



ADVENTIST RISK MANAGEMENT, INC.

Providing Solutions to Minimize Risks

June 17, 2009

To: Camp Directors

RE: Camps and the H1N1 Virus

By now many camps have already hit the ground running with their summer camp programs and planning and training sessions have been completed. It is hoped that along with the typical camp issues covered, significant attention has also been given to the H1N1 virus and the camp's efforts towards identifying, and responding to potential cases of H1N1 and preventing the further spread of H1N1 if a case occurs. Proper response to potential or actual cases is crucial to preventing the spread of H1N1 among campers, your camp staff and beyond the camp's borders.

Recent documents from both the Association of Camp Nurses (ACN) and the Centers for Disease Control and Prevention (CDC) have provided camp specific information on strategies related to dealing with H1N1 in the camp environment. Both of those documents may have already been forwarded to you, but are included again here.

If you have not already done so, ensure that your camp administration has reviewed this information and any state or other local regulations pertaining to H1N1. Along with that, work closely with your local authorities to ensure that your program elements for addressing potential H1N1 track with their expectations.

Proper communications with campers, staff, parents and local authorities on how a possible case of H1N1 is to be handled is also crucial and discussed to some degree in the documents.

Consider this like any other potential disaster and keep in mind some key elements:

- Know your threat
- Establish a communication plan
- Establish a preparedness and response plan in line with recommendations by health officials and others
- Train staff and volunteers
- Develop and follow infection control guidelines
- Monitor conditions locally, domestically and internationally

While we sincerely hope that each camp will come away from the season unaffected by H1N1 or any other major issue, everyone must be prepared and ready to respond, even if such response includes the necessity of shutting down operations.

May God bless your summer camp season!


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GOING INTO THE SUMMER WITH H1N1: INFORMATION FOR CAMP PROFESSIONALS

Posted 27 May 2009

As the summer camp season arrives, H1N1 influenza continues to pass from person-to-person. Camp professionals are attempting to articulate a balanced response to this ever-changing disease profile, a response that acknowledges the risk profile of H1N1 with the benefits of camp for millions of children and the staff who work with them. Some of us must now make decisions for our camp season and/or refine those that have already been made. This information is provided to help that balancing process.

While reading, keep in mind that each camp is unique and so are the people who attend. Day camps send campers and staff home each evening; their potential for exposure to H1N1 exists with the start of each new camp day. Because resident campers and staff stay at camp, the potential for H1N1 to move through camp's captive audience and overwhelm Health Center capabilities exists. For those who may get H1N1 influenza, some will have a typical flu experience while others, particularly those with compromised health, may have a much more significant illness.

The strategies that are discussed generally fall into one of four categories: topics that camp administrators must consider, points of information for parents, training aspects for camp staff, and potential adaptations to the camp's health services. Carefully consider the information. Assess it from the perspective of your camp, paying particular attention to:

- The clients you serve; some may be more sensitive to this topic than others.
- The health status of your clients; for example, people coping with respiratory challenges or those who are immune-compromised have a greater H1N1 risk profile than generally healthy people.
- Your camp's ability to respond to flu-like illnesses that emerge while people are at camp.
- Your refund policy for cancellations due to health concerns.
- Recommendations from your State's Department of Health. These vary from State to State.
- A reliable knowledge base regarding H1N1 influenza. As more is learned, refine strategies to remain as effective as possible.
- Your business continuance plans and/or insurance parameters.
- Your ability to train staff to help manage this challenge.
- Culture-bound responses from international campers and staff. Talk with these staff and camper families; help them negotiate the differences between cultures.

With things like these in mind, here are some of the questions camp professionals have been asking:

WILL PARENTS BE CONCERNED ABOUT PEOPLE AT CAMP FROM

GEOGRAPHIC AREAS THAT HAVE BEEN IMPACTED BY H1N1?

Some may be. As H1N1 continues to spread throughout the world, there may be a participant (camper or staff member) who comes from a geographic area that has the influenza virus. Just because someone comes from an impacted area is no assurance that they are/are not ill.

Some parents may be very uncomfortable with the fact that camp cannot provide a guarantee of protection from H1N1 influenza exposure. While we can minimize the potential of exposure, there is currently no strategy that will eliminate it. In addition, some parents have children who may be more susceptible to potential H1N1 health impacts. Ask these parents to talk with their child's physician and jointly make a decision about camp that is in the best interests of that child.

WHAT CAN A CAMP DO TO MINIMIZE THE POTENTIAL THAT H1N1 WILL COME TO CAMP?

First, ask that ill people remain at home and not come to camp. It's much better to consider a delayed start for a camper or staff member – or a different session – than risk introducing a communicable illness like H1N1 to the camp community.

This being said, remember that a person is contagious for H1N1 for about 24 hours prior to experiencing H1N1 symptoms. So asking ill people to stay home will be somewhat protective but not a guarantee of protection.

Consider giving your parents and staff a guideline to help them make their decision. The following questionnaire is suggested. It may be particularly helpful for Day Camp parents. The questionnaire is based on information from CDC, WHO, and several State Departments of Health as of 26 May 2009:

ASSESSING THE HEALTH STATUS OF YOUR CAMPER.

Does your child have:



- | | | |
|------------------------------|------------------------------|-----------------------------|
| 1. Fever (100°F or greater)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Sore throat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Cough? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you checked "yes" for fever AND one or two of the other symptoms, keep your child at home because of an influenza-like illness. Call our office to discuss program participation options. Current recommendation is that children remain home for seven days after symptoms start, even if the child is no longer ill. If your child is still sick after seven days, keep your child at home until well for 24 hours. If you have questions about your child's health or symptoms, call your child's healthcare provider.

If your child has been diagnosed by a healthcare provider with a different disease – such as strep – follow your healthcare provider's recommendation. Call our office at 218-586-2633 to discuss program participation options.

Also consider improving your Opening Day screening process. For example, specifically ask each person, "Have you had flu-like symptoms (fever with cough and/or sore throat) during the past week? Has anyone in your family?" If asking this question, determine what you'll do and who will do it should someone responds with "Yes."

This section would be incomplete without mention of strategies to keep campers and staff healthy. This is not the summer for run-down campers and staff. This is the summer for keeping people as resilient as possible:

-  Resiliency starts with being well rested, nourished and hydrated. Keep an eagle eye on these baselines. Involve staff with keeping an eye on campers; involve staff supervisors with monitoring staff.
-  Review your camp's hand-washing options, especially in relation to mealtimes. Consider using hand sanitizer pumps to improve options.

- Show all staff the video clip from www.CoughSafe.com. Make it imperative that people adequately cover coughs and sneezes; start scoring and keep it up all summer long!
- Coach staff to both recognize people who are not acting in a healthful way (e.g., coughing, sneezing into a group) and appropriately redirect behavior.
- Monitor for and intervene with the over-ambitious folks (those who run themselves ragged).
- Note the places where people are in closest contact with one another (e.g., the dining room, in tents, bunk beds) and adapt the areas to maximize space.
- When in doubt, go for an arm's length of distance between people.

KIDS COME DOWN WITH FLU-LIKE SYMPTOMS ALL THE TIME AT CAMP. HOW DO WE KNOW IF IT'S H1N1? IF THERE SOMETHING DIFFERENT ABOUT CARING FOR THEM?

There are a few things to think about when responding to this question. First, some States still test every flu-like illness for H1N1. Other States don't; they may only test those who get significantly ill (are hospitalized). Know what your State Department of Health recommends; consider telling that to your camp families. Talk with your local Department of Health's contact person specifically about camp. Educate them as to what you're capable of handling and doing while determining what action the State is requiring.

As for your Health Center staff, current recommendation is to care for ill people based on their presenting symptoms. Talk with your supervising physician; is there need to adapt the camp's medical protocols to cover the H1N1 contingency?

Provide your Health Center staff with the same questionnaire that was recommended for parents (above). If a person presents with flu-like symptoms and falls within the parameters of the questionnaire, direct your Health Center staff to admit the person to a fairly isolated environment until H1N1 influenza can be ruled out. Remind your staff to alert the camp director ASAP should someone be admitted who meets the parameters; you want to stay on top of what's happening.

Note: this may be the summer when people with flu-like symptoms won't be visited by their cabin group but would get cabin-made Get Well cards instead.

Also consider your communication with parents. Will parents of campers with flu-like symptoms be notified? How soon? Should campers or staff with H1N1 go home? Since some people may have health concerns that have not been disclosed on their health history form, will you inform your camp families and staff if H1N1 is definitively diagnosed? How might you do that?

WHAT IF THE WORST HAPPENS AND A LOT OF PEOPLE GET FLU-LIKE SYMPTOMS?

The key to this is preparedness. Figure out – now – what needs to be done and how the camp will respond:

- Know the parameters used by the Department of Health. At what point would they want to be informed? What will they do when told?
- Consider the capacity of the Health Center and what you might do should that capacity be exceeded. Think about bringing in extra help or reassigning counselors to help. Consider how people will be fed and the ability to handle their waste (vomit, diarrhea, etc). Think about the parameters you'd use to determine "we may have a problem" before the situation is so overwhelming that camp may have to close.
- Consider what supplies will be needed and how those can be quickly obtained. Include N95-rated face masks for direct care-givers.

WHAT SHOULD I TELL PARENTS AND STAFF AHEAD OF TIME?

There isn't a pat answer to this question. Each camp will have to consider the various

aspects presented by the H1N1 influenza challenge and take action appropriate to your situation.

Many parents and staff simply want assurance that you are aware of the problem and have plans in place, plans that assure them of their child's care should the unforeseen happen. A smaller group will want greater detail. And, yes, some may be difficult to please. There's no way we can guarantee that camp will be an "H1N1 free zone" but we can assure people that attention to safety and health remains a top priority for our camp community.

In closing, I'm reminded of a classic disease control mantra: "For a communicable disease to occur, there must be a susceptible human in an appropriate environment who is exposed to a viable pathogen in adequate amounts. Interrupt one or more of those factors to break the chain of communicability." That is the impact of utilizing strategies such as those described in this article. We may not be 100% effective, but we can maximize the potential that this summer's camp spirit will be experienced by most.

MORE PREPAREDNESS STRATEGIES FOR CAMPS TO CONSIDER

Posted 30 April 2009






The World Health Organization has moved the H1N1 threat from Phase 4 to Phase 5. This means that H1N1 is more established within the human population. When considering the impact of this within the camp community, it indicates that we should (a) increase our personal protective behaviors and (b) become more intentional in our plans.

ACN recommends that camp professionals consider the following items, take advantage of this time to plan, and then implement the strategies that are appropriate for your camp at the appropriate time.

A word of caution: At this time, the world is reacting more to the rapid spread of this illness rather than its severity. Continue to monitor reliable sources as this ever-changing situation continues to unfold.

TABLE TOP EXERCISE

Bring your camp's leadership staff together and use the potentials posed by the Swine Flu threat to pre-plan your camp's response.

-  As H1N1 becomes more prevalent in both in U.S. communities and around the world, camps that are currently hosting clients should be aware of the geographic location from which clients come. If a group comes from an area known to have H1N1, make a determination about that group's presence at your camp. This decision impacts both infection control and public relations, so think through your camp's response.
-  While it may be a bit early to make decisions regarding summer programs, it's not too early to consider the timeline for such a decision. In so doing, remember that we're still learning about H1N1. What is determined now may change as we learn more. As a result, consider adopting a "rolling timeline" for decisions, especially if your camp holds several different sessions during the summer. Depending on how the H1N1 threat unfolds, decisions made at the beginning of the summer may be different from those made by mid-season.
-  Review your camp's insurance policy, specifically coverage related to illness declarations. Determine – now – what is and what is not covered so you're in a position to make good decisions. Also verify the camp's insurance coverage related to business interruption. Direct your questions to the appropriate insurance representative.
-  Talk with the Emergency Preparedness Team in the county in which your camp is located (don't know who this is? Call the Sheriff's office and ask). These people need to know when camp will be full of campers and staff. They should also be briefed about your plans to get people home and your ability to "shelter in place." Inform them now so they understand both camp needs and the camp's ability to take care of campers and staff over time. Ask them what would happen if camp was full of people and the Powers That Be decided that the group needed to go home (camp would be closed). Also learn what may be asked of you.
-  Talk with the camp's medical director about securing medications like Tamiflu

when/if needed. It's not that a camp needs to lay in a supply now but rather that you want to know (a) if your provider has access to a supply adequate for your camp community and (b) how you'd get that medication. You might find that this question loops you back to the preparedness folks.

- Bring your Health Center staff into discussion. Is there need to amend Opening Day's screening process to improve chances of noting people who may pose a risk? How will the camp handle people who are identified? Keep in mind that a day camp has to be more consistently aware of their campers' day-to-day status than resident camp programs may need to be. Also consider the impact of your decision upon those with a compromised health profile; these folks may be at greater risk (note the "may be"). Be sure to communicate amended screening plans to parents. Then move the Health Center discussion beyond Opening Day and into regular routine; once camp gets started, will people who present with flu symptoms be handled differently (e.g., quarantined) than in previous summers? What extra supplies and personnel should be planned for now, before the need actually exists? If the Health Center fills all its beds, what options for additional bed space exist? At what point would the camp's Department of Health be notified and by whom?
- Develop key messages to use when talking with parents. They're probably getting concerned and may need assurance that the camp is informed and acting proactively.

 - Emphasize your camp's commitment to safety for both campers and staff.
 - Explain how you are staying informed.
 - Ask parents to partner with you by making sure their child practices effective hand-washing and cough/sneeze behaviors.
 - If the parent asks, explain your Opening Day screening process, especially what is done to assess exposure to communicable disease. It's OK to acknowledge that there are no guarantees. Just as we risk exposure when at the grocery store or mall, there is also a risk at camp.
 - Some parents may be concerned because they know camp has kids and staff from areas currently known to have H1N1. Talk about your surveillance process and the timeline used to make decisions regarding participation of people from these areas.
- Reinforce – firmly – the need for individuals to practice health-preserving behaviors; we can't emphasize this enough. Educate campers and staff, then monitor compliance and address problems.

 - Wash hands – effectively.
 - Keep personal resiliency high; stay rested, well nourished and hydrated.
 - Be aware of your own coughs and sneezes as well as those from people around you. If you need motivation, watch the video at www.CoughSafe.com. Start playing the game to improve awareness of cough/sneeze behaviors. If people don't practice effective cough/sneeze behaviors, stay at least an arm's distance away.
 - Make it camp policy that people who have flu symptoms stay home and contact their personal physician.
 - Make use of ACA's e-Learning module about communicable diseases; information is available at <http://www.acacamps.org/einstitute/healthycamp/>.

All of us remain a bit skittish about H1N1. ACN certainly hopes the threat will settle down but we also think it's time to proactively position our camps.

H1N1 UPDATE FOR CAMPS

Posted 27 April 2009

PREPAREDNESS INFORMATION

The H1N1 challenge is currently a “moving target.” There aren’t firm answers for a lot of our camp questions but, nevertheless, there are some things we can do to keep ourselves in the best position to address the problem. Currently, these include:

Access to reliable information in order to effectively respond to parent and/or staff questions as well as make decisions that are appropriate for one’s camp. Suggested resources are:

- CDC website, specifically http://www.cdc.gov/swineflu/general_info.htm and http://www.cdc.gov/swineflu/swineflu_you.htm
- Your state’s Department of Health website; this will provide a profile specific to your geographic area.
- General information about Pandemic Flu Preparedness, for home and work, available at <http://www.cdc.gov/search.do?queryText=Pandemic+Flu+Preparedness&action=search>
- Reviewing the article, “[Preventing Communicable Disease: How Concerned Should Camps Be?](#)”

Awareness – now – of campers and staff who live in areas currently impacted by the H1N1 threat. Depending on how the illness tracks in that country/location, things could get interesting. This is a “know about but wait and see before taking action” placeholder.

For camps currently hosting clients and/or user groups: Consider where these folks are from and the load of illness in that area. Contact the local Department of Health if concerned about bringing this group to camp; local officials can help make a decision regarding feasibility. At this point, the load of illness in the U.S. is currently small and segregated to specific geographical locations (although I expect that to change).

FOR EVERYONE CURRENTLY SUPERVISING STAFF

- Current recommendations are that people who shows signs of flu (fever, achy body, no appetite, cough, etc) should stay home and contact their MD if concerns arise. If it’s actually H1N1, the person was probably contagious for the 24 hours prior to feeling symptomatic. We’ll get that clarified as the Powers That Be become more specific about this strain.
- Preventive care includes effective hand-washing and, since this is transmitted via droplet, minimizing contact with people who cough and sneeze in the office/street/home environment. Tell your staff to watch www.CoughSafe.com – now! Start scoring one another. If this threat ratchets up, we may add strategies such as wiping common office surfaces – like phone keypads – with a disinfectant.

Consider your supply of protective equipment, especially access to facial masks, gloves and sanitizing options for both hands and surfaces. If the H1N1 threat starts to increase, consider providing protective equipment to help minimize potential impacts. These recommendations are based on what we currently know; they may change as we learn more about this flu.

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Interim CDC Guidance on Day and Residential Camps in Response to Human Infections with the Novel Influenza A (H1N1) Virus

June 14, 2009 5:30 PM ET

This document provides interim guidance on suggested means to reduce the spread of the novel influenza A (H1N1) virus in day, residential, or overnight camp settings. Recommendations are interim, based on current knowledge of the H1N1 outbreak in the United States, and may be revised as more information becomes available.

Background

Camps for children, young adults and families range from programs conducted for several hours in a day (not overnight) to programs that are residential and involve many weeks in group settings. This guidance will address general recommendations that apply to all programs and some specific guidance that applies to programs that are residential.

At this time, CDC recommends the primary means to reduce spread of influenza in camps focus on early identification of ill campers and staff, staying home (or away from others) when ill, good cough and hand hygiene etiquette, and environmental controls that encourage use of these hygiene practices.

Novel Influenza A (H1N1)

The symptoms of influenza usually include fever plus at least either cough or sore throat. These symptoms are often referred to as an influenza-like illness (ILI). Influenza infection can also lead to additional symptoms like headache, tiredness, runny or stuffy nose, body aches, chills, diarrhea, and vomiting. Like seasonal flu, novel influenza A (H1N1) infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure and even death are possible. See [What to Do If You Get Flu-Like Symptoms \(http://www.cdc.gov/h1n1flu/sick.htm\)](http://www.cdc.gov/h1n1flu/sick.htm).

Novel influenza A (H1N1) is thought to spread in the same way that seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus. People may also become infected by touching something with flu viruses on it and then touching their mouth or nose. See [What to Do If You Get Flu-Like Symptoms \(http://www.cdc.gov/h1n1flu/sick.htm\)](http://www.cdc.gov/h1n1flu/sick.htm).

General Recommendations and Preparedness for Camps

- Develop a working relationship with local health officials and plan jointly for possible contingencies during this summer camp season. Plans should include what to do if staff or camp participants become ill, including how to separate them from others to limit spreading influenza to other staff and campers, when to seek additional medical evaluation, and how to provide care for them. Camp administrators should work with local health departments to develop mechanisms and protocols for monitoring ILI and any requirements for reporting ILI among campers or camp staff.
- Review any applicable state laws regarding camp requirements around public health issues. Assure compliance with these requirements. See [Camps and State Regulations \(http://www.acacamps.org/publicpolicy/regulations\)](http://www.acacamps.org/publicpolicy/regulations)
- Consider pre-planning with parents/guardians regarding how illnesses or health emergencies among children attending the camp will be handled. Arrangements should also be made with the parents/guardians of staff, volunteers and other campers who are legally minors. Include logistics for transportation of ill persons for medical care or return home that limits exposures to other persons, multiple ways to contact parents/guardians, agreement for care and isolation at the camp (if applicable), and planning for additional medical evaluation or emergency care.
- Develop a training program for camp staff regarding communicable disease prevention including specific information on how to recognize ILI and how to report possible cases of ILI to camp leadership.
- Educational materials and information should be provided to campers in a way that is age-appropriate and can be understood by both English and non-English speakers. Spanish-language materials are available at: [CDC H1N1 Flu \(in Spanish \(http://www.cdc.gov/h1n1flu/espanol/\)\)](http://www.cdc.gov/h1n1flu/espanol/). Materials and information in other languages are available at: [CDC websites in other languages \(http://www.cdc.gov/other/languages/\)](http://www.cdc.gov/other/languages/) and [Illinois Department of Public Health \(http://www.idph.state.il.us/swine_flu/sf_languages.htm\)](http://www.idph.state.il.us/swine_flu/sf_languages.htm).

General Infection Control Recommendations

Encourage all persons to effectively cover their cough or sneeze and use good hand hygiene. See [Interim Guidance for Infection Control for Care of](#)

Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm)

- Hand washing facilities including running water and liquid hand soap should be readily accessible; alcohol-based hand sanitizers may be used if hands are not visibly soiled.
- Plan ahead to ensure that enough alcohol-based hand sanitizers are available for situations where it is known that hand washing facilities may not be available, for example during hikes.
- Clean all areas and items that are more likely to have frequent hand contact (like doorknobs, faucets, handrails) routinely (e.g., daily, before/after meals, as needed) and also immediately when visibly soiled; use the cleaning agents that are usually used in these areas; it is not necessary to conduct disinfection of environmental surfaces beyond routine cleaning. See Clean Hands Save Lives! (<http://www.cdc.gov/cleanhands/>)

Reduction of Risk of Introduction of Novel H1N1 Virus into the Camp Setting

- Provide camp attendees, staff and volunteers with materials prior to arrival at the camp to notify them that they are not allowed to attend camp if they have had an ILI in the 7 days prior to the start of the camp. In addition, they should be reminded that if they have been exposed to a person with novel H1N1 or ILI in the 7 days prior to the start of camp, they may attend camp but should closely self-monitor and report development of ILI symptoms immediately.
- Consider active screening of ALL newly arriving camp attendees, staff and volunteers by asking if they have had any symptoms of ILI in the previous 7 days. Provide education to individual campers about reporting ILI. A careful health history of each arriving camper should be taken. Note any conditions that may place them at high risk for complications of influenza.
- Camp attendees, staff and volunteers should be instructed to immediately inform camp management if they currently have or have had an influenza-like illness (ILI) in the 7 days prior to arrival.
- Persons who currently have or have had ILI in the previous 7 days should not attend camp for 7 days after their symptoms began or until they have been symptom-free for 24 hours, whichever is longer.

Rapid Detection and Management of Cases of ILI in the Camp Setting

- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those that are experiencing ILI symptoms. See Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A (H1N1) Virus Infection (<http://www.cdc.gov/h1n1flu/identifyingpatients.htm>)
- Campers who develop ILI should be immediately separated from the general population and kept away from well campers until they can be safely returned home or taken for medical care, if needed, OR for at least 7 days after symptoms began or 24 hours after symptoms resolve, whichever is longer (if the child is to remain at a residential camp).
- Protocols should be in place for when medical evaluation of persons ill with ILI should be done and how monitoring will be conducted. Not all patients with suspected novel influenza (H1N1) infection need to be seen by a health care provider. Patients with severe illness and those at high risk for complications from influenza should contact their medical provider or seek medical care.
- Aspirin or aspirin-containing products should not be administered to any person aged 18 years old and younger with a confirmed or suspected case of influenza virus infection, due to the risk of Reye syndrome. Refer to pediatric medical management for guidance regarding use of any medications, especially those containing aspirin. See Novel H1N1 Influenza: Resources for Clinicians (<http://www.cdc.gov/h1n1flu/clinicians/>).
- Further information on care for persons with ILI can be found at:
 - Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home (http://www.cdc.gov/h1n1flu/guidance_homecare.htm)
 - Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm)
 - Antiviral Drugs and H1N1 Flu (Swine Flu) (<http://www.cdc.gov/h1n1flu/antiviral.htm>)
- If individual rooms for persons with ILI are not feasible, consider using a large room, cabin or tent specifically for ill persons with beds at least 6 feet apart and, if possible, with temporary barriers between beds and nearby bathroom facilities separate from bathrooms used by healthy campers.
- Linens, eating utensils, and dishes used by those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens (such as bed sheets and towels) should be washed in hot water using laundry soap and tumbled dry on a hot setting. Individuals should wash their hands with soap and water immediately after handling dirty laundry.
- Designate staff to care for ill persons and limit their interaction with other campers during their shift to decrease the risk of spreading influenza to other parts of the camp. See Antiviral Chemoprophylaxis for Novel (H1N1) Influenza (<http://www.cdc.gov/h1n1flu/recommendations.htm#C>).
- Anyone with a medical condition that would increase their risk of severe illness from influenza, including pregnant women, should NOT be designated as caregivers for ill persons.
- For proper technique in caring for an ill person, refer to the following guidance: Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home (http://www.cdc.gov/h1n1flu/guidance_homecare.htm).
- For information on the use of masks and respirators, see: Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A (H1N1) Virus Transmission (<http://www.cdc.gov/h1n1flu/masks.htm>).
- Close contacts (such as roommates) of persons with ILI should be encouraged to self-monitor for ILI symptoms and report illness to camp officials.

Persons at High Risk of Complications from Influenza Infection

- Persons at increased risk of severe illness from influenza include: people older than 65 years, children younger than five years, pregnant women, and people of any age with certain chronic medical conditions, like diabetes, asthma, immune-suppression, or chronic lung disease. See [Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A \(H1N1\) Virus Transmission \(http://www.cdc.gov/h1n1flu/qa.htm\)](http://www.cdc.gov/h1n1flu/qa.htm)
- Information on care of certain groups at increased risk of severe illness from influenza can be found at the following links.
 - [Pregnant Women and Novel Influenza A \(H1N1\) Considerations for Clinicians \(http://www.cdc.gov/h1n1flu/clinician_pregnant.htm\)](http://www.cdc.gov/h1n1flu/clinician_pregnant.htm)
 - [H1N1 Flu and Patients With Cardiovascular Disease \(Heart Disease and Stroke\) \(http://www.cdc.gov/h1n1flu/guidance/cardiovascular.htm\)](http://www.cdc.gov/h1n1flu/guidance/cardiovascular.htm)
 - [Interim Guidance—HIV-Infected Adults and Adolescents: Considerations for Clinicians Regarding Novel Influenza A \(H1N1\) Virus \(http://www.cdc.gov/h1n1flu/guidance_HIV.htm\)](http://www.cdc.gov/h1n1flu/guidance_HIV.htm)

For More Information Regarding H1N1 and Influenza Preparedness

- [Key facts about H1N1 \(http://www.cdc.gov/h1n1flu/key_facts.htm\)](http://www.cdc.gov/h1n1flu/key_facts.htm)
- [Questions and answers about H1N1 \(swine flu\) \(http://www.cdc.gov/h1n1flu/qa.htm\)](http://www.cdc.gov/h1n1flu/qa.htm)
- [Association of Camp Nurses \(http://www.acn.org/healthalert/swineflu.html\)](http://www.acn.org/healthalert/swineflu.html)

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