

# Communicable Disease Plan (CDP)

## Camp Sealth - Camp Fire Central Puget Sound

Written April 2021

### INTRODUCTION

The purpose of the Communicable Disease Plan (CDP) is to reduce the spread of illness at camp, through a multi-layered prevention strategy and a prepared plan for managing outbreaks. Communicable diseases are expected in the camp community, when children and adults live and play together. Through clear and effective practices, we can minimize initial introduction of communicable diseases, and limit the spread to keep campers, staff, and the greater community healthy.

Note: The CDP is meant to be a guide to decision-making and to help ensure all bases are covered; use common sense when assessing and responding to outbreaks.

### SECTION 1 - PREVENTION

We can prevent disease spread at camp by 1) ensuring everyone arrives healthy, 2) using multiple intervention strategies (NPIs) to reduce the spread, and 3) monitoring staff and camper health to identify illness symptoms early.

**COVID-19 Notes:** This CDP was written in spring 2021 during the COVID-19 pandemic. The grey highlighted notes will address issues specific to this pandemic and the extra levels of response required; they may not be relevant at other times.

The following are the disease prevention strategies that we use at camp, also known as non-pharmaceutical interventions (NPIs). Some strategies should be in use all the time, and others are used only during illness outbreaks.

Activity	Purpose	Timing
Health Screening	To keep ill individuals away from camp; to monitor health and identify symptoms early	Pre-Camp On arrival Daily during illness outbreak
Personal Hygiene	To decrease virus/bacteria on hands	Always
Sanitizing	To decrease virus/bacteria on surfaces	Always
Ventilation	To promote air circulation	Always During respiratory illness outbreak
Face Masks	To minimize sharing respiratory droplets	For ill individuals During respiratory illness outbreak

Cohorting (small groups)	To limit exposure and improve contact tracing	During illness outbreak
Physical Distancing	To keep separate from others	During respiratory illness outbreak

### **Health Screening**

1. Pre-camp: All campers and staff complete a health history form
2. On arrival:
  - a. Campers complete an intake form (self-attestation) to report any illness symptoms
  - b. Campers are screened by staff and observed for illness symptoms and their temperature taken
3. Ongoing/during session:
  - a. Counselors monitor camper health and report symptoms to health care staff

**Pre-Camp:** A negative COVID test will be required by all campers and staff, no more than 3 days before camp; quarantine between the test and arrival at camp is required. If a camper or staff is fully vaccinated, no test is required. Proof of test or vaccination is required.

**On Arrival:** Health attestation and temperature check includes all family members who are arriving with the camper; health screening will be conducted by a health care professional.

**During Session:** A daily health screening form is required for all campers and staff.

Health/symptom screening should include checking for:

- Symptoms of illness
- Recent illnesses or exposure to illness
- Fever above 100.4 degrees F

### **Hygiene**

1. Handwashing:
  - a. Sinks with hot water and soap are located in all unit bathrooms and at the dining hall.
  - b. Staff carry hand sanitizer with them for times when handwashing facilities are not available.
  - c. Hand sanitizer is on each table in the dining hall.
  - d. Handwashing is required before eating and after using the bathroom.

Increased handwashing is encouraged, including whenever transitioning between activities. Hand sanitizer will be handed out to everyone entering the dining hall.

2. Personal hygiene - Kids and staff are instructed in best practices, including:
  - a. Cover coughs and sneezes
  - b. When blowing nose, throw the tissue in the garbage and wash hands
  - c. No sharing personal items, especially utensils, water bottles, food, toothbrushes, etc.

## **Cleaning & Sanitizing**

Regular cleaning and sanitization of frequently touched surfaces limits the spread of illness. Cleaning is the process of removing dirt from a surface; sanitizing uses a disinfectant to remove germs from the surface. Both are important, but sanitizing is critical for helping eliminate spread of illness.

1. Cleaning & sanitizing in food service areas:
  - a. After each use: Food prep areas and counters, carts, dining tables, dishes & utensils
  - b. Daily: Floors; high touch surfaces like light switches, faucet handles, dispensers, and door handles.
2. Cleaning & sanitizing in bathrooms:
  - a. Daily: Sinks, faucets, countertops, toilets, door handles, light switches, and dispensers. Sweep floors daily.
  - b. Weekly: Showers; mop floors weekly.
2. Cleaning & sanitizing in cabins:
  - a. Daily: Light switches, door handles, bed bunk rails, sweep floor.
  - b. Weekly: Mattresses, shelves/storage areas.
3. Cleaning & sanitizing at activity areas:
  - a. Daily: Sinks, faucets, countertops, door handles, light switches, dispensers, and shared equipment/supplies; sweep floors.

Increase frequency of sanitizing high-touch surfaces: light switches, door handles, faucets, dispensers, etc. in bathrooms and program areas - at least 2x per day.

## **Ventilation**

Air circulation helps prevent illness, especially in cases of respiratory illness where tiny droplets are expelled from breathing/speaking and can easily spread virus particles through the air. In addition to the measures above, increased air circulation through 1) moving activities outdoors, or 2) increasing indoor ventilation is a useful preventative tool.

All camp activities must take place outdoors. Cabins, bathrooms, and the dining hall are the only indoor location where campers will spend extended time. Increased ventilation in cabins and bathrooms can be achieved by keeping windows/doors open or adding box fans. In the dining hall, windows and doors will remain open during meals and the fan will be kept running.

## **Face Masks**

1. Cloth face masks should be used by individuals with respiratory illnesses to prevent spreading, or generally by all campers and staff during an outbreak of respiratory illness.

- a. Masks must be clean, dry, reusable cloth or disposable face masks with no holes or tears, that cover the mouth and nose and fit comfortably with no gaps.
- b. Masks may be removed for sleeping, eating, showering, brushing teeth, and swimming or boating, or when they can reliably maintain 6 feet of distance or more from others.

**Cloth face coverings are required by all campers and staff, except at times listed above.**

### ***Cohorting***

1. Cohorting (placing people in stable, small groups for sleeping and daytime activities) may be used in case of an illness outbreak, to limit contact between individuals and to easily contact trace those who are exposed.
  - a. Keep groups as small as possible.
  - b. Campers and staff with each group should remain as stable as possible.
  - c. Limit mixing of groups, keeping activities separate.
  - d. “Risky” (high-exposure) activities should only be with the small group (eating, sleeping, etc.)
  - e. When groups must mix, use other mitigation strategies, such as masks, physical distancing, remaining outdoors, increasing ventilation, and limit sharing of supplies.

Campers will remain in small cohorts (cabin groups), of no more than 8, throughout the camp session. Two cabin groups may mix for daytime activities, up to 16 kids. Staff will remain as stable as possible with each group. Multi-group activities are allowed only in units, and must be outdoors, with masks and physical distancing. No large-group activities allowed where mixing would occur.

### ***Physical Distancing***

Maintaining physical distance from others is another effective strategy in preventing illness, especially respiratory illness. Current recommendations are for ill individuals (or suspected ill individuals) to stay at least 6 feet away from others unless absolutely necessary. If an ill individual must be closer than 6 feet to someone else, keep the time as short as possible or have everyone wear face masks.

During the summer of 2021, physical distancing is recommended whenever possible in activities or when people are seated together for an extended period of time. When sleeping, all heads in beds must be at least 6 feet apart and using a head to toe arrangement. Campers in different cabins must remain 6 feet apart whenever possible. Dining hall tables will be spaced with a minimum of 6 feet between tables (with only cabin members sitting together at one table).

## SECTION 2 - STAFF, SUPPLIES & RESOURCES

### **Health Care Staff**

When resident camp is in operation, Camp Sealth has a team of health care staff to support the routine health care of campers and staff, manage medication distribution, and provide initial medical response in case of camper or staff illness and injury. The health care team includes:

- Health Care Coordinator: This person may or may not be medically licensed; they manage the health center, recordkeeping, parent communication, supplies and logistics, and health screening. The Health Care Coordinator is consistent the entire summer.
- Health Care Staff: This is a team of medical professionals, and can include those with RN, MD, DO, NP, PA, LPN, MA, CNA, EMT, or Paramedic licenses. Typically, there are 3 health care staff each week, at least two of whom have RN or higher credentials. The health care team is made up of volunteers, with a new team at camp each week.

### **Supplies**

Supply	Suppliers	Where to Use
Hand soap	Sysco	Soap dispensers in kitchens, bathrooms, & health center
Hand Sanitizer	Sysco, Costco, Amazon	On dining hall tables, at program areas, in the health center, at meadows/campsites, in outhouses, counselors carry with them
Cleaning solutions & disinfectants*	Sysco	Cleaning/sanitizing in cabins, bathrooms, kitchens, dining hall, program areas, and health center *Must be EPA approved
Paper towels	Sysco	Dispensers in kitchens, bathrooms & health center
PPE - Masks	Costco, Amazon, Normed	In health center for ill campers/staff and for medical staff use, or during outbreak
PPE - Gloves	Sysco, Amazon	In kitchens, dining hall, health center, bathrooms, and cabins
PPE - Face shields	Normed, Amazon	In health center
PPE - Thermometers	Normed, Amazon	In health center
Gowns	Amazon	In health center

Increased supplies should be available in all parts of camp. Thermometers and extra disposable masks will be placed in units as well as in the health center.

**Resource/Contact List**

Resource	Clinic or Agency	Name of Contact	Contact Info	Notes
Mental Health / Behavioral Health	Vashon Youth and Family Services		206-463-5511	Sliding scale fees, wide range of counseling services available
Public Health officials	King County Health Department			
EMS	Vashon Fire & Rescue		9-1-1 206-463-2405 (non-emergency)	
Urgent Care services	SeaMar Clinic (Vashon)		206-463-3671	Call for appointment, M-F 8am to 5pm
Urgent Care services	Point Ruston Urgent Care <i>MultiCare</i>		253-999-9134	Open 7 days/week 8am to 8pm
Standing orders & medical advice	SeaMar Clinic (Vashon)	Dr. Tom Erdmann <i>Medical Director</i>	206-463-3671	
ER (Tacoma)	St. Joseph Medical Center <i>Virginia Mason</i>		253-426-4101	If possible, ask family if Tacoma or Seattle is preferred - Vashon EMS will transport to either location.
ER (Tacoma)	Tacoma General <i>MultiCare</i>		253-403-1000	
ER (Seattle)	Harborview Medical Center <i>UW Medicine</i>		206-744-3000	

**SECTION 3 - OUTBREAK MANAGEMENT**

When an illness outbreak occurs at camp, the Outbreak Management section of the CDP goes into effect. All members of the Communicable Disease Response Team are notified and will meet to determine the best course of action given the nature and extent of the outbreak and following the CDP policies.

**Communicable Disease Response Team**

- Summer Camp Director: Lead the response team and direct the response, under advisement from health care staff, notify and coordinate with health department as needed

- Summer Camp Program Manager: Direct the administrative team and other staff to implement outbreak control strategies, and to ensure the continued regular operation of camp for healthy individuals
- Health Care Coordinator & Health Care Staff: Identify the illness type and source, seek testing or outside health resources, provide care and treatment for ill individuals, provide recommendations for outbreak management strategies, communicating with parents of ill campers
- Office Manager, Member Services Manager, or Marketing/Social Media staff: Communicating with families of (healthy) campers and general messaging as needed
- Food Service Manager (as needed): Direct kitchen staff in managing response, kitchen/dining hall cleaning & sanitizing if the outbreak affects the dining hall; providing meals and other supplies for the health center.
- Facilities Manager (as needed): Assist with any facility needs to address the outbreak

### ***Tipping Point***

This is the point at which an outbreak is identified and the CDP is implemented. Health care staff must alert the camp administration when a number of people present with similar symptoms within a certain time frame. Early awareness is critical in minimizing spread and stopping the outbreak.

- Four or more people with similar symptoms within 4 hours (especially if symptoms are gastro-intestinal in nature), OR
- Eight or more people with similar symptoms within 48 hours

For COVID-19, the tipping point to implement the CDP is one person with suspected symptoms or a confirmed positive case (camper or staff).

### ***Outbreak Response***

As mentioned earlier, this guide is intended only to guide, not define, actions during an outbreak. Use common sense and follow recommended advice from medical providers and public health officials.

1. When multiple people start presenting with similar symptoms, first try to answer these questions:
  - a. What type of illness is it? (common cold, food-borne illness, etc.)
  - b. Is it communicable?
2. If the illness is non-communicable (i.e. food-borne illness):
  - a. Identify and address the source of the illness, if possible
  - b. Treat the ill individuals or send home for recovery
3. If the illness is communicable, implement the CDP. The steps to take include:
  - a. For ill individuals:
    - i. Treatment
    - ii. Symptom monitoring/testing
    - iii. Isolation or send home
  - b. For non-ill individuals
    - i. Identify and quarantine possible contacts

- ii. Strengthen NPIs
- iii. Symptom monitoring/testing

### ***Symptom Monitoring***

Counselors should be aware of their campers' health, and report any concerns to the health care staff immediately. During an outbreak, daily symptom screening and/or temperature checks may be advised. Health care staff will monitor the symptoms for ill individuals in their care, and make recommendations for seeking outside medical help or advise sending the individual home.

Daily symptom screening and temperature check is required. Counselors will conduct the screening and temperature checks and report any issues to the health care staff.

### ***Identifying the Illness***

Once the illness has been identified, gather information about the type of illness, the illness profile, and how it is spread. Focus NPI strategies on those most effective for the type of illness, and adjust the response plan to account for the information known about the illness.

### ***Isolation***

Campers or staff who present symptoms of a communicable disease should first be isolated from other campers and staff until they can be evaluated by the health care staff. If the illness is determined to be minor, the individual may rejoin activities when they feel well enough to do so. Precautions should be taken to reduce spread to other individuals, such as physical distancing, increased hand-washing, and wearing a mask.

An individual with more severe illness should remain in isolation until 1) they can go home for care and treatment, or 2) are cleared by a health professional to rejoin activities. Campers and staff in isolation remain in Medamin under the care of health care staff. If needed, additional cabins will be made available for isolation beds.

Any camper who tests positive or presents symptoms of COVID-19 must go home for care and treatment. Staff members who test positive or present symptoms will be asked to go home if they live locally. If they do not have family members who live locally, they will remain in isolation until identified as non-contagious by a medical professional.

### ***Contact Tracing***

During an illness outbreak, contact tracing helps identify the most likely people to be exposed. Those individuals can take precautions to avoid spread the illness further, including wearing a mask, increased hand-washing and physical distancing, or quarantine.

## **Quarantine**

Quarantine is the separation of individuals who have been exposed to illness but not yet presented symptoms. Quarantine may be used in cases of certain contagious viruses (such as COVID-19) or for individuals who are immune-compromised or have other serious medical conditions. In most cases, individuals who must quarantine should go home; for those who do not have family nearby, they can quarantine at camp. Those in quarantine should avoid all unnecessary contact with others and wear a mask when they must come in contact with others.

## **Care for Ill Individuals**

The Communicable Disease Response Team must make a plan for care of ill individuals. If needed, staff from other areas can be reassigned to support the health care staff. Considerations include:

- Where will ill individuals be housed?
- How will food be provided?
- Who will check on the individuals, and how often?
- Who will collect the individuals' personal belongings?
- What bathroom facilities will be used?
- How will laundry/cleaning be handled?
- How will caregivers protect themselves from getting sick?

## **Strengthen NPIs**

For healthy individuals, consider what NPIs could be implemented/strengthened to reduce the spread of illness. If possible, determine how the illness is spread (surface contact, respiratory droplets, etc.) to use appropriate strategies. Refer to the NPI chart in Section 1. At a minimum, encourage staff and campers to increase personal hygiene/sanitation measures like handwashing, and do not allow sharing food, utensils, water bottles, cups, etc.

For specific COVID-19 Outbreak Response, see the COVID-19 Response Addendum (separate document).

## **Program Closure**

As part of the initial response, discuss at what point the program should be closed and all campers sent home. This may be based on a percentage of ill campers/staff, or how easily or quickly it spreads.

## **SECTION 4 - COMMUNICATION & EVALUATION**

Maintaining communication is an important part of managing an illness outbreak. The response should include plans for communication with each of the following.

<b>To Whom</b>	<b>Responsible Person</b>	<b>About What</b>
Health care staff	Everyone	Identifying new cases, symptom monitoring
Ill campers and staff, and	Health Care staff	Updates on condition, recommendations for

their families		pick-up
Healthy staff	Summer camp admin team	Updates on campers or coworkers, safety measures to implement, health/symptom monitoring
Healthy campers & their families	Summer camp admin team	Notification of outbreak or individual exposures, safety measures implemented, recommendations for quarantine or pick-up
Leadership and administrative staff	Summer camp admin team	Updates on campers or staff, reassignment of responsibilities, safety measures to implement
Food service, facilities, and other support staff	Summer camp admin team	Updates related to food or facilities, safety measures or precautions to implement, food or facilities needs for the health care team
Health department	Summer Camp Director	Pre-outbreak communication about camp plans and resources, notification of outbreak, gathering resources, support, or recommendations
Social media & public messaging	Office manager, Member Services Manager, or social media team	Public messaging about outbreak and measures taken

Identify point people for internal and external questions or concerns, such as:

- Office Manager (for families of healthy campers and staff)
- Health Care Coordinator (for families of ill campers and staff)
- Summer Camp Director or another member of the camp admin team (for healthy staff)

The response team needs to meet regularly (at least daily) throughout the outbreak. Ensure that all members of the team are updated on current cases, outbreak management strategies, external communication and supplies/resources needed. Also allow opportunities for venting and decompression, recognizing that an illness outbreak can be very stressful and can take a toll on the mental health of everyone involved.

Note: An illness outbreak is likely to last more than one week at camp, especially among staff who stay over from week to week. The camp health care team is different each week of camp, so the Health Care Coordinator must ensure that at the end of each week, the departing team is caught up on all recordkeeping, and clearly passes along information about the outbreak response to the incoming team.

### ***Ending the Response***

Eventually, new cases will begin to taper off. Maintain the response plan until new cases have ceased completely, and do not ease up on restrictions too soon. Consult with public health officials to determine when to end precautionary measures.

***Record-Keeping***

Camper and staff medical information is stored in their UltraCamp account. Make sure that all recordkeeping is updated and complete before the health care staff leave at the end of each week, and information communicated to the incoming team.

***Evaluate & Debrief***

After the response is over, debrief with all members of the response team. This includes meeting with departing health care teams at the end of each week, even if the response will continue with a new team the following week. Take careful notes about response and changes to implement for the future. Update the CDP with these changes as appropriate.