

Camp is Opening: Suggestions for Responding to Influenza-Like Illness (ILI)

The information you are about to read describes suggested practices for a camp response to influenza-like illness (ILI). The strategies should be reviewed and adapted to compliment each individual camp and incorporate recommendations that may be received from your State's Department of Health and the CDC guidelines (available online at www.cdc.gov/h1n1flu/camp.htm).

The suggested practices focus on early detection of ILI as well as strategies that minimize the potential for overwhelming illness within your camp community. These strategies include those in the domain of the camp's administration, the camp's health center, and general staff.

From a Camp Director's Perspective

(Administrative Tier)

A Camp Director's Best Option → keep people healthy and their resistance high.

- This is not the summer for over-tired staff and campers. Keep them well rested, hydrated and fed.
- Emphasize hand-washing and appropriate use of hand sanitizer..
- Get people to effectively cover their cough; revisit www.CoughSafe.com.
- Take advantage of "social space" (maintain at least an arm's length distance between people).
- Get staff to make sure campers follow these practices and have staff supervisors monitor staff practices/behaviors.
- Consider contacting parents prior to their child's arrival and informing them of your interest in keeping ILI out of camp. Encourage parents with questions to contact you.
- Be aware that some individuals may be at greater risk for complications associated with ILI; this typically includes those with asthma. Instruct these individuals to talk with their personal physician in order to make the best decision regarding their summer at camp.

INFORMATION POINT → CDC guidelines recommend that people with ILI symptoms be "socially isolated" for seven days or 24 hours after being symptom-free, *whatever is longest*.

Be sure your Health Center staff tell you if someone presents with ILI symptoms. (See "From the Health Center's Perspective" below)

- **Suggested Plan A** is that the person goes home (goes someplace other than the camp).
 - **OPENING DAY** → person is not admitted to the program. If parents did not accompany the camper, the child may need overnight care until transportation home is organized/effectuated. Because your nurse is busy with Opening Day, consider how/where the person will be cared for until parents arrive.
 - **DURING THE SESSION** → the nurse admits the person to the Health Center and contacts the camp director who, in turn, initiates the “time to go home” talk with parents/staff member.
- **Suggest Plan B** happens when the person can’t go home:
 - **STAFF** → consider where they might be housed (isolated). A private bathroom would be nice but isn’t necessary. Health Center staff could make “house calls.”
 - **CAMPERS** → should be isolated but also need more consistent staff supervision. Consider how you will accomplish this; make it a team effort. Do not rely solely on your Health Center staff, especially if they have other responsibilities (like getting medications passed).

PLAN NOW!
**Organize Your Plan before You
Need It.**

Some camp Health Centers do not have the capacity for more than one or two “isolations.”

Other Health Centers may find it difficult to carry on “business as usual” if isolation is needed.

Most Health Centers would be impacted if four or more people need isolation.

In addition, people isolated because of ILI symptoms will be there for seven days. They’ll need some diversion. What’s your access to movies, books, crafts, puzzles and other solo activities? These folks will also need social contact and meals. How will you address this?

Develop Talking Points so You’re Prepared for Questions

Consider basing these on information previously presented at this website as well as current information from the CDC and your State Department of Health. Adapt these suggested key messages to read correctly for your camp program:

- The camp has taken a proactive stance on all communicable illnesses. Our camp asks that campers and staff arrive in good health and capable of full program participation. Insofar as we’re able, our screening process helps us identify potential ILI illness so we can take appropriate action.
- We have modified our Opening Day screening process. Everyone will be asked: “In the past week, have you had a fever over 100°F and a cough or sore throat?” People who respond with “yes” will be further assessed by an RN.
- The following criteria will be used by our RNs to determine ILI (potential for H1N1):
 - Individual has an oral temperature above 100°F and
 - Individual has a cough or sore throat and
 - Individual doesn’t feel well (achy, fatigued).
- People who present with this cluster of symptoms will be isolated from others. We will contact parents about getting their camper home.
- We recognize that H1N1 is contagious for 24 hours before people have symptoms; we may be able to limit our exposure but cannot guarantee protection.
- Comment about having people with ILI symptoms tested appropriate to your State’s current practice. Some states no longer tests all cases of ILI; others still do. Know the practice of the State in which your camp is located and share the information with people who ask.

Embrace the Gray

Yes, there's judgment involved with determining the specifics of how your camp will respond when someone presents with ILI symptoms. On Opening Day a camper may be so excited that they minimize how ill they are feeling. A person may present with symptoms that match your screening criteria only to come down with something other than ILI in a day or two.

If questions or uncertainty arises, predetermine who you can contact (talk with). This may be another camp professional or your program's supervising physician.

Once a session has started and a camper present with ILI symptoms, get the camper's parents involved ASAP. It's much better to call early on rather than wait a day or two and "see how things are." That'll just stress everyone.

From the Health Center's Perspective

(Case Identification and Care)

Influenza-like illness (ILI) may occur among campers and/or staff this summer. The concern is to limit the potential that ILI may be novel influenza A (H1N1). Consequently, use and follow guidelines that address case identification and follow-up care. Your camp's guidelines should be based on current knowledge from the CDC and the appropriate Department of Health. The guidelines may be revised as more information becomes available.

Suggested Case Identification Guideline

To establish a baseline, uses these criteria to determine potential ILI:

1. Individual has an oral temperature above 100°F and
2. Individual has a cough and/or sore throat and
3. Individual does not feel well (achy, fatigued).

Suggested Opening Day Screening Modification

Follow your camp's screening protocol with this modification:

- In addition to asking about exposure to communicable illnesses like strep and chicken pox, ask each person this question: "*In the past week, have you had a fever over 100°F and a cough or sore throat?*"

If "NO," the individual continues the screening process per camp protocol.

If "YES" → The individual is referred to the camp nurse (RN).

RN action: Ask the question again. Make sure the person, in the past week, had both a fever over 100°F and a cough or sore throat. Rule out other diagnoses (e.g., strep, flaring allergies).

If still "yes," take the person's temperature.

- If the individual meets the criteria for ILI, tactfully refer the person to the camp director.

- If the individual does not meet the criteria, document the assessment and have the individual to continue the Opening Day process.

ILI during a Session

Remain alert for ILI symptoms as time unfolds. Should someone meet the criteria for ILI, then:

1. Admit the person to the Health Center; isolate them from others insofar as able.
2. Notify your camp director.
3. Provide symptomatic care for the client (per MD protocol), including direction as to when to seek additional medical evaluation.

Action from this point will be at the direction of your camp director and your camp's preparedness plans.

From the Camp Staff's Perspective

Day-to-Day Risk Reduction Strategies

- Use personal behaviors that protect health: hand washing, "do it in your sleeve," awareness of others who may be coughing/sneezing around you, maintaining personal resilience through rest, hydration and nutrition, maintaining appropriate social distances.
- Coach campers into health promoting behaviors (the personal behaviors listed above). These are particularly impactful when people are within an arm's length of one another such as in the dining room, cabins and in tents.
- Recognize and refer ill campers to the Health Center for assessment.
- Assisting campers with understanding the "no visitors" policy for admitted people with ILI symptoms. What else could friends do?
- Talk with the camp director about what happens if illness overwhelms the Health Center's capacity.