

# **Infection Prevention & Communicable Disease Management Policy – April 2021**

## **Policy**

It is the policy of Camp Kintail to take every measure to prevent the spread of infections and to effectively manage any outbreak of communicable diseases at all locations where Camp Kintail staff are working both on and off site.

## **Section 1: Definitions**

***Infectious Diseases*** - are diseases caused by living organisms like viruses, bacteria, parasites or fungi. They can be passed from the environment and/or person-to-person through body secretions, insects or a number of other means. Examples include influenza (flu), the common cold, measles, tuberculosis (TB), Hepatitis A and B and Coronavirus (SARS-CoV2 or COVID-19).

***Communicable Disease*** - is an illness caused by an infection that is spread specifically between one infected human to another. There are different modes of transmission that can spread the disease between humans. These can include: a vector (e.g. mosquito), an animal (e.g. bird, mouse, monkey), the inanimate environment (e.g. counter surface, door handles, shared utensils), and direct transmission from person-to-person (e.g. body secretions).

***Disease Outbreak*** - is the occurrence of defined cases in excess to normal expectancy. The number of cases varies according to the disease-causing agent and the size and type of previous and existing exposure to the agent. Disease outbreaks are usually caused by an infection, transmitted through person-to-person contact, animal-to-person contact, or from the environment or other fomites. (Camp Kintail will contact Huron Perth Public Health to define an outbreak.)

## **Section 2: Outbreak Management: Control of Communicable and Infectious Diseases**

### **2.1 Planning for an Outbreak: Communicable and Infectious Disease Plan**

An outbreak is likely to occur at Camp Kintail at some point. It could be a strep infection, norovirus, influenza, measles or COVID-19, as examples.

Having a Communicable Disease and Infection Control Plan set up prior to an outbreak will assist in the management of an outbreak and best possible outcomes.

#### **1. An Outbreak Management Team**

The camp nurse/doctor/health care professional along with the Executive Directors and their designates will manage outbreaks at Camp Kintail during the summer camp months. The Executive Director and/or their designates will manage outbreaks the rest of the year.

The Outbreak Management Team will consist of the following staff members:

- Plan Coordinator: a staff member who oversees the plan - ordinarily the Executive Directors and/or their designate
- Spokesperson: a staff member who oversees all the messaging internally and externally, including media and communications - ordinarily the Executive Directors and/or their designate
- Health Centre Lead: a member of our health team who has experience in communicable and infectious diseases and who can be removed from the ongoing care of patients during an outbreak - ordinarily the camp nurse/doctor/paramedic and/or the Health and Wellness Coordinator
- Facilities/Maintenance Lead: a staff member who oversees all facility needs including cleaning and disinfecting of areas and physical set up changes - ordinarily the Executive Directors and/or the Site Manager
- Parent Liaison: a staff member who is designated to communicate directly with parents - ordinarily the Executive Directors and/or Office Administrator
- Local Public Health Unit:
  - Public Health may not be part of the actual camp team, but they will be your main source for direction and management of the outbreak and contact tracing, and can support the camp on the next steps to ensure the camp is safe to operate.
- Mental Health Support - when available the camp chaplain
- Community Supports: individuals from the community who can be of help and offer additional support, such as social workers and mental health support - member of the Camp Kintail board

## **2. Tasks to be Performed Prior to Camp**

The following tasks will be completed by the Executive Directors or their designate prior to the commencement of summer camp:

- Members of the Outbreak Management Team will be designated
- Camp Kintail's Health and Safety Plan will be updated if necessary
- Camp Kintail's Infection Prevention & Communicable Disease Management Policy will be updated if necessary
- Inventory and order supplies
- Obtain proper signage that may be required for the summer (public health signs for proper hand washing, handling animals, droplet precautions, etc.)
- Collection and review of camper health histories, staff health histories if they are provided and other pre-arrival screening as required
- Set up health care treatment areas including space for isolation
- Prior to camp opening the Executive Director or their designate will contact Huron Perth Public Health to determine the process and contact person in the event of an outbreak and to ensure these protocols are documented, posted and readily available (including hours of operation and who to call after hours)
- Post the contact name and number for Camp Kintail's local Public Health Officer
- Post the Public Health list of reportable communicable diseases
- Post a list of emergency contact numbers

- Train the health care staff and relevant staff members of their roles in management of outbreaks
  - Perform mock exercises and/or work through outbreak scenarios with members of the Outbreak Management team
- 3. Tasks During Regular Camp Operations**
- Arrival/daily screening
  - Triage, care, isolation and management of those who are ill or exposed
  - Proper documentation and record keeping and tracking of potential outbreaks in collaboration with the local public health department
- 4. Tasks When An Outbreak Has Been Identified**
- Covering the Outbreak Management Team and ensuring regular updates and meetings are held for the duration of the outbreak
  - Contacting Huron Perth Public Health
  - Proper documentation (line-lists) and record keeping
  - Initiating communicable and infectious disease policies and procedures, including isolation of individuals, prevention of cross contamination, contact tracing, cleaning and disinfecting, laundry, facility and food service requirements, transportation needs, communication with families, stakeholders, etc.
- 5. Post-Outbreak Processes**
- Debriefing
  - Outbreak Management Team evaluation of the outbreak response, proper documentation and record keeping, communication with stakeholders, updates of policies and procedures as necessary, etc.

## **Section 3: Prevention**

### **3.1 Non-Pharmaceutical Interventions (NPIs)**

Prevention is key to limiting the spread of communicable and infectious diseases.

***Non-Pharmaceutical Interventions (NPIs)*** are actions, not vaccines or medication, that people and communities can take to help prevent or slow the spread of disease. Using multiple NPIs at the same time is the best way of controlling illness caused by communicable disease or viruses.

NPIs pertinent to Camp Kintail include but are not limited to:

- Personal Protective Equipment (PPE) such as masks, gloves, goggles, face shields and gowns
- Personal Protective Measures such as hand hygiene, respiratory etiquette and not coming to camp or isolating when ill
- Distancing Measures such as physical distancing, cohorting and isolation of those who are exposed or identified through contact tracing
- Environmental methods such as cleaning, disinfecting and ventilation

#### **3.1a PPE: Personal Protective Equipment**

- **Gloves**
  - Should be worn at all times when providing routine care or first aid

- Clean, non-sterile nitrile, nitech or equivalent gloves should be:
  - worn for contact with blood and body fluids, which include blood, feces, urine, vomitus, nasal secretions, sputum, secretions and excretions, mucous membranes, draining wounds or non-intact skin (open skin lesions or exudate rash);
  - worn when handling items visibly soiled with blood and body fluids,
  - worn when health care worker has open skin lesions on the hands;
  - used as an additional measure, not as a substitute for handwashing, and
  - changed between care activities and procedures with the same client after contact with materials that may contain high concentrations of microorganisms (e.g. cleaning a wound, handling a urinary tract catheter or g-tube.) This is to prevent cross contamination between sites.
- Should be removed immediately after completion of the procedure or after care, and before touching clean environmental surfaces
- Hands should be washed immediately after removing gloves
- **Mask, Eye Protection, Face Shield**
  - Medical or procedure masks and eye protection or face shields should be worn, where appropriate, to protect mucous membranes of the eyes, nose and mouth during procedures and client care activities likely to generate splashes or sprays of blood and body fluids
  - Cloth masks are face coverings which are also referred to as nonmedical masks. They are not considered PPE. Cloth masks offer protection to a lesser degree than medical, procedure or surgical masks depending on how many layers the masks are, if they have filters and how well they fit.
- **Gowns**
  - The routine use of gowns for infection control purposes at camps is not necessary
  - Gowns should be used to protect uncovered skin and prevent soiling of clothing during procedures that may result in splashes of blood or body fluids

Prior to operating camp each summer, an assessment of the following will be carried out by the Executive Directors or their designates:

- Establish what are hazards and what the potential risks may be
- Review and evaluate the type of PPE to be used in the camp environment (medical grade vs. food grade). Determine how to properly fit and wear PPE
- Develop training and education for each item, including how to use, store and discard items
- Establish how the supplies will be managed, distributed, stored and maintained.
- Order supplies as needed

### **3.1b Personal Protective Measures**

Personal protective measures include but are not limited to hand hygiene, respiratory etiquette and staying home or isolating when ill.

## **Hand Hygiene**

Hand hygiene is the single most important process in the prevention of infection transmission. Hand hygiene refers to hand washing with soap and water or hand sanitizing with an alcohol-based solution (at least 60%). It should be performed frequently.

At a minimum hand hygiene should be performed 15-20 seconds:

- When hands are visibly soiled
- Before contact with any immunocompromised persons
- Before and after preparing food
- Before and after eating
- Before going to sleep
- Between certain procedures on the same client, where soiling of hands is likely, to avoid cross contamination of body sites
- Before and after facilitating or engaging in group activities
- After removing gloves
- After disposing of waste or handling dirty laundry or soiled belongings
- After using the toilet, blowing your nose, coughing sneezing or touching your face
- After contact with animals
- After contact with items known or considered likely to be contaminated with blood and bodily fluids (e.g. sinks, toilets, chairs, beds, etc.)

## **Respiratory Etiquette**

- Cover a cough and teach campers/staff to cover their nose and mouth with a tissue when coughing and sneezing or cough or sneeze into the bed of the arm, not the hand
- Campers and staff should dispose of any tissues they used as soon as possible in a lined, non-touch waste basket and wash their hands afterwards

## **Staying at Home or Isolating When Ill**

Policies for when to stay at home or isolating when ill should be clearly communicated with staff, campers, and their families. Instances include:

- Possibility of communicable infection (upper respiratory tract infection, flu, pink eye, staph skin infection, measles, mumps, etc.)
- Vomiting or diarrhea
- Fever of 37.8C (100F) or higher, or if a thermometer is unavailable, chills or body aches suggestive of fever
- Illness leading to difficulty focusing and functioning at a normal level (due to sinus infection, strep throat, etc.)
- Rash not clearly caused by non-infectious causes (e.g. staph infection, chicken pox, shingles or measles)

### **3.1c Distancing Measures**

Physical distancing, cohorting and isolation of those who are exposed or identified through contact tracing are all measures that help to decrease the spread of communicable and infectious diseases.

### **Physical Distancing**

Physical distancing means keeping a safe space between yourself and other people who are not in your “bubble”. Physical distancing is one type of NPI that may be used when attempting to limit the spread of viruses.

### **Cohorting**

The cohort or bubble concept is a collection of people who are grouped together. Sometimes used to group people where physical distancing is not always possible. This can prevent spread of a communicable disease through a larger community. The cohort size may depend on the specific disease and may be directed by public health.

### **Isolation of Those Who Are Exposed or Identified Through Contact Tracing**

Isolation keeps someone who is infected with a communicable disease away from others – a means of separating people. The time or length of isolation depends on the specific disease.

### **3.1d Environmental Measures**

Cleaning, disinfection and ventilation are NPIs that can be managed in the camp environment.

#### **Cleaning and Disinfection Practices**

- Routine cleaning followed by disinfection is a best practice to prevent the spread of illness
- A cleaning and disinfecting schedule will be established based on recommendations of Huron Perth Public Health
- When recommended by Huron Perth Public Health Camp Kintail will develop and update protocols for routine cleaning and disinfection of:
  - Common areas such as dining halls, cabins, accommodation areas, washrooms, lounges, etc.
  - High-touch surfaces such as doorknobs, handrails, light switches, toilet handles, faucet handles, etc. will be cleaned and disinfected at least twice per day and when visibly dirty
  - High-touch electronic devices such as tables, computer keyboards, telephones etc. will be disinfected with at least 60% alcohol between uses
  - Used medical equipment such as stethoscopes, pulse oximeters, blood pressure cuffs, thermometers, scissors, etc. equipment will be cleaned and disinfected between uses
- When hand washing stations are not available, hand sanitizer will be available in all public and common spaces
- Soap and hand sanitizer dispensers will be refilled regularly
- WHMIS training and regulations will be followed

#### **Ventilation**

- Good ventilation and increased air flow help to disperse some communicable diseases

### **3.2 Education**

Camp Kintail will maintain access to reliable sources of information about communicable diseases.

Camp Kintail will educate staff and, where appropriate, campers about:

- Proper use of NPIs, in particular hand hygiene and respiratory measures
- How infections are spread
- Signs and symptoms of illness
- Importance of staying within the cohort if relevant
- Importance of reporting illness to the Health Care Team
- Cleaning and disinfecting
- Day Camp bus protocols

### **3.3 Staff Training**

All camp staff and volunteers will be given training on communicable and infectious disease management and control measures during pre-camp and ongoing as needed. All late hires or any staff that have missed this training must sign off after they have received proper training.

This includes but is not limited to:

- Health staff
- Management/owners/operators
- Office staff
- Summer/seasonal staff
- Outdoor educators
- Maintenance staff
- Housekeeping staff
- Kitchen staff

Staff training related to communicable and infectious disease will include, but not limited to:

- Managing blood and body fluids
- Sequence for putting on personal protective equipment (PPE): donning and doffing gloves and proper hand hygiene
- Disposing of masks, gloves
- How to cohort campers
- Reporting of symptoms of illness, isolating practices when ill or exposed

### **3.4 Signage**

Types of signage to be posted around camp in strategic areas

- Hand hygiene: all bathrooms, at all handwashing sinks, elsewhere as needed
- Respiratory etiquette
- Droplet/contact posters
- Illness-specific related signage (such as physical distancing signage for COVID-19)

### **3.5 Health Screening**

### **Camper Health Form**

All campers will have a health history completed prior to arrival at camp. The camper health form will identify if the camper:

- Has any vulnerable medical conditions
- Has a vaccination record
- Has had or has a communicable illness
- Has been exposed to a communicable illness in the three-week period before entering camp
- Has traveled out of the country in the last 14 days

Camp Kintail will request an update of any changes in health status since the initial health history form was completed and within 48 hours of the start of the camp session.

### **Staff Health Form**

When requesting medical information from a staff member, Camp Kintail will make sure that they are respecting the staff member's privacy, while obtaining the needed information to perform their role at camp. Camp Kintail will follow the guidelines provided by the Ontario Human Rights Commission and through various provincial legislation.

## **3.6 Health Checks**

### **Pre-Camp**

- Changes in health status should be reviewed with the camp's health team prior to camp
- Health histories will be reviewed by a health team member who is familiar with medical conditions, health concerns and immunizations
- Pre-arrival day health checks or screening of campers may be required at times of outbreaks in the community

### **Arrival Day**

- As needed or recommended by Huron Perth Public Health Camp Kintail will complete an arrival day screening or wellness screening check which may include a meeting with the camp nurse or doctor to review medications and recent health history, head-to-toe health check, temperature check, lice checks, etc.

### **Daily Health Checks**

- Relevant camp staff will be made aware of camper's pertinent health history prior to camp starting so they are able to follow up on any symptoms that are atypical for each camper
- Counsellors will be trained to monitor campers in their care for health concerns on a regular basis as needed and ensure any campers who are unwell are assessed by the camp health staff
- Any camper/staff showing signs of communicable or infectious illness will be immediately seen by the camp health staff and isolated. The Communicable and Infectious Disease Plan will be initiated immediately.



- A symptom monitoring checklist will be created, known as a line list, to keep track of trends.

### 3.7 Immunization Policy

- Camps are encouraged to recommend that all participants are up-to-date with their immunizations based on their age according to the Publicly Funded Immunization Schedules for Ontario.
- Camps should have protocols in place for those who do not have up-to-date immunizations
- If there is a high community rate of a communicable disease Camp Kintail would consult with public health to see what their recommendation is for unvaccinated children attending camp. This could include non-vaccinated children being sent home from camp.

## Section 4: Cleaning and Disinfecting

### 4.1 Two-Step Process: Cleaning & Disinfecting

Cleaning followed by disinfection is a best practice to prevent the spread of communicable and infectious disease.

**Cleaning** - is the physical removal of dust, dirt & organic material such as blood, secretions and microorganisms from surfaces or objects. Cleaning works by scrubbing with soap or detergent and water to physically remove organic material from surfaces helping to lower the risk of spreading infection.

**Disinfecting** – uses chemicals to kill microorganisms on surfaces or objects. For it to be effective, cleaning should first be done. Disinfectants include diluted household bleach solutions, alcohol solutions with at least 60% alcohol, and commercial products with an eight-digit Drug Identification Number (DIN).

### 4.2 Blood and Bodily Fluid Spills

Always treat blood and bodily fluids as potentially infectious. Camp Kintail will ensure universal precautions are followed when dealing with any possible exposure to any bodily fluid.

Best practices for managing bodily fluid:

- Treat the injury where it happened to avoid spreading contaminants
- Care must be taken to avoid splashing or spraying during the cleanup process
- Before you start treatment, ensure a waterproof, disposable garbage bag is close at hand so discarded items may be placed safely and directly into the garbage
- Wear appropriate PPE such as disposable nitrile, nitech or equivalent gloves when cleaning up a spill, caring for a wound or caring for areas that involve mucous membranes. If the possibility of splashing exists, protective eyewear, mask and a gown should be worn. Eyeglasses are not considered protective eyewear.
- Dispose any broken glass or sharps with care into a puncture-proof container. Dispose of sharps into an approved sharps container for biomedical waste is preferred.

- Clean the spill area with paper towels to remove most of the spill. Disinfectants cannot work properly if the surface has blood or other bodily fluids on it. Cloth towels should not be used unless they are to be thrown out.
- Discard the paper towel soaked with the blood or body fluid in a plastic-lined garbage bin.
- Clean the affected area of the injured person with soap and water, or another appropriate cleaner.
- Disinfect any bodily fluid spills with a 1:10 bleach solution or another approved disinfecting solution. Let the area stay wet as suggested on the manufacturer's label. Disinfectant should be proven effective against non-enveloped viruses (e.g. Poliovirus, Rotavirus and COVID-19)
  - When using a bleach solution, make sure it is not mixed with other cleaning or disinfecting agents
  - Ventilate the room well
- Let the area air dry
- Discard contaminated paper towels, gloves and other disposable equipment in a plastic lined garbage bin. Immediately tie and place with regular trash. Take care not to contaminate other surfaces during this process. Change gloves if needed.
- Practice hand hygiene, either with soap and water or an alcohol-based hand rub of at least 60% concentration, for 15 seconds after gloves are removed. If the hands are visibly soiled, then soap and water should be used instead of a hand rub.

## **Section 5: Communication**

### **5.1 Communication to Families about Parent/Guardian Expectations Regarding Illness**

Families will be made aware of the camp's policy on illness including the definition of illness, notification policies and if/when campers/staff should stay home or be picked up due to illness.

Expectations regarding pickup and timing of pickups will be outlined early.

Ongoing communication when there is an outbreak at camp is important to prevent spread of communicable diseases should the case be sent home. This will offer transparency to the stakeholders.

Refer to Phase 3 of Camp Kintail's Crisis Management Plan for Communication of Information.

### **5.2 Communication to Families About Risks Related to Infection Control and Communicable Illness**

In addition to standard camp policies during the registration process, Camp Kintail will indicate to families an acknowledgement of associated health risks of camp attendance.

This may particularly be required in years when there is a known outbreak.

### **5.3 Communication with Public Health**

Camp Kintail will submit a Camp Safety Plan to Huron Perth Public Health or a Public Health Inspector before opening or operating a recreational camp.

Camp Kintail will contact the Huron Perth Public Health prior to the opening of camp.

#### **5.4 Communication with Stakeholders**

Camp Kintail will be transparent with your stakeholders in regard to management of an outbreak at your camp, as outlined in Phase 3 of the Crisis Management Plan.

### **Section 6: Case Management**

#### **6.1 Identification of Illness and Surveillance Done Through Daily Health Checks of Campers/Staff Presenting with Signs or Symptoms of an Illness**

The list of diseases reportable, and when they need to be reported, to Huron Perth Public Health can be found here:

<https://www.hpph.ca/en/partners-and-professionals/diseases-reportable-to-public-health.aspx#Diseases-to-report-immediately>

The List of Reportable Diseases and Unit Contact Information from Public Health Ontario can be found here:

<https://www.publichealthontario.ca/-/media/documents/R/2017/reportable-disease-contact.pdf?la=en>

#### **Day Camp**

If a staff member or camper is away from camp due to an illness a Health Staff member will contact the individual (or their guardian) to review their signs and symptoms. If a reportable communicable illness is suspected, Huron Perth Public Health will be notified for further guidance. The individual cannot return to camp until they are 24 hours symptom-free, without fever reducing medication.

#### **Overnight Camp**

If the camper or staff member is complaining of illness symptoms, they will be screened by health centre staff and will not return to camp program until 24 hours symptom-free and fever-free, without fever reducing medication. **For gastro-intestinal illness symptoms, 48 hours must pass before returning to the camp program.**

If a communicable illness is suspected:

- The health care provider will use universal precautions when in contact with the ill camper/staff
- Care for any life-threatening conditions; activate paramedic services as necessary
- Initiate isolation procedures
- Huron Perth Public Health will be notified for further guidance if there is a suspicion of a reportable illness or of an outbreak

#### **6.2 Isolation Protocol**

- If a camper/staff show signs or symptoms of communicable illness they will be isolated immediately in a pre-arranged designated isolation room or area away from other staff and campers
- Appropriate PPE will be used by both the ill individual and the caregiver, depending on the signs and symptoms
- The isolation area will be well ventilated and open windows if possible
- The ill individual will use their own bathroom where possible
- The ill individual will receive meals in the isolation area
- The number of staff members caring for the ill person will be limited to decrease the risk of transmission to the general camp population
- Staff caring for the ill individual will limit contact as much as possible. If direct patient care is needed, universal precautions will be followed.
- Family/parent/guardian of the ill individual will be notified. Family/parent/guardians will have the option to pick up the ill individual immediately if desired.
- If the illness/symptoms persist for 8 - 12 hours the family/parent/guardian will be notified to arrange pick up from Camp.
- The Executive Directors and Huron Perth Public Health will be notified that a potential case of a reportable communicable disease has been identified. Camp Kintail will follow the direction of Huron Perth Public Health.

### **6.3 Post Isolation**

- The isolation room and any equipment used will be cleaned and disinfected
- Parents/guardians of campers in the same group/bus (if applicable) as the ill camper/staff will be notified and advised to monitor for signs and symptoms of illness for any reportable communicable illness
- Staff members who may have come into contact with the ill camper/staff will be notified and advised to monitor for signs and symptoms if there is a reportable communicable disease or may be required to isolate if directed by Public Health
- The camp Outbreak Management Team will work with Huron Perth Public Health to continue investigation and contact tracing at the camp for any further reportable communicable illness. Documentation such as line lists, symptom monitoring checklist, illness tracking sheet, screening checklists, etc. should be used as directed by Huron Perth Public Health
- Refer to Phase 3 of the Crisis Management Plan for Communication of Information.
- Communication with parents and stakeholders may involve Huron Perth Public Health.

### **6.4 Vulnerable Persons**

- Campers/staff who are immunosuppressed, who have ongoing medical conditions and those not protected by routine vaccinations will be identified on the submitted health forms and flagged in the event of an outbreak/exposure
- Health staff along with the director and staff/parent will determine added measures to protect the vulnerable person

## **Section 7: Post Outbreak Management**

### **7.1 Communication**

- Camp Kintail will communicate with the campers/staff to keep them up-to-date with the next steps and how they can stay healthy and safe
- Camp Kintail will connect with families and stakeholders to inform the outbreak is over and to inform of plans or changes moving forward
- Huron Perth Public Health will determine how long enhanced measures need to stay in place and next steps
- Refer to Phase 3 of the Crisis Management Plan for Communication of Information.

### **7.2 Debriefing**

In the event of an outbreak, Camp Kintail will debrief with:

- Camp staff involved in the outbreak
- Other staff who were not directly involved
- Campers
- Stakeholders

### **7.3 Documentation**

In the event of an outbreak, Camp Kintail will:

- Store all records of an outbreak as outlined in our policy for record keeping.
- Maintain copies of communication with parents and stakeholders
- Maintain copies of incurred costs (receipts for additional supplies, etc.)

### **7.4 Evaluation**

In the event of an outbreak, Camp Kintail will:

- Evaluate communicable and infectious disease process and protocol
- Identify gaps and lessons learned
- Update the camp's communicable and infectious disease policy and protocols as needed
- Refer to Phase 4 of the Crisis Management Plan for Follow Up and Support

**Document Prepared By:** Joint Health & Safety Committee

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