H1N1 Flu (Swine Flu) Information for Parent

Is it safe for my child to go to school?
At this time, state and local public health officials have advised that students can—and should—continue to come to school, as long as they are not sick and do not have flu symptoms. Flu-like symptoms include: fever (over 100 degrees F), feverishness, cough, sore throat, runny nose, or stuffy nose. Additional symptoms may be experienced with swine flu, including body aches, feeling very tired, and sometimes vomiting or diarrhea.

The Department of Public Health has a fact sheet on H1N1 that is available on the DPH website, www.mass.gov/dph/swineflu in English and many other languages.

What should I do if my child is sick?
Flu spreads easily. If you think your child is getting the flu:

• It is very important that he/she does not go to school or other places where they might make other people sick, such as group childcare, after school programs, the mall, or sporting events.

• Call your doctor’s office and let him/her know your child’s symptoms and history. Your doctor will advise you whether you should come to the office. It is best to call ahead because several doctors’ offices have provisions in place to respond to possible H1N1 (swine) flu cases.

• When you call to the school to notify them that your child is sick, please tell the school nurse if he/she has flu-like symptoms.

• Keep your school nurse updated on your child’s medical condition.

If your doctor advises you to care for your child at home, the Centers for Disease Control has a guide on taking care of a sick person at home. It can be found at, http://www.cdc.gov/swineflu/guidance_homecare.htm.

Some tips from that guide include:

• Establish a rule in your house that everyone covers their coughs, and cleans their hands with soap and water or an alcohol-based hand rub often, especially after coughing and/or sneezing.

• Keep the sick person in a room separate from the common areas of the house. (For example, a spare bedroom with its own bathroom, if that’s possible.) Keep the sickroom door closed.

• Keep your child at home unless necessary for medical care and don’t have playmates or other guests over during this time. Your child may be able to pass the virus for 7 days or longer, so check with your doctor on recommendations for when he/she can return to school.

• Try to protect other people in the home. For example, if possible, have only one adult in the home take care of the sick person (not a pregnant woman). Clean surfaces regularly with a disinfectant and maintain good ventilation. Remember to wash you hands.

• Monitor yourself and household members, including the elderly, for flu symptoms and contact a health care provider if symptoms occur.
• Throw away tissues and other disposable items used by the sick person in the trash. Wash your hands after touching used tissues and similar waste.
• Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.

What can I do to keep my child from getting sick?
It is also important to teach your children how to reduce their risk of getting the flu and how to protect others from becoming infected.

- **Teach your children to wash their hands often.** Washing with soap and hot water for at least 20 seconds is ideal (that is about as long as it takes to sing the “Happy Birthday” song twice).
- **Teach your children the proper use of hand sanitizer.** Gels, rubs, and hand wipes all work well, as long as they contain at least 60% alcohol. Hand wipes must be disposed of properly. (Monitor small children using gels as they may ingest it.)
- **Teach your children to cough or sneeze into their sleeve—not their hands!** Cover coughs and sneezes with tissues or by coughing into the inside of their elbow. They should wash their hands after blowing their nose or coughing into a tissue.
- **Teach your children to avoid touching their nose, mouth or eyes.** They should keep their hands away from their face.

If we all practice good hygiene, health officials believe we can limit the spread of swine flu in our schools and child care centers.

Will my child’s school be closed if there is a case of swine flu?
School leaders and state and local health officials are closely monitoring the situation and will inform parents as soon as possible if your child’s school must be closed. However, it is important to plan ahead. **Have a family discussion now to decide who would care for your child if his/her school were closed.**

If school is closed, it is important that students not gather together at another location, but rather stay home to avoid exposing other people.

How can I keep track of what is going on in my community?
Stay informed by getting up-to-date information on swine flu and what you can do to keep your family healthy from the Massachusetts Department of Public Health at [www.mass.gov/dph/swineflu](http://www.mass.gov/dph/swineflu), the Centers for Disease Control website, [www.cdc.gov/swineflu/](http://www.cdc.gov/swineflu/) or the 24 hour toll-free hotline that Massachusetts residents can call for general information about swine flu. To reach the hotline, dial 211.

What precautions are being taken at schools?
Precautions being taken in our schools:
- Careful hand washing is very important in preventing the spread of disease, including Swine Flu. School Nurses have been and will continue to “conduct hand washing/cover your cough” education programs district wide. They will continue to remind students and staff of their importance.
- All school nurses, food services staff, principals and school faculty staff are working to prevent Swine Flu through proactive steps, communication, and universal precautions.
- The electronic documentation system used by school nurses can be utilized for disease surveillance by tracking trends by symptoms, so that potential public health issues can be identified quickly.
- School nurses are working closely with local and state public health authorities as questions arise.

Thank you for your cooperation in keeping our children and our schools healthy.
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. In the US, about 2,600 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

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 at most risk for getting meningococcal disease?
People who travel to certain parts of the world where the disease is very common are at risk for meningococcal disease. Children and adults with damaged or removed spleens or an inherited immune disorder (called “terminal complement component deficiency”) are also at risk. People who live in settings such as college dormitories are also at greater risk of disease.

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?
There are currently 2 vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of N. meningitidis that cause serious disease. Protection with the meningococcal polysaccharide vaccine lasts about 3 to 5 years. A meningococcal vaccine (conjugate vaccine), which was licensed in January 2005, is expected to help decrease disease transmission and to provide more long-term protection.

Should my child receive meningococcal vaccine?
Meningococcal vaccine is not recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child’s health care provider. In addition, parents of 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 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.

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 Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at http://www.mass.gov/dph.
Choosing a Recreational Camp for Your Child: Questions and Answers For Parents (Published by the Department of Public Health)

Attending camp should be a wonderful experience for your child. To help ensure this, it is essential that a camp provide a safe and healthy environment for campers and staff. Please read the following information. The Department of Public Health hopes that it will be useful in helping you make a decision about a camp for your child.

Q. What is a recreational camp for children?
A. It is a day or residential (overnight), sports, travel, or primitive program that offers recreational activities and instruction to campers. A camp has five or more children and typically runs anytime between June 1 and September 30 and/or during school vacations. Please note that there are certain factors such as, length of time the camp runs and who operates a camp, that influence whether or not a program is considered a camp. A program that calls or advertises itself as a “camp,” is a camp. If you would like further details on what a recreational camp is, please call your local board of health.

Q. Do recreational camps for children have to be licensed?
A. Yes. In Massachusetts, a camp must be inspected and licensed by the local board of health in the city or town where the camp is located. In order to be licensed, the camp must meet regulations developed by the Department of Public Health, and any additional local rules. The regulations set up minimum standards for health and safety at a camp. Call the Board of Health in the town where the camp is located to find out about the status of a camp’s license and to obtain a copy of the most recent inspection report.

Q. What does the board of health look for during an inspection?
A. Overall, the inspector will make sure that the camp provides an appropriate environment for the safety and well-being of the campers. The inspector will look to see that the camp has, for example: safe structures and equipment; adequate sanitary facilities; sufficient supervision of the campers; appropriate plans in case of medical emergencies, natural and other physical disasters; sufficient health care coverage; and injury and fire prevention plans. There are other policies and items that must be checked by an inspector. Call your local board of health to find out what they are. Ask a camp representative to let you see copies of any of the required plans and procedures.

Q. How do I know if the camp counselors are qualified?
A. All counselors are required to have at least four weeks experience in a supervisory role with children or four weeks experience with group camping. Counselors must also complete an orientation program before campers arrive at camp. Any counselor who supervises children in activities such as horseback riding, hiking, swimming and other events must have appropriate specialized training, certification and experience in the activity. Ask to see proof that a counselor is certified in a particular activity.

Q. Is the camp required to check the background of camp staff?
A. Yes. For all camp staff and all volunteers, the camp must look at the person’s background and qualifications to make sure the individual is appropriate to work with children. To do this, the camp must look into the person’s previous work history and confirm three positive references. Also, camps are required to check the proposed staff person’s and volunteer’s criminal history, if it is available, to ensure that s/he has not committed a crime that would keep the individual from being a counselor. As a parent, it is important that you find out if the camp reviews all of this information. To find out, ask the camp director and request a copy of the camp’s written policy on staff background checks. Please note however, that you are not authorized to review the staff person’s actual criminal history record.
Q. How old do camp counselors have to be?
A. There are different age requirements depending on the type of camp. A counselor working at a residential (overnight), sports, travel, trip or special needs camp must be 18 years of age or have graduated from high school. Counselors working at a day camp must be 16 years of age. All counselors at all camps are required to be at least three years older than the campers they supervise.

Q. Should the camp have a person on-site that knows first aid and CPR?
A. Yes. All camps are required to have an individual, called a health supervisor, at the camp at all times who is at least 18 years of age and currently certified in first aid and CPR. The camp must provide backup for the health care supervisor with a Massachusetts licensed physician, physician assistant or nurse who serves as a health care consultant. Special needs camps and residential camps where there is a large number of campers and staff, must have a licensed health care provider, such as, a physician or nurse on-site.

Q. How will a camp be responsible for my child’s medication?
A. The camp is required to keep all medications in their original containers and to store all prescription medications in a locked cabinet. If your child will be participating in an off-site field trip and will require prescription medication, a second original pharmacy container will need to be provided. The only individuals authorized to give your child his/her medication is a licensed health care professional or the camp health supervisor under the oversight of the camp health care consultant; however, other arrangements may be made for emergency medications such as for epi-pens and inhalers. When your child returns from camp, the medication must be returned to the parent or guardian, if possible or, destroyed.

Q. Can a camp discipline my child?
A. Yes. A camp must have a written disciplinary policy that explains their methods of appropriate discipline e.g. “time-out” from activities, sending a child to the Camp Director’s office, etc. Under no circumstance may a camper be punished by corporal punishment, such as spanking, nor punished by denying food, or subjecting a camper to verbal abuse or humiliation. Camp staff must be familiar with and follow the camp discipline policy.

Q. What action does a camp have to take to protect my child from abuse and neglect?
A. It is a requirement that all camps have procedures in place to protect campers from abuse and neglect while at camp. Ask a camp representative for specific information on their prevention steps as well as their procedure for reporting a suspected incident. In order to protect your child from possible abuse, you should talk openly and frequently with him/her about how to keep safe from adults and other children; you should not rely solely on the camp organization. For guidance on abuse prevention and counseling regarding a possible abuse situation, please contact the Department of Social Services’ Child-At-Risk Hotline at 1-800-792-5200.

Tips: Do not rely on glossy pictures and slick brochures -
• Contact the camp director to schedule an appointment for an informational meeting and tour of the facility.
• Ask the camp for a copy of their policies regarding staff background checks, health care and camper discipline. Ask to also see a copy of the procedures for filing grievances with the camp.
• Call the local board of health in the town where the camp is located for information regarding inspections of the camp and to inquire about the camp’s license status.
• Obtain names of other families who have sent their children to the camp and contact them.

If you would like a copy of the state regulations concerning recreational camps for children, please visit, www.state.ma.us/dph/dcs or, call the Department of Public Health, Division of Community Sanitation, at (617) 983-6762.