

Ministry of Health and Long-Term Care

Guidelines for the Prevention and Management of Novel H1N1 Influenza Virus in Summer Camps

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These guidelines have been developed based on the best evidence available. Currently, there is limited information on the transmissibility of the H1N1 virus. As more information becomes available, these guidelines will be updated.

1. Introduction

The novel H1N1 influenza virus has rapidly spread across the world. In Ontario, the majority of confirmed cases of the novel strain have been reported in healthy young adults. People between 5 and 24 years of age comprise a larger proportion of cases compared to other age groups. Younger children are most at risk, presumably due to difficulty in maintaining routine practice in hand washing and appropriate etiquette after sneezing/coughing.

While influenza activity would normally be expected to wane during summer months, the novel H1N1 influenza virus strain has not and surveillance data suggest that community spread has continued. Thus, unusual levels of influenza activity may be expected in the upcoming summer months. Summer camps may also be a high-risk setting for transmission because children and young adults are congregating for significant time periods and social interaction involving close contact is very common.

This document is based upon the most current information and guidance may be modified if the epidemiology of the novel H1N1 influenza virus changes.

2. Definitions

Types of Camps

Although camp settings can be very different, there are commonalities on health and safety issues. This document provides guidelines for day camps, overnight

camps and special needs camps to prevent and control the transmission of novel H1N1 influenza virus.

- **Day camps** are camps where campers are dropped off in the morning and picked up at night, and may be in urban or rural settings. These camps may also include excursions/day trips.
- **Overnight camps** have campers sleeping on site for time periods ranging from days to weeks or months, and are usually located outside urban centres. They may involve excursions/out-trips. These camps are also called “residential camps.”
- **Special needs camps** are camps for individuals with medical challenges such as cystic fibrosis, dialysis, or cancer.

The risk of transmission of novel H1N1 influenza virus will vary depending on the type of camp, number of campers, the type of interaction, activities that the camp offers and the health status of the campers. Overnight camps have a greater risk of transmission due to the more prolonged and intimate contact (sharing sleeping quarters, sharing washrooms etc.). Overnight camps are also usually farther away from urban centres and without ready access to medical facilities. Special needs camps have the greatest risk as the campers may have underlying medical issues that may negatively affect their immunity to infection. The risk of transmission in day camps should be considered to be similar to that in child care centres or schools.

Influenza-like Illness

Influenza-like illness (ILI) is the acute onset of respiratory symptoms with fever and cough and one or more of the following symptoms: sore throat, muscle aches, joint pain, or weakness. In children under 5, gastrointestinal symptoms may also be present and fever may not be prominent.

3. Infection Prevention and Control Practices

To reduce the spread of novel H1N1 influenza virus in all camp settings, routine infection prevention and control (IPAC) strategies should be emphasized and include the following:

Physical Layout/Supplies

- Alcohol-based hand rub (ABHR) with 60-90% alcohol, or facilities for hand washing (running water, supply of soap in a dispenser and paper towels) should be located at multiple sites around the camp, in particular in the dining room and other common areas where campers congregate. It is recommended that ABHR be used with supervision for young children or others (e.g., cognitively impaired adults) who may ingest the product. Ensure safe placement and storage of ABHR by consulting with local fire department. Depending on the type of camp, distribution of ABHR may need to take into account the risk of accidental ingestion of the product.
- Campers should be distanced approximately an arm's length away from one another while sleeping, and placed head-to-foot in bunk beds. The head to foot orientation also applies in the tents.
- Every camp should have a designated area or health care centre, which allows a sick person to be isolated from other campers.
- The designated health care centre must have supplies such as surgical masks and disinfectants to ensure IPAC practices can be followed.

Screening

It is important to note that not all respiratory illness is ILI and the determination of ILI should be reserved for those individuals that fulfill the clinical criteria for ILI, as defined in the above section.

Routine screening of campers should be done at the point where they are dropped off or enter camp. Depending on the type of camp, this could be before boarding bus to camp, or upon arrival at the camp itself. If the child has ILI symptoms, they should be sent home with their parent/guardian at this point before exposing any other campers.

Physical assessment may not be necessary, but at minimum, campers should be asked the following two questions:

- 1) if they are experiencing new ILI symptoms

Campers with ILI should not be allowed to attend the camp.

If the camper does not have ILI symptoms ask:

- 2) if they were exposed to anyone with these symptoms in the past week

Staff should monitor campers for symptoms of ILI on a regular basis. Early recognition and isolation of campers/staff with ILI can reduce the risk of transmission to others. Staff, parents and campers should be aware of the symptoms of influenza and the importance of reporting symptoms to camp administrators.

Campers attending day camps should stay home if ill with ILI.

Hand Hygiene and Cough Etiquette

Hand hygiene and covering coughs and sneezes are the most important means of prevention of transmission of influenza.

Hand hygiene is the term for cleaning hands either by using alcohol-based hand rub or soap and running water (see handwashing poster at: www.health.gov.on.ca/en/public/programs/emu/pan_flu/employ/handwash_tech.pdf).

At a minimum, campers and staff should be performing hand hygiene after coughing and sneezing into their hands, before communal activities, after using the bathroom and before preparing or eating food

- ABHR and hand washing facilities must be available for campers and staff in easily accessible locations
- Camp staff should model hand hygiene practices and remind campers to use consistent good hand hygiene practices
- Camp staff should monitor campers' use of alcohol-based hand rub to ensure it is used appropriately
- Encourage sneezing and coughing into one's forearm/shoulder and NOT the hands. This will minimize the potential to pass droplet contaminants from person-to-person much more effectively than covering sneezes with hands

Education

- Parents should be provided with a health and safety information sheet in the orientation package which includes symptoms of ILI and camp protocols should a child develop ILI symptoms (i.e., sending child home, emergency contact information from parent(s)/guardians, etc.)
- Camp operators should educate staff and campers on good hygiene practices, which includes hand hygiene, coughing/sneezing etiquette, and limiting personal close contact with other campers (i.e., sharing personal items or eating utensils)
- Camp operators should provide health care staff and other camp staff with training on how to monitor campers for flu-like symptoms (fever, sore throat, or cough) and protocols on how to manage a camper/staff with flu-like symptoms
- The individual in charge of healthcare should provide current information with respect to ILI symptoms, managements and specific responsibilities for camp staff who are directly involved with the day-to-day activities of campers related to reducing spread of infection such as encouraging hand washing.

Environmental Cleaning

Clean and disinfect objects and surfaces that are commonly touched by multiple campers/staff such as doorknobs, faucet handles, toys and shared flash lights to prevent the transmission of viruses from person to person through contaminated hands. Regular disinfectants are sufficient for this purpose.

Consultation with Public Health

- Camp operators should consult with their local public health unit for guidance on IPAC best practices and the latest information on the novel H1N1 influenza virus. Contact information is available at: http://www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html
- Camp operators should have access to health care advice for treatment of campers/staff who experience ILI. This could include documents on how to manage an individual with symptoms of ILI, how to arrange for emergency care, or an agreement for medical services and consultation by a local health care professional.

4. Influenza-like Illness in Campers or Staff

Recommendations for management of individuals with ILI are different depending on the type of camp.

Day Camps

- Campers/staff who begin to show symptoms of ILI while at camp should be separated from other campers/staff as quickly as possible.
- Campers/staff with ILI should be excluded from the camp setting until they no longer have a fever and are feeling better.
- While waiting to leave the camp, campers/staff with ILI should be cared for in a designated separate area. If this is not possible, the ill person should wear a surgical mask to cover any coughing and/or sneezing.
- Day camps may not have medical staff on site, but should have a protocol for managing campers with ILI, including notification of parents/guardians who can seek medical attention if required.
- A camp experiencing more than 10% of campers/staff ill or absent due to ILI, should

be considered to have an outbreak. Public health should be notified of any outbreaks, and may be consulted for advice at any time.

Overnight Camps

- Campers/staff who begin to show symptoms of ILI while at camp should be separated from other campers/staff as quickly as possible.
- Ill campers may be sent home depending on the severity of the illness, the remoteness of the camp location, the duration of the camp, and at the discretion of camp health care staff and parents.
- Ill staff should be isolated from others as much as possible, and refrain from group activities until they no longer have a fever and are feeling better.
- If a camp has several campers/staff ill due to ILI, public health should be consulted to assist with laboratory testing and to advise on control measures. Public health should be notified of any outbreaks, and may be consulted for advice at any time.

Ontario Regulation 568, "Recreational Camps", R.R.O. 1990 states that residential camps for greater than 10 campers for more than 5 days (Class A or B camps) must have a physician, nurse or an individual trained in first aid present at the camp.

Special Needs Camps

- Campers/staff who begin to show symptoms of ILI while at camp should be separated from other campers/staff as quickly as possible.
- Ill campers may be sent home depending on the severity of the illness, the remoteness of the camp location, the duration of the camp, and at the discretion of camp health care staff and parents.
- Ill staff should be isolated from campers and staff, and refrain from group activities until they no longer have a fever and are feeling better.
- Due to the high-risk nature of the campers in this setting, one case of suspect or confirmed novel H1N1 influenza virus may be enough to be considered an outbreak and trigger control measures such as prophylaxis of close contacts (e.g., cabin mates). Special needs camps should have plans in place to manage both individual cases and outbreaks

of novel H1N1 influenza virus to allow for a rapid response.

- Public health should be notified of any outbreaks, and may be consulted for advice at any time.

Precautions for Camp Staff Caring for Ill Campers/Staff

- When providing care to a camper/staff person with ILI, the staff person/nurse as well as the ill individual should wear a surgical mask.
- One staff person should be assigned to care for the ill camper(s)/staff member(s).
- Health care staff or other staff caring for a sick camper/staff should be watchful for emergency warning signs, such as difficulty breathing, that might indicate the need to seek medical attention.
- If a staff member develops novel H1N1 influenza infection following an occupational exposure in a camp, the employer shall give notice in writing within four days to the local Ministry of Labour office. The local public health unit must also be notified.