

## **Horton Haven Christian Camp Communicable Disease Plan –revised 2020**

### **HHCC health parameters for entering camp:**

1. All Camp participants are recommended to have TN state Department of Health recommended immunizations, and if the camp participant has not received these, they, or the camp participant's parent/guardian are requested to supply the camp, at time of registration, the immunization(s) that the camp participant has or has not received, and any underlying health conditions that are the cause of the participant not receiving the immunization(s).
2. Parents of campers and staff are informed that camp participants are to arrive with no communicable disease presenting with such as signs of illness as: running an elevated temperature- must not have had an oral temperature 100.0 degrees F. or above without having been given fever reducing medication, vomiting, diarrhea, illness producing nasal drainage and/or coughing/sneezing for 72 hours prior to camp arrival. Should such illness signs/symptoms be present in the camper/staff at registration, the camp participant is to be assessed by the camp nurse 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. Also, if a camp participant has a history of testing positive for Covid-19, that person must provide medical documentation that they are 14 days past initial symptoms and 72 hours past fever as described above, (statement that they are no longer contagious) before they can arrive to camp/be admitted to camp.
3. HHCC has a pre-arrival agreement that states that the camp reserves the right not to admit a person who poses a communicable disease risk to others.
4. 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 requested to document in the health history form that this appropriate immunization is obtained prior to camp arrival.
5. Prior to camp start, staff members are trained/oriented to recognize signs of illness/communicable disease, how to access resources should these signs be observed, and perform illness reducing strategies as a part of their daily assigned activities at camp. Staff members are assessed throughout the camp season by the executive director, camp nurse and/or healthcare director for their ability to enforce these strategies in their assigned activities, in the dining room, and during cabin/rest time, as applicable.

### **HHCC communicable disease control measures**

1. Arrival screening occurs and includes assessment for communicable illness and may include temperature assessment for any or all participants. Any camp participant assessed to pose a communicable disease risk to others will be sent home.

2. The following communicable disease control practices are implemented at HHCC:

a. Instruction to all camp participants that adequate hand-washing stations are available and, at minimum, hand-washing (20 minutes of soap and warm water friction from the wrist to the fingertips/sanitizing with 60% alcohol product on hands to cover all surfaces with hands rubbed together until hands feel dry about 20 seconds) is to occur after blowing one's nose, coughing or sneezing, prior to eating or preparing any food, after using the restroom, after touching communally used surfaces or items touched by respiratory droplets, before and after providing routine care for another person who needs assistance, and before touching one's face. Also, to avoid touching eyes, nose, or mouth with unwashed hands.

b. Coughs and sneezes are buried in the sleeve, not covered by hands.

c. Personal supplies (e.g., hats, hairbrushes, hair ties, hats, make-up, contact lens solutions) and drinking containers are never shared with others.

d. Instruction to attempt to increase the social distance between people, when at all possible, sleeping head-to-toe rather than nose-to-nose – in bunks, tents & so forth with at least 30" between beds with the utilization of universal precautions (treating all bodily fluids and fecal matter as though they may be infected; using barrier devices as needed, and proper hand washing as outlined above with soap and water if incidentally exposed without barrier protection or after barrier protection is removed) – for and by everyone.

d. Food service staff – including those preparing food in advance for meals, special activities – not only utilize safe food handling procedures but also appropriate control measures when they show signs/symptoms of communicable illness.

e. Health Center staff will isolate individuals with questionable symptoms (especially related to new cough onset and/or gastrointestinal upset, with or without elevated temperature) until communicable illness can be ruled out.

f. Routine and additional cleaning and disinfecting will be performed with EPA approved cleaning and disinfectant products to dining hall tables, chair backs, bathroom facilities, and all frequently or commonly touched surface areas in the camp environment (door knobs, hand railings, etc.). Cleaning staff should wear disposable gloves and gowns as needed compatible with the disinfectant products being used and the surfaces being cleaned/disinfected and/or cleaning/disinfecting tasks being performed. If gowns are needed and are not available, coveralls, aprons or extra clothing that can be removed after can be worn during cleaning and disinfecting. Re-useable (washable) clothing should be laundered afterwards. Hands are to be washed (see below) after handling dirty laundry. Gloves and gowns/protective outerwear should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to wash hands after removing gloves. Gloves should be removed after cleaning a room or area occupied by ill persons. Hands are to be washed with soap and water for 20 seconds immediately after

gloves are removed. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water. Cleaning staff should immediately report breaches in PPE such as a tear in gloves or any other potential exposures to their supervisor.

How to Clean and Disinfect:

#### *Hard (Non-porous) Surfaces*

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective, for example diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute for bleach solution and per manufacturer's recommendation for other products, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
  - Prepare a bleach solution by mixing:
    - 5 tablespoons (1/3 cup) bleach per gallon of water or
    - 4 teaspoons bleach per quart of water

#### *Soft (Porous) Surfaces*

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
    - Otherwise use EPA approved disinfectants that are suitable for porous surfaces

#### *Electronics*

- For electronics such as tablets, touch screens, keyboards, remote controls, remove visible contamination if present.
  - Follow the manufacturer's instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

#### *Linens, Clothing, and Other Items That Go in the Laundry*

- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items

and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.

- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

8. The executive director, camp director, program director will be informed by the camp nurse of any communicable disease outbreak or emerging pattern of communicable illness, along with present measures that are being implemented to minimize exposure to the camp population.

9. The executive director and healthcare director will coordinate communication to parents and staff as deemed necessary and will inform them of the camp's control measures should a communicable disease outbreak occur. This information will include the parents' responsibility for taking their child(ren) home early should that need arise.

### **HHCC Communicable Disease Response Plan**

- A. The Communicable Disease Response Plan will be implemented when the "tipping point" is reached. "Tipping point" for HHCC is defined at the point at which communicable disease outbreak is suspected with at least five camp participants assessed to have the exact presenting symptoms, with similar prodromal symptoms (for example these may include fever, malaise, headache, lack of appetite) and proof of common exposure to precipitating causes.
- B. The Health Center will be the initial isolation location for those camp participants presenting symptoms of the suspected communicable disease, with the meeting room of CSL to be the secondary housing location awaiting arrival of parents/guardians to pick up when the Health Center is full. Additional staff to support the camp nurse will be assigned by the executive director and/or camp director.
- C. Other camp services impacted by an outbreak (e.g., food service, maintenance, program staff) will be assigned the additional tasks to address the anticipated needs associated with the communicable disease outbreak (e.g., getting Port-a-Potties, providing "sick food," adding people to answer/communicate by email/ phones).
- D. The identification of the camp's spokesperson and description of process used to communicate key messages about the outbreak with internal/external audiences will be determined by the executive director and/or camp director.
- E. The 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 director) will be assigned as needed by the executive camp director/camp director.
- F. The executive camp director, camp director, camp nurse/healthcare director or assigned staff will communicate with parents of ill campers, insurance carrier and State Department of Health. The executive camp director/camp director will determine if/how camp programming would continue for those unaffected by the illness, and will formulate and distribute information deemed

appropriate for the duration of the outbreak (including a “return to normal” message when appropriate).

- G. The group of staff managing the outbreak will meet routinely to address potential issues and implement strategies that sustain the camp’s ability to cope with the outbreak.
- H. Appropriate records will be maintained under the supervision of the executive camp director, camp director, healthcare director/camp nurse.
- I. After the illness event, appropriate camp staff will process the event with appropriate stakeholders utilizing event records. Evaluation of both what went well with the Response Plan and what needs improvement; follow through with identified improvements will be noted. Appropriate rest from fatigue following the event will be determined. Individuals and each team (e.g., Health Center staff, counselors, kitchen staff, office personnel) will be debriefed as appropriate; allow “down time” for these folks, as determined by the executive director. Any needed changes or additions to the Communicable Disease Response Plan can be considered at this time.