID-19 attestation before the camper will be allowed to board the bus.

SIGN OUT

Persons picking up children from the bus must go directly to the bus monitor at the bus door and physically sign the child out. Campers will not be allowed off the bus until they are signed out and will only be released to persons identified on their Authorized Persons form.

If no one is available to pick a child up from their selected stop, the bus will wait for 10 minutes while the bus monitor calls that camper's Authorized Person's pick-up list. If no one is available to pick up a child still, the child will remain on the bus until the next stop. If no one picks up the child at the following stop, the child will be taken to a nearby police station and will have to wait to be picked up there.

Please review the following rules of bus riding with your camper(s). Failure to comply with bus rules, policies and procedures will result in disciplinary action and possible loss of bus riding privileges.

CONTINUED BUS

Each camper who is provided transportation services by the camp is expected to obey the rules established by the Camp Coordinator for the safety and welfare of all campers. Behavior on the bus should be comparable to the type of behavior required in a classroom. Unacceptable behavior will result in disciplinary action and possible loss of riding privileges.

GENERAL BEHAVIOR:

1. Be considerate of others on the bus and use appropriate language at all times.
2. Follow the instructions of the bus driver and bus monitor.
3. Board and leave the bus at the designated bus stop as chosen by your parent or guardian.

WHILE WAITING TO BOARD THE BUS:

1. Be at the designated pick-up spot on time. The bus will not wait for campers who are not on time and have not called the bus monitor to report their absence for the day.
2. Wait for the bus to come to a complete stop before moving toward the service door. Always walk in an orderly fashion.
3. Board the bus in single file, using the handrail for safety.
4. Notify the driver or bus monitor ahead of time when you know you will not be riding the bus or getting off at a different stop.

WHILE RIDING ON THE BUS:

1. Hold personal belongings or place them on or under seats -- keep the aisle of the bus clear at all times. Do not touch other people's personal belongings. Do not block the Emergency Exit with your person or your belongings at any time.
2. Place trash in the waste receptacle as you leave the bus. Throwing articles out the windows is a violation of State law and camp rules.
3. The bus driver has the same authority as any camp staff member. Failure to comply with the bus rules may result in loss of bus transportation.
4. Keep hands, feet, and head inside the bus at all times.
5. Keep your hands and feet to yourself at all times.
6. Loud talking, screaming/yelling, or unnecessary confusion is not permitted as this is a distraction to the driver and will not be tolerated.
7. Treat bus equipment as you would valuable furniture in your own home. Damage to seats, etc., must be paid for by the offender. Bus riders should never tamper with the bus or any of its equipment.
8. Horse-play is not permitted on or around the school bus.
9. Bus riders are not permitted to leave their seats while the bus is in motion. Seat belts should be worn at all times when applicable. If wheelchairs are used, the person must be seat belted into the wheelchair, the chair placed in a locked position, and secured to the vehicle.
10. Two people will ride to a seat when needed. The bus will never carry more riders than its legal limit allows.
11. If an emergency should occur, remain seated until given instructions by the bus driver or monitor. Remain calm and quiet until help arrives.
12. Check to see that all belongings are taken along as you leave the bus.
13. Assigned seating may occur. If so, all campers must obey the seating rules.
14. Please remain seated at all times when riding the bus.

AFTER LEAVING THE BUS:

1. Move away from the side of the bus immediately, following the guidance of the bus monitor.
2. Be extra alert to possible dangers at all times- including other cars in the parking lot.
3. The monitor will not discharge riders at other places than their assigned bus stop unless he has been properly authorized to do so by the Camp Coordinator or the child's guardian.
4. Riders will not be released to any person not identified on the camper's release form. The bus monitor and Camp Coordinator must be notified in advance if a child will be picked up by someone not authorized by their release form to do so.

FREQUENTLY ASKED QUESTIONS (FAQ)

HOW IS THE HEALTH OF MY CHILD CARED FOR AT CAMP?

A health history form, physical form, and their current immunization records (diabetic orders if applicable) are required for every camper, and they will be reviewed before they arrive at camp. Staff will be made aware of all pertinent information, including allergies. All medications brought to camp are kept safely away from camper areas. Insulin is administered as needed, and changes in dosages, basal rates, or boluses are under the Camp Nurse's supervision.

Other medications, such as allergy medication (Benadryl), antibiotic ointments, hydrocortisone cream, or cleansers (Alcohol, Hydrogen Peroxide) may be administered ONLY by the Camp Nurse. In the event of an accident or illness, we will call Emergency Response Services first and the Parent/Guardian second.

All camp staff members are certified in First Aid and CPR. Parents/Guardians will be called in the event of any illness or injury that warrants a doctor's attention. For diabetes, blood sugar is measured a minimum of 3 times each day and recorded on the campers' blood glucose record. The Camp Nurse, along with the Counselors and Camp Mentors, will monitor each camper during daily activities. Glucose tabs, juice, crackers, meters, lancets, band-aids, and other basic first aid items are available in each Counselor's backpack at all times.

HOW ARE STAFF SELECTED AND SUPERVISED?

The summer counselors are 18 years old or older. Most have completed one or more years of college. All applicants are interviewed by the Camp Director and undergo a background check. Staff with diabetes must have demonstrated good diabetes management and, in most cases, are camp alumni.

All staff members must attend training, including training with a Certified Diabetes Educator, First Aid/CPR, behavior management, and rules and policies of camp, as led by the Camp Director.

The Camp Director is at camp during the entire camp session. Staff is observed daily. The Coordinator conducts formal performance reviews at the end of the camp season. The Camp Coordinator reports to the Diabetes Association Leadership team weekly to continue developing best practices and safe, effective camp programming.

WHEN WILL I BE CONTACTED IN A SITUATION PERTAINING TO MY CHILD?

Counselors and the Camp Coordinator are trained extensively on handling personal and medical situations with your children. However, in extreme cases of medical illness, injury, behavioral issues, or other situations where a Coordinator deems it necessary to contact a parent, you will be phoned by a Coordinator.

WHAT IS THE STAFF TO CAMPER RATIO?

In accordance with the Massachusetts Department of Public Health Day Camp Code and ACA regulations, our staff-to-camper ratio is as follows:

- 7 years and younger 1 staff to 5 campers
- 8-14 years old 1 staff to 8 campers

IS THERE A REFUND POLICY?

We understand that medical emergencies may arise over the summer or just as your child is set to attend camp. Refunds are only given under emergency situations. Please call us as soon as possible to inform us of your need to cancel. We will ask that you submit a written excuse from your child's physician. There are no refunds for "missed days."

How are health care policies determined?

Please note that operational and health-related policies and procedures are subject to change at any time based on guidance from local public health authorities and the Centers for Disease Control and Prevention (CDC).

What is the criteria for my T1D camper to bring a sibling, relative or friend?

Camp Jack welcomes sibling, relatives and close friends to increase peer support and understanding. Camp Jack must always maintain a minimum of 50% enrollment of campers with Type 1 diabetes. Due to availability, family members will always be accommodated before friends.

PARENTS RIGHTS

Parents have the right to review background check policies, healthcare, discipline policies and grievance procedures upon request.

STAFF

Camp Director: Emily Martins

The Camp Director is responsible for all activities, programming, staff, and communications. The Camp Director supervises all aspects of camp and is on site at all times and accompanies the campers and staff in the event of an off-site trip.

Medical Consultant: Tom Hopkins, PA

The Medical Consultant is responsible for reviewing and approving procedures, policies, and manuals for the diabetes camp. They also review all camper medical files before the start of camp. The medical consultant oversees the healthcare of campers each day for the duration of camp.

Lead Nurse: Nicole Pereira, RN

Nurse Nicole is on site at all times. She is responsible for overseeing the healthcare of campers each day for the duration of camp.

Camp Counselor:

Camp counselors direct, coordinate and supervise campers and camp activities. The camp counselor is responsible for creating a fun, safe environment while monitoring all campers' health needs. Camp Counselors are trained by a diabetes educator during orientation and all 18 + counselors are First Aid/CPR/ AED certified.

CIT's

Counselors in training (CIT) are non-paid staff 14-15 years of age. Many are former campers. CIT's are role models to the younger campers and ensure the children's safety with respect to blood glucose during all activities. They work under the direct guidance of the Camp Director and camp counselors. CIT's assist with direct behavior management, the implementation of activities, and assist with transitions between activities while still participating as campers.



EMERGENCY NAMES & NUMBERS

Ambulance Service	911
Freetown Fire	911
Freetown Police	911
MA State Police	508-993-8373
Poison Control Center	1-800-222-1222
Freetown Board of Health	(508) 644-2202 x3
MA Board of Health	(617) 624-6000

Hospitals

Hasbro's Children's Hospital (Providence)	401-444-4000
Saint Anne's Hospital (Fall River)	508-674-5600
Charlton Memorial (Fall River)	508-679-3131

Medical Team

Thomas Hopkins, HCC, PA	508-916-7005(cell)
Nicole Viveiros, Camp Jack RN.....	508-206-0564 (office)

Camp Jack Leadership

Mimi Larrivee, Director of Community Partnerships.....	774-627-2441
Emily Martins, Camp Director	508-206-0564(office)
Kelly Meehan, VP of Children's Services & Community Partnerships	774-627-2441
Megan Stirk, President & CEO of People Incorporated	774-627-2441

**Diabetes Association,
People, Incorporated
4 South Main St.
Fall River, MA 02721
Phone: 508-679-5233**

CHECK OUT OUR WEBSITE: <https://peopleincfr.org/services/diabetes-association-inc/camp-jack/>

LIKE US ON FACEBOOK: www.facebook.com/campjackrua

