



# TOWN OF TOPSFIELD

## Board of Health

8 West Common Street, Topsfield, Massachusetts 01983  
(978) 887-1520/Fax (978) 887-1502  
[health@topsfeld-ma.gov](mailto:health@topsfeld-ma.gov); [www.topsfield-ma.gov](http://www.topsfield-ma.gov)



To: Topsfield Camp Directors  
From: Topsfield Health Department  
Date: March 2024  
Re: 2024 Recreational Camp Application Renewal Fees & Deadlines

Welcome to the 2024 Summer Camp Season!

In an effort to make the permitting process for camp inspections run more efficiently, the Topsfield Health Department has instituted some new deadlines and changes to the fee schedules as outlined below. We hope you find this to make the application process easier to organize and submit to the health department for review.

### **The camp permitting process typically consists of 3 phases:**

- The camp application
- The camp policy review (binder submission)
- The onsite inspection

As a reminder, all camp directors must familiarize themselves with the updated [Massachusetts State Regulations](#), please refer to the current version as they were **updated 3/1/2024**, and the Local Board of Health Regulations before applying. All Massachusetts Recreational Camps meeting the definition for recreational camps for children must follow these regulations - Department Of Public Health 105 CMR 430.000: Minimum Standards For Recreational Camps For Children (State Sanitary Code). Recreational Camp Regulations, Sample Forms, Guidelines as well as Memos and Advisories can be found under the Massachusetts Department of Public Health (MDPH) Community Sanitation Program.

Website: [Recreational camps for children - Community Sanitation | Mass.gov](#)

### **Application:**

The updated PDF camp application can be found online at the town website: <https://www.topsfield-ma.gov/health-department-board-health>

### **Policy Review:**

The Health Department now requires all required documentation to be submitted in a THREE-RING BINDER FORMAT for review by the health director/inspector and nurse. Be sure to include all documents on the REQUIRED DOCUMENTS CHECKLIST AND INCLUDE AN INDEX PAGE IN THE THREE-RING BINDER. PLEASE ALSO INCLUDE A MAP OF YOUR FACILITY IN THIS BINDER. Documentation not submitted in this format will not be accepted. Camp binders will be returned after review. Documents that are incomplete or do not meet the requirements will be returned for revision.

Please note that multiple follow-up requests for missing information or multiple site visits are subject to additional fees of up to \$50 per review/inspection. This may result in the delay or inability to obtain a permit for your camp to open.

**Site Visit:**

Please do not submit any medical records or immunization records with this binder that may contain protected health information. This information will be reviewed by the health department at the site visit before the camp opening. Camp staff health and employment records and camper health records will be reviewed approximately two weeks before the session opening. It is YOUR responsibility to schedule this appointment with the health inspector and the public health nurse.

Camps need to provide adequate documentation and complete forms or will not be permitted to open.

New camp directors are welcome to set up an informational meeting with the health director or public health nurse ahead of submitting the binder if they have questions about the camp process.

Please remember that you are responsible for reviewing and meeting all current camp regulations. These regulations are updated by MDPH periodically and camps are subject to local and state inspections. The regulations must be on-site during camp operation. The permits issued by the town must also be properly displayed at all times.

<b>Timeframes for Applications/Inspections</b>	
Application for NEW camps/Preliminary Review	90 days prior to camp opening (REQUIRED)
Application for camp renewals	60 days prior to camp opening (RECOMMENDED)
Binder with Index page / Policy Review	30 days prior to camp opening (RECOMMENDED)
Inspector Site Visit / PHN Immunization /Health Review	14 Days prior to camp opening (RECOMMENDED)
End of Season Camp Completion Form	Due by Sept 12th (REQUIRED)

<b>Permitting fees</b>	
New Camp Annual Permit Fee	\$250
Annual Renewal Fee	\$150
Additional Site Visits for reinspections (for missing/incomplete info)	\$50
Late Fee if submitted less than 14 days prior to opening	\$75

\*Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch.140 s. 32A):

- Buildings, structures, fixtures, and facilities
- Proposed source of water supply
- Works for disposal of sewage and wastewater

We look forward to assisting you through the camp permitting process. Please reach out if you have any questions, we look forward to a safe and healthy camp season for everyone!



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### APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV, and all guidance documents, before filling out the application.

New Application \_\_\_\_

Renewal Application \_\_\_\_

#### Contact Information

Name of Camp:			
Physical Camp Address:		EEC/DESE Certified Program During School Year:	Yes / No
Camp Telephone:		Addl programs run during year?	Yes / No
24/7 Emergency on Site Contact:		Email:	
Cell #		Website:	

Camp License Number: (Issued by BOH)	Certificate of Building Inspection Issued by Building Dept: Capacity:	Fire Inspection Completed:	Drinking Water Source: Public____ Well____
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Name of Camp Owner/Organization:	
Primary Contact:	
Off-Season Address:	
City/Town/State/Zip:	
Telephone Number:	
Email Address:	

Name of Property Owner:	
City/Town/State/Zip:	
Telephone Number:	

Email Address:	
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<b>Name of Camp Director:</b>	
Telephone Number:	
Email Address:	
Returning Director____ New Director____	Previous Experience: Meets Age Requirement of 21+:

**Type of Camp:**

<ul style="list-style-type: none"> <li>• Day/Recreational</li> <li>• Residential/Overnight</li> <li>• Sports</li> <li>• Medical Specialty</li> <li>• Travel</li> <li>• Other - List:_____</li> </ul>	Camper:Staff Ratio  _____
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**Operating Information:**

Brief Description of Camp Activities:	
Primary Communities Served by Camp:	
Languages Spoken:	Primary: _____ Secondary: _____

Has the camp previously operated in Massachusetts?	<ul style="list-style-type: none"> <li>• YES</li> <li>• NO</li> </ul> From/To: _____	Has the camp's license ever been suspended or revoked?	<ul style="list-style-type: none"> <li>• SUSPENDED</li> <li>• REVOKED</li> <li>• NEITHER</li> </ul>
Parent Orientation Date:	Staff Orientation Date:	CPR Training: Epi Training:	Concussion Training: HCC Training:
Opening Date:	Closing Date:	Hours: ____am-____pm	
<ul style="list-style-type: none"> <li>• Week 1</li> </ul>	<ul style="list-style-type: none"> <li>• Week 2</li> </ul>	<ul style="list-style-type: none"> <li>• Week 3</li> </ul>	<ul style="list-style-type: none"> <li>• Week 4</li> </ul>
<ul style="list-style-type: none"> <li>• Week 5</li> </ul>	<ul style="list-style-type: none"> <li>• Week 6</li> </ul>	<ul style="list-style-type: none"> <li>• Week 7</li> </ul>	<ul style="list-style-type: none"> <li>• Week 8 9 10</li> </ul>

**Enrollment:**

Campers Per Session/Week	Campers Per Season	Ages of Campers	International Campers: YES/NO
Staff Per Session/Week	Total Paid Staff Per Season	Total Volunteers Per Season	International Staff: YES/NO

**Activities:**

<ul style="list-style-type: none"> <li>• Meals Served YES / NO Vendor:_____ Food Permit Number:_____</li> <li>• Meals/Snacks Provided YES / NO</li> <li>• Meals Stored YES / NO Describe food storage (ie fridge etc)_____</li> <li>• Swimming Pool YES / NO Pool Permit Number:_____</li> <li>• Bathing Beach YES / NO Bathing Beach Permit Number:_____</li> <li>• Pond/Lake/River YES / NO (____No Swimming Allowed)</li> <li>• Watercraft/Boating YES / NO</li> </ul>
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- Playground/Athletic Equipment YES / NO
  - Sports YES / NO
  - Archery YES / NO
  - Shooting YES / NO
  - Challenge Course/Climbing Equipment YES / NO
  - Horseback Riding YES / NO
  - Field Trips Planned YES / NO
  - Transportation Provided by Camp YES / NO
- Permit Number: \_\_\_\_\_  
 Stable Permit Number: \_\_\_\_\_  
 Bus: \_\_\_\_\_ Other: \_\_\_\_\_

#### Healthcare Consultant:

<b>Name of Health Care Consultant:</b> (Physician "on call" who signs orders & trains staff)	
Address/City/Town/State/Zip:	
Telephone Number:	
MD/DO/NP/PA Circle one:	MA License Number:

#### Staff/Roles:

<b>Assistant Camp Director:</b> <b>Name</b>		Meets Age Requirement: Previous Supervisory Experience:
<b>Health Care Supervisor:</b> <b>Name</b> (who is responsible <u>at the camp onsite every day</u> for medical care or first aid?)		Type of Medical License, Registration or Training CPR: Issued: Expires: First Aid Certificate: Issued: Expires:
<b>Aquatics Director:</b> <b>Name</b>		Lifeguard Certificate Issued: Expires: CPR: Issued: Expires: First Aid Certificate: Issued: Expires: Meets Age Requirement: Previous Supervisory Experience:
<b>Lifeguards:</b> <b>Name</b>  (attach addl info if needed)		Lifeguard Certificate Issued: Expires:
<b>Certified Pool Operator:</b> <b>Name</b>		Issued: Expires:
<b>Archery Instructor:</b> <b>Name</b>		Date Certified:
<b>Firearms Instructor:</b> <b>Name</b>		NRA Training (or equivalent):
<b>Challenge/Ropes Course Manager:</b>		Meets Age Requirement: Date Certified:

<b>Name</b>		License Number: Issued: _____ Expires: _____
<b>Horseback Riding Instructor: Name</b>		License Number: Issued: _____ Expires: _____  Stable Location: Stable License: _____

**Additional Documentation:**

Attach the names, ages, applicable current (unexpired) certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

Supervisory Staff means those persons with the responsibility, authority, and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.

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**Certification and Signature**

I, \_\_\_\_\_, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the camp operation will comply with all applicable laws and local regulations. I have read and understand the current camp regulations and I will ensure that a copy of these regulations and permits will be onsite at all times. Please Note: Incomplete and unsigned applications may not be eligible for issuance of a permit to operate.

Print Name:	
Signature of Applicant:	
Official Title:	
Date:	



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### WRITTEN POLICIES

#### RECREATIONAL CAMPS REQUIRED DOCUMENTS CHECKLIST AND INDEX PAGE

Required Documentation: Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV, and all guidance documents, prior to filling out the application. Additionally, you may contact the Local Health Dept or the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the documents below.

Please provide CORRESPONDING PAGE NUMBERS for each of the following below. An index page MUST accompany ALL info in a three-ring camp binder. This binder will be returned once it is reviewed and will serve as a reference for the camp throughout the summer. Please do not turn in any information with protected health information (PHI) or personally identifiable data this will be reviewed on site the day of inspection.

NAME OF CAMP: \_\_\_\_\_ TOWN: \_\_\_\_\_  
DIRECTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Code Reference	Description of Document	Page Number
430.090	Written statement on policy for hiring, background review of staff and volunteers. (Applications, background checks, contact info, health records, certifications, CORI/SORI checked on site)	
430.091 430.159	Staff and volunteer orientation & training plan Orientation, Healthcare policies, Concussion awareness	
430.093	Abuse and neglect prevention plan. Procedure for reporting suspected child abuse. Electronic notification to MDPH & LBOH	____ ____
430.191	Discipline Policy with appropriate discipline methods and prohibitions	
403.210	Natural Disasters or Other Emergencies: (A) Fire evacuation plan & drills approved by local fire dept (B) Disaster Plan/Emergency Plans (C) Lost Camper/Swimmer Plan (D) Traffic Control Plan (E) Disease Outbreak Response Plan	____ ____ ____ ____ ____
430.211	Contingency Plans: (A) Registered camper doesn't show up for camp (B) Camper doesn't show up at point of pick up (C) Child not registered arrives	____ ____ ____

430.190	<p>General Program Requirements:</p> <p>(B) Policy for camper to be released only to parents or parent-designated individuals in writing in electronic or hard copy format.</p> <p>(C) Copy of promotional material showing statement re: regulatory compliance and licensing. "This camp must comply with regulations of the MDPH &amp; be licensed by the LBOH"</p> <p>(D) Protocol for unrecognized persons at camp</p>	<p>—</p> <p>—</p> <p>—</p>
430.159	<p>Health Care to be Provided:</p> <p>(A) Camp Health Care Policy - Approved by HCC.</p> <p>(B) Health Care Consultant Agreement (USE FORM PROVIDED BY DPH or equivalent)</p> <p>(C) Health Care Supervisor designated. All camps must have at least 1 HCS on site at all times</p>	
430.160	<p>Medication Training:</p> <p>Written policy for medications administered at camp</p> <p>List of all medications administered at camp &amp; signed off by HCC</p> <p>Documented training with HCC on diabetics, EpiPen administration &amp; inhalers.</p> <p>Written policy on Administration of Epinephrine Autoinjectors.</p> <p>Written policy on use of inhalers.</p> <p>Document training of unlicensed health care supervisor(s) designated to assume responsibility for medication administration.</p> <p>Document training of unlicensed health care supervisor(s) designated to assume responsibility for diabetes care at medical specialty camp.</p>	<p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>
430.150	<p>Health Records:</p> <p>Health records and contact information for each camper and staff, including emergency contact info, written authorization for emergency medical care signed by a parent or guardian.</p> <p>For campers who take a prescribed medication, a written authorization to take the medication signed by parent or guardian.</p> <p>Residential &amp; Sports - Medical history &amp; physical within 18 months</p> <p>Day - medical history signed off by parent/guardian</p>	
430.152	Policy for required immunizations or exemptions for all campers and staff	
430.157	<p>Communicable Disease Reporting Requirements:</p> <p>(C) Meningococcal disease &amp; immunization info provided to parents/guardians annually</p> <p>(D) Policy provided to parents before camp opening Care if mildly ill campers</p> <p>(E) Inform parents of right to review background checks, health care, discipline policies and grievance procedures upon request (at time of application)</p>	<p>—</p> <p>—</p> <p>—</p>
430.154	Injury report form available to be completed for fatality or serious injury - Report sent to MDPH & LBOH (Electronic format available)	
430.163	Sun Protection Policy Parent/guardian signed authorization	
430.103	Aquatics Director is designated and present at all times when 50+ kids in/near water	
430.103	Written boating safety plan	
430.204	Waterfront & Swimming:	



	Swimming in Compliance with <b>Christian's Law</b> 105 CMR 432.000 Swim test to classify swimmers by ability at pools and beaches Proper supervision at the swimming venue policy and documentation	____ ____ ____
430.631	Map of Facility to reference items above showing buildings, structures, fixtures and facilities	

\*This list highlights some of the most common requirements for LBOH application purposes. See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV – 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the required documents that pertains to your specific camp environment.

#### PERMITS:

430.215	Written compliance from local fire dept	
430.451	Current certificates of occupancy/inspection from local building inspector	
430.300	Potable Water Required (Source): ___Public Water Supply No additional approval needed ___Private Water Supply DEP approval (>25 people, >60 days/year) ___Private Water Supply: (<25 people, or <60 days/year) LBOH approval, chemical & bacterial analysis, no more than 45 days before opening	
430.430	Swimming Pool in compliance with 105 CMR 435.000 - Permit Posted/Fence Compliant w/ Federal VGB Act	
430.432	Bathing Beach in Compliance with 105 CMR 445.000 - Weekly water sampling, ring buoy present	
430.103 430.201 430.202 430.204 430.208 430.103	Additional permits as determined by LBOH, MDPH regulations or MGL for Specialized High-Risk Activities: Riflery Range Archery Waterfront & Boating Horseback Riding/Stables Challenge/Ropes Courses (520 CMR 5.00 Amusement Devices)	
430.320	Food Service Permit Issued by Board of Health (for recreational camps that prepare/serve meals or serve USDA Summer food service Program)	

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



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## RESOURCES FOR CAMP DIRECTORS

**Department Of Public Health 105 CMR 430.000: Minimum Standards For Recreational Camps For Children (State Sanitary Code)** - All Massachusetts Recreational Camps meeting the definition for recreational camps for children must follow the state regulation

Website: <https://www.mass.gov/doc/105-cmr-430-minimum-standards-for-recreational-camps-for-children-state-sanitary-code-chapter/download>

**Massachusetts Department of Public Health (MDPH) Community Sanitation Program** - Recreational Camp Regulations, Sample Forms, Guidelines as well as Memos and Advisories can be found under this

Website: [Recreational camps for children - Community Sanitation | Mass.gov](https://www.mass.gov/lists/recreational-camps-for-children-community-sanitation#camp-licensing-applications,-forms,-and-guidelines-)

<https://www.mass.gov/lists/recreational-camps-for-children-community-sanitation#camp-licensing-applications,-forms,-and-guidelines->

### Christian's Law

Massachusetts General Law [c. 111, §127A½](#), commonly referred to as Christian's Law, was enacted on July 12, 2012. The law requires that all municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches must:

Ensure that all minors are swim tested at the first swimming session

Provide a properly sized and snug fitting personal flotation device (PFD) type I, II, or III to all minor children determined to be either a non-swimmer or an at-risk swimmer

Allow parents or legal guardians to provide their own properly fitting PFD to the child if they so choose

Website: <https://www.mass.gov/service-details/christians-law>

**MDPH Electronic Injury Reporting Form** (NEW ELECTRONIC FORMAT REQUIRED AS OF JUNE 2023):

Website: <https://redcap.ehs.mass.gov/redcap/surveys/?s=LY94XWXYWLFLCFR>

**Massachusetts Health Promotion Clearinghouse** - Health Promotion Material - Free health promotion materials for Massachusetts residents and health and social services providers (Hand Washing, Ticks, Mosquitos, Sun Safety Signs, Brochures, Etc)

Website: [Clearinghouse:https://massclearinghouse.ehs.state.ma.us/ACAD.html](https://massclearinghouse.ehs.state.ma.us/ACAD.html)

**American Camp Association** - ACA provides an abundance of resources, tools, books, podcasts, and articles to help you prepare and plan for your camp season.

Website: <https://www.acacamps.org/>

**Massachusetts Department of Public Health | Bureau of Environmental Health**

Important Webpage Links regarding Recreational Camps for Children

This Document INCLUDES IMPORTANT links to information for Recreational camps

The Massachusetts Department of Public Health (MDPH) has created this resource document to provide all stakeholders with easy access to relevant information associated with Recreational Camps for Children and compliance with 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code, Chapter IV). It contains topic summaries with associated webpage links for related material based on the list of topics below. This is not a comprehensive list, but designed to assist those looking for additional information on relevant camp topics.

### **Medical Safety**

- Epinephrine Auto-Injector Guidance
- “Heads Up” - Concussion Awareness
- Immunizations
- Influenza
- Rabies
- Swine Flu
- Tuberculosis
- West Nile Virus & Eastern Equine Encephalitis

### **Outdoor Safety**

- Bats
- Beaches
- Playground Handbook
- DEET Insect Repellent
- Extreme Heat Guidance
- Security & Safety Plans

### **General References**

- American Camp Association
- Camp Administrator Training
- Office of Public Safety and Inspections – Challenge Courses and Climbing Walls
- Medical & Biological Waste Management

### **Medical Safety:**

- Epinephrine Auto-Injector Guidance:

Epinephrine auto-injector systems are used to deliver epinephrine through a syringe. The management (use and disposal) of this “acutely hazardous” substance is regulated in Massachusetts.

<http://www.mass.gov/eea/docs/dep/recycle/laws/epifax.pdf>

<http://www.mass.gov/eohhs/docs/dph/com-health/school/epi-administration-reporting.pdf>

### **Heads Up (Concussion Awareness):**

Health care professionals may describe a concussion as a “mild” brain injury because usually concussions are not life-threatening. Even so, their effects can be serious. Recognition and proper response to concussions, primarily when they first occur, can help prevent further injury or even death. This link provides information about sports-related head injury regulations, trainings (e.g. - “Heads Up”), required forms for schools and clinicians, model policies for schools, and other important details.

<https://www.mass.gov/sports-related-concussions-and-head-injuries>

### **Immunizations:**

Vaccines are one of the great public health advances of the 20<sup>th</sup> century, and prevent hundreds of thousands of illnesses in the United States every year. Vaccines protect both the person vaccinated and those around them from serious diseases, a concept known as herd immunity. Herd immunity protects other members of the community, such as babies too young to be vaccinated or those who cannot receive immunizations because of a medical condition.

<https://www.mass.gov/immunization-program>

<https://www.cdc.gov/vaccines/index.html>

<https://www.mass.gov/service-details/vaccine-information-for-the-public>

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/guidelines-ma-school-requirements.pdf>

<http://www.mass.gov/eohhs/docs/dph/cdc/meningitis/info-waiver.pdf>

### **Influenza:**

Influenza is a disease that primarily affects the respiratory system, including the nose, throat and lungs. “Flu” is short for “influenza”. Flu is caused by a virus and it can be very serious. Every year in the United States, seasonal flu causes thousands of hospital admissions and deaths. Getting an annual flu vaccine is the best protection.

<https://www.mass.gov/influenza>

### **Rabies:**

Rabies is a viral disease that can affect all mammals, including humans. The virus attacks the central nervous system and can be secreted in saliva. Because rabies affects people, as well as animals, control of this disease has become a top priority for the Massachusetts Division of Animal Health. With the cooperation of MDPH and the Massachusetts Division of Fisheries and Wildlife, all potential rabies exposures are investigated in order to prevent further rabies infections.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/providers/public-health-cdc-rabies-info-providers.html>

### **Swine Flu:**

Swine flu is a respiratory disease associated with pigs caused by type A influenza viruses. Swine flu viruses do not normally infect humans. However, sporadic human infections with swine influenza viruses have occurred.

<http://www.eec.state.ma.us/SwineFluUpdates.aspx>

<http://www.mass.gov/ocabr/docs/advisories/swine-flu.pdf>

### **Tuberculosis Program:**

The MDPH Tuberculosis Program seeks to reduce the incidence of tuberculosis (TB) through surveillance, education, and clinical services delivered within a collaborative multiagency system.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/tb/>

### **West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE):**

West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE or “Triple E”) are viruses that can cause illness ranging from a mild fever to more serious disease like encephalitis or meningitis. They are spread to people through the bite of an infected mosquito. There are no specific treatments for either virus, but steps can be taken to protect from illness.

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/wnv.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/providers/public-health-cdc-arbovirus-info.html>

### **Outdoor Safety:**

- **Bats:**

During the summer months, it is not unusual to find a bat in a building. Most often, these animals have accidentally flown in and are now trapped. Bats sometimes carry rabies and may spread it to people or animals through bites or scratches, so it is important to remove bats from your building as soon as possible. If a person may have been bitten or scratched, it is important to capture the bat and have it tested for rabies.

<http://www.mass.gov/eohhs/docs/dph/cdc/rabies/bat-capturing.pdf>

<https://www.mass.gov/service-details/bats-in-the-home>

### **Beaches:**

Good water quality is essential to having a safe and enjoyable beach visit. It is important to monitor the water quality and report any potential water quality concerns. Each year, the Environmental Toxicology Program in MDPH, Bureau of Environmental Health collects water quality information related to fresh and saltwater beaches from local health departments, as well as the Massachusetts Department of Conservation and Recreation, and compiles a summarized report on the state of the beaches water quality.

<http://www.mass.gov/eohhs/docs/dph/regs/105cmr445.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/beaches-algae/>

[https://www.cdc.gov/nceh/hsb/cwh/technical\\_hab.htm](https://www.cdc.gov/nceh/hsb/cwh/technical_hab.htm)

<https://www.epa.gov/nutrient-policy-data/cyanobacterial-harmful-algal-blooms-water>

### **Consumer Product Safety Commission Playground Handbook:**

Playgrounds have a number of potential hazards and maintaining safety is paramount to protecting children.

<https://www.mass.gov/files/documents/2016/08/oi/family-child-care-playground-safety.pdf>

<https://www.cpsc.gov/safety-education/safety-guides/playgrounds>

<https://www.cpsc.gov/s3fs-public/325.pdf>

### **DEET/Repellent:**

Products with DEET (N,N-diethyl-m-toluamide) or permethrin are recommended for protection against ticks and mosquitoes. Some repellents, such as picaridin or oil of lemon eucalyptus, have been found to provide protection against mosquitoes but have not been shown to work against ticks.

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/s-u/tick-repellents.pdf>

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/m-o/mosquito-repellents.pdf>

<https://blog.mass.gov/blog/health/safe-practices-for-mosquito-and-tick-bites/>

### **Extreme Heat:**

Heat related deaths and illnesses are preventable. Despite this, an average of 618 people in the United States are killed by extreme heat every year. This website provides helpful tips, information, and resources to help you stay safe in the extreme heat during the summer.

[https://www.cdc.gov/disasters/extremeheat/heat\\_guide.html](https://www.cdc.gov/disasters/extremeheat/heat_guide.html)

### **Security:**

It is important to always be vigilant and mindful of the safety and security of the recreational camp. Some practices and useful information can be extracted from other related documents like the ones listed below:

### **A.L.I.C.E (Active Shooter Response Training):**

A Guide for Developing High Quality School Emergency / Operations Plans.  
Department of Education (June 2013)

U.S.

[https://rem.s.ed.gov/docs/REMS\\_K-12\\_Guide\\_508.pdf](https://rem.s.ed.gov/docs/REMS_K-12_Guide_508.pdf)

Massachusetts Task Force Report on School Safety and Security (July 2014)

<http://www.mass.gov/edu/docs/eoe/school-safety-security/school-safety-report.pdf>

References:

**American Camp Association-New England:**

<http://www.acanewengland.org/>

<http://www.acanewengland.org/education-training/training-and-certification>

**Office of Public Safety and Inspections (OPSI):**

The Office of Public Safety and Inspections provides verification for licenses for challenge courses and climbing walls.

<http://www.mass.gov/ocabr/government/oca-agencies/dpl-lp/opsi/>

**Medical or Biological Waste Regulation:**

105 CMR 480.000: Management of the medical waste generated at recreational camps is governed by 105 CMR 480.000. Any and all generators of such waste must abide by the minimum standards noted in the document. In addition, web links to the required record keeping logs are provided to document the proper storage, transportation, treatment and disposal of any waste generated.

<http://www.mass.gov/eohhs/docs/dph/regs/105cmr480.pdf>

<http://www.mass.gov/eohhs/docs/dph/environmental/sanitation/105cmr480-medical-waste-off-site-log.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/comm-sanitation/medical-waste.html>



# TOWN OF TOPSFIELD

## Board of Health

8 West Common Street, Topsfield, Massachusetts 01983  
(978) 887-1520/Fax (978) 887-1502  
[health@topsfeld-ma.gov](mailto:health@topsfeld-ma.gov); [www.topsfeld-ma.gov](http://www.topsfeld-ma.gov)



## IMPORTANT CAMP CONTACT INFORMATION 2024

### (POST NEAR CAMP EMERGENCY CONTACT LIST)

#### **Topsfield Health Dept\***

Address: 8 West Common St  
Health Director - Gerry McDonald  
Senior Administrative Assistant - Sue Winslow  
Phone: (978) 887-1520  
Email: [health@topsfeld-ma.gov](mailto:health@topsfeld-ma.gov)

Tri-Town Public Health Nurse - Julia Lobel  
Email: [Julia.lobel@middletonma.gov](mailto:Julia.lobel@middletonma.gov)  
Phone: 978-766-6284

#### **Topsfield Police Dept**

Address: 210 Boston St, Topsfield, MA 01983  
Phone: (978) 887-6533  
Dial 911 for emergencies

#### **Topsfield Fire Dept**

Address: 27 High St, Topsfield, MA 01983  
Phone: (978) 887-5148  
Dial 911 for emergencies

#### **Topsfield Animal Control**

Address: 210 Boston St, Topsfield, MA 01983  
Phone: (978) 887-6533  
Dial 911 for emergencies  
Police Dept will page the Animal Control Officer.

#### **Topsfield Building Dept/Inspectional Services\***

Address: 8 W Common St, Topsfield, MA 01983  
Phone: (978) 887-1522  
Email: [hmorong@topsfeld-ma.gov](mailto:hmorong@topsfeld-ma.gov)

*\*Town Hall Summer Hours In Effect (June 1 -Sept 1)*

- Monday 8am - 7pm
- Tuesday 8am - 4pm
- Wednesday 8am - 4pm
- Thursday 8am - 4pm
- Friday - closed

## Emergencies - Call 911

*If you or someone you know is in immediate danger or experiencing a medical emergency or possible drug overdose call 911 - do not wait.*



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## Suicide & Crisis Lifeline



Call or Text: 988

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the 988 Lifeline network is available 24/7 across the United States, it is free, and confidential.

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## Massachusetts Poison Control Center



Call 800-222-1222

Contact Poison Control if you have a question about whether something is poisonous or poisoning prevention. Poison Control is free, confidential, and available 24 hours a day, 7 days a week. *If an individual collapses, has a seizure, has trouble breathing, or can't be awakened: Call 911 IMMEDIATELY.*

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## Massachusetts Behavioral Health HelpLine



Call or Text: 833-773-2445

<https://www.masshelpline.com/>

The Behavioral Health HelpLine (BHHL) connects individuals and families to the full range of treatment services for mental health and substance use offered in Massachusetts, including outpatient, urgent, and immediate crisis care. The BHHL is staffed by trained clinicians and certified peer specialists to support every caller's needs. Every call, text, or [chat](#) conversation includes follow-up by trained clinicians, and staff will remain on the line with you until you are connected to the help you need. The BHHL is available 24 hours a day, 365 days a year by phone call and text.

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## Massachusetts Department of Children and Families



As a child care provider, you may need to file a report of suspected child abuse or neglect with the Department of Children and Families (DCF). Learn more about mandated reporting requirements for EEC-licensed and approved programs.

Child-At-Risk-Hotline 800-792-5200

[Reporting alleged child abuse or neglect \(filing a 51A report\) | Mass.gov](#) - **SEE MDPH ELECTRONIC CAMP REPORT**



## IMPORTANT CAMP CONTACT INFORMATION 2024

### HEALTHCARE ROLES

**Camp Director:**

(Person onsite everyday and responsible for the daily oversight of the entire camp)

Print Name / Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

CPR/First Aid Training Date: \_\_\_\_\_

**Camp Healthcare Supervisor:**

(Person responsible at the camp onsite every day for medical care or first aid)

Print Name / Title: \_\_\_\_\_

Address: \_\_\_\_\_

CPR/First Aid Training Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Camp Healthcare Supervisor:**

(Alternate person responsible at the camp onsite every day for medical care or first aid)

Print Name / Title: \_\_\_\_\_

Address: \_\_\_\_\_

CPR/First Aid Training Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Healthcare Consultant/MD:**

(Physician "on call" who signs orders & trains staff)

Print Name / Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



# TOWN OF TOPSFIELD

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## 2024 CAMP COMPLETION SEASONAL REPORT FORM

### RECREATIONAL CAMPS FOR CHILDREN

Camp Name:		Tel #	Email:
Owners Name:		Directors Name:	
In Season Address:		City: St: Zip:	
Off Season Address:		City: St: Zip:	
Type of Camp:    Residential <input type="checkbox"/> Day <input type="checkbox"/> Sports <input type="checkbox"/> Other <input type="checkbox"/> :                      # of weeks camp operated: _____			
# Staff per Season: _____	# Volunteers per Season: _____	# Campers per Week (average): _____	Total # Campers served this Season: _____
Healthcare Consultant:		License Number:	

Were any Epi-Pens administered to any campers this season - **Yes / No**

Were any injury reports for major injury or 51A reports submitted to DPH/DCF for any campers this season - **Yes / No**

(to be submitted on or before September 10, 2024 to Topsfield Board of Health)