



Practice Guideline:
**Communicable Disease Control
in the Camp Setting**

Adopted 2013; Updated 2020

Background and Purpose Statement

As any camp professional who has coped with an outbreak at camp can attest, efforts to reduce – if not eliminate – the threat of communicable illness are worth the effort. Norwalk virus, flus such as H1N1, and even the common cold can quickly change the fun of camp to an unpleasant experience. Effective management of communicable disease in the camp setting is based on prevention strategies and response planning. This Guideline summarizes the strategies more fully explained in the communicable disease practice commentary, “Communicable Disease Management in the Camp Setting,” available online at allianceforcamphealth.org. The Guideline assumes that the camp nurse works closely with the camp director. Communicable disease management cannot be accomplished by any one person; it requires collaborative effort of the entire camp community.

❖ *Prevention Recommendations*

The ACN recommends that these practices associated with prevention of communicable disease be in place at every camp:

1. The camp’s administrative team, in conjunction with an appropriate healthcare professional(s), determines what immunizations associated with communicable disease control are needed by campers and staff in order to attend the camp. This determination is based on recommended practices and is sensitive to the health profile of the population that attends the camp.
2. Pre-arrival agreements with parents of campers and staff direct that individuals arrive with no communicable disease. Should such an illness present, the individual is told to contact a designated camp professional who, in concert with the ill person, sets up an appropriate control plan to minimize the potential for contagion. This may include a delayed camp arrival.
3. Pre-arrival agreement states that the camp reserves the right not to admit a person who poses a communicable disease risk to others.
4. Parents and staff are informed of the camp’s control measures should an outbreak occur. This information describes the parents’ responsibility for bringing their child home early should that need arise.
5. The camp pre-screens health history forms of campers and staff and identifies:
 - a. Campers/staff at greater risk for communicable illness because of pre-existing conditions;
 - b. Campers/staff who are inadequately immunized for reasonably foreseeable conditions, especially tetanus, are supported by a request that appropriate immunization is obtained prior to camp arrival.
6. Staff are oriented to illness reducing strategies and the staff performance management tool assesses their ability to enforce these in activities, the dining room, and during cabin time.
7. Arrival screening occurs and includes assessment for communicable illness supported by a plan that describes what is done with people who arrive posing a communicable disease risk to others.
8. At minimum, the camp has implemented these communicable disease control practices:
 - a. Adequate hand-washing stations are available and, at minimum, hand-washing (sanitizing) occurs prior to eating any food.
 - b. Coughs and sneezes are buried in the sleeve, not covered by hands.
 - c. Personal supplies (e.g., hats, brushes, hair ties, contact solutions) and drinking containers are never shared with others.
 - d. People sleep head-to-toe in cabins and tents, not nose-to-nose.

- e. Food service staff – including those making food on trips – not only utilize safe food handling procedures but also appropriate control measures when they show signs/symptoms of communicable illness.
 - f. Health Center staff isolate individuals with questionable symptoms until communicable illness can be ruled out.
- 9. The camp has a system to keep appropriate personnel informed about communicable illness and appropriate control measures.
- 10. The camp utilizes a procedure to access community resources/supports during an outbreak.
- 11. The camp has a group of key people who develop and refine the camp's **Communicable Disease Response Plan**. At minimum, this plan includes:
 - a. A defined “tipping point,” the point at which communicable disease outbreak is suspected and staff know who to alert.
 - b. A description of how Health Center services and personnel will be augmented to support the outbreak that includes isolation of suspected/actual cases.
 - c. Identification of other camp services impacted by an outbreak (e.g., food service, maintenance, program) and a plan that addresses their anticipated needs (e.g., getting Port-a-Potties, providing “sick food,” adding people to answer phones).
 - d. Identification of the camp's spokesperson and description of process used to communicate key messages about the outbreak with internal/external audiences.
 - e. Identification of camp's key personnel and a plan to replace them should they “go down” during the outbreak (e.g., kitchen personnel, Health Center staff, camp administrator).
 - f. Description of how the planning group functions during the outbreak.

❖ When a Communicable Disease Outbreak Occurs

In addition to providing appropriate care to ill campers and staff, the ACH recommends that the following be in place should a communicable illness occur:

- 1. The camp implements its Communicable Disease Response Plan.
- 2. The camp appropriately communicates with key stakeholders such as the supervising physician, parents of ill campers, insurance carrier and State Department of Health.
- 3. Camp programming continues for those unaffected by the illness.
- 4. Key messages are formulated and distributed to appropriate constituencies for the duration of the outbreak (including a “return to normal” message when appropriate).
- 5. The group of staff managing the outbreak meet routinely to address potential issues and implement strategies that sustain the camp's ability to cope with the outbreak.
- 6. Appropriate records are maintained.

❖ Recovery & Mitigation

After the illness event, appropriate camp staff should process the event with appropriate stakeholders utilizing event records. Evaluate both what went well with the Response Plan and what needs improvement; follow through with identified improvements.

Expect key people to be fatigued once the fray of a response is over. Debrief individuals and each team (e.g., Health Center staff, counselors, kitchen staff, office personnel) as appropriate; allow “down time” for these folks. Consider using an external person to facilitate the debriefing process.

Evaluate and update the camp's Communicable Disease Response Plan.

