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# Coronavirus & Camping



# Coronavirus FAQs

- SARS-COV-2
- Variable Disease:
  - Fever, cough, fatigue +/- :
  - Sore throat, gastrointestinal symptoms, no smell!
  - Moderate to severe symptomatology increasingly reported
- Contagiousness
  - 1 person and infect 2-3 persons
  - Most commonly: person-to-person via droplet coughing or sneezing
  - Possible to be spread by contact on a surface or object
  - Emerging evidence of oral-fecal transmission



# Coronavirus

- Current outbreak goals are to **allow infections** at a rate that matches our health care availability and economic viability, until there is a vaccine or community immunity.
- Corona will likely have many peaks, over many months.
  - 3 options: Extreme isolation. Vaccination. Herd Immunity.
  - No way around it.
- Community Immunity is it until there is a vaccine (18-20mo).
- “Flattening the curve” & “community immunity” by definition both mean infection.
- Public health goal is to obtain a flatted herd immunity curve with the least mortality.



# What this means for Camps?

- Coronavirus will be in camp if you open.
- Public health authorities will determine if and what types of camps open.
- Current indication from CDC/FEMA is that camps may likely be able to open in some fashion.
  - ACA and others working for guidance
- Uncertainty tolerance: what is yours?
  - If it is low, you risk making decisions today that will be outdated the camp season.

# Now, what shall we discuss?

- Can We Open?
- Consider H1N1.
- Who Can Safely Be at Camp?
- Pre-Camp Preparation
- Opening Day, Prevention, Surveillance & Treatment
- What's next and Questions



# Can We Open?

- Risk Assessments for Camp
  - Unique to each camp
- Factors for Consideration:
  - Will the state allow you to open?
  - Can you effectively & efficiently screen, isolate & treat?
  - How do campers get to and from camp?
  - Can campers/staff be easily transported home if ill?
  - Do you have high-risk populations?
  - Residential Camps: Can you staff two programs? Or modify length of your current program? Have staff back ups?
  - What % of your population has immunity?\*
  - What is your financial situation? What are your insurance options?
  - What is your tolerance for uncertainty?
  - When is the decision go-time for you?

*\*\*We are currently unsure if having disease conveys immunity and if so for how long...*



# Lessons From H1N1

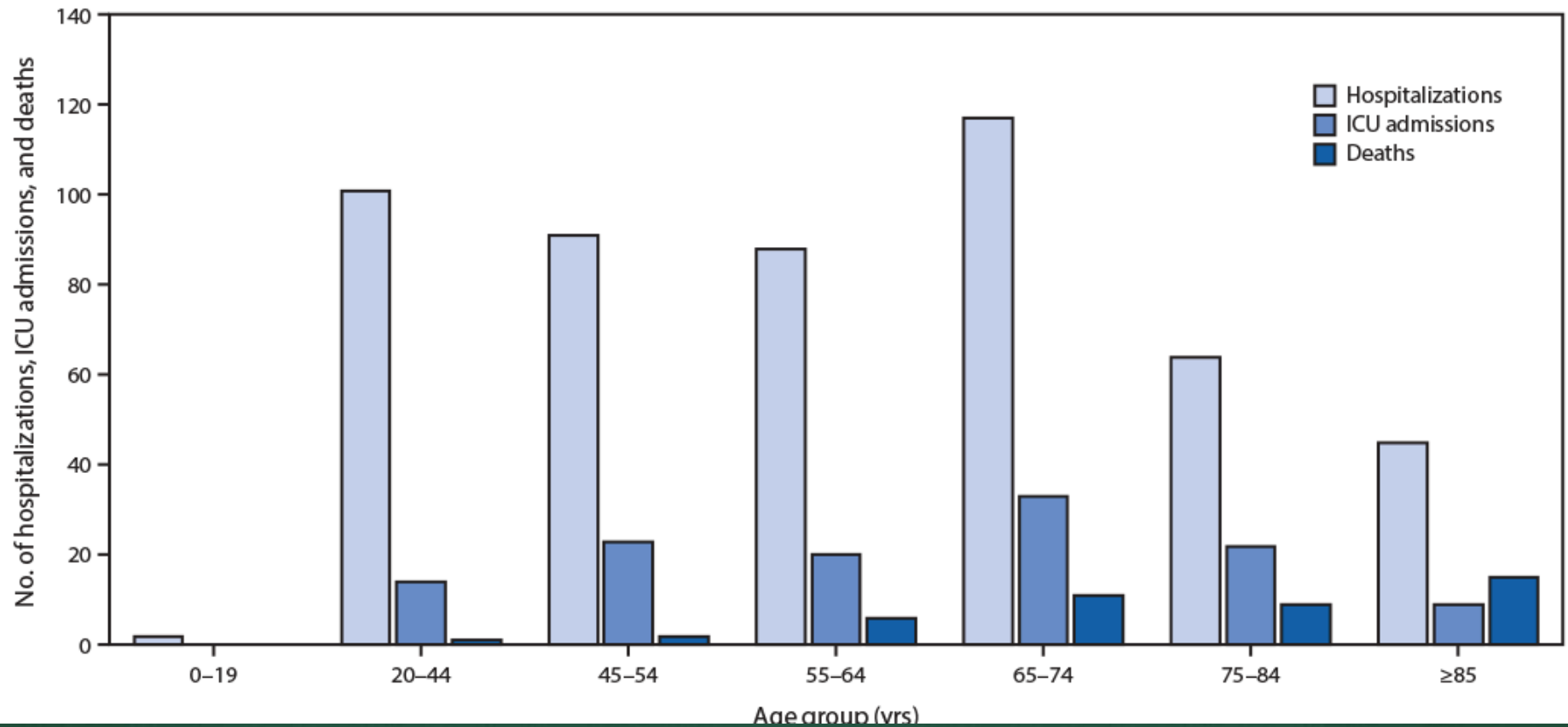
- The Summer of Swine Oh-Nine!
  - Camps did open.
- Primary Prevention combined with Early Detection and Isolation works
- E/Immigration into Camp is a Risk
  - Parents Weekend
  - Inter-camp, Socials, trip days
  - Staff: maintenance too
- Screening, Treatment & Isolation Protocols Change



# Who can Safely be at Camp

# Corona & Kids

**FIGURE 2. Coronavirus disease 2019 (COVID-19) hospitalizations,\* intensive care unit (ICU) admissions,† and deaths,§ by age group — United States, February 12– March 16, 2020**



\**Pediatrics* March 16, 2020: [Epidemiological Characteristics of 2143 Pediatric Patients With 2019 Coronavirus Disease in China](#)



# Preparation: Determine & Mitigate Risk

- Determine Health Risk of Staff & Campers
  - Changing moment to moment.
    - Comorbid conditions to date
      - CHD, immunocompromised, severe lung/asthma, morbid obesity, HIV+, pregnancy
      - Extremes of age (<1yo, >65yo)
    - Who will run camp if you go down? Essential staff backup.
    - Consider medical-legal liability forms.
- Determine Immune Status if Possible
  - Staff, Health Center & Campers
- Unlikely- International Campers/Staff



# Pre-Camp Preparation



# Preparation: Information Sources

- CDC
- State Health Offices
- American Camp Association
- Association of Camp Nursing
- American Academy of Pediatrics
- *Get on List-serves and ZOOM Meetings!*



# State Oversight & Regulation

- Each state is taking their own approach to the pandemic.
- Each state regulates camps differently
- Watch closely on how your state is handling pandemic, especially:
  - Schools, Residential Facilities, Prisons
- Consider meetings now to ensure camping voices are heard (work with established camping organizations).

# Pre-camp Health Surveillance

- Determine your philosophy.
  - COVID will be vs. will not be at camp
- Pre-Camp Surveillance/Quarantine Policies
  - Recommendations changing.
  - Parental surveillance:
    - Daily temps
  - Testing prior to camp?
    - PCR testing vs. Antibody testing
  - Camp Quarantine?



# Pre-Camp : Communication

- Parents:
  - Uncertainty is real, but cautious optimism.
  - Communication will be based on your camps risk assessment.
  - Communicate what you are doing to apprise yourself of the decision to open & protect camper health
    - Consider direct conversations with high risk individuals
  - As camp gets closer- must ramp up communication to nearly daily.
- Staff:
  - Tell staff a date when open decisions will be made.
  - Again, plan for no international staff or staff with health risks.



# Pre-Camp: Leadership

- **Develop a COVID Team Meeting**
  - Senior Leaders
  - Health Staff
  - Facilities & Food Service
- Start meeting NOW.
- Use the ACN Communicable Diseases at Camp as a guideline.
  - *<https://www.campnurse.org/wp-content/uploads/2019/05/Communicable-Disease-Management-Strategies-for-the-Camp-Setting-2019.pdf>*

# Pre-Camp: Health Center

- **What is your health center capacity?**
  - Increased staffing?
  - Can you care for sick kids at camp?
  - Where is the next highest level of care?
  - COVID standing orders and decision trees
- **Supplies:**
  - **PPE?** Please- Our frontline staff needs them. Be wary of scams.
  - **Testing Kits?** Won't know if we can test. Have to plan to diagnose COVID clinically.
  - **Thermometer?** Consider temporal.
  - **Soap-**Not Purell as you might have trouble finding it. Consider alternatives like making your own, or asking pharmacies if they are making it.
  - **Medications-** Tylenol/Ibuprofen Albuterol?
- **Screening: Arrival & Ongoing**
- **Establish Essential Relationships**
  - State Health Department
  - Local physician, clinics and hospitals



# Preparation: Health Center

- **Case/Outbreak Management Options**
  - Federal/State Guidance TBD about 'outbreak' management at camp
    - Concern about 'shutting down programs'
  - Isolate and Treat at Camp or Sending kids home?
  - Need to be prepared for any situation.





# Opening Day, Prevention, Surveillance & Treatment

# Opening Days

- **Pre-Travel Considerations**
  - Mass transit vs. direct drop off, physical distancing/maskin on buses
  - Daycamps: screen at buses each day?
  - Parental Communication Expectations
    - If kid has fever, cough, or has been in contact with COVID.
- **Arrival Screenings**
  - Daycamps
  - Residential Camps
    - Upon physical arrival
    - Upon entry onto bus

# Screening Protocol

- In addition to all other screens, COVID symptom screens
  - In past 14 days, have you had:
    - Fever (100 F or greater)
    - Cough or Shortness of Breath
    - Sore Throat or Fatigue
    - Exposure to COVID
    - Age Over 65



Camp Winnebago Health Screening Form		
Camper Name: _____		Division & Bunk: _____
Age: _____	Weight _____	
Allergies (Food/Environmental/Meds) _____		
	Camp Entry	Camp Exit
Temperature		
Lice Check		
HEENT		
Cardiovascular		
Respiratory		
GI/GU		
Musculoskeletal / Skin		
COVID Disease (yes or no)		
	Date: _____ Initials: _____	Date: _____ Initials: _____

Significant Past Medical History (e.g. asthma, diabetes, seizures, eczema, concussions, etc.):

**Coronavirus Screen.** In past 14 days, have you had:

- |                                 |   |                             |
|---------------------------------|---|-----------------------------|
| 1. Fever (100 F or greater)     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Cough or Shortness of Breath | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Sore Throat or Fatigue       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Exposure to COVID            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Age Over 65                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Medication	Dose	Frequency	Indication



# Camp in Session

- Daily COVID Team Meetings
- Communication: Internal & External
- Prevention & Surveillance
- Quarantine & Treatment
- Program Modifiers
  - Trip programs
  - Intercamp
  - Socials

# Prevention & Surveillance

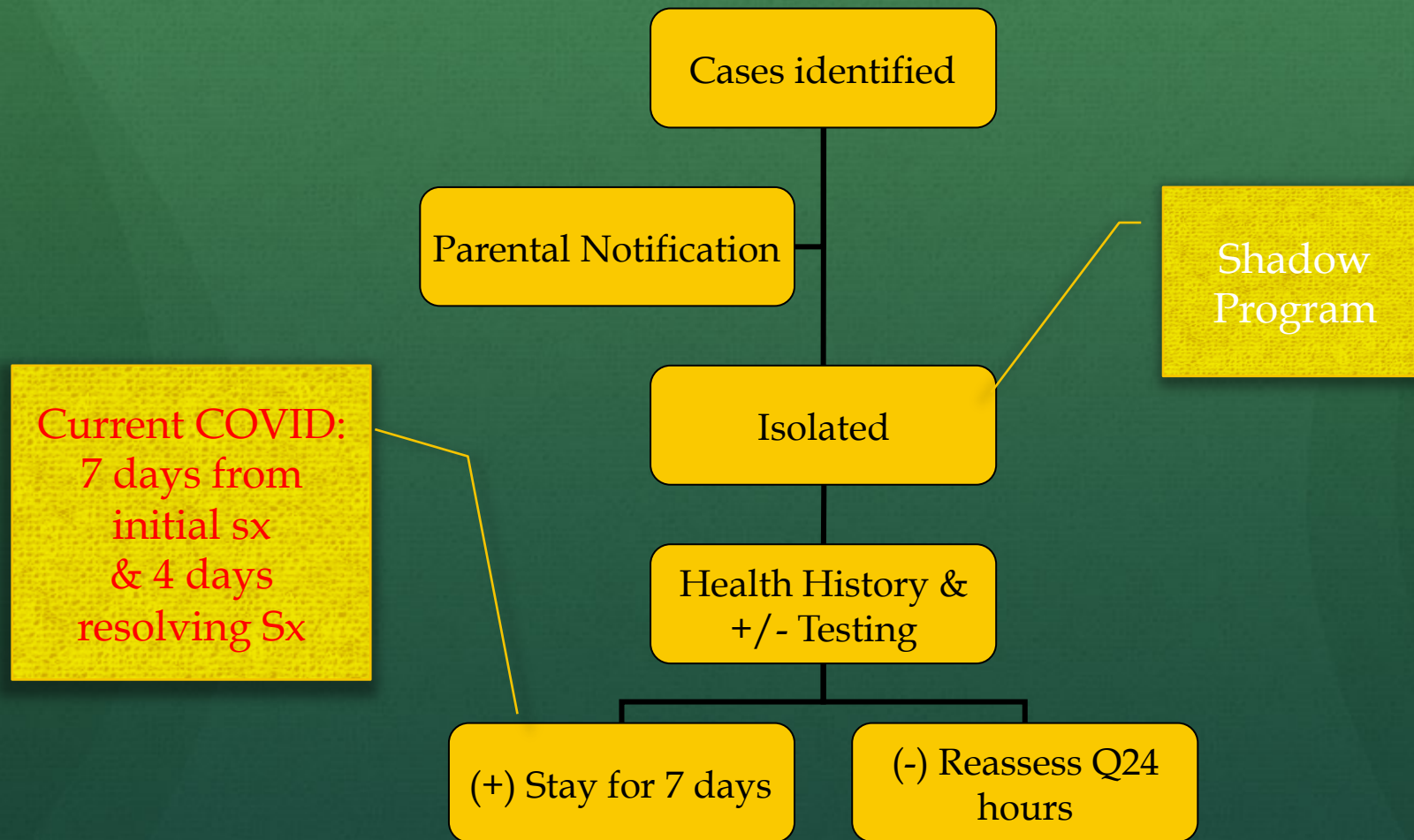
- **Prevention**
  - Address and monitor immigration in/out of camp
  - Bunk/Dining Arrangements to Minimize Transmission
    - Flaps up, Head to Toe, Masks?
    - Staggered Dining Arrangements/Times
  - Facilities Decontamination
  - Train and monitor Hand-washing/Cough Etiquette
  - Social Distancing @ Camp?
- **Surveillance**
  - Daily monitoring for symptoms
    - In cabins? At Meals?
  - Surveillance of Concentric Circles of Exposure

# Identification, Isolation & Treatment

- CDC Guidance will be essential.
- But if H1N1 is a model:
  - Surveillance identifies fever/cough.
  - Isolate.
  - Communicate with Parents/State.
  - Test (if available)
    - If testing is not available, consider clinical diagnosis as confirmative.
  - Treat symptomatically.
    - In camp if mild. Outside evaluation if moderate or risk factors.
  - Return to program when isolation criteria met.
    - Currently 7 days since onset and 72hours of fever-free and improving symptoms

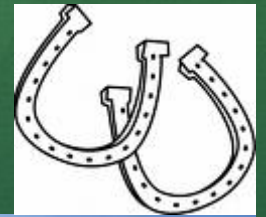


# H1N1 Camp Protocol



# Shadow Programs

- Consider counselors who are have immunity
- Activities continue among isolated campers
  - Badminton
  - Bocce
  - Horse-Shoes
  - Swimming
  - Tennis
  - Board games, puzzles, cards
  - And Lots of Reading....





# End of Camp Transportation: A new dilemma

- Mass Transit Home vs. Parental Pickup
- Social Distancing, Masks?
- Quarantine Recommendations for Return to Home



# What's Next?

- CDC will issue guidance in upcoming weeks.
- ACA is working closely with national partners.
  - Going “Rogue” will not be helpful.
- State camp groups should be meeting with public health authorities and governors.
- Determine Timelines for Your Camp.



# Take Home Points

*Novel Virus, Not So Novel Response*

- Vigilance in prevention
- Persistent Surveillance
- Rapid Isolation
- Thoughtful Contingency Planning
- Regular Communication (clients, staff, partners)
- Evolution of Plans and Response
- Keeping your head on your shoulders helps