



Girl Scout Overnight Camp Family Handbook ————— 2024

WELCOME!

Whether it's canoeing, tie-dying, or aiming for the target on the archery range, GSCWM overnight camps have everything you are looking for. We have been bringing once-in-a-lifetime opportunities to girls at our GSCWM summer camps for over 100 years.

We are so glad that your camper will be joining us this summer!



**AVAILABLE JUNE 24- AUGUST 16
ONLY**

CAMP BONNIE BRAE CONTACT

Camp Cell phone:

413-372-3072

Email: CBBDirector@gscwm.org

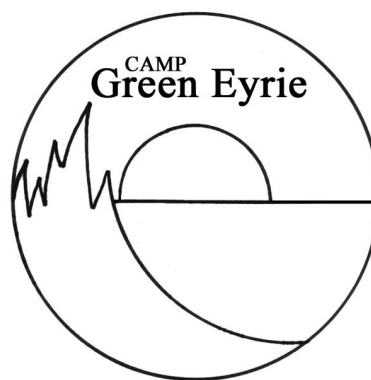
Physical Address:

951 Algerie Rd, East Otis, MA

Mailing Address:

P.O. Box 539

East Otis, 01029



**AVAILABLE JUNE 24- AUGUST 16
ONLY**

CAMP GREEN EYRIE CONTACT

Camp Cell phone:

413-387-3789

Camp Email: CGEDirector@gscwm.org

Physical & Mailing Address:

69 Still River Rd

Harvard, MA 01451

If you need a copy of your summer camp expenses receipt for tax purposes, you can log into your CampDoc profile and print receipts at any time.

The Girl Scouts of Central and Western Massachusetts tax ID # is: 04-2103856.

Please consult with a qualified tax professional for concrete specifics on using your summer camp receipts for any tax purposes. GSCWM is unable to advise on how best to use these credits.

Greetings from Camp

Dear Camp Families,

I am thrilled that you have a camper (or campers) registered for GSCWM Overnight Camp. Camp is so much more than archery, themed meals, campfires, and arts and crafts. Experiences at camp encourage campers to develop the characteristics embodied in a Girl Scout, while building confidence, lifelong friendships, and outdoor skills. We can't wait to offer summer camp to each of our campers.

Each camp week includes an opening and closing flag ceremony, opening campfire, an all-camp activity, countless songs, themed meals, and a variety of skill-building activities, all leading up to a final closing ceremony. During the week, Girl Scouts participate in traditional camp programming such as archery, hiking, swimming, canoeing, and arts and crafts. In addition, Girl Scouts will participate in program-specific opportunities dependent upon their session enrollment and age. The program offerings are progressively more advanced, allowing all Girl Scouts age-appropriate skill enhancement and leadership development.

We at GSCWM are so grateful that you are entrusting and sharing your Girl Scout with us for an entire session. This handbook has been thoughtfully compiled to address all of your questions in preparation for camp, and we hope that you feel confident and ready for your summer adventure!

Our knowledgeable Customer Care Team is available to assist campers and their families at any time during this process. Should you have any additional questions, they can be reached at 508-365-0115/413-584-2602 or by email at info@gscwm.org.

Our camp staff is excited and looking forward to seeing you and your Girl Scout at camp!

Happy Camping,

Jessica Gonzalez
Program Manager

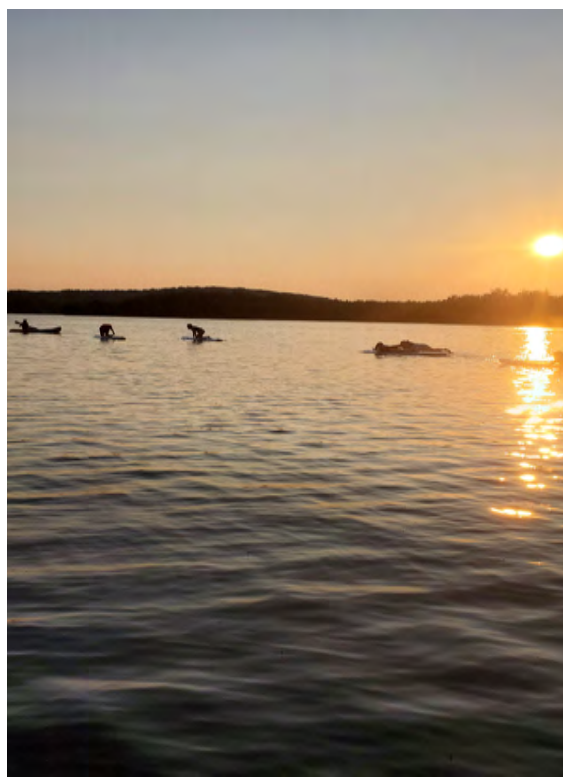
General Camp Information



AMERICAN CAMP ASSOCIATION (ACA)

The American Camp Association, or ACA, is the only accrediting body for recreational camps in the United States. ACA's accreditation standards focus on health, safety, and risk management, and are used as benchmarks by government entities. ACA accreditation provides public evidence of a camp's commitment to the well-being of campers and staff.

Camp Bonnie Brae and Camp Green Eyrie are both fully accredited ACA Camps. GSCWM submits annual reports to ACA for review and each camp receives an on-site evaluation from ACA representatives every three years. In addition to maintaining accreditation status, GSCWM staff utilize ACA trainings and research to develop exciting camp programs, maintain up-to-date staffing policies, and uphold industry best practices for participant health & safety.



Camp Life!

GSCWM's summer camp staff strive to provide a fun, exciting, nurturing, and safe space for all campers. Every day, campers are given the opportunity to try new things, make new friends, explore the world around them, and most importantly, have fun outdoors! Below is some general camp life information. Should you have any additional questions, please email us at camp@gscwm.org.

LIVING ARRANGEMENTS

Campers at Camp Bonnie Brae live in units that may have platform tents, yurts, treehouses, or small cabins, while every unit at Camp Green Eyrie has platform tents. Depending on the unit, between three and six campers stay in each sleeping shelter. Each camper has a cot with mattress. A bathroom is located in each unit with composting or flush toilets, hand sinks, and electricity. Hot showers are located in the central shower house.

Camp staff stay in the same units as campers, in adjacent sleeping shelters. While staff do not sleep in the same cabin or tent as campers, they are always in the immediate area and available to respond to campers at any time of night.

Each unit has a unit house or covered pavilion. Poles for bug netting are provided in all platform tents.



CAMP PROGRAMMING

Programming at overnight camps is designed to give campers opportunities to try new things, build up teamwork skills, and gain confidence. While many sessions at camp are themed around specific types of activities (like arts & crafts, water sports, or outdoor skills), all campers have the opportunity to try everything camp has to offer (as appropriate by age level).

All-Camp events included in every camp session:

Opening Campfire (first night at camp) – Everyone in camp gathers for songs, skits, and an introduction to the staff. S'mores are included.

Cookout Night – Campers in each group plan a dinner menu together with the help of their counselors, then learn and practice outdoor cooking skills to make their plans a reality.

Closing Campfire (last night at camp) – All campers and staff gather again to celebrate the week they've had at camp. The campers have another chance to shine as they perform a song or skit with their group.

All-camp activity – At least once a week, all of camp will participate in a camp-wide game or event.

Please remember theme days and all program activities may change based upon needs of camp, weather, or staffing availability.



TYPICAL DAY AT CAMP

Campers' days are filled with activities centered on the specific program she selected. Activities vary but may include hiking, outdoor cooking, challenge course activities, crafts, songs, outdoor skills, archery, canoeing, and games. Showers are scheduled throughout the day and not always in the morning or right before bed. We try our best to ensure that all campers have an opportunity to experience as many activities as possible. The daily schedule at camp may change week to week depending on program needs.

7:00am Wake Up

8:00am All Camp Flag
and Morning Songs

8:15am Breakfast

9:15am Camp activities with unit

12:15pm Lunch

1:00pm Me Time

2:15pm Camp activities with unit

6:00pm Dinner

7:00pm Evening activities

9:00pm Reflections/Camp Embers/
Bedtime depending
on age level

No matter which session a girl attends, all campers will:

- Learn outdoor skills like knots, fire building, trail etiquette, and outdoor cooking
- Work toward earning Girl Scout badges and patches related to outdoor living and their program content (please note that campers may or may not complete an entire badge)
- Help take care of camp by doing camp kapers
- Have the opportunity to make independent choices about what they would like to do, in addition to activities specifically mentioned in the program description



BUDDIES

If your camper is attending camp with a friend, you can request that two campers be “buddies” in our registration software, CampDoc. Requesting a buddy simply indicates to staff that those two campers should be placed together in the same tent or cabin; it does not require two campers to do everything together for their entire week at camp.

In order for staff to be able to honor a buddy request, both campers must be registered for the same camp program and request each other as buddies in CampDoc. Due to space limitations, staff may not be able to accommodate buddy requests of groups of three or more. If you have any buddy questions or unique requests, please email the camp director at least a week before your camper arrives to discuss options.

BADGES

Some camp sessions work on Girl Scout badges while others do not. Campers may work on Girl Scout Badges depending on their program and the interest of their group. Badge record sheets will be sent home from camp for groups who decide to work on a Girl Scout Badge. If Badges are completed, they will be noted on the form and can be purchased by the camper’s family at our council stores.

KAPERS

All campers participate in camp chores, called kapers, every day. Besides making sure their own sleeping units are kept tidy, each unit helps out with an all-camp kaper. Camp kapers may include running a flag ceremony, helping set tables for meals, sweeping the dining hall, and more. Counselors supervise and assist campers with all kapers. Depending on age and ability, girls may handle nontoxic cleaners in spray bottles to clean counters and other surfaces with paper towels. All campers wash their hands after participating in cleaning tasks.



SWIMMING

At both Camp Bonnie Brae and Camp Green Eyrie, all swimming activities take place in and around roped-off swimming areas. Because these are waterfront beach areas, camp staff follow Massachusetts state-mandated guidelines for swim checks under Christian's Law. All camp lifeguards undergo yearly training in Christian's Law compliance.

All campers are welcome to swim in the shallow area regardless of swimming ability. According to Christian's Law, any camper deemed to be a non-swimmer based on the standards the state has put forth will be required to wear a PFD in any water deeper than two feet.

In order to be considered a swimmer under these regulations, campers must be considered an American Red Cross Level 3 or YMCA Minnow swimmer. This means that she will need to demonstrate the following swimming skills:

- Jump into chest deep water, submerge completely, and return to the surface.
- Tread water for one minute without touching the bottom or reaching for the dock/deck.
- Swim 15 yards of Freestyle or Front Crawl stroke, in a horizontal position with rotary or rhythmic breathing and proficient arm strokes and flutter kick.
- Demonstrate successful Elementary Backstroke for 15 yards, also at a horizontal orientation (no 'bowing' in the water).

The Waterfront Director and lifeguards will determine which campers demonstrate enough comfort in the water to complete this swim check in deep water. Campers who do not show comfort in the shallow end of the water and/or campers who cannot complete the requirements for a Level 3/Minnow proficiency level will be deemed non-swimmers.

Campers have the option to request a re-check of their swimming skills anytime during the camp session based on lifeguard time availability.

All campers are required to wear a colored wristband that identifies what swimming group they have been placed in.

For more information on Christian's Law, please visit:

www.mass.gov/service-details/christians-law



CAMP NAMES

The use of camp names, which are nicknames staff members use instead of their real names, is a longstanding tradition at Girl Scout camps all over the country. Camp staff, CITs, and Program Aides choose their own camp names based on GSCWM guidelines.

BIRTHDAYS

If a camper's birthday falls during her stay at camp, she will receive a special treat from the camp staff and the whole camp will sing to her. If your camper would be uncomfortable with this experience, please communicate with the Camp Director so that the camp staff can arrange an alternative birthday acknowledgment.

SHOWERING & HYGIENE

Every group of campers has several assigned shower times each week. Campers take showers in a main shower house with multiple private shower stalls. Shower times vary throughout the day and campers may or may not shower at a time they would usually do so at home. It may be helpful to bring a ventilated shower caddy or a plastic basket with their shower items for easier transporting to and from the shower house. We also encourage girls to wear flip flops in the shower.

Occasionally, some campers choose not to shower during their group's shower times for a variety of reasons. While camp staff cannot and will not force a camper to shower, all campers are expected to shower at least once during each week they're at camp for their own health and for the comfort of other campers and staff. Please share this expectation with your camper. If a camper is refusing to shower by the midpoint of the week, the Camp Director will contact the parents or guardians to discuss strategies.

ELECTRONICS AND CELL PHONES

Electronic devices like cell phones, tablets, music playing devices, and smart watches are not permitted at camp. If an electronic device or cell phone is discovered with your child after you leave, the items will be stored in a locked cabinet in the camp office and returned to an adult during checkout. GSCWM is not responsible for lost or stolen items at camp.

If your camper is over the age of 16 and drives herself to camp, she may turn in her phone and car keys during check-in and retrieve them at the end of her camp session.

LOST AND FOUND

Our staff makes every effort to assist your camper in keeping up with her personal belongings. Before campers leave at the end of their session, camp staff display everything in the lost & found in an effort to reunite campers and their belongings.

Please label all of your camper's belongings with either their initials or a family name, and if possible, pack a list of your camper's belongings so that she can double-check her luggage at the end of the week. It is not uncommon for campers' items to accidentally end up in the wrong bag after sharing a tent or cabin for a week, so labeling items helps not only camp staff, but other parents who have found an unfamiliar item in their camper's bag.

Several times throughout the summer, camp staff will post lost and found items on the camp's Instagram page. Please contact the camp office to claim any items you recognize as yours. If an item is labeled with a camper's name, a member of the camp team will contact the camper's family. Items left at camp will remain at camp for at least 10 days after your camper's session. After that time, they will be sent to GSCWM's office in either Worcester or Holyoke and held until September 30th. Craft projects, personal hygiene items, socks, underwear, and other smaller items will not be sent to the office. Items remaining after September 30th are donated to a charitable organization. GSCWM is not responsible for any lost or stolen items at camp.

Health & Safety

HEALTH CARE CONSULTANT & SUPERVISOR

The Health Care Consultant for all of GSCWM's summer camps is a licensed physician who assists developing and updating the camp's health care policy, develops and signs written orders for the Health Care Supervisor, and is available for consultation at all times. The Health Care Consultant is not present at camp.

The camp Health Care Supervisor is, by regulation, present at camp at all times and has, at a minimum, First Aid and CPR certification in addition to experience providing first aid and dispensing medication to campers. Usually, the Health Care Supervisor is an EMT or RN. The Health Care Consultant authorizes the Health Care Supervisor to be in charge of health matters at camp on a day-to-day basis and to dispense medications.

CARE OF INJURIES OR ILLNESS

Staff members are responsible for reporting any signs of camper illness or injury to the Health Care Supervisor as soon as possible, who then assesses the severity of the situation and determines whether the child may be treated safely at camp or if they need outside medical attention. The Health Care Supervisor may administer over-the-counter medications as needed if they are authorized by the parent/guardian.

If a camper is transported out of camp for medical attention, a staff member is sent with the camper along with the camper's health form and signed permission to treat form. The parent/guardian is contacted at every step in this process if possible.

Should an injury occur while campers are out of camp, staff contact local emergency services first, then the Camp Director, who will contact the camper's parents or guardians immediately.

HEALTH CHECK-IN PROCESS

When your camper checks in at camp, you will have the opportunity to discuss any specific health concerns with the Health Care Supervisor and the Camp Director.

All campers are screened by the Health Care Supervisor during check-in. Health screening includes:

1. Temperature check (temperatures may not be over 100 degrees to stay at camp)
2. Head lice check
3. Questions about potential exposure to contagious illness/disease

Prior to arriving at camp, please make sure your camper feels healthy and is free of any symptoms that could indicate illness. If you are concerned that your camper may be ill, please monitor your camper at home and call the camp to inform staff of her potential late arrival. If a camper is sent home from camp due to illness or injury, she may return with a signed letter from her physician stating that she does not have any contagious conditions and is in good health. If needed, arrangements to attend a later camp session can be made if space is available.

HEALTH HISTORY FORMS & IMMUNIZATIONS

A Camper Information Record and Health Examination Form must be completed in Camp Doc before your camper arrives at camp. A copy of the forms can be found in your online profile, in addition to a Camper Questionnaire. Girls will not be permitted to attend camp if completed health information and immunization records (or waiver) is not received prior to the start of camp. Massachusetts State Law, American Camp Association Standards, and Girl Scout Camp Standards require that every day camper furnish a health history. **As of March 2024**, the Massachusetts Board of Health has updated the required immunizations for children attending camp. The immunization record for each child must include the following vaccines in the chart (dependent on age/grade):

Kindergarten-Grade 6 (Daisy-Cadette)

DTaP/Tdap	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4th 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 4th 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 4th 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 1st 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 1st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable * A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

Grade 7-Grade 12 (Cadette-Ambassador)

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 4th 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 4th 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 1st 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 1st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable * A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.
MenACWY (formerly MCV4)	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

HEALTH HISTORY FORMS & IMMUNIZATIONS (continued...)

Please make an appointment ahead of time with your family doctor for your camper's physical or to obtain a copy of her current immunization and exam records.

Ticks, Lyme Disease, and other tick-borne illnesses have been an issue at summer camps across Massachusetts. For more information, go to www.state.ma.us/dph or see the handouts at the end of this booklet.

As required by MA DPH 430:190 (C) and (D), these camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Parents may request copies of background check, health care and discipline policies as well as procedures for filing grievances.

CAMP MEDICATION

Per state regulations, all medications must come to camp in their original containers and be stored by the Health Care Supervisor in locked compartments in the camp health center. Emergency rescue medications, like inhalers and epi-pens, can be held by the camper so long as she is capable of self-medicating and the parent/guardian and Health Care Consultant give written approval. Otherwise, a trained staff person will carry and administer any emergency rescue medications. All medications should be listed in your camper's CampDoc profile and added prior to arrival at camp.

If your camper brings prescription medications to camp, the container(s) must have a pharmacy label showing the prescription number, patient's name, date filled, physician's name, name of medication and directions for use. The Health Care Supervisor dispenses medication according to the directions on the prescription label. If a medication should be dispensed differently from the directions on the prescription label, bring detailed written instructions for the camp staff to reference. If a camper refuses to take prescribed medications, their refusal is documented in the health log and the parent/guardian is notified.

The Health Center at camp is stocked with common over-the-counter medication that the Health Care Supervisor will administer to campers as needed. These medications include acetaminophen (e.g. Tylenol), antacids (e.g. Tums), allergy medication (e.g. Benadryl), antibiotic ointment and other topical ointments (e.g. triple antibiotic cream and Hydrocortisone), powder (e.g. talc powders and medicated powders), cleanser (e.g. rubbing alcohol and hydrogen peroxide), sunscreen, bug spray, and eye drops. Any restrictions or additions regarding over-the-counter medication must be noted on the camper's health profile in CampDoc.

Please note that supplements containing CBD are not allowed at day camp. If a camper brings essential oils to camp, that must be listed in CampDoc and turned in to staff during check-in.

If your camper has medication that needs to be administered during her stay at camp, please turn in all prescription and over-the-counter medication to the camp staff during check-in and have them listed in the camper's health profile in CampDoc.

INSURANCE

While at camp, your daughter is covered by limited health/accident insurance. This limited insurance covers initial treatment for illness or accidents occurring at camp and serves as a supplement to the family's health insurance. Please note; pre-existing conditions, such as asthma, are not covered by this plan. Camp insurance will cover up to a pre-set deductible, after which your family insurance will take over. If you have any questions about this insurance or any medical bills you receive, please email camp@gscwm.org

NOTE TO PARENTS

At the request of the Department of Public Health we have included a fact sheet on Meningococcal disease. Children attending day or resident camps are not considered to be at an increased risk. Also, in an effort to increase awareness of Lyme Disease, the Department of Public Health asks all parents to conduct daily "tick checks" to help prevent infection. Remember: Not all ticks carry Lyme disease. For more information, please view the fact sheet on Lyme Disease included at the end of this packet.

Health care at council camps is administered under regulations established by the Massachusetts Department of Public Health (105 CMR 430.)

Complete Health Care policy for council camps is available to a parent or guardian upon request to **Girl Scouts of Central & Western MA, 301 Kelly Way, Holyoke, MA 01040, Attn: Camp.**

BUG SPRAYS, DEET, WEST NILE VIRUS AND LYME DISEASE

With the emergence of the West Nile Virus and the rise of Lyme disease, an effective insect repellent (something that prevents bug bites and, thus, interrupts the chain of infection) – is a desired option. DEET is the most effective mosquito repellent currently available. It is available in many different formulas and has an excellent safety profile. Products containing 10 – 30 percent DEET are considered sufficient. Manufacturer's recommendations should be followed for periodic reapplication of the repellent.

The American Academy of Pediatrics (AAP) recently reexamined their recommendations on the use of insect repellents that contain DEET. While reports of ill effects from DEET are rare, its use has been associated with skin rashes, respiratory irritation, and seizures. The AAP recommends that repellents containing no more than 30 percent DEET be used in children. Products with lower concentrations can be used for children if families are concerned about the potential risks of DEET and there is little or no concern about the transmission of mosquito-borne diseases.

Bug repellent can be applied to skin, clothing, bedrolls, and screens. When possible, wear long sleeves, long pants and socks when outdoors. Mosquitoes may bite through thin clothing, so spraying clothes with repellents containing DEET will give extra protection. Do not spray repellent containing DEET directly on the skin. Don't use scented soap, perfume or hair spray on your child and avoid dressing your child in bright colors or flowery prints.

Camp staff will encourage campers to perform tick checks, however, GSCWM Camp staff is not allowed to perform the checks themselves.

For more information, contact your own pediatrician, or Center for Disease Control: www.cdc.gov or call 1-888-246-2675, or American Academy of Pediatrics: www.aap.org.

INCLEMENT WEATHER PROCEDURES

Camp keeps going, rain or shine. In the event of severe weather, our first priority is safety. Some activities, such as swimming and archery, may be delayed or canceled due to inclement weather. We will do our best to accommodate unexpected schedule changes, but cannot guarantee participation in an activity if it is not safe for campers and staff.

During severe weather events, it is unlikely that camp staff will be able to answer phone calls since our primary focus and concern is camper safety. If you call and don't get an answer, please do not put yourself at risk by getting into your car and driving to camp. You will be contacted if your camper needs to be picked up. If you leave a message for camp staff, we will call you back as soon as we can.

ABOUT OUR STAFF

Camp staff members are selected on the basis of their skills, experience, ability to serve as role models, and enthusiasm for camp. All staff members go through 5-10 days of staff training including program instruction, first aid, youth development, risk management, behavior management, emergency procedures, camping skills, Girl Scout programs, and more. Most staff members are over the age of 18, many are over 21, and Camp Directors are over the age of 25 (per Massachusetts state regulations and ACA standards). All overnight camp staff are certified in Red Cross First Aid and CPR.

MEALS

Our menus are camper-oriented and aim to provide a balance of food groups at each meal. Every meal has a breakfast/salad bar option in addition to the main courses.

The kitchen team can accommodate most special diets like vegetarian, vegan, kosher, halal, and more. Please note that while camp can provide individual gluten-free meals, we do not have gluten-free kitchens.

If your camper has specific dietary needs or restrictions, please explain those needs in your camper's CampDoc profile before arriving at camp so that the kitchen team has time to prepare. With some diets, we may ask you to provide some food for your camper.

Camp food service is happy to accommodate almost any dietary need, but cannot cater to each camper's individual food preferences. If this will be your camper's first time at camp, or if you know they are hesitant to try unfamiliar-looking foods, talk with her ahead of time about food and meal times looking different at camp than they do at home.

Camp Bonnie Brae and Camp Green Eyrie are entirely nut-free.

SPECIAL CONSIDERATIONS & ACCOMMODATIONS

GSCWM wants all girls to have the opportunity for a great camp experience and do our best to accommodate all Girl Scout campers. Campers with individual accommodations can have a positive camp experience when these needs are disclosed to the camp administrators and their staff prior to camp. In many cases accommodations can be made, but each camper must be able to function safely in a 1:6 adult-to-camper ratio.

Providing a safe and positive experience to all campers is extremely important to us. We reserve the right to make decisions about participation based on the extent of a camper's needs and our staff's ability to meet those needs. If your camper will require specific accommodations, please contact the camp director from late June–August, or contact Jessica Gonzalez, Program Manager, at camp@gscwm.org or 413-584-2602 prior to registering or coming to camp.

PETS

Campers are not permitted to bring pets of any kind to camp. In addition, we ask that you please do not bring any animals to camp on incoming or outgoing day.

WEAPONS & DRUGS

Campers are not permitted to bring weapons of any kind to camp (e.g. Swiss army knives, large scissors, etc.), nor drugs, tobacco, vaping paraphernalia, or alcohol of any kind.

GIRL SCOUT POLICIES & PARTICIPANT EXPECTATIONS

Girl Scouts of Central and Western Massachusetts strives to maintain a camp environment that is safe and fun for each camper. Our programs and camp environments are designed to provide an inclusive experience for all girls regardless of race, creed, or cultural background. Language and/or behaviors that offend or intimidate other campers and staff members are not welcome.

Campers are expected to be friendly and considerate to other campers and counselors. Swearing, bullying, hitting, fighting, verbal harassment, or any other disruptive behaviors are not permitted or acceptable at camp.

REASONS FOR A CAMPER TO BE SENT HOME

On occasion, campers experience emotional or behavioral issues that go beyond the camp staff's ability to manage. Each situation is evaluated individually and staff take action depending on what is best for all campers. If at any time a camper's behavior is determined to be unsafe by the camp staff and GSCWM management, the camper's caregiver will be asked to pick up their child from camp.

Girl Scouts of Central and Western Massachusetts will not tolerate any forms of physical violence or hazing. Participating in either of these offenses will lead to immediate dismissal from camp. The possession of drugs, alcohol, illegal substances, tobacco or vaping products, and weapons on Girl Scouts of Central and Western Massachusetts' properties is strictly prohibited. Should there be reason to suspect a camper of possessing or concealing drugs, alcohol, illegal substances, and/or weapons, GSCWM reserves the right to search through and take inventory of the camper in question's belongings. If such items are found in the camper's possession, the police will be notified and caregivers will be contacted to pick up the camper.

Campers may also be sent home from camp in situations where her behavior has become unsafe for herself and/or other campers. These behavioral issues include but are not limited to frequently running away from her group, refusal to participate in activities to the point that it disrupts other campers' experiences, using derogatory language toward other campers and/or staff, and unwanted or inappropriate physical contact with others. In most cases, the following action steps will be implemented:

- Camper meets with her counselors
- Camper meets with the Camp Director and parents/guardians are notified
- Removal from program if the behavior does not improve

MISSING HOME

Overnight camp is pretty busy, so girls don't have time to miss home too much. We encourage girls and family adults to write to one another. Counselors are trained to comfort campers, who are missing home. If our techniques to help a child aren't working, an administrator or a unit staff member will call the parent or guardian and together will decide what should be done to help the camper adjust. Only in very rare cases does missing home result in a child leaving camp.

Tip: Some campers experience a little bit of missing home the first day or two, and write home about it. Chances are, by the time you receive the mail, she will have forgotten all about it! If you have any concerns call us at camp.

THE OVERNIGHT EXPERIENCE AND HOW TO PREPARE

Going off alone can be a very exciting time and the perfect setting to develop independence and a sense of responsibility. However, without a parent or guardian available to provide reminders or assist with problem solving, some campers experience difficulty adjusting. Here are some things to discuss with your camper:

1. Teach her how to make her bed.
2. If there is any chance that your camper may have an accident in the middle of the night, we recommend you do NOT send her with a sleeping bag. Send two sets of sheets and blankets. Please reassure your daughter that there is no reason to be embarrassed about bed-wetting and if this happens she should let her counselors know.
3. Often campers have to be reminded how often to change their clothes, especially their favorite shirt or sweatshirt. Provide a bag for dirty clothes so they are separate from her clean clothes.
4. Discuss with her the importance of keeping her things together so she will come home with all her possessions. Great packing tip - have her help you roll clothes and pack them in large zip lock bags by day of the week.
5. If her hair is long, be sure she has hair ties or something to keep it out of her face. Let her practice caring for and combing her hair.
6. Show her how to address and stamp a letter correctly. Be sure she has a list of important addresses including her own. We recommend placing the envelopes and stamps in a plastic bag so that they won't seal shut before she is ready to use them.
7. Show her how to take a shower if she is accustomed to taking a bath.
8. Check over the CAMP PACKING LIST together. Have her help with the packing, so she will know where everything is located. Be sure to label everything with her name.
9. Please discuss with your daughter, the importance of sunscreen protection. Campers should bring and be able to apply sunscreen (SPF 30+), lip balm and insect repellent.
10. Be sure she understands her counselors and the staff are there to help her. We will introduce her to the Camp Director, health care supervisor, etc. on the first day and encourage her to ask questions if she doesn't understand.

THE FIRST TIME AWAY FROM HOME

Preparing your child for camp involves setting her up for success. Camp can be a different and new experience for most children. Campers are often anxious on the first day of camp as they begin to adjust to a new setting and new people.

The staff is instructed to be aware of a camper's moods and emotional adjustment. If a child is having a particularly rough time, our staff will work one-on-one with her to determine a solution. They will try to help the child understand the feelings she is having and make an effort to involve her in all camp activities. Experience tells us that within a few days the camper will be busy having fun and feeling secure with her counselors, new friends and the outdoors.

When campers are missing home in the first few days of camp, they might write home about their feelings. Please don't panic or feel guilty. By the time you are reading her letter, she is most likely having a good time. We recommend that parents and guardians write an encouraging letter back to their camper emphasizing the fun, friends, and adventure she can have at camp. If you receive a second letter, feel free to speak with the Camp Director to obtain her perspective on your child's adjustment.

For many children, camp is the first step toward independence and plays an important role in their growth and development. She may have second thoughts about going to camp before she leaves. Try to avoid making deals (e.g. "If you don't like camp after 3 days, we will come get you"). This will make it very difficult for her to adjust. Share your concerns with the Camp Director and her counselors before camp starts.



Staying In Touch

VISITING

For security reasons, visitors are not permitted during camp sessions. In the event of an emergency or a situation that requires you to pick up your camper early, please call the camp directly and speak with someone on the leadership team before arriving at camp.

PHONE USE

You may feel that talking with your camper is the only way to make sure that she is adjusting to camp; however, talking with family outside of camp breaks the immersion and usually creates or exacerbates campers' feelings of missing home.

We have the following policies on phone use:

1. Campers are not permitted to make or receive phone calls, except in emergency circumstances.
2. **No cell phones are permitted at camp.** If a camper brings a cell phone to camp, we will safely store the phone and return it directly to the parent at the end of the session.

Parents and guardians who have concerns or questions about their camper are encouraged to discuss them with the Camp Director or someone on the camp leadership team, who will be happy to speak with your camper's counselors and report back to you.

MAIL, PACKAGES, AND CAMPGRAMS

Mail is delivered to campers Monday-Friday. If you would like, you may drop off letters or packages to the camp staff on drop off day to be delivered to your camper throughout her stay at camp. Please turn

in camper mail at your camper's health check during check-in.

SEND CAMPER MAIL TO:

Camper's Name

Camper's Program Name [e.g. Splash Camp]
Camp Bonnie Brae PO 539 East Otis, 01029

Camper's Name

Camper's Program Name [e.g. Splash Camp]
Camp Green Eyrie
69 Still River Rd Harvard, MA 01451

Campers are encouraged to write letters home! Make sure your camper knows how to use postage stamps and how to address envelopes or postcards, or send her to camp with pre-addressed and stamped envelopes or postcards. Camp staff do not provide postage stamps or other mailing supplies to campers.

If you would like to send or leave packages for your camper, please do not send care packages that contain candy, gum, or food. Food kept in campers' sleeping quarters will attract unwelcome insects and animals. Consider sending things like a deck of cards, a coloring or puzzle book, or reading material. If a camper does receive food of any kind in a package, it will be held until the end of the session. We realize that snacks are important—campers are offered multiple snack times a day and are always allowed to ask for extras!

CampGrams is a paid email application through CampDoc. These messages are printed and delivered once per day, usually during the early afternoon. Please note that campers cannot email back. GSCWM is unable to issue a refund for unused CampGrams; all payments or registration questions about CampGrams should be directed to CampDoc directly.

INSTAGRAM PAGES

Each GSCWM summer camp has an Instagram page to give families and campers a glimpse into camp life both during camp and the off-season. It's a great way to learn about what is happening at camp and to see updates on what the girls are doing! While camp staff strive to post updates frequently, the campers are our first priority and we cannot guarantee that the camp pages will be updated on a regular schedule. Posting frequency and content will vary between camps. Camp staff will not post updates or photos of individual campers. Additionally, if you have designated during the registration process that your camper cannot have her photo taken, she will not appear in photos.

Please do not use Instagram as a way to contact Camp – please email or call the main camp number.

Follow the camps at the pages below: Instagram



@campbonniebrae @campgreeneyrie
@camplewisperkins @camp_laurel_wood

Facebook: www.facebook.com/GSCWM on

Instagram: ***@gscwm***

PACKING LIST FOR ALL PROGRAMS

Having the right items with you makes camp so much more fun! The full packing list for camp is available as a separate document on the GSCWM website. If you need help finding or accessing the packing list, please email info@gscwm.org.

Getting to Camp

DIRECTIONS TO CAMP BONNIE BRAE

*Camp Bonnie Brae is located on Big Pond in East Otis, MA
951 Algerie Road, East Otis*

FROM SPRINGFIELD:

- Take I-91 North just past Downtown Springfield to exit 9B (Route 20).
- Follow Route 20 West through Westfield.
- In the center of Westfield, Route 20 makes a right turn.
- Continue to follow Route 20- you will pass under I-90 and come to the top of a large hill. At the flashing yellow light turn left onto Route 23 West (Blandford/Otis).
- Continue on Route 23 for 11.3 miles to Algerie Rd (which is just after a sign for “The Clayground”).
- Turn right onto Algerie Road. Camp Bonnie Brae is a little less than two miles on your left (951 Algerie Rd).

There will be a green and white Camp Bonnie Brae sign on your right. (If you pass the “Entering East Otis” sign, you have missed the turn). Turn right onto Algerie Road. Camp Bonnie Brae is a little less than two miles on your left (951 Algerie Rd).

FROM NEW YORK (AND OTHER POINTS WEST):

- From the Mass Pike take Exit 2 (Lee exit) to Route 20 East (Jacobs Ladder Rd).
- Continue on Route 20 East into West Becket.
- At the Jacobs Ladder (Route 20/8)/Otis Rd (Route 8) split in West Becket, follow Otis Rd (Route 8 South).
- Follow Route 8 South into the town of Otis.
- Turn left on Route 23 East. Continue on Route 23 to the Town of East Otis. Go

approximately one-half mile out of town.

- Take a left onto Algerie Rd. Camp Bonnie Brae is a little less than two miles down on your left (951 Algerie Rd).

FROM NORTHAMPTON:

- From I-91 South, get on Mass Pike I-90 West. Take Exit 3 (Westfield exit) to Route 202 South to Westfield Center.
- In the center of Westfield, Route 20 makes a right turn.
- Continue to follow Route 20- you will pass under I-90 and come to the top of a large hill. At the flashing yellow light turn left onto Route 23 West (Blanford/Otis).
- Continue on Route 23 for 11.3 miles to Algerie Rd (which is just after a sign for “The Clayground”).

There will be a green and white Camp Bonnie Brae sign on your right. (If you pass the “Entering East Otis” sign, you have missed the turn!) Turn right onto Algerie Road. Camp Bonnie Brae is a little less than two miles on your left (951 Algerie Rd).

FROM WORCESTER (AND OTHER POINTS EAST):

- Take the Mass Pike (I-90) West to Exit 3.
- Follow the directions above from Northampton.

Older campers who wish to transport themselves to camp must contact the Camp Director via email prior to arrival and will only be allowed to drive themselves and their sibling(s). Parent written permission must be obtained and copies of appropriate license, registration and insurance must be provided. Girl Scouts is not responsible for personal vehicles on camp property.

DIRECTIONS TO CAMP GREEN EYRIE

*Camp Green Eyrie is located on Bare Hill Pond in Harvard, MA
69 Still River Rd. Harvard*

FROM I-290:

- Take I-290 to I-190 North.
- Take Exit 7 off of I-190 towards Leominster/Lancaster—Rte. 117
- Turn east towards Lancaster. Continue on Rte. 117 approximately 4.2 miles to a stoplight at Rte. 110 (Bolton Orchards will in front of you on the right).
- Turn left onto Rte. 110, heading east approximately 4.5 miles.
- A green and white Camp Green Eyrie sign will be on your right.

FROM ROUTE 2:

- Follow Rte. 2 to exit 38A, Rte.110 towards Harvard/Worcester.
- Head west on Rte. 110 to the center of Harvard.
- Rte. 110 takes a right hand turn in Harvard Center. Follow Rte. 110 for just under .7 miles from Harvard center.
- A green and white Camp Green Eyrie Sign will be on your left.

FROM THE MASS PIKE (I-90):

- Take the Mass Pike (I-90) to Exit 10 and follow signs to I-290 North.
- Follow directions above from I-290.

Older campers who wish to transport themselves to camp must contact the Camp Director via email prior to arrival and will only be allowed to drive themselves and their sibling(s). Parent written permission must be obtained and copies of appropriate license, registration and insurance must be provided. GSCWM is not responsible for personal vehicles on camp property.



MORE INFORMATION

All GSCWM Summer Camps comply with Regulations of the Massachusetts Department of Public Health (105 CMR 430) and is licensed by the local Board of Health. Information on these regulations can be obtained at 617-983-6761. Parents/guardians may request acknowledgement of staff background checks and policies on health care and discipline as allowed by law. Please contact camp@gscwm.org with requests or to file any grievances.

Respiratory Illnesses

Camp is more important than ever right now and we want to see as many girls as possible have the opportunity to attend camp this summer. At GSCWM the top priority is always the health and safety of our campers and staff. We are working with the guidance provided by CDC and the ACA to develop protocols for handling respiratory illnesses at camp. We are in communication with the local and state health departments, the state legislature and the governor's office here in Massachusetts. We are combing tirelessly through hypotheticals to ready necessary modifications to our programs and procedures. We will have well trained staff in place to take great care of our Girl Scouts and create an unforgettable and safe summer. You are always welcome to reach out to us at camp@gscwm.org for any respiratory illness related questions as they relate to summer camp.

If you have any questions about respiratory illnesses in general, please refer to the Massachusetts Department of Health fact sheets: <https://www.mass.gov/fact-sheets-on-infectious-diseases>

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 headaches, 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 yearly, 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 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 (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 the meningococcal vaccine?

Different meningococcal vaccines are recommended for a range of age and risk groups. 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>.

Head Lice (Pediculosis)

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What are lice?

Lice (singular *louse*) are tiny, wingless insects that survive by feeding on human blood. They cannot jump or fly, and they do not burrow under the skin. Adult head lice or their eggs (nits) are found in the hair and are most often found behind the ears and at the base of the neck. Head lice usually lay their eggs on strands of hair about 4 mm or ¼ of an inch from the scalp.

Who gets head lice?

Anyone can get head lice, but in the United States, head lice are most common in children 3-12 years of age. Having lice is referred to as an “infestation.” An infestation with head lice does not mean someone is dirty. Head lice have special “claws” on their legs to help them cling to the hair. Washing with plain soap and water does little to disturb them.

How are head lice spread?

Head lice are most commonly spread by direct head-to-head contact with hair of other people who have head lice. Head lice are less commonly spread through contact with an infested person’s personal items, such as hair brushes and combs, hats, unwashed clothing, bedding or towels. Head lice are commonly spread within households. Children often spread head lice to each other during close contact while playing. Head lice can crawl from an infested person or object to a non-infested person. People with head lice can continue to spread head lice to other people until they complete a course of treatment that kills all of the head lice and their eggs. Pets cannot spread head lice.

What are the symptoms of head lice?

A person who has head lice may feel itching caused by a reaction to the louse’s saliva and feces, but many children have no symptoms. Head lice are not known to spread infectious diseases from person to person and should not be thought of as a medical problem. However, there is some risk of skin infection from scratching. Head lice are certainly a nuisance, but they are not generally considered a health hazard.

How are head lice diagnosed?

The best way to determine if someone is infested with head lice is to find a living adult louse. However, adult head lice are rarely seen because they are fast and hide well. Identification of a head lice infestation is usually made by detecting nits attached to the hair close to the scalp. Nits are tiny, grey, oval specks that do not come off of the hair easily like a speck of dandruff would. Behind the ears and near the hairline at the base of the neck are common places to find nits. Nits found within ¼ of an inch from the scalp usually mean the nits are alive and treatment is needed. If the nits are more than ¼ of an inch from the scalp, you should ask your doctor if treatment is necessary.

How do you prevent head lice?

Children should be checked regularly and treated when head lice are found. Parents should learn to recognize head lice and teach their children not to share hats and scarves or personal hair care items, such as brushes, combs and hair ties.

What is the treatment for head lice?

There are a number of effective treatments for head lice. Treatment for head lice usually consists of shampooing the hair with a medicated shampoo or cream rinse containing one of the following ingredients:



Head Lice (Pediculosis)

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permethrin, pyrethrin, malathion, benzyl alcohol, spinosad, or ivermectin. Shampoos containing *lindane* are no longer recommended.

Safety is a major concern and these products should be used with care, under the supervision of a health care provider (even though some of them do not need a prescription) and always according to the instructions on the label. This is especially important for women who are pregnant or nursing, and for infants with head lice. Be sure to follow the package or label instructions very carefully. Permethrin and pyrethrin-based products have a good safety record but resistance has been documented in the United States. For treatment failures, malathion, benzyl alcohol lotion, or spinosad suspension can be used. Hair should be checked daily for the 10 days following treatment for newly hatched head lice. If these are present, an additional treatment may be necessary. Many of these agents require a reapplication of the treatment 7-10 days later to kill immature lice that may have hatched from eggs that were not inactivated during the initial treatment.

Data are lacking to determine whether suffocation of lice by application of products such as petroleum jelly, olive oil, butter, or fat-containing mayonnaise, are effective methods of treatment of head lice. Manual removal of nits after successful treatment is a difficult and time-consuming process. It is sometimes desired, though, for aesthetic reasons, to avoid diagnostic confusion, or to satisfy “no-nits” policies at some schools and daycare centers (see below).

Additional precautions:

Household and other close contacts should be examined and treated if head lice are found. Remember, head lice do not survive for long periods of time off of the scalp. Even though head lice are not commonly spread by contact with personal belongings, the following steps can be taken as added precautions to avoid re-infestation by lice that have *recently* fallen off of the head of an infested person.

- Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Soak combs and brushes in **hot** (128.3°F/53.5°C) water for 5 minutes.
- Thoroughly vacuum rugs, upholstered furniture, and mattresses.
- **DO NOT USE INSECTICIDE SPRAYS.**

What is a “no nits” policy?

Many school departments and child care sites require that children be free of nits before returning to school and parents should be familiar with their own school’s or day care’s head lice policy. However, both the American Academy of Pediatrics and the National Association of School Nurses advocate that “no-nit” policies should be abandoned. Head lice are not a health hazard or a sign of poor hygiene and are not responsible for the spread of any disease. No healthy child should be excluded from or miss school because of head lice.

Where can I find more information?

- Your doctor, nurse, health clinic, or local board of health (listed in the phone book under “local government”)
- The Massachusetts Department of Public Health (MDPH) Divisions of Epidemiology and Immunization, (617) 983-6800
- The US Centers for Disease Control and Prevention: www.cdc.gov/parasites/lice/head/index.html
- American Academy of Pediatrics: <http://pediatrics.aappublications.org/content/110/3/638.full.pdf>



Lyme Disease

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What is Lyme disease?

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

Where do cases of Lyme disease occur?

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

How is Lyme disease spread?

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

When can I get Lyme disease?

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

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

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

What are the symptoms of Lyme disease?

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

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

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

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



Lyme Disease

hands, arms, feet and/or legs. These symptoms can last for months, often shifting between mild and severe.

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

Is there treatment for Lyme disease?

People who are diagnosed with Lyme disease can be treated with antibiotics.

Prompt treatment during the early stage of the disease prevents later, more serious problems.

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

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

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

Did you know?

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

<http://www.mass.gov/mosquitoesandticks>



Lyme Disease

After spending time in an area likely to have ticks, check yourself, your children and pets for ticks.

Young ticks, called nymphs, are the size of a poppy seed. Adult black-legged ticks are the size of a sesame seed. Both nymph and adult ticks can spread the bacteria that cause Lyme disease; however, nymphs are of more concern. They are aggressive feeders and so tiny that it can be difficult to see them on the body, unless you are looking carefully. When doing a tick check, remember that ticks like places that are warm and moist. Always check the back of the knees, armpits, groin, scalp, back of the neck and behind the ears. If you find a tick attached to your body, remove it as soon as possible using a fine-point tweezers. Do not squeeze or twist the tick's body, but grasp it close to your skin and pull straight out with steady pressure.

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

Where can I get more information?

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

