



**NEW JERSEY DEPARTMENT OF HEALTH
COMMUNICABLE DISEASE SERVICE
GENERAL GUIDELINES FOR THE PREVENTION AND CONTROL OF OUTBREAKS IN CAMP
SETTINGS**

Introduction

New Jersey Administrative Code, 8:25-5, Title 6A, Chapter 16-2, and N.J.A.C.3A:52 (Manual of Requirements for Child Care Centers) mandate that each school district/childcare center, and youth camp shall immediately report any communicable diseases that are identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed, by telephone to the health officer of the jurisdiction in which the school/camp is located. These regulations pertain to day and resident youth camps, childcare centers, preschools, schools and institutions of higher education. Additionally, facilities that serve food are subject to the requirements of NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines". This document has been prepared to guide in prevention, identification and response to outbreaks occurring in the camp setting. In addition to the guidance below, specific guidance for residential camps can be found on page 6. An outbreak is defined as an occurrence of disease greater than would otherwise be expected at a particular time and place and further defined below.

Reporting

Reporting communicable disease outbreaks in camps serves many purposes. **The immediate goal is to control further spread of the disease.** Beyond that, information gained from outbreak investigations can help camps and public health agencies identify and eliminate sources of infection such as contaminated products, learn about emerging problems, identify carriers to mitigate their role in disease transmission, and implement new strategies for prevention within the camp setting.

Often in the camp setting it is difficult to determine whether or not an outbreak exists. Following are some examples of confirmed or suspected outbreaks which should be reported by the camp to their local health department (LHD). This is not a comprehensive list. If the situation does not fit any of these criteria but you think an outbreak might be occurring, it is always a good idea to contact your LHD for guidance.

An outbreak may be occurring if:

1. Several children who exhibit similar symptoms are in the same section or group, the same wing of a facility or they attended a common event.
2. There is an increase in camp absences with many parents reporting similar symptoms as the reason why their child is not attending camp.
3. Two or more campers or staff members are diagnosed with the same reportable disease (e.g., salmonellosis).

4. A single case of a highly infectious disease (e.g., measles or pertussis) exists, or is suspected to exist. Do not wait for confirmation in these instances as the potential for an outbreak exists.

Reporting refers not only to the initial outbreak notification, but also to the provision of routine updates on the status of the outbreak. The camp and the LHD shall be in daily contact regarding case numbers, control measures taken, and other pertinent information.

Upon receiving the initial report, the LHD shall immediately inform the New Jersey Department of Health Communicable Disease Service (NJDOH CDS) of the situation.

The camp shall:

- Immediately notify the LHD of the jurisdiction in which the camp is located. A directory of local health departments can be found at <http://localhealth.nj.gov>. Notification MUST be made by phone. It is important to note that reports shall NOT be made via voice mail, fax, email, text message, etc. For immediately reportable diseases, LHDs have someone available 24/7 who can take the report. If the LHD staff cannot be immediately reached and it is an emergency, make the report directly to the Communicable Disease Service at NJDOH. The Communicable Disease Service is reachable at 609-826-5964 (business hours) and 609-392-2020 (after hours and holidays)
- Notify the NJDOH Public Health, Sanitation and Safety Program (PHSSP) at 609-826-4941 within 24 hours.

The LHD shall:

- Notify the NJDOH CDS (609-826-5964 -business hours, 609-392-2020 after hours and holidays).
Note that reporting an outbreak to the NJDOH PHSSP does not negate your requirement to call NJDOH CDS.

Case Investigation

Upon notification, NJDOH CDS will assess the report and, if appropriate, assign an “E” number. Clearly mark all correspondence, documentation and lab samples with this number.

The LHD, in consultation with the NJDOH CDS epidemiologist, shall lead the investigation by providing the school with guidance, support and assistance. The LHD should consider making an on-site visit for initial evaluation and ongoing assessment.

The LHD, with cooperation of the camp nurse/director or designee, will follow the basic steps listed below. These steps may occur sequentially and/or simultaneously during the course of the investigation.

1. **Gather information to confirm an outbreak – provide as much of the following as possible:**
 - Provide total number of children and staff in camp.

- Start a line list that includes all ill children and staff. For an example of information that should be included in the line list see <http://www.state.nj.us/health/forms/cds-33.dot> (Form CDS-33).
- For any gastrointestinal illnesses compile a list of food handlers who have been ill, along with their specific duties. A food handler is any person directly preparing or handling food. Food handlers may range from staff providing a snack to a cafeteria worker.
- Compile a list of extracurricular activities and special events held during the 2 weeks prior to the first illness onset. Examples of extracurricular activities or events might include sports, social events, clubs, etc.

2. Verify the diagnosis:

- There are a variety of ways to determine what is causing an outbreak. Occasionally, when an outbreak is reported, laboratory testing has already been conducted and a diagnosis has been made. For most outbreaks, however, this is not the case. Also, some diseases must be diagnosed clinically – there is no specific test that can be done.
- The LHD can assist with ensuring that the disease under investigation has either already been properly diagnosed or that appropriate testing is carried out to reach a diagnosis. This is done by review of clinical findings and/or laboratory results for the case. It may also be necessary to interview the patient, parent or doctor.
- Based on the assessment of the LHD, confirmation of the diagnosis with a laboratory test may be necessary. Lab testing may be done through a private physician and laboratory, at the state Public Health and Environmental Laboratory (PHEL), or at the Centers for Disease Control and Prevention (CDC). The LHD or NJDOH CDS epidemiologist shall facilitate lab testing and/or specimen transport.
- At least two laboratory-confirmed cases (e.g., Norovirus) or 2 physician-confirmed cases in which laboratory confirmation is not available (e.g., Coxsackie virus) are needed to confirm an outbreak's etiology (i.e., the germ that is responsible for the disease).

3. Develop an outbreak case definition:

- An outbreak case definition describes the criteria that an individual must meet to be counted as an outbreak case. This includes clinical signs & symptoms, physical location and specific time period. Every outbreak will have a unique outbreak case definition. This differs from a clinical case definition, which is a criterion of symptoms used to make a diagnosis (e.g., diagnosis of a case of scarlet fever may include symptoms of a rash, reddened sore throat, fever, swollen glands).
- Examples of outbreak case definitions associated with a camp setting are:
 1. Fever, nausea, and abdominal discomfort on or after mm/dd/yy **plus** two or more episodes of vomiting and/or loose or watery stools in cabin or dorm XYZ.
 2. Child or staff of cabin or dorm XYZ experiencing an illness characterized by fever and at least two of the following on or after mm/dd/yy: Rhinorrhea, nasal congestion, sore throat, cough (productive or non-productive), change in appetite, change in mental status, headache, lethargy, myalgia, respiratory distress, pleuritic chest pain, radiographic evidence of a pulmonary infiltrate.

- The outbreak case definition will be developed by the LHD or NJDOH CDS epidemiologist with cooperation from the camp based on the current situation. The NJDOH CDS epidemiologist is available for consultation as needed.

4. Perform active surveillance:

- Seek out additional cases among campers and staff. Be alert for new-onset illness among exposed persons, and review camper and staff histories to identify previous onsets of illness that may not have been correctly recognized as being part of the outbreak.
- When a camper is absent, ask parents to provide the reason for the child's absence in order to determine if the camper is part of the outbreak and in need of further follow up by public health.
- It may be necessary to collect additional specimens from newly ill cases if a diagnosis has not yet been established.

5. Document and count cases:

- The camp shall maintain a daily log (line list) of the number of campers and staff absent due to illness. See ([Form CDS-33](#)) for a sample line list.
- The LHD investigator shall review the line list with the camp and the NJDOH CDS epidemiologist to assess the status of the outbreak and make recommendations regarding control measures.

6. Identify and eliminate possible transmission sources:

- The camp, LHD and NJDOH CDS epidemiologist should collaborate to determine the outbreak source. The source of an outbreak is the person or item responsible for transmission of illness to others (where it originated). It can be a:
 1. Single sick child.
 2. Contaminated surface or product in the camp.
 3. Contaminated water supply.
 4. Pet or animal.
- Occasionally, even with thorough investigation, the source might not be identified.

7. Institute control measures:

- Control measures are the tools that can end the outbreak by halting transmission.
- The LHD, in consultation with the NJDOH CDS epidemiologist, shall provide recommendations and guidance to the camp regarding control measures.
- The camp should make every effort to institute and maintain adequate control measures until the outbreak is declared over.
- See Camp Outbreak Control Measures for a list of common control measures that a camp may be asked to initiate.

8. Evaluate the effectiveness of control measures and modify as needed:

- Generally, the outbreak is considered to be over when two incubation periods have passed without a new case being identified. An incubation period is defined as the time between exposure to an organism and when symptoms and signs are first apparent.

Waiting two incubation periods allows for recognition of potential secondary case-patients that are still asymptomatic but in whom the disease may be incubating. **Evaluate and enforce adherence to infection control precautions by all staff, campers and visitors.** Continue control measures until no new cases are identified for two incubation periods.

- When no new cases are identified after two incubation periods, control measures may be ceased unless otherwise indicated by local health or the NJDOH CDS epidemiologist.

9. Camp Closure:

NJDOH CDS does not recommend camp closure for outbreaks of infectious disease. The decision to close a camp is an administrative decision and one that should be made only after consultation with public health officials and the camp medical personnel. Based on the situation occurring at the time of the outbreak, the licensing authority (NJDOH PHSSP) does have the authority to close a camp. Camps should work with local health departments to ensure that recommended control measures (e.g., exclusions, increased cleaning) are being followed. In addition, the local health department in conjunction with NJDOH CDS may recommend enhanced surveillance be conducted in a camp in order to monitor the progression and ultimate decline of an outbreak.

If absolutely necessary, camp closure should be utilized on a limited basis to prevent spread of infection when:

1. Infections are expected to affect large number of susceptible individuals.
2. Recommended control measures are inadequate.
3. The camp is unable to function due to increased illness affecting campers and staff.
4. The health department declares an epidemic or cause of ill health to be injurious or hazardous.

10. Summarize the investigation in a written report:

Unless otherwise instructed by the NJDOH CDS, the LHD shall collaborate with the director/camp nurse and other public health partners involved in the investigation on a final report and submit it to NJDOH within **30 days** of completion of the investigation. See the NJDOH website for the report format, available at <http://www.state.nj.us/health/forms/cds-38.dot> (form CDS-38).

Resident Camps

Camps can be especially vulnerable to the rapid spread of gastrointestinal (GI), respiratory and other illnesses. Campers often reside in close living quarters like tents or dormitories and participate in many group activities, which can allow for easy transmission of organisms from person to person. There is often potential for decreased personal hygiene among campers, especially in rustic camp settings where there is little or no running water for toilets, showers or handwashing.

In addition to the guidance in the main document, the following information is provided to specifically address prevention measures and challenges that may occur when experiencing an illness outbreak in a residential camp setting.

Camp Administration

- At the beginning of camp season, all staff should be trained on basic illness prevention measures and policies.
- Camps should establish an illness policy for employees. The policy should address reporting of illness, by staff to management; exclusion and/or modifying the duties of ill staff; and monitoring well staff for symptoms. Establishing an ill employee policy is especially important for food handlers.
- Camps should establish a contingency plan that addresses illness outbreaks. This plan should include measures to exclude, house, monitor, and care for large numbers of ill campers and staff. Ensure that the designated areas for ill campers and staff have adequate ventilation and climate controls; beds, cots, or mats and linens for large numbers of ill persons; and access to toilets and lavatory facilities.
- In an outbreak situation, meet with all staff to review the situation and outbreak control measures.
- If an outbreak occurs, notify parents of the outbreak. The LHD in conjunction with the NJDOH CDS epidemiologist can assist in developing letters and/or fact sheets depending on the circumstances of the outbreak.

Health Center Management

- Immunization records or exemptions are required to be onsite for all campers.
- Camps should have a policy in place to track campers' allergies, medications, and special needs. Medications are required to be properly stored and labeled as required by the health regulations. A nurse, health director or designated person is required to administer medications. This person must be properly trained to administer the medications. The administration of all medication should be documented.
- It is recommended that the camp should maintain incident and health center visit logs to document and monitor illnesses and injuries. Logs should include at a minimum the date, time, name, living unit, and the nature of the visit.
- In the event of an outbreak or a suspect outbreak (when an outbreak has not been confirmed but there is suspicion that one may be going on), develop and maintain a list of

ill campers and staff. This list should include the following information (a sample list is included in these guidelines):

Identification

- Camps should have a policy for daily surveillance of campers and staff for illness.
- Check health center illness logs daily for common complaints and/or increased cases of illness with similar symptoms.

Prevention and Control

- **Handwashing**

Handwashing is the single most effective means of controlling the spread of communicable disease. Handwashing must occur frequently and not just during outbreaks.

- Adequate supplies of hand washing soap and disposable towels must be available at all times in food service and dining areas, bathrooms and other areas where toileting or food service may occur.
- Encourage all campers and staff to practice proper handwashing especially before meals and after using the restroom.
- Staff should monitor campers' handwashing and supervise and/or help young children wash their hands thoroughly and properly.
- Post handwashing signs throughout the camp.
- If handwashing facilities are limited, consider adding temporary facilities, staggering groups of campers at available facilities, or set a handwashing schedule to ensure all campers have an opportunity to wash their hands.
 - If temporary facilities are added, they must provide a continuous flow of water.
 - Soap and paper towels must be provided at temporary facilities. Using buckets of standing water to dip hands into is NOT an acceptable temporary handwashing facility.
- Alcohol-based hand sanitizers should be used if soap and water is not available. Consider making alcohol-based hand sanitizers available throughout the camp.
 - Exercise caution and ensure proper supervision of young children using alcohol-based sanitizers.
 - When hands are visibly soiled, after toileting, and after cleaning vomitus or other potentially contaminated body fluids, alcohol-based sanitizers should not substitute for soap and water when possible.
 - These products are not as effective against some GI viruses as proper handwashing, so proper handwashing should occur when possible.

- **Housekeeping**

- Staff should be educated on and wear personal protective equipment (gloves and masks) and use disposable cleaning products when cleaning body fluids (e.g. vomitus, feces). In addition, staff should practice thorough handwashing,

and be encouraged to change to clean clothing prior to resuming other activities.

- Mattresses, mats, and pads are required to be covered with impervious, easily cleanable materials. Cots must be constructed of easily cleanable materials. Covers for mats and mattresses and bedding are required to be laundered between uses by different children or at least once per week if used by the same camper. Mattress and cot covers that cannot be laundered shall be cleaned and sanitized between uses by different children or at least once per week if used by the same camper.

- **Vomit and Fecal Accident Clean Up**

The following procedure should be used to clean a vomit or fecal accident. Ideally, camps should maintain separate supplies (such as buckets) for cleaning these types of accidents, and refrain from using supplies that are used for routine cleaning.

- Clean areas soiled with vomit or feces promptly after the accident occurs.
- Cordon off the area where the accident occurred until it is cleaned.
- At a minimum, the person cleaning should wear disposable single-use gloves. Disposable masks, aprons, and eye shields may also be worn if they are available.
- Begin by spraying the soiled area with a freshly prepared 10% household bleach solution. This solution can be made by mixing 1 ²/₃ cup (about 13 ounces) of bleach per gallon of water. It should be made fresh daily. This is stronger than the concentration used for routine disinfection. An EPA registered product effective against norovirus according to manufacturer's instructions may also be used. See cleaning and disinfecting section in control measures document.
- Spray the entire area within a 10-foot range of the vomiting or fecal incident. If the incident occurs in the kitchen, consider the area within 25 feet of the vomit to be contaminated.
- Use disposable cloths, paper towels, or an absorbent material to soak up the vomit or feces.
- Transfer the cloths, paper towels, or absorbent material along with any solid material into a plastic trash bag.
- Using a disposable cloth, clean the soiled area with warm soapy water.
- Once clean, spray the affected area again, with a 10% household bleach solution and allow the area to air-dry.
- After the affected area has been cleaned, supplies used to clean the accident (such as buckets) should be sprayed with a 10% household bleach solution and allowed to air-dry.
- Place the gloves, apron, mask, cleaning cloths, and paper towels in the trash bag and dispose of the bag in a trash receptacle.
- The person cleaning the affected area should thoroughly wash his/her hands when finished.
- If the accident occurs outdoors or in an area that is not easily cleaned, attempt to remove as much vomit or feces as possible by the method

described above. When outdoors, the affected area can be covered with soil or ground cover after removing as much vomit or feces as possible.

- If a person vomits or has a fecal accident in the dining hall, clean the affected area as indicated above. Food contact surfaces and dining tables near the accident should be sprayed with a 10% household bleach solution and then rinsed with clean water. Food that was in the area when the accident occurred should be thrown away.
- Mattress covers soiled with vomitus or feces should be removed and promptly cleaned and disinfected or discarded.
- Handle linens, sleeping bags, and clothing soiled with vomit or feces as little as possible. These items should be laundered with detergent in hot water at the maximum cycle length and then machine dried on the highest heat setting. If there are no laundry facilities onsite capable of reaching a suitable temperature, soiled items should be double bagged (using plastic bags) and taken offsite for proper washing and drying. If soiled items are sent home, instruct parents or caregivers of the proper washing and drying procedures.

- **Food Service**

- Child care facilities, including children's camps that serve food are subject to the requirements of the N.J.A.C. 8:24 the NJDOH Retail Food Establishment Rules and Regulations.
- The menu should not be comprised of foods or preparation steps that pose greater risk of foodborne illness transmission. For example, foods containing raw or undercooked animal products should not be served.
- Food preparation areas shall be restricted to authorized personnel. Campers should be restricted from entering food preparation areas unless they are authorized to do so.
- Whenever possible, foods should be prepared just before service, handled minimally, and protected during storage, preparation, and service.
- Food service shall be designed so that foods and utensils are handled by a minimal number of individuals.
- Food plated by trained, authorized food handlers is the best way to control the spread of foodborne illness.
 - If a buffet line is used, foods shall be protected with sneeze guards and dispensed with utensils.
 - Family-style service (where a large batch of food is placed on dining tables and campers serve themselves) should be monitored by staff, limited to small groups of campers, and food should be dispensed with a serving utensil.
- Don't allow use of common or unclean eating utensils, drinking cups, etc.
- Dining areas, including tables, should be wiped down after each use using a bleach solution of 1-part household bleach per 50 parts water (2% solution).
- Ensure that all food service staff (including campers who occasionally handle foods) washes their hands thoroughly before food handling and immediately after toilet visits.

- Exclude food handlers and cafeteria staff ill with GI symptoms according to exclusion criteria in the School Exclusion List.
 - Food handled or prepared by an ill person must be thrown away immediately.
- In the event of an outbreak, discontinue family-style service and self-service bars (like salad and sandwich bars) where campers serve themselves.
 - This includes activities that allow children to assist with meal preparation such as table setting and serving food.
- **Drinking Water and Waste Water**

Camps are required to provide adequate, safe, and potable drinking water. Camps that rely on well water are required to adequately and continuously treat the water and verify through bacteriological samples taken at a frequency determined by the NJDOH PHSSP that the water is safe and potable.

 - Ensure proper treatment and only use approved sources.
 - Camps that are not connected to a municipal sewer system, and that rely on onsite wastewater treatment, must maintain their wastewater systems and monitor for signs of failure.
- **Ill Campers and Staff**
 - Upon arrival at camp, all campers should be screened for recent or current symptoms of illness, such as fever, vomiting, and diarrhea. Campers with symptoms of a communicable illness, especially GI illness, shall be excluded from well campers until they can be assessed by the health center.
 - Campers ill with diarrhea and/or vomiting should not return to their unit and should be excluded from well campers until their symptoms have resolved for 48 hours unless otherwise specified in the school exclusion list.
 - Parents/guardians should be called to pick up ill campers if possible. Campers should be isolated in a holding area until pick up.
 - If possible, ill campers should avoid eating in the dining room with well campers.
 - If possible, ill campers should use restroom facilities separate from those used by well campers.
 - Ill campers should not participate in group activities with well campers until their symptoms have resolved for 48 hours. It is recommended that the camp have alternative activities available for ill campers.
 - Employees shall be in good health and free from communicable disease while caring for children, preparing food for campers and staff, or employed in any capacity where there is a likelihood of disease transmission to others at the facility.
 - Staff ill with diarrhea and/or vomiting should limit contact with campers until their symptoms have been resolved for 48 hours.
 - Exclude food handlers and cafeteria staff ill with diarrhea and/or vomiting from work until at least 48 hours after diarrhea and vomiting have ceased unless otherwise specified in the school exclusion list, even if they are feeling well sooner.

- Staff should use single-use gloves when caring for people who are sick with vomiting and/or diarrhea. Gloves should be changed, and hands should be washed before caring for each person. Camps should have an adequate supply of gloves available throughout the camp for staff to use in the event of an outbreak.
- Depending on the situation, the NJDOH CDS or the local public health agency may recommend collecting stool or vomit specimens from ill campers and staff for laboratory testing to try to determine the organism causing of the illness.
- Ill campers and staff should not wade or swim in recreational waters or swimming pools until their symptoms have resolved for 48 hours or otherwise advised by local public health.
- New arrivals should not be housed with sick or recovering campers and staff.
- At resident camps, campers or staff members must be isolated from other campers in the infirmary or a location separate from uninfected campers and staff. Depending on the camp context and duration, camp directors may want to consider sending home campers and staff with illness.
- Limit entry/exit from camp; postpone or restrict activities involving visitors, including other camps on a case by case basis after consultation with public health.



General Guidelines for the Control of Outbreaks in School and Child Care Settings School Exclusion List

This chart provides information about some communicable disease that may occur in schools, day care centers, summer camps and other group settings for children. It is meant as a guide to answer questions frequently asked of persons responsible for groups of children. This is not an all-inclusive list of significant diseases or a comprehensive guide to all information about each disease or condition. More specific information about these and other diseases may be obtained by contacting your local health department or the New Jersey Department of Health, Communicable Disease Service.

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
Acute Respiratory Illness (ARI)	Fever (oral temperature 100°F or equivalent) and rhinorrhea, nasal congestion, sore throat, cough in absence of a known cause (e.g., seasonal allergies).	Until fever free for 24 hours without fever reducing medication.			Outbreaks/suspect outbreaks ¹
Conjunctivitis, purulent	Pink or red conjunctivae with white or yellow discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye.	Until examined by a medical provider and approved for return.			Outbreaks/suspect outbreaks ¹
Conjunctivitis, non-purulent	Pink conjunctivae with a clear, watery eye discharge without fever, eye pain, or eyelid redness.	No exclusion.			Outbreaks/suspect outbreaks ¹
COVID-19	New or worsening cough, shortness of breath, difficulty breathing, new olfactory or taste disorder. Fever, chills, myalgia, headache, sore throat, GI, fatigue, congestion, rhinorrhea.	See school guidance for current exclusion recommendations.			Outbreaks/suspect outbreaks ¹
E. coli – Shiga toxin producing E. coli (STEC)	Nausea, vomiting, bloody diarrhea, abdominal cramps.	Daycare: Symptom free and 2 negative stools ² . School: Symptom free.	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. ²	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and outbreaks ³

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
Fever (only)	Oral temperatures >101° F (38°C), rectal temperatures >102°F (38.9°C), or axillary temperatures > 100°F (37.8°C) usually are considered to be above normal.	Fever free for 24 hours without fever reducing medication. When fever above normal is associated with behavior change or other signs of illness or the child is unable to participate, and staff cannot care for child without compromising ability to care for the other children in the group.		Signs of illness are anything (other than fever) that indicates that the child's condition is different from what is usual when the child is healthy.	
Fifth Disease (Erythema infectiosum)	Mild cold symptoms followed by rash, characterized by "slapped face" appearance.	No exclusion unless the child has an underlying blood disorder or a compromised immune system.		Pregnant women and immuno-compromised persons should seek medical advice.	Outbreaks/suspect outbreaks ¹
Gastrointestinal Illness (organism/cause not identified or not yet determined)	Frequent loose or watery stools, (2 above normal for that child), abdominal cramps/tenderness, and fever. Vomiting more than 2 times in 24 hours.	<u>Diarrhea:</u> until stools are contained in the diaper or toilet-trained children no longer have accidents using the toilet and when stool frequency becomes less than 2 stools above normal frequency for that child. <u>Vomiting:</u> more than 2 times in 24 hours and vomiting is not from a known condition.	Excluded from cooking, preparing and touching food until 24 hrs. after symptoms resolve.	Medical evaluation for stools with blood or mucus. Exclude unless vomiting is determined to be caused by a non-communicable condition (i.e., reflux) and child is able to remain hydrated and participate in activities.	Outbreaks/suspect outbreaks ¹
Hand Foot and Mouth (coxsackievirus)	Fever, sore throat, malaise, ulcers in the mouth and blisters on hands and feet.	Daycare: Fever free and no longer drooling steadily due to mouth sores. School: Fever free for 24 hours without fever reducing medication.		Most often seen in summer and early fall.	Outbreaks/suspect outbreaks ¹
Head Lice	Itching of skin where lice feed on the scalp, behind ears and nape of neck.	While NJDOH does not recommend exclusion after treatment, individual schools may have different policies. Refer to school policy.		Recommendation: Refer for treatment at the end of program day. Readmission on completion of treatment.	Outbreaks/suspect outbreaks ¹

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
Hepatitis A	Jaundice	1 week after onset of jaundice or illness and fever free (if symptoms are mild).	Excluded from cooking, preparing and touching food 1 week after onset of jaundice or illness and fever free (if symptoms are mild)		Yes, Immediately ³
Herpes Gladiatorum (“Wrestlers Herpes”)	Cluster of blisters typically head neck and shoulders. Fever, sore throat, swollen lymph nodes, burning or tingling skin.	Wrestlers: All lesions healed with well adhered scabs ⁵ . No new vesicle formation and no swollen lymph nodes near area involved.			Outbreaks/suspect outbreaks ¹
Impetigo	Small, red pimples or fluid-filled blisters with crusted yellow scabs.	Until treatment is initiated Sports: Exclude if lesions cannot be adequately covered until deemed non-infectious and adequately treated by HCP ⁵ Wrestlers ⁵ .		Found most often on the face but may be anywhere on the body. When possible, lesions should be covered until dry.	Outbreaks/suspect outbreaks ¹
Influenza	Sudden onset of fever, headache, chills, myalgia, sore throat, nasal congestion, cough, mild pinkeye, fatigue, abdominal pain.	Fever free for 24 hours without fever reducing medication.			Outbreaks/suspect outbreaks ¹
Measles	Initially characterized by fever, reddened eyes, runny nose, cough, followed by maculopapular rash that starts on the head and spreads down and out.	Through 4 days from rash onset.		Rash onset = day 0	Yes, Immediately ³
Meningitis, Bacterial (including Haemophilus influenzae)	High fever, headache and stiff neck.	Until adequately treated, 24 hours after initiation of effective antimicrobial therapy.			Yes, Immediately ³
Meningitis, Viral	High fever, headache and stiff neck.	Fever free for 24 hours without fever reducing medication.			Outbreaks/suspect outbreaks ¹
Mononucleosis	Fever, sore throat, swollen lymph nodes.	Fever free for 24 hours without fever reducing medication.		Medical note to resume physical activities.	Outbreaks/suspect outbreaks ¹

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
MRSA (methicillin-resistant <i>staphylococcus aureus</i>)	Red bumps that progress to pus-filled boils or abscesses.	If lesions cannot be adequately covered. Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage ⁵ . Wrestlers ⁵			Two or more non-household, culture-confirmed cases of MRSA that occur within a 14-day period and may be linked.
Mumps	Fever with swelling and tenderness of one or both parotid glands located below and in front of ears.	5 days after onset of parotid swelling.		Parotitis = day 0	Yes, individual cases Outbreaks/suspect outbreaks ¹
Norovirus	Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache.	24-48 hrs. after symptoms resolve.	48-72 hrs. after symptoms resolve. Staff may perform duties not associated with food preparation 24 hrs. after symptoms resolve	Exclusion time on a case-by-case basis after consultation with the local health department.	Outbreaks/suspect outbreaks ¹
Pertussis	Initial stage begins with URI symptoms and increasingly irritating cough. Paroxysmal stage is characterized by repeated episodes of violent cough broken by high pitched inspiratory whoop. Older children may not have whoop.	After 5 days of appropriate antibiotic therapy completed. If untreated, through 21 days from cough onset.			Yes, Immediately ³
Rubella (German measles)	Slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph nodes. Joint pain may occur.	6 days after onset of rash.			Yes, Immediately ³
Salmonella Typhi (typhoid fever)	Fever, anorexia, lethargy, malaise, headache.	Daycare: Symptom free and three negative stool tests ² School: Symptom free.	Excluded from cooking, preparing and touching food until symptom free and three negative stool tests. ²	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and Outbreaks/suspect outbreaks ¹

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
Salmonella non-typhoid	Fever, nausea, vomiting, non-bloody diarrhea, abdominal cramps.	Symptom free ⁴ .	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. ²		Yes, individual cases Outbreaks/suspect outbreaks ¹
Scabies	Itchy raised areas around finger webs, wrists, elbows, armpits, beltline, and/or genitalia. Extensive scratching.	Until after treatment has been given. Wrestlers ⁵		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks/suspect outbreaks ¹
Shigella	Nausea, vomiting, diarrhea (may be bloody, and abdominal cramps.	Daycare: Symptom free and 2 negative stools ² School: Symptom free.	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. ²	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases Outbreaks/suspect outbreaks ¹
Staphylococcal or streptococcal skin infections (not including MRSA & Impetigo)	Honey crusted draining lesions, skin lesions with a reddened base.	If lesions cannot be adequately covered. Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage ⁵ Wrestlers ⁵			Outbreaks/suspect outbreaks ¹
Streptococcal pharyngitis (strep throat)	Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash.	Until at least 12hrs. after antibiotic treatment has been initiated and child able to participate in activities.			Outbreaks/suspect outbreaks ¹
Tinea capitis (Ringworm of the scalp)	Hair loss in area of lesions.	Until after treatment has been started. Wrestlers ⁵		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks/suspect outbreaks ¹
Tinea corporis (Ringworm of the body)	Circular well demarcated lesion that can involve the face, trunk, or limbs. Itching is common.	Until after treatment has been started. Wrestlers ⁵		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks/suspect outbreaks ¹

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
Varicella (Chickenpox)	Slight fever with eruptions which become vesicular. Lesions occur in successive crops with several stages of maturity at the same time.	Until all lesions have dried and crusted usually 6 days after onset of rash.			Yes, individual cases and outbreaks ³

Conditions Requiring Temporary Exclusion

Temporary exclusion is recommended when the illness prevents the child from participating comfortably in activities as determined by the staff of the school or program; the illness results in a greater need for care than the staff of the program determine they can provide without compromising their ability to care for other children; the child has any of the following conditions, unless a health professional determines the child’s condition does not require exclusion, appears to be severely ill (this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash, fever (as defined above) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, and diarrhea).

¹An outbreak may be occurring if: several children who exhibit similar symptoms are in the same classroom, same wing or attended a common event. There is an increase in school absences with report of similar symptoms. Two or more students diagnosed with the same reportable disease. A single case of a highly infectious disease exists or is suspected to exist.

² Negative stool specimens taken at least 24 apart and at least 48 hours after cessation of antibiotic treatment

³ For specific reporting requirements refer to NJDOH Reporting Requirements <http://nj.gov/health/cd/reporting>

⁴ During an outbreak negative stool specimens may be required before return to school and/or food handling

⁵ Wrestling and other contact sports refer to <http://www.ncaapublications.com> (search “sports medicine handbook”) for exclusion guidance

Sources:

- A. American Academy of Pediatrics. Red Book 30th Edition
- B. NJDOH <http://nj.gov/health/cd/topics> Communicable Disease Chapters
- C. Centers for Disease Control and Prevention <http://www.cdc.gov>
- D. National Collegiate Athletic Association. NCAA 2014-15 Sports Medicine Handbook <http://www.ncaapublications.com>
- F. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools a Quick Reference Guide, 3rd Edition



GENERAL GUIDELINES FOR THE CONTROL OF OUTBREAKS IN CAMP SETTINGS CONTROL MEASURES

The following is a list of some common control measures that may be requested of the camp. This list is to serve as a guide, not all control measures are charted below and not all are appropriate in every situation. The LHD can help the camp determine which control measures are appropriate.

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
Exclude sick staff and campers. Specific exclusion guidelines can be found in the School Exclusion List .				
<p>Ill children/staff should be immediately isolated from well students/staff;</p> <ul style="list-style-type: none"> ▪ Have a designated area for ill campers to stay until they can be picked up ▪ At resident camps, ill campers or staff members must be isolated from other campers in the infirmary or a location separate from uninfected campers and staff ▪ Campers/staff ill with diarrhea and/or vomiting should not return to their unit and should be excluded from well campers until their symptoms have resolved for 48 hours ▪ Ill campers should not participate in group activities with well campers until their symptoms have resolved for 48 hours ▪ If possible, ill campers should avoid eating in the dining room with well campers 				
<p>Review policies;</p> <ul style="list-style-type: none"> ▪ Illness ▪ Cleaning and disinfecting ▪ Sanitizing utensils, cups ▪ Handwashing ▪ Diaper changing ▪ If pool on site – assure compliance by following public recreational bathing rules 				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
Educate parents, staff and campers; <ul style="list-style-type: none"> ▪ Provide in-service to educate campers and staff regarding prevention, transmission and proper hand hygiene ▪ During an outbreak meet with staff to review situation and control measures ▪ Contact LHD for fact sheets or other pertinent educational materials 				
Have a policy in place regarding notification to parents/guardians. This may be accomplished by sending notification home. Consult the local health department for recommendations regarding notification when a communicable disease of public health importance or an outbreak of illness is reported in a camp.				
Frequent hand washing with soap and water especially; <ul style="list-style-type: none"> ▪ Before and after handling food or eating ▪ Before giving medication ▪ After using the bathroom <ul style="list-style-type: none"> ○ Adults should supervise children during hand washing ▪ After contact with animals ▪ After cleaning spills or objects contaminated with body fluids ▪ Before and after giving first aid ▪ Before donning and after removing gloves If handwashing facilities are limited, consider adding temporary facilities <ul style="list-style-type: none"> ▪ stagger groups of campers ▪ set a handwashing schedule ▪ provide soap and paper towels <p>Note: Hand sanitizers should not be substituted for soap and water hand washing during a GI outbreak. Alcohol based sanitizers have been shown to be ineffective against spore forming bacteria such as C. difficile, or viruses such as Norovirus.</p>				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
Gloves should be worn; <ul style="list-style-type: none"> ▪ During contact with blood, feces or body fluids Note: Remove and dispose of gloves after completing tasks, before touching anything else.				
Reinforce respiratory etiquette to campers and staff; <ul style="list-style-type: none"> ▪ Coughing and sneezing into a tissue or elbow ▪ Properly disposing of tissues ▪ http://www.cdc.gov/flu/protect/covercough.htm 				
If applicable, suspend community dining or recreational activities where ill and well campers would otherwise mingle.				
Staff assigned to affected sections of camp or cabins should not rotate to unaffected sections or cabins				
Cleaning and disinfecting; Increase frequency during an outbreak <ul style="list-style-type: none"> ▪ Immediately after spills of body fluids <ul style="list-style-type: none"> ○ Discard fluid contaminated material in a plastic bag that has been securely sealed ○ Mops should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible and hung to dry completely ○ Change mop heads when a new bucket of cleaning solution is prepared, or after cleaning large spills of emesis or fecal material. ▪ Frequently touched surfaces including recreation equipment, tables, lavatory surfaces, mats, blankets/sheets, keyboards, kitchen prep areas, phones, handrails, doorknobs and equipment in the immediate vicinity of children. ▪ Common areas such as gym, cafeteria, restrooms Proper technique <ul style="list-style-type: none"> ▪ Educate staff on and instruct staff to wear personal protective equipment when cleaning 				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
<p>vomit</p> <ul style="list-style-type: none"> ▪ Use disposable cleaning products when cleaning vomit ▪ Mattress and cot covers must be laundered between uses by different children or at least once a week if used by the same camper <ul style="list-style-type: none"> ○ Covers that cannot be laundered must be cleaned and sanitized between uses by different children or at least once a week if used by the same camper ▪ Use a broad spectrum product registered with the EPA as being tuberculocidal or effective against Norovirus http://www.epa.gov/oppad001/chemregindex.htm according to manufacturer’s instructions or a self-made bleach solution prepared daily; labeled and sealed <ul style="list-style-type: none"> ○ ¼ cup bleach per gallon of cool water or 1 Tbsp. bleach per quart of cool water ○ Use of a bleach wipe with a 6% concentration of sodium hypochlorite for a 2 ½ minute contact time followed by air drying may be substituted ○ For fecal accident or vomit clean up use 1 2/3 cup of bleach per gallon on water ▪ Do not use a common cloth for cleaning/disinfecting; use paper towels and dispose of them immediately after use 				
<p>Facilities serving or sharing food should;</p> <ul style="list-style-type: none"> ▪ Discontinue family-style ▪ Stop using self-service bars ▪ Discontinue activities that allow children to assist with meal preparation such as table setting and serving food ▪ Restrict campers from sharing of any communal food items ▪ Food preparation areas shall be restricted to 				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
<p>authorized personnel</p> <ul style="list-style-type: none"> ▪ Do not allow use of common or unclean eating utensils, drinking cups, etc. ▪ Hand out items to be shared ▪ Do not let children serve themselves in any manner which might promote direct hand contact with shared foods ▪ Exclude ill food handlers with GI illness according to exclusion list (link) 				
<p>Drinking and recreational water</p> <ul style="list-style-type: none"> ▪ Ensure proper treatment of water ▪ Use only approved sources ▪ Ill campers and staff should not wade or swim in recreational waters or swimming pools until their symptoms have resolved for 48 hours or otherwise advised by local public health 				
<ul style="list-style-type: none"> ▪ Limit entry/exit from camp ▪ Postpone or restrict activities involving visitors, including other camps 				

Sample Letter to Families about Exposure to Communicable Disease

Name of Program _____ Date _____

Telephone # _____

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having:

Information about this disease:

The disease is spread by: _____

The symptoms are: _____

It can be prevented by:

What the program is doing: _____

What you can do at home:

Where you can get additional information: _____

If your child has any symptoms of this disease, call your doctor or other healthcare provider to find out what to do. Be sure to tell him or her about this notice. If you do not have a regular provider to care for your child, contact your local health department for instructions on how to find a doctor, or ask other parents for names of their children's providers. If you have any questions, please contact:

_____ at _____
School Nurse/Caregiver's name Phone number