

Camp Holiday Trails



**Communicable Disease
Preparedness and Response Plan**

Reviewed January 2023

I. Purpose

This plan describes the implementation of health and safety requirements established by the Virginia Department of Labor and Industry, the Virginia Department of Health, guidelines from the Centers for Disease Control, the American Camp Association, and the Association of Camp Nurses.

II. Responsibilities

Camp Holiday Trails has assigned the following individual(s) to serve in the role of health officer. The health officer has the authority to stop or alter activities to ensure that all work practices conform to the mandatory safety and health requirements applicable to COVID-19 as well as any other infectious disease hazards.

Health Officer(s)			
Name	Title	Department	Phone Number
Tina LaRoche	Executive Director	Admin	434-760-1120
Dr. Ina Stephens	Medical and Education Director	Medical	410-608-7520
Caitlin Carroll, MSW	Director of Programs	Program	434-282-7213

For the purpose of ensuring compliance with the most recent safety and health requirements, ***Tina LaRoche, Executive Director***, working with the ***Medical Advisory Committee (MAC)*** is responsible for administering this plan, monitoring agencies for new requirements, updating this plan, communicating any changes to staff, and monitoring the overall effectiveness of the plan. This person is also responsible for providing staff, volunteers, vendors and camp families with a copy of this plan upon request.

Pre-Camp, PREVENTION

- **Our Medical Advisory Committee (MAC)** will determine what diagnoses can and cannot attend camp based on risk assessment with pediatric subspecialties.
- **CAMPERS:** We will use information obtained in the advance camp application and during medical check-in on Opening Day. This includes checks on symptoms, exposures, travel and on-site rapid testing. In addition, all campers are required to be fully vaccinated against COVID-19 2 weeks prior to arrival to Camp. **See CHT Exposure CHAIN OF EVENTS for steps.**
- **COUNSELORS AND STAFF:** We will have on-site rapid testing. In addition, all staff and volunteers are required to be fully vaccinated against COVID-19 prior to employment.

Pre-Camp, SUPPLIES & RESOURCES

- **Program staff** will advance order hand sanitizer and signage as needed.
- **Facilities Manager** will procure no-touch receptacles and ID cleaning products.
- **Cleaning** –a professional cleaning company will clean pre, and post-camp sessions.

Pre-Camp, OUTBREAK

- **The Medical Advisory Committee (MAC)** will revise the Med Manual and Med Team Orientation, including videos for remote training.
- **The Communicable Disease Team** will be trained in outbreak response.

Pre-Camp, COMMUNICATION & DEBRIEF

- The Program Team and the Med Team will be oriented to the MESH resources available during camp.

Pre- Camp:

Pre-Camp POSITIVE TESTS CAMPERS

- **Campers** - pos. test and no symptoms = quarantine at home 5 days from pos. test. Can go to Camp masked inside and outside for days 6-10, if applicable.
- **Campers** - pos. test and mild or moderate symptoms = quarantine at home 5 days from pos. test. With improving symptoms w/o using fever-reducing medicine can return to Camp masked inside and outside for days 6-10. If febrile or not improving or getting worse, stay in isolation.
- **Campers** - pos. test and severe symptoms = cannot attend Camp.

Pre-Camp POSITIVE TESTS COUNSELORS/Med Team

- **Counselors/Med Team** - pos. test or exposure within the last 10 days and no symptoms = quarantine at home 5 days from pos. test. Can return to Camp masked inside and outside for days 6-10, meals taken on deck of Dining Hall or Med Korner.
- **Counselors/Med Team** - pos. test or exposure within the last 10 days and mild or moderate symptoms = quarantine at home 5 days from pos. test. With improving symptoms w/o using fever-reducing medicine can return to Camp masked inside and outside for days 6-10. If febrile or not improving or getting worse, stay in isolation.
- **Counselors/Med Team** pos. test or exposure within the last 10 days and severe symptoms remain home/away from Camp in isolation with clearance from Camp Med Team prior to return.

During Camp:

At Camp POSITIVE TESTS CAMPERS

- **Campers** pos. test and symptoms - sent home
- **Campers** pos. test and no symptoms - sent home

At Camp POSITIVE TESTS COUNSELORS

- **Counselors & Staff** pos. test and NO symptoms= quarantine at home 5 days from pos. test. Can return to Camp masked inside and outside for days 6-10, meals taken on deck of Dining Hall or Med Korner.
- **Counselors & Staff** pos. test and mild or moderate symptoms = go home if possible, or 5 days in Quarantine Cabin. Must test neg, then return to Camp activities masked inside and outside for days 6-10. During this time, sleep in Quarantine Cabin, eat meals on deck of Dining Hall or Med Korner.
- **Counselors & Staff** pos. test and severe symptoms = seek medical care outside of Camp.

AT CAMP NEGATIVE TEST post-exposure CAMPERS

- **Campers** with NEG. TEST after being exposed to someone who tests positive - must wear masks inside and outside. *Rapid tests will continue for every 48 hrs for duration of their camp session.*

AT CAMP NEGATIVE TEST post-exposure COUNSELORS

- **Counselors** with NEG. TEST after being exposed to someone who tests positive - must wear masks inside and outside for 5 days.. *Rapid tests will continue every 48 hrs for 10 days or until you have two sequential negative results (whichever comes 1st)*

During Camp, PREVENTION

Non-pharmaceutical interventions (NPIs) will be employed throughout camp facilities and activities:

- **Hand washing and hand sanitizing** (the RIGHT way) – *forever and always at Camp, pandemic or not ...* Stations will be ID-ed in advance utilizing existing bathroom facilities and mobile in-the-field handwashing station
- **Sanitizing** – we will focus on frequent touch areas *forever and always at Camp, pandemic or not ...* We will use a schedule (areas, when/where/how and post in all places, and have staff initial.) [ACNA Resources-Comm Disease Plan\Appendix-sanitizing sched.pdf](#)
- **Ventilation** – Camp buildings will be fit with HEPA or MERV filters with some structural adjustments to allow for optimum air flow and above all, **we will maximize outdoor time.**
- **Food service**– family-style service can be maintained with additional protocols in Dining Hall including handwashing and/or hand sanitizing prior to eating. Maintaining positive daily hygiene for all staff and volunteers.

During Camp, SUPPLIES & RESOURCES

- **Med Liaison role** will be in charge of all PPE and general COVID inventory as well as general medical inventory. Supplies will be ordered in advance whenever possible to ensure no gap in availability. Access to all medical inventory will be via Med Korner which will be staffed 24-7, with walkie-talkie communication, and a locked pharmacy area if needed.

During Camp, OUTBREAK

- **Utilizing our Health Log is KEY** – The Med Lead with Program Director will review daily for trends
- **Tippling Point** – The CHT Medical Advisory Committee (MAC) will establish the point at which we deploy the Communicable Disease Outbreak Plan.
- **Communicable Disease Team** – includes Medical and Education Dir, Med Lead, Program Director, Food Service Lead, Facilities Manager and Executive Director (for communications with external parties)
- **NPIs** – continue to be employed

- **Outbreak Algorithm** see **Exposure Chain of Events graphic. Outbreak protocols when 2 individuals (campers or counselors) in each of 2 pods test positive.**

During an outbreak, a coordinated investigation that includes communication and collaborative decision making with Departments of Health and parents can increase the efficiency and success of the process. Consent, assent, and disclosure of information are more complex for non-emancipated minors than for adults. Each interaction with a minor is also a potential interaction with the family. The health department typically has limited alternatives for evaluating a minor if permission is not granted. Anticipatory legal consultation is recommended.

The presence of COVID-19 in camp can generate publicity. Ideally, the health department should transparently communicate with the camp and parents/guardians. Public health officials should anticipate media coverage and plan a collaborative strategy.

The strategy for case investigation and contact tracing needs to include any adults at camp who the child came into contact with or conversely, any child an adult came into contact with.

The end of a camp session can impede the case investigation and contact tracing. In collaboration with camp staff, the health department can notify camp families after their time at camp. These contacts should be referred for testing.

During Camp, COMMUNICATIONS & DEBRIEF

- **Resources**
 - **Mental health** – CHT will work to recruit MESH support professionals to work alongside our Med Team. This support team will also be available for overall camp social and emotional support.
- **Communication and Debriefing (w/staff, campers, etc.)**
 - **Crisis Communication** – Program Director will meet with counselors who will meet with campers, as needed
 - **Critical Incident Debriefing** – Med Lead will lead a debrief with the Med Team, engaging Program Director as needed.
 - **Trauma Informed Care** – CHT Med Team and Program Team will be aware that a communicable disease outbreak can trigger responses based on past trauma. Additional training during Counselor Training Week will ensure that our staff team act using best practices around trauma-informed care. This approach is not just applied to COVID, and applies to behavior/other incidents too.

Post- Camp, PREVENTION

- **NPIs** – ongoing use of appropriate NPIs, including “after hours” at Camp.
- **Counselors** to maintain pods during after-hours if staying at Camp, with physical distance, masks and all COVID protocols a condition of continued employment

Post- Camp, SUPPLIES & RESOURCES

- **Med Liaison** to restock Med Korner and all activity areas (PPE, 1st Aid Kits, etc.) and also Counselor fanny packs.

Post- Camp, OUTBREAK

- **The Communicable Disease Team** will create a follow-up plan to involve facilities, finances, and PR.

Post-Camp, COMMUNICATION & DEBRIEF

- **The Communicable Disease Team** will evaluate the process. **Medical and Education Director** will provide needed updates and ensure the most recent, up to date, timely protocols are in place.

YEAR-ROUND *(for Staff, Volunteers, Vendors and Rentals)*

III. Determination of Exposure Risk by Job Duty

We have determined the COVID-19 exposure risk level of all worksite functions to ensure that we apply appropriate hazard controls – including training, equipment, and personal protective equipment (PPE) – to protect employees’ safety and health. This assessment is based on OSHA Publication 3990. Classes of employees have been assigned to risk categories as follows:

Exposure Risk Level means an assessment of the possibility that an employee could be exposed to the hazards associated with SARS-CoV-2 virus and the COVID-19 disease. Hazards and job tasks have been divided into four risk exposure levels: “Very High”, “High”, “Medium”, and “Lower”.

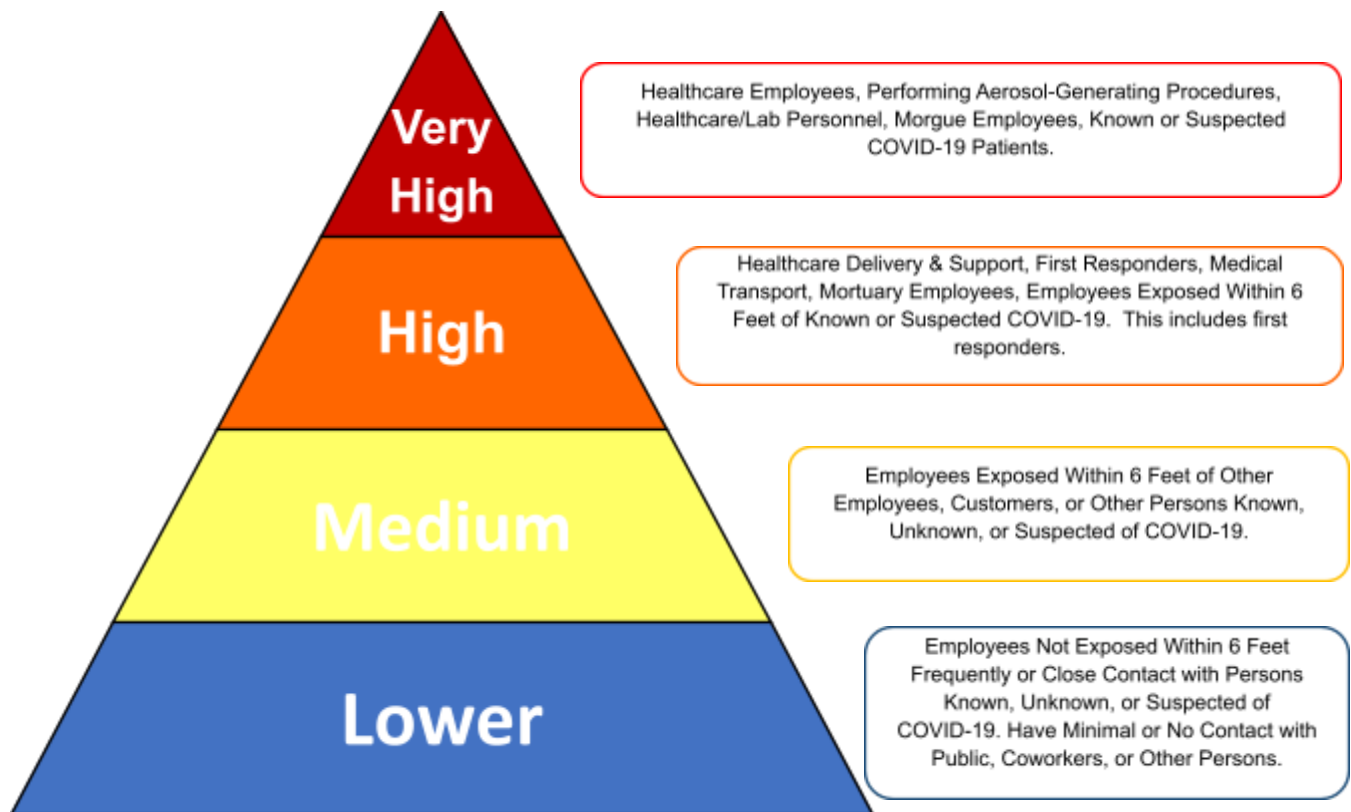
“Very High” exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure to known or suspected sources of the SARSCoV-2 virus and the COVID-19 disease including, but not limited to, during specific medical, postmortem, or laboratory procedures (refer to page 8 of the 16 VAC 25-220, Emergency Temporary Standard/Emergency Regulation for a more detailed description).

“High” exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure within six feet with known or suspected sources of SARS-CoV-2 that are not otherwise classified as “very high” exposure risk (refer to page 8 of the 16 VAC 25-220, Emergency Temporary Standard/Emergency Regulation for a more detailed description).

“Medium” exposure risk hazards or job tasks that are not labeled as “very high” or “high” (refer to pages 9-10 of the 16 VAC 25-220, Emergency Temporary Standard/Emergency Regulation for a more detailed description).

“Lower” exposure risk hazards or job tasks are those not otherwise classified as “very high”, “high”, or “medium” exposure risk that do not require contact within six feet of persons known to be, or suspected of being, or who may be infected with SARS-CoV-2; nor contact within six feet with other employees, other persons, or the general public except as otherwise provided in this definition (refer to page 10 of the 16 VAC 25-220, Emergency Temporary Standard/Emergency Regulation for a more detailed description).

The following graph relates to job tasks that pose a risk level to employees. The job tasks that are listed are not an all-inclusive list.



Consult the definition of “Exposure risk level” of the Emergency Temporary Standard for COVID-19 by the Virginia Department of Labor and Industry. Also, consult pages 18 - 21 of the OSHA document “Guidance on Preparing Workplaces for COVID-19” which is available at <http://www.osha.gov/Publications/OSHA3990.pdf> and determine the risk level of each employee or class of employee based on their type of work and duties. Some jobs may have more than one type of exposure risk depending on the task or qualifying factors.

When you have determined the risk level of all your employees and officials, list the work area, job/job tasks, employee exposure risk, and qualifying factors in the table.

The following table is an example.

Work Area	Job Tasks	Exposure Risk Determination	Qualifying Factors (Example: No Public Contact, Public Contact)
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Facilities and Grounds	Repair and replacement, grounds upkeep, systems maintenance/utilities management	Medium	Public contact in out of doors (primarily)
Admin/Office	Operations, HR, risk management, admin tasks	Low	No public contact, masks required if visitors to office; 6 ft. of space between workspaces
Program	Working with counselors and campers and volunteers and running camp activities	High	Public contact in out of doors and inside
Food service	Meal prep, inventory, ordering	Medium	Public contact in kitchen area

IV. Contingency Plan in the Event of an Infectious Disease Outbreak

In the event of an outbreak or pandemic due to an infectious disease, **Camp Holiday Trails** has set up contingency plans for addressing the workplace needs as well as employee safety and health during the outbreak.

These plans are as follows:

Employees who are out due to COVID outbreak will not use Sick days/PTO and will be paid in full for time off. Each role will be evaluated for remote work possibility. In extreme cases, seasonal staff (kitchen, maintenance, program) may be released from contract early due to outbreak. CHT will pay for 2 weeks of any contract canceled.

V. Basic Infectious Disease Prevention and Control Measures

To control the spread of infectious diseases such as COVID 19, basic prevention and control measures must be implemented to ensure that all employees are protected against the hazards of infectious disease.

To control the spread of infectious disease it is important to keep up general housekeeping in the workplace. Additional housekeeping actions must also be implemented to ensure the safety and health of employees and decreasing the chances of spread of an infectious disease such as: All restrooms, common areas that remain in use, door knobs/handles, tools, equipment, and other frequently touched surfaces are disinfected before, in the middle of, and at the end of each shift. All contact surfaces of vehicles used by more than one person are disinfected at the end of each person's use. All disinfectants are EPA-approved or otherwise comply with [CDC disinfection guidance](#). *Cleaning and disinfecting leader: Facilities Director, working with professional cleaning companies.* *The employer must make sure that adequate disinfection products are on hand, safety data sheets (SDSs) are obtained and retained, and employees using the products are aware of any personal protective equipment that is required for use.*

Camp Holiday Trails specific actions being taken - based on the community transmission levels at the time:

- Large gatherings are minimized whenever possible; staff meetings are postponed, canceled or held remotely;
- Employees are encouraged to maintain physical distance even when on break, as well as before and after working hours;
- Employees are required to maintain physical distance when reporting to work, clocking in, leaving work, and clocking out;
- Employee work stations are greater than 3 feet apart;
- The employer may utilize flexible work hours, wherever possible, to limit the number of employees simultaneously working on-site; and
- Employee interactions with the general public are modified to allow for additional physical space between parties.

VI. Identification and Isolation of Sick and/or Exposed Employees

Risk and exposure determinations are made without regard to employees protected characteristics as defined by local, state, and federal law.

Any health-related information and documentation gathered from employees is maintained confidentially and in compliance with state and federal law. Specifically, medical documentation is stored separate from employee's personnel documentation.

1. Employee Self-Monitoring

The following employees should **not** report to work and, upon notification to **Camp Holiday Trails**; will be removed from the regular work schedule:

- Employees who display COVID-19 symptoms, such as fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting, whether or not accompanied by a formal COVID-19 diagnosis;
- Employees who, in the last 10 days, have had close contact with and/or live with any person having a confirmed COVID-19 diagnosis; and
- Employees who, in the last 10 days, have had close contact with and/or live with any person displaying COVID-19 symptoms, such as fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting.

Such employees may only resume in-person work upon meeting all return-to-work requirements, defined below.

2. Daily Screenings

To prevent the spread of COVID-19 and reduce the potential risk of exposure, **Camp Holiday Trails** screens employees on a daily basis.

Employees are asked the following questions before entering the worksite:

1. Are you currently suffering from any of the following symptoms – fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting?
 - a. If a touchless thermometer is available, temperature checks are performed.
 - b. If yes, access is denied and employee is advised to self-isolate/self-quarantine at home, until employee is permitted to return to work as defined below.

2. Have you lived with, or had close contact with, someone in the last 14 days diagnosed with or displaying the symptoms of COVID-19?
 - a. If yes, access is denied, and employee is advised to self-isolate/self-quarantine at home, until at least 5 days after the close contact. If after 5 days, employee has been fever free for at least 24 hours without the use of fever reducing medications and is asymptomatic, then the employee may return to work. It is recommended the continued use of a face mask for an additional 5 days.

Employees who develop symptoms during their shift must immediately report to their supervisor and/or Human Resources.

3. Return-to-Work Requirements

Employees who were themselves diagnosed with COVID-19, have come in contact with or reside with and individual who has COVID-19 may only return to work upon confirmation of the cessation of symptoms and contagiousness, proof of which may be acquired via the test-based strategy or the non-test-based strategy.

The test-based strategy is preferred but relies upon the availability of testing supplies and laboratory capacity. Under this strategy, employees may discontinue isolation and return to work upon achieving the following conditions:

- Resolution of fever without the use of fever-reducing medications;
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); and
- 5 days isolation
- Wearing a mask Day 6-10 when within the community
- After 2 consecutive antigen tests 48 hrs apart you may remove your mask and

Under the non-test-based strategy, employees may discontinue isolation and return to work upon achieving the following conditions:

- Asymptomatic:
 - end isolation after 5 days if you continue to have no symptoms
- Mild symptoms:
 - end isolation following day 5 if symptoms improving and 24 hrs free of fever without the use of fever reducing medications
- Moderate symptoms:
 - isolate through day 10
 - May return to work if symptoms have improved and/or resolved without the use of fever-reducing medications
- Severe symptoms:
 - isolate through day 10 and consult a doctor

Actively encourage sick employees to stay home:

- Include a statement regarding your PTO program. The Families First Coronavirus Response Act Policies and Posters are to be posted in common places as well as on the employee shared IT drives (if employees have questions regarding use of emergency paid sick time, employees should contact **Tina LaRoche, Executive Director**)

- **Camp Holiday Trails** will follow state and federal guidance for return to work guidance. Guidance from the employee's health care provider will also be considered.

VII. Procedures for Minimizing Exposure from Outside of Workplace

Camp Holiday Trails' business practices are evaluated to ensure the safety and health of all individuals. This plan will be amended based on current spread of any communicable disease:

- Social distancing practices may observed, as needed
- Masks may be work, as needed
- Remote work will be planned, as needed
- Limit visitors, as needed
- Safely space work areas, as needed

Information is posted throughout the worksite educating individuals on ways to reduce the spread of COVID-19 and communicable disease.

To minimize exposure from visitors or vendors:

- *As needed, **Camp Holiday Trails** will limit the number of visitors to interior buildings or exterior spaces when physical distance is compromised.*
- *As needed, individuals entering one of the **Camp Holiday Trails** facilities may be required to complete a questionnaire prior to entry.*
- *As needed, masks are available to visitors/vendors as well as appropriate disinfectants so individuals can clean work areas before and after use. **All located in the Camp Office.***
- *As needed, deliveries will be handled through curbside pick-up or delivery. **Some vendors (propane, food service, building/utilities repair, pest control) may have to enter site closer to work-specific area.***

VIII. Training

All employees at **Camp Holiday Trails** will be required to have training on the hazards and characteristics of any communicable disease. This training will ensure that all employees recognize the hazards as well as the procedures to minimize the hazards related to the communicable diseases and help prevent the spread.

The training material will cover the following:

- Our Infectious Disease Preparedness and Response Plan.
- Characteristics and methods of spread of communicable diseases.
- Symptoms of any currently circulating communicable disease.
- Safe and healthy work practices, including but not limited to, physical distancing, disinfection procedures, disinfecting frequency, and noncontact methods of greeting.
- PPE - when, what, how, limitations and proper care/maintenance/disposal

All employees in the workplace will be trained on this subject and procedures. All training will be kept on internal record.

Date:		Trainer:	
Employee Name (Printed)	Employee Name (Signature)	Work Area	COVID-19 Risk Level

Retention of training records must be retained in employee files. **These records are located electronically in the Camp's secure drive.** The most recent training records will be maintained.