

GENERAL GUIDELINES FOR THE PREVENTION AND CONTROL OF OUTBREAKS IN CAMP SETTINGS

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Introduction

Per New Jersey Administrative Code (N.J.A.C.) 6A:16-2.2 and N.J.A.C. 3A:52-7.1, each school district and childcare center shall immediately report by telephone to the health officer of the jurisdiction in which the school is located any communicable diseases identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed.

These regulations pertain to youth camps, childcare/early care and education programs (ECEs), schools and institutions of higher education. Additionally, facilities that serve food are subject to the requirements of N.J.A.C. 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 [here](#).

Reporting

Reporting communicable disease outbreaks in camps serves various purposes. The primary objective is to immediately control the further spread of the disease. Additionally, insights gained from outbreak investigations assist camps and public health agencies in identifying and eliminating sources of infection, understanding emerging problems, identifying carriers to mitigate their role in disease transmission, and implementing new prevention strategies within the camp setting.

It is often difficult in camp settings to determine whether or not an outbreak exists. An outbreak is defined as an occurrence of disease greater than would otherwise be expected at a particular time and place. Following are some examples of confirmed or suspected outbreaks which should be reported by the camp to their local health department (LHD). This list is not exhaustive; if the situation doesn't align with these criteria and an outbreak is suspected, consultation with the LHD is recommended.

An outbreak may be occurring if:

1. Several children exhibit similar symptoms and 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. One or more campers or staff members are diagnosed with or thought to have a highly infectious disease (e.g., measles, bacterial meningitis). 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:

- Notify the LHD in the jurisdiction where the camp is located. A directory of LHDs 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 voicemail, fax, email, text message, etc. All LHDs have someone available 24/7 who can take an outbreak report. If the LHD staff cannot be immediately reached and it is an emergency, make the report directly to NJDOH CDS at 609-826-5964 during business hours and at 609-392-2020 after-hours and on holidays.
- In addition to notifying the LHD, camps shall notify the NJDOH Public Health, Sanitation and Safety Program (PHSSP) at 609-826-4941 within 24 hours.

**Note that reporting an outbreak to the NJDOH PHSSP does not negate the requirement to report to the LHD.*

The LHD shall:

Notify the NJDOH CDS during business hours at 609-826-5964 or after hours and holidays at 609-392-2020.

Case Investigation and Response

Upon notification, NJDOH CDS will assess the report and, if appropriate, assign an “E” number. All correspondence, documentation, and lab samples (if requested) should contain this number.

The LHD, in consultation with the NJDOH CDS epidemiologist, shall lead the investigation by providing the camp 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.

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. Line list templates, *School/Childcare Excel and Google Sheets Line Listing* can be found on the [School Health](#) webpage.
- 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.

1. 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 are typically diagnosed clinically because there may not be specific laboratory tests readily available.
- The LHD plays a crucial role in reviewing clinical findings and/or laboratory results, and may require interviews with the patient, parent, or doctor.
- Laboratory tests are often ordered by the patient's healthcare provider and performed at a commercial laboratory. In some instances, testing may be performed at the NJ Public Health and Environmental Laboratories (PHEL), or at the Centers for Disease Control and Prevention (CDC). The LHD or NJDOH CDS epidemiologist will work with the camp director and/or healthcare provider to facilitate public health testing.
- To confirm the etiology of an outbreak (i.e., the germ responsible for the disease), a minimum of two laboratory-confirmed cases (e.g., norovirus) or two physician-diagnosed cases, when laboratory confirmation is not available (e.g., coxsackievirus), is required.

2. 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, which will be developed by the LHD or NJDOH CDS epidemiologist based on the current situation. 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.

3. Perform active surveillance:

- Camps should seek out additional cases among campers and staff by being alert for new-onset illness among exposed persons, and reviewing camper and staff histories to identify previous onsets of illness that may not have been recognized as being part of the outbreak.
- When a camper is absent, parents should be asked to provide the reason for the child's absence and if the child visited a healthcare provider (HCP) for the current illness. This information will help to determine if the camper is part of the outbreak and in need of further follow up by public health.
- Note: It may be necessary to collect additional specimens from newly ill cases if a diagnosis has not yet been established.

4. Document and count cases:

- The camp shall maintain a line list or daily log of the number of students and staff absent due to illness related to the outbreak or suspected outbreak. *School/Childcare Excel and Google Sheets Line Listing* templates can be found on the [School Health](#) page.
- 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.

5. Identify and eliminate possible transmission sources:

- The camp, LHD, and NJDOH CDS epidemiologist should collaborate to determine the potential outbreak source. The source of an outbreak may be a:
 1. Single sick child and/or staff member.
 2. Contaminated surface or product.
 3. Contaminated water supply.
 4. Pet or animal.
- Occasionally, even with thorough investigation, a definitive source might not be identified.

6. Institute control measures:

- Control measures are tools that can end an outbreak by halting further 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.

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

- Generally, an outbreak is 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 the LHD or NJDOH CDS epidemiologist.

8. Camp Closure:

- Camps should work with LHDs to ensure that recommended control measures (e.g., exclusions, increased cleaning) are being followed. In addition, the LHD in conjunction with NJDOH CDS may recommend enhanced surveillance be conducted to monitor an outbreak as cases rise and ultimately fall.

- While camp closure is not typically recommended for outbreaks of infectious disease, there may be limited circumstances where a camp closure may be utilized to prevent the 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/or staff.
 4. Declared by the board of health of any municipality.

9. 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).
- A summary of the investigation may also be submitted in an alternate format as directed by the NJDOH CDS Epidemiologist.

Outbreak Prevention

Camp settings present unique challenges for the prevention and control of communicable diseases. Community dining, group activities, shared bathroom facilities and sleeping quarters can increase the risk of person-to-person transmission. Educating staff and campers on routine cleaning, food preparation, safe animal contact practices, and healthy water, sanitation, and hygiene practices can minimize the transmission of illness and ensure a healthy camp experience for everyone.

Camps should have policies and procedures in place to lower the impact of communicable diseases on the camp community. At the beginning of each camp season, all staff should receive training on basic illness prevention measures and policies.

If there is an outbreak camps should:

- Schedule a meeting with all staff to review the situation and outbreak control measures.
- Notify parents of the outbreak.

By implementing the best practices listed below, youth camps can minimize the risk of disease transmission and create a safe and healthy camp environment.

Immunization

In addition to immunizations required by the [New Jersey Youth Camp Safety Standards N.J.A.C. 8:25](#), youth camps should encourage that campers and staff are up to date with recommended vaccinations. Information on immunizations should be provided before the start of camp.

Illness Monitoring

Surveillance for communicable diseases is crucial for identifying and properly excluding sick individuals from camp, which helps curb disease spread and enables early outbreak detection. It also allows for swift control measure implementation, contact tracing, and risk factor analysis to target prevention messaging to vulnerable groups. Camp nurses serve a vital role in conducting disease surveillance. Best practices include:

- Conducting health screenings for residential campers and staff upon arrival and throughout their stay. This screening should assess the potential for communicable diseases, establish a health status baseline, and identify health problems, such as febrile illness.
- Encouraging individuals to report any symptoms promptly.
- Checking illness logs for common symptoms and/or increased frequency of campers/staff reporting similar symptoms (e.g., vomiting, fever, diarrhea, sore throat).

Handwashing and Respiratory Etiquette

Covering coughs and sneezes and keeping hands clean can help prevent the spread of

respiratory illnesses. Staff and children (as developmentally appropriate) should be taught and asked to follow these steps that prevent the transmission of respiratory infections:

- Cover coughs and sneezes with a tissue or into your sleeve, not your hands.
- Avoid touching eyes, nose and mouth.
- Wash hands frequently, especially after coughing or sneezing.

Handwashing (staff and campers) should occur frequently and not just during outbreaks. Staff should monitor campers' handwashing and supervise and/or help young children wash their hands thoroughly and properly. Encourage all campers and staff to properly wash their hands, especially before meals and after using the restroom.

- 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.
- Alcohol-based hand sanitizers should be used if soap and water is not available. Consider making alcohol-based hand sanitizers available throughout the camp.
 - 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.
- If applicable, hands should be washed with soap and warm water prior to performing ceremonial hand washing.

Hand sanitizing gels or wipes can be used in remote wilderness camp settings if handwashing facilities are not available. However, these products are not optimal, and some are ineffective against norovirus. Proper handwashing should occur when possible.

Cleaning and Disinfection

Routine cleaning and disinfection are important prevention measures against the spread of germs. Youth camps should follow their standard procedure for routine cleaning and disinfecting. Typically, this means daily sanitizing of indoor surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. For more information, see

<https://www.cdc.gov/hygiene/cleaning/facility.html>

NJDOH also has guidance on healthy indoor environments:

- [What's the Difference Between Cleaners, Sanitizers, and Disinfectants?](#)
- [Safe Cleaning – What's Wrong with Using Bleach?](#)
- [Safe Cleaning with Microfiber Cloths and Mops](#)
- [Air Fresheners – What You Need to Know](#)

Cleaning with all-purpose cleaners (certified green cleaners/soap/detergent) and water decreases the number of harmful germs (like viruses, bacteria, parasites, or fungi) on

surfaces and reduces risk of infection from surfaces in schools. Cleaning also helps remove mold and allergens that can trigger asthma symptoms.

Sanitizing reduces the number of germs on non-porous surfaces. Sanitizing is done with weaker bleach solutions than are used for disinfection or sanitizing sprays. Sanitizer labels should specify the surfaces they are intended to be used on. Sanitizers must be registered and are regulated by the U.S. Environmental Protection Agency (EPA). Surfaces or items should be cleaned before they are sanitized. Surfaces that come in contact with children's mouths, such as infant feeding items and toys should be sanitized.

Disinfecting kills most germs including bacteria and many viruses on non-porous surfaces. Disinfectants are pesticides regulated and registered by the EPA. By killing germs on a surface after cleaning, disinfecting can further lower the risk of spreading disease. Camps should refer to the EPA website to use an EPA-registered disinfecting product that are effective against common pathogens.

If making a [bleach solution for general disinfection](#), household bleach (5.25%–6.15% sodium hypochlorite) should be used. Using alternative preparations (e.g., non-scented or splash-less bleach) of bleach may alter the dilution concentration needed to clean materials. Bleach should not be combined with any other disinfectants or cleaning products. Household bleach (or any disinfectants) should never be mixed with any other cleaners or disinfectants. Follow the label directions on the bleach product and determine if any protective equipment, such as gloves or eye protection should be worn.

200ppm (parts per million) - 1:250 dilution

Use for stainless steel, food/mouth contact items, toys

1 Tablespoon of bleach in 1-gallon water

1000ppm (parts per million) - 1:50 dilution

Use for non-porous surfaces, tile floors, countertops, sinks, toilets

1/3 cup bleach in 1-gallon water

5000ppm (parts per million) - 1:10 dilution

Use for porous surfaces, wooden floors

1 and 2/3 cup bleach in 1-gallon water

Stability of Chlorine Bleach

- Once opened, bottles of household bleach will lose effectiveness after 30 days.
- Use a new unopened bottle of bleach every 30 days for preparing diluted disinfectant solutions.
- Prepare a fresh dilution of bleach (only from bleach bottles that have not been open for more than 30 days) with room temperature water every day of use and discard unused portions.

Some disinfectants and sanitizers are ready-to-use, and some are meant to be diluted with water. It is important to follow product label instructions and to follow the manufacturer's instructions for applying a bleach solution to surfaces.

Based on the organism that may be causing an outbreak, the LHD may recommend specific disinfection procedures to reduce the risk of spreading disease within the camp.

Green Cleaning refers to the use of cleaning products that have a reduced impact on human health and the environment, often because they have been re-formulated to eliminate the most potentially toxic ingredients. It is important to know when cleaning is good enough and when sanitization or disinfection, which may involve harsher chemicals, is needed. It is also important for camps to know how to identify and use green cleaning products.

EPA manages the [Safer Choice program](#), which certifies products that contain safer ingredients for human health and the environment. In addition to the Safer Choice label, EPA offers the [Design for the Environment \(DfE\)](#) label on antimicrobial products, such as disinfectants and sanitizers. Whether a product displays the Safer Choice label or the DfE label, the same stringent requirements and high standards must be met for that product to become certified.

EPA provides online search tools to help consumers and purchasers find Safer Choice and DfE-certified products:

- [Safer Choice-Certified Product Search](#)
- [DfE-Certified Product Search, including those also on List N](#) (antimicrobial products, like disinfectants and sanitizers)

Microfiber has been shown to remove up to 98% of bacteria and 93% of viruses from surfaces using microfiber and water in tests published by the EPA. Microfiber mops used with a detergent cleaner have shown to remove bacteria as effectively as cotton mops used with a disinfectant.

Guidance for Clean-up of Vomit or Feces

Ideally, separate supplies (such as buckets) should be maintained for cleaning these types of accidents, and staff should refrain from using supplies that are used for routine cleaning. Disposable masks, aprons/gown, shoe covers, and eye shields should be worn if they are available. At a minimum, the person cleaning should wear disposable single-use gloves. The following procedure should be used to clean vomit or feces:

- Cordon off a 10-foot range in the area where the incident occurred until it is cleaned. If the incident occurred in the kitchen, cordon off a 25-foot range.
- Clean areas soiled with vomit or feces promptly after the incident occurs.
 - Vomit and diarrhea should be removed carefully to minimize airborne particles. Using disposable absorbent material (e.g., cloth, paper towels, kitty litter, baking soda) soak up vomit and diarrhea. Do not vacuum material; using gloves, pick it up

- using paper towels. Dispose of all waste in a plastic trash bag or biohazard bag, immediately close, and dispose of the bag.
 - Then, use soap and water to wash and rinse the area or object. Wipe dry with paper towels. Dispose of all waste in a plastic trash bag or biohazard bag, immediately close, and dispose of the bag.
- After the area or object has been cleaned, it must be disinfected. Liberally disinfect area and objects surrounding the contamination with an appropriate disinfectant (multiple applications may be required).
 - Ensure that the appropriate dilution and contact times for the disinfectant are used.
 - 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. 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 Control Measures cleaning and disinfecting section.
 - Spray the entire area within a 10-foot range of the vomiting or fecal accident. If the incident occurs in the kitchen, consider the area within 25 feet of the vomit to be contaminated.
- After the affected area has been cleaned, supplies used to clean the incident (such as buckets) should be sprayed with a 10% household bleach solution and allowed to air-dry.
 - Place the gloves, apron, mask, cleaning cloths, shoe covers 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 their hands when finished.
- If the incident 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/cafeteria, 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.
- If applicable, individuals should be instructed to handle linens 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.

Hard Surfaces

- For toilets, sinks, furniture, walls, floors, and other hard, non-porous surfaces, carefully

remove vomit and diarrhea, and clean contaminated objects and surfaces with soap and hot water. Then, disinfect with the bleach solution.

Food/Mouth Contact Items

- For objects that may come in contact with food or the mouths of people (such as toys or dishes), carefully remove vomit and diarrhea. Then, disinfect with the bleach solution. Rinse thoroughly with clean water afterwards. Alternatively, dishes, utensils, and cups can be cleaned with a dishwasher (using hot water and dishwasher detergent) immediately after use.

Carpet / Upholstered Furniture

- Visible debris should be cleaned with a double layer of absorbent material and placed in a plastic bag to minimize exposure to aerosols. Since disinfecting with bleach may discolor carpet, they should be steam cleaned (heat inactivation) 158°F for 5 minutes or 212°F for 1 minute.

Clothing / Fabrics / Linens

- If soiled, vomit or feces should be carefully removed to minimize aerosols. Keep contaminated and non-contaminated clothes separated. Minimize disturbance of soiled linens and laundry. Aerosols may pose a risk for transmission. Wash items in a pre-wash cycle, then use a regular wash cycle using detergent. Dry items separately from uncontaminated clothing at high temperature greater than 170°F. Ensure separation of clean and soiled linens/clothing/textiles.

Ventilation and Air Quality

Ventilation moves fresh air from outside to replace stale air inside and clears odors, germs, and other harmful particles from the air. Good ventilation can reduce the number of virus particles in the air. Along with other preventive actions, ventilation can reduce the likelihood of spreading disease. Safely opening windows and doors, including on buses and transportation vehicles, and using portable air cleaners with HEPA filters, are examples of strategies to improve ventilation.

The Centers for Disease Control and Prevention ([CDC](#)) and the Environmental Protection Agency ([EPA](#)) outline ways that schools, ECEs and Institutions of Higher Education (IHE) can improve ventilation:

- Bring in as much outdoor air as possible:
 - Open doors & windows (if safe).
 - Use child-safe fans safely secured in windows to increase air flow.
 - Consider having classes, activities and lunches outside, if circumstances allow.
 - Open windows in transportation vehicles when it does not create a safety or health hazard.
 - Use exhaust fans in restrooms and kitchens.
- Ensuring Heating, Ventilation, and Air Conditioning (HVAC) settings maximize ventilation:

- Consider HVAC improvements in consultation with an HVAC professional.
- Make sure ventilation systems are serviced and meet code requirements. They should provide acceptable indoor air quality, as defined by [ASHRAE Standard 62.1](#) for the current occupancy level for each space.
- Set systems to bring in as much outdoor air as possible, including 2 hours before and after occupancy.
- In classrooms or buildings controlled at the thermostat, set the fan to the “on” position (instead of “auto”) to operate the fan continuously, even when heating or air conditioning is not required.
- Filter and/or clean the air by improving the level of air filtration as much as possible without significantly reducing air flow:
 - Ensure high-efficiency particulate air (HEPA) filters are sized, installed, and replaced according to manufacturer’s instructions. Air filters should be changed on a more frequent basis, as per manufacturer’s guidance.
 - Consider portable air cleaners that HEPA filters to enhance air cleaning wherever possible.
- CDC guidance on [ventilation in the home](#) and [ventilation in buildings](#) may be relevant for residential dormitories.
- NJDOH also has guidance on [improving ventilation](#) in schools and ECEs.

References and Resources

New Jersey Department of Health

[NJDOH Environmental Health](#)

[Let's Clear the Air About Summer Camp Activities](#)

[New Jersey Youth Camp Safety Standards N.J.A.C. 8:25](#)

New Jersey Department of Environmental Protection

[New Jersey School Integrated Pest Management \(IPM\) Program](#)

Centers for Disease Prevention and Control

[When and How to Clean and Disinfect a Facility | CDC](#)

[How To Clean and Disinfect Early Care and Education Settings | CDC](#)

[Early Care and Education Portal | CDC](#)

[Handwashing in Communities: Clean Hands Save Lives](#)

Environmental Protection Agency

[Healthy School Environments](#)

[EPA Green Cleaning, Sanitizing, and Disinfection: A Curriculum for Early Care and Education](#)

Miscellaneous

[Norovirus Toolkit for Camp Outbreaks | California Department of Health](#)

[Washington Integrated Food Safety Center of Excellence: Norovirus Toolkit for School or Childcare Center Outbreaks](#)

[Improving Health and Safety at Camp | American Academy of Pediatrics](#)

Preventing Vector-borne Illnesses

Ticks can transmit various diseases in NJ; the most common is Lyme disease, carried by deer ticks. Tickborne diseases in NJ are caused by bacteria, viruses, and parasites that are spread to a human through the bite of an infected tick. Different ticks prefer different habitat, but in general are present in wooded or grassy areas and can often be found in long grasses, brush, and leaf litter. They can also be transported by animals such as pets. Ticks do not jump or fly but either crawl towards people/animals or wait for them to pass by on the tips of grasses and shrubs. Ticks can attach to clothing, shoes, and skin.

Diseases like West Nile virus or Eastern equine encephalitis are transmitted through the bite of an infected mosquito. Camp staff and administration play an important role in mosquito bite prevention, particularly by ensuring that mosquito breeding areas are minimal or low in the main camp environment (around living and activity areas, dining hall and bathroom facilities). Mosquitos breed in water. While there are naturally occurring water sources, camp staff help by emptying standing water in containers around the camp (e.g., tires, rain barrels, buckets, concrete basins, clogged gutters, and wading pools). Refer to [Mosquito-Proof your Yard](#) for ways to minimize mosquito habitat. Well-maintained screens on doors and windows can help keep mosquitoes from entering buildings.

Camps should share information with parents, campers and staff to prevent mosquito and tick bites, including:

- Wearing long sleeves, pants, and closed-toe shoes when possible if activities will be in woody or grassy areas.
 - Light colored clothing is best to easily spot ticks.
 - Shirts should be tucked in at the waist; socks should be pulled over pant legs.
- Spraying shoes, socks, clothing and gear with permethrin (an insecticide) or wearing pre-treated clothing.
 - Permethrin should not be applied directly onto skin.
- Using bug spray containing an [EPA-registered repellent](#) to lessen tick and mosquito bites.
 - Teach children (age appropriately) to properly use bug spray and to ask for help if needed.
- Educating staff, especially those who live with campers or who accompany groups of campers from activity to activity, to notice children who are getting bitten by mosquitoes. Assess those campers for appropriate use of their repellent.
- Walking in the middle of trails, if possible, to avoid brushing against foliage and long grasses.
- Avoiding popular tick habitats such as downed logs, leaf piles, tall grass & weeds, and the base of trees.
- Avoiding mosquito-borne habitats; mosquitoes especially like wooded areas and marshes during the dusk and dawn periods (peak biting time). Avoid campouts near marshes and other wet areas.

After outside activities:

- Make “tick checks” part of the daily routing at camp or when returning home.
- Examine clothing for ticks then tumble dry (dry) clothes on high heat for 10 minutes to kill ticks after you come indoors. Tumble damp or wet clothes in a dryer on high heat for 60 minutes to kill ticks.
- Perform a tick check after being outdoors and be sure to check in crevices such as their elbows, behind their ears, behind their knees, in their hair, etc.
- Shower as soon as possible to wash off unattached ticks. Showering within two hours of coming indoors can reduce the risk of getting a tickborne illness.
- Attached ticks should be removed with fine-tip tweezers:
 - Clean the bite area with rubbing alcohol and clean hands with soap and warm water.
 - Dispose of any live ticks by putting them in alcohol, placing in a sealed bag or container, wrapping tightly in tape, or flushing down the toilet.
 - Consider talking to a [healthcare provider](#) if an engorged (full of blood) tick is removed.
- Be aware of flu-like symptoms in the weeks following a tick bite.

NJDOH has created new tick and mosquito infographics for camps, parents, and campers. These resources can be found here and are posted to the [School Health](#) and [Vector-borne Illness](#) pages. Online materials developed for [K-12 schools](#) may also be relevant for camp settings.

Residential 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 general outbreak and prevention guidance outlined previously, 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.
- Consult public health to determine if notification to students, families or staff is recommended. 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 suspected outbreak, develop and maintain a list of ill students and staff. This list should include information on symptoms, illness onset, living

unit, etc. NJDOH has line listings available in various formats to record this information, which can be found on the [School Health](#) page under forms.

Prevention and Control

As part of maintaining a safe and healthy camp environment, certain general and disease specific infection control measures should be instituted to minimize the risks. Everyday preventive actions such as these should always be in place but are critical to implement when an outbreak is occurring.

- **Handwashing**

Handwashing is one of the most effective means of controlling the spread of communicable disease. Handwashing should 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. See [NJDOH Handwashing Materials](#) for examples.
- 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 are 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.

- **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.
- Menus 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) wash their hands thoroughly before food handling and immediately after toilet visits.
- Exclude food handlers 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 to 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**

- 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.
- 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 dorm/cabin 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.
 - 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.
- 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 or the local public health agency may recommend collecting stool specimens from ill campers and staff for laboratory testing to try to determine the organism causing of the illness.
- 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.
- New arrivals should not be housed with sick or recovering campers and staff.
- 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.

Outbreak 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 overnight camps, ill 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 or closing the camp.▪ 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 and maintain policies for:</p> <ul style="list-style-type: none">▪ Illness▪ Cleaning and disinfecting▪ Sanitizing (e.g., utensils, cups)▪ Improving ventilation | | | | |

| Description of Control Measure to be Implemented | Recommended | Date Instituted | Date Reinforced | Date Suspended |
|---|-------------|-----------------|-----------------|----------------|
| <ul style="list-style-type: none"> ▪ Handwashing ▪ Diaper changing if applicable ▪ Swimming pools or other recreational water facilities, if applicable, consistent with N.J.A.C. 8:26 Public Recreational Bathing Regulation. | | | | |
| <p>Educate parents, staff, and campers:</p> <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. | | | | |
| <p>Have a policy in place regarding notification to parents/guardians. This may be accomplished by sending notification home.</p> <p>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.</p> | | | | |
| <p>Frequent hand washing with soap and water especially:</p> <ul style="list-style-type: none"> ▪ Before and after handling food or eating. ▪ Before giving medication. ▪ Before and after caring for someone who is sick with vomiting or diarrhea. ▪ After using the bathroom. <ul style="list-style-type: none"> ○ Adults should supervise or assist young children during hand washing as needed. ▪ After contact with animals. ▪ After playing outside or playing in water that is used by more than one person. ▪ After cleaning spills or objects contaminated with body fluids. ▪ Before and after giving first aid. ▪ Before donning and after removing gloves. | | | | |

| Description of Control Measure to be Implemented | Recommended | Date Instituted | Date Reinforced | Date Suspended |
|---|-------------|-----------------|-----------------|----------------|
| <p>If handwashing facilities are limited, consider adding temporary facilities.</p> <ul style="list-style-type: none"> ▪ set a handwashing schedule. ▪ stagger groups of campers. ▪ provide soap and disposable paper towels or a safe warm-air hand-drying device. <p>Note: Hand sanitizers should not be substituted for soap and water hand washing during a GI outbreak. Alcohol based sanitizers do not work well against spore forming bacteria such as C. difficile, or viruses such as Norovirus.</p> <p>Have clean, disposable paper towel or a safe warm-air hand-drying device available.</p> <p>About Hand Hygiene in Schools and Early Care and Education Settings</p> | | | | |
| <p>Gloves should be worn:</p> <ul style="list-style-type: none"> ▪ During contact with blood, feces or body fluids. <p>Note: Remove and dispose of gloves after completing tasks, before touching anything else. Always perform hand hygiene after the use of gloves.</p> | | | | |
| <p>Reinforce respiratory etiquette to students and staff;</p> <ul style="list-style-type: none"> ▪ Coughing and sneezing into a tissue or elbow. ▪ Properly disposing of tissues. ▪ Washing hands immediately after coughing, sneezing or blowing nose. <ul style="list-style-type: none"> ○ If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands. <p>Preventing the Flu: Good Health Habits Can Help Stop Germs</p> | | | | |
| <p>Staff assigned to affected sections of camp or cabins should not rotate to unaffected sections or cabins.</p> | | | | |
| <p>Cleaning and disinfection:</p> <ul style="list-style-type: none"> ▪ Increase frequency during an outbreak. | | | | |

| Description of Control Measure to be Implemented | Recommended | Date Instituted | Date Reinforced | Date Suspended |
|--|-------------|-----------------|-----------------|----------------|
| <ul style="list-style-type: none"> ○ Frequently touched surfaces including lavatory surfaces, toys, tables, cubbies, mats, blankets/sheets, keyboards, kitchen prep areas, desks, phones, handrails, doorknobs and equipment. ○ Common areas such as gym, cafeteria, restrooms. <ul style="list-style-type: none"> ▪ Immediately after spills of body fluids, follow procedures for Vomit and Fecal Clean Up. ▪ Clean surfaces before applying a disinfectant. ▪ Label directions should always be followed. <p>Proper technique:</p> <p>Use a broad-spectrum product registered with the EPA as being tuberculocidal or effective against Norovirus List G: Antimicrobial Products Registered with EPA for Claims Against Norovirus (Feline calicivirus) according to manufacturer's instructions or a self-made bleach solution prepared daily; labeled and sealed</p> <ul style="list-style-type: none"> ▪ 1/3 cup bleach per gallon of cool water or 1 Tbsp. bleach per quart of cool water (5-minute contact time). ▪ Use of a bleach wipe with a 6% concentration of sodium hypochlorite for the dwell time specified by the manufacturer and until the surface is completely dry may be substituted. <ul style="list-style-type: none"> ○ Disinfectant wipes should not be used in a classroom by a staff member while children are present. <p>Discard fluid contaminated material in a plastic bag that has been securely sealed.</p> <p>Change mop heads when a new bucket of cleaning solution is prepared, or after cleaning large spills of vomit or fecal material.</p> <p>Mops should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible and hung to dry completely.</p> <p>When disinfecting, surfaces should be wet for appropriate contact (dwell) time, then allow surface to air dry or dry with a fresh paper towel or microfiber</p> | | | | |

| Description of Control Measure to be Implemented | Recommended | Date Instituted | Date Reinforced | Date Suspended |
|--|-------------|-----------------|-----------------|----------------|
| <p>cloth.</p> <p>Objects that come in contact with food or mouths of people (e.g., toys, dishes) should be rinsed thoroughly with clean water after disinfection or alternatively, dishes, utensils, and cups can be cleaned with a dishwasher (using hot water and dishwasher detergent) immediately after use.</p> <p>Do not use a common cloth for cleaning/disinfecting; use paper towels and dispose of them immediately after use.</p> <p>Mattress and cot covers must be laundered between uses by different children or at least once a week if used by the same camper.</p> <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. <p>Provide good ventilation by opening windows and doors when using bleach or other disinfectants.</p> | | | | |
| <p>Facilities serving or sharing food should:</p> <ul style="list-style-type: none"> ▪ If applicable, suspend community dining or recreational activities where ill and well campers would otherwise mingle. ▪ Discontinue family-style service of meals. ▪ Stop using self-service bars. ▪ Restrict campers from sharing of any communal food items. ▪ Food preparation areas shall be restricted to authorized personnel. <ul style="list-style-type: none"> ○ Discontinue activities that allow children to assist with meal preparation such as table setting and serving food. ○ Do not let children serve themselves in any manner which might promote direct hand contact with shared foods. ▪ Do not allow use of common or unclean eating utensils, drinking cups, etc. | | | | |

| Description of Control Measure to be Implemented | Recommended | Date Instituted | Date Reinforced | Date Suspended |
|--|-------------|-----------------|-----------------|----------------|
| <ul style="list-style-type: none"> ▪ Hand out items to be shared. ▪ Exclude ill food handlers with GI illness according to exclusion list. | | | | |
| <p>Drinking and recreational water:</p> <ul style="list-style-type: none"> ▪ Ensure proper treatment of water. ▪ Use only approved sources. ▪ Campers and staff with GI illness 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 illness/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:

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 () _____
Camp Admin/Nurse Phone number



General Guidelines for the Control of Outbreaks in School and Childcare 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. **Outbreaks and suspect outbreaks of illness are immediately reportable to the Local Health Department where the school is located.**¹

Fever is defined as a body temperature ≥ 100.4 F (38°C) from any site.

| Infection or Condition | Common Signs and Symptoms | Exclusion for School/Daycare Children | Exclusion for Childcare Provider and/or Food Handler | Notes | Individual Cases Reportable to Health Department |
|---|--|---|---|--|--|
| Acute Respiratory Illness (ARI) | Fever $\geq 100.4^{\circ}\text{F}$ and rhinorrhea, nasal congestion, sore throat, or cough in absence of a known cause. | Until fever free for 24 hours without fever reducing medication and symptoms are improving. ² | | | |
| 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 | Until fever free for 24 hours without fever reducing medication AND symptoms are improving. | | Once individuals return to normal activities, they should take additional precautions for the next five days. ² | |
| Diarrhea Unspecified (organism/cause not identified or not yet determined) | Defined by stool that is occurring more frequent or is less formed in consistency than usual in the child and not associated with changes of diet. | Exclude children whose stool frequency exceeds 2 above normal per 24 hours for that child. Exclude diapered children whose stool is not contained in the diaper and toilet-trained | Exclude from cooking, preparing and touching food until 24 hrs. after symptoms resolve. | See norovirus Medical evaluation for stools with blood or mucus. | |

| Infection or Condition | Common Signs and Symptoms | Exclusion for School/Daycare Children | Exclusion for Childcare Provider and/or Food Handler | Notes | Individual Cases Reportable to Health Department |
|---|---|--|--|---|--|
| | | children if diarrhea is causing "accidents". Until diarrhea has ceased for 24 hours (e.g., last episode Monday at noon, child may return on Wednesday). | | | |
| E. coli – Shiga toxin producing E. coli (STEC) | Nausea, vomiting, bloody diarrhea, abdominal cramps. | Daycare: Symptom free and two negative stools ^{3,4} . School: Symptom free. | Exclude from cooking, preparing and touching food until symptom free and have two negative stool tests. ^{3,4} | Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations. | Yes ⁵ |
| Fever (only) | Elevation of normal body temperature. Body temperature $\geq 100.4^{\circ}\text{F}$ (38°C) from any site | Until fever free for 24 hours without fever reducing medication. | | | |
| Fifth Disease (Erythema infectiosum) | Mild cold symptoms followed by rash, characterized by "slapped face" appearance. | No exclusion. | | Pregnant women and immuno-compromised persons should seek medical advice. | |
| Hand Foot and Mouth (coxsackievirus) | Fever, sore throat, malaise, ulcers in the mouth and blisters on hands and feet. | Daycare: Fever free for 24 hours without fever reducing medication 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. | |

| Infection or Condition | Common Signs and Symptoms | Exclusion for School/Daycare Children | Exclusion for Childcare Provider and/or Food Handler | Notes | Individual Cases Reportable to Health Department |
|---|--|---|--|--|--|
| Hepatitis A | Jaundice | 1 week after onset of jaundice or illness and fever free (if symptoms are mild). | Exclude from cooking, preparing and touching food 1 week after onset of jaundice or illness and fever free (if symptoms are mild). | | Yes, immediately ⁵ |
| Herpes Gladiatorum (“Wrestlers Herpes”) | Cluster of blisters typically head neck and shoulders. Fever, sore throat, swollen lymph nodes, burning or tingling skin. | Sports: All lesions healed with well adhered scabs and no new vesicle formation and no swollen lymph nodes near area involved. ⁶ | | Athletes with direct skin to skin contact with infected individual must be excluded from contact activity ⁶ | |
| Impetigo | Small, red pimples or fluid-filled blisters with crusted yellow scabs. | Until treatment is initiated Sports: Exclude until deemed non-infectious and adequately treated by HCP ⁶ | | Found most often on the face but may be anywhere on the body. When possible, lesions should be covered until dry. | |
| Influenza¹ | 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. | | | |
| 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 ⁵ |
| Meningitis, Bacterial (including Haemophilus influenzae) | High fever, headache and stiff neck. | Until adequately treated, 24 hours after initiation of effective antimicrobial therapy. | | | Yes, immediately ⁵ |
| Meningitis, Viral | High fever, headache and stiff neck. | Fever free for 24 hours without fever reducing medication. | | | |

| Infection or Condition | Common Signs and Symptoms | Exclusion for School/Daycare Children | Exclusion for Childcare Provider and/or Food Handler | Notes | Individual Cases 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: Exclude until deemed non-infectious and adequately treated by HCP ⁶ | | | 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. | Until 5 days after onset of parotid swelling and fever free for 24 hours without fever reducing medication. | | Parotitis = day 0 | Yes ⁵ |
| Norovirus | Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache. | Until 24-48 hrs. after symptoms resolve and fever free for 24 hours without fever reducing medication. | Exclude from cooking, preparing and touching food 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 (i.e., during an outbreak). | |
| Pink Eye (conjunctivitis) | May affect one or both eyes. 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. | Symptom-free, which means redness and drainage are gone OR approved for return by HCP. | | There are several types of conjunctivitis including; bacterial, viral, allergic and chemical. Sometimes will occur early in the course of a viral respiratory infection that has other signs or symptoms. | |

| Infection or Condition | Common Signs and Symptoms | Exclusion for School/Daycare Children | Exclusion for Childcare Provider and/or Food Handler | Notes | Individual Cases Reportable to Health Department |
|---|--|---|--|---|--|
| 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 ⁵ |
| Rubella (German measles) | Slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph nodes. Joint pain may occur. | Through 7 days from rash onset | | | Yes, immediately ⁵ |
| Salmonella Typhi (typhoid fever) | Fever, anorexia, lethargy, malaise, headache. | Fever free for 24 hours without fever reducing medication AND Daycare: Symptom free and three negative stool tests ³ School: Symptom free. | Exclude from cooking, preparing and touching food until symptom free and three negative stool tests. ³ | Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations. | Yes ⁵ |
| Salmonella non-typhoid | Fever, nausea, vomiting, non-bloody diarrhea, abdominal cramps. | Symptom free ⁴ Fever free for 24 hours without fever reducing medication. | Exclude from cooking, preparing and touching food until symptom free and have two negative stool tests. ³ | | Yes ⁵ |
| Scabies | Itchy raised areas around finger webs, wrists, elbows, armpits, beltline, and/or genitalia. Extensive scratching. | Until after treatment has been given. Contact Sports ⁶ | | Refer for treatment at the end of school day and exclude until treatment has been started. | |
| Shigella | Nausea, vomiting, diarrhea (may be bloody, and abdominal cramps. | Daycare: Symptom free and 2 negative stools ³ School: Symptom free. | Exclude from cooking, preparing and touching food until symptom free and have two negative stool tests. ³ | Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations. | Yes ⁵ |

| Infection or Condition | Common Signs and Symptoms | Exclusion for School/Daycare Children | Exclusion for Childcare Provider and/or Food Handler | Notes | Individual Cases Reportable to Health Department |
|--|---|---|---|---|--|
| 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 ⁶ | | | |
| Streptococcal pharyngitis (strep throat) | Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash. | Until at least 12-24 hrs. after antibiotic treatment has been initiated and child able to participate in activities AND Fever free for 24 hours without fever reducing medication. | | Exclusion time may vary on a case-by-case basis after consultation with the local health department (i.e., during an outbreak). | |
| Tinea capitis (Ringworm of the scalp) | Hair loss in area of lesions. | Until after treatment has been started. Contact Sports ⁶ | | Refer for treatment at the end of school day and exclude until treatment has been started. | |
| 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. Contact Sports ⁶ | | Refer for treatment at the end of school day and exclude until treatment has been started. | |
| 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 5 days after onset of rash. | | | Yes ⁵ |
| Vomiting | Children with vomiting from an infection often have diarrhea and sometimes fever. | If vomiting more than 2 times in the previous 24 hours and is not from a known non-communicable condition (e.g., gastroesophageal reflux). | Exclude from cooking, preparing and touching food until 24 hrs. after symptoms resolve. | See Norovirus | |

| Infection or Condition | Common Signs and Symptoms | Exclusion for School/Daycare Children | Exclusion for Childcare Provider and/or Food Handler | Notes | Individual Cases Reportable to Health Department |
|------------------------|---|--|---|-------|--|
| | | Until at least 24 hours after last episode (e.g., last episode Monday at noon, child may return on Wednesday). | | | |
| Yersiniosis | Fever, abdominal pain, diarrhea (sometimes bloody). | Until diarrhea has resolved. | Exclude from cooking, preparing and touching food until diarrhea has resolved and they have one negative stool test. ³ | | Yes ⁵ |

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).

¹ An 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 See Respiratory Virus Guidance for K-12 Schools, Youth Camps, and Early Care and Education Programs at <https://www.nj.gov/health/cd/topics/schoolhealth.shtml>

³ Negative stool specimens taken at least 24 apart and at least 48 hours after cessation of antibiotic treatment

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

⁵ For specific reporting requirements refer to NJDOH Reporting Requirements <http://nj.gov/health/cd/reporting>

⁶ Wrestling and other contact sports refer to [NJDOH School Health](#) (search "Guidelines for Skin Infections in Contact Sports") for exclusion guidance

Sources:

A. American Academy of Pediatrics. Red Book 31st 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](#)

E. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools a Quick Reference Guide, 5th Edition

Often in the camp setting, it is difficult to determine if an outbreak exists especially when seasonal illnesses are circulating. An outbreak may be occurring if you are experiencing clusters of ill students and/or staff that are in the same group, same cabin, dorm or wing of the facility or have attended a common event. The information in this checklist is outlined in detail in the NJDOH ***“General Guidelines for the Prevention and Control of Outbreaks in Educational Settings”***¹ The NJDOH recommends that if an outbreak is suspected schools take the following steps:

- ☐ **Notify the Local Health Department:** Report all suspect or confirmed outbreaks immediately to the local health department (LHD) where the camp is located.²
- ☐ **Collect Information:** Gather information regarding the number ill, total number in the camp, symptoms, and lab testing performed if any.
- ☐ **Track Ill Persons:** Track camper and staff illness and absences. A line list template can be found on the NJDOH website.¹
- ☐ **Implement Recommendations:** Implement and maintain measures recommended by the LHD to control the outbreak, such as environmental cleaning, handwashing and exclusion, while investigation is ongoing.
- ☐ **Inform Staff:** Communicate recommendations made by LHD to staff to ensure implementation of control measures.
- ☐ **Cleaning and Disinfection:** Maintain environmental cleaning as recommended with appropriate products. “Be sure the products being used, and the surfaces being cleaned match the organism you think may be making people sick.”
- ☐ **Notification:** If notification is determined to be necessary after consultation with public health officials, provide information and resources to parents on current situation in consultation with public health officials.
- ☐ **Update LHD:** Provide the LHD with updates regularly throughout the outbreak.
- ☐ **Educate Campers, Staff and Parents:** Inform staff, students and parents about the outbreak, signs and symptoms, prevention measures to use at home and school during and after the outbreak to reduce transmission.
- ☐ **Determine When the Outbreak is Over:** It is important to work with the local health department to determine when the outbreak is over. If notification of the outbreak was sent to parents be sure to notify them when the outbreak is over reminding them of the importance of prevention measures such as handwashing and keeping student and staff at home when sick.

¹<http://nj.gov/health/cd/topics/schoolhealth.shtml>

²<http://localhealth.nj.gov>



Summer



CAMP



Protect yourself against mosquitos and ticks this summer.

Sleeves



Wear long sleeves, pants, and closed-toe shoes when possible. Light colored clothing is best to easily spot insects.

Check



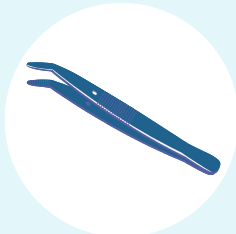
Check your whole body and clothing for ticks after being outside.

Spray



Use bug spray when outdoors to lessen tick and mosquito bites. Ask your camp counselor for help.

Remove



Remove any tick with tweezers or ask an adult to help. Do not squeeze ticks with your fingers to remove them.

Activity Tip:



Has it rained? After the rain, practice searching and emptying items that have still water. Mosquitos like to lay eggs in water. Emptying water can help avoid future bites.

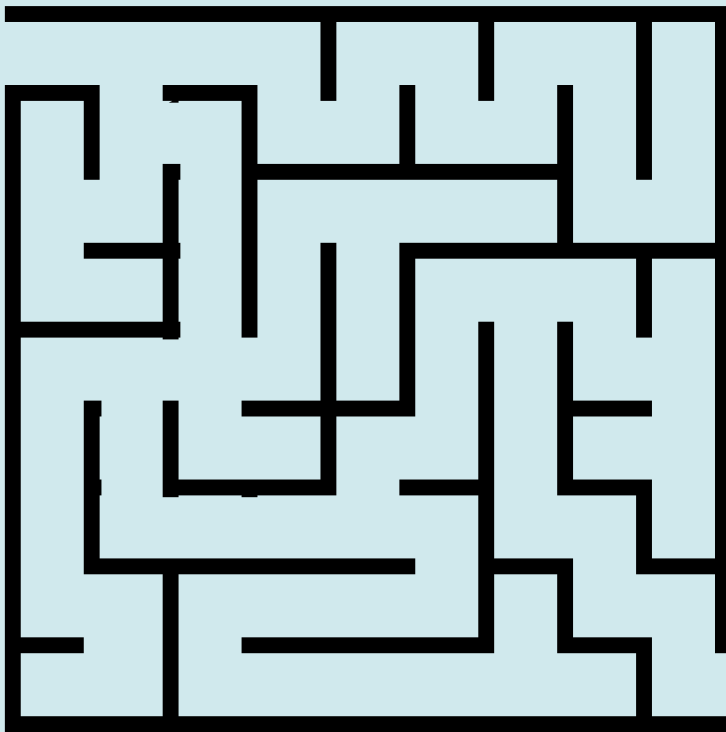
Summer



CAMP



Protect yourself against mosquitos and ticks this summer.



Directions:

Lead your way to empty the bucket filled with still water to make sure there are less mosquitos and mosquito bites at camp!

Fill in the blanks:



Hint: Use me to avoid getting mosquito and tick bites.

Let's talk!

What can this camper do to not get any more bites?



Summer Camp

Tick and Mosquito Safety for Parents



Ticks and mosquitos can spread many diseases. A disease can be transmitted when a person is bitten by a tick or mosquito that is carrying a disease.



Before camp



- **Treat** you children's clothing with permethrin, which is an insecticide. Do not put permethrin directly onto skin.
- **Send** your child to camp with EPA-registered insect repellent (bug spray).
- **Show** them how to properly use bug spray and to ask for help from a camp counselor.
- **Help** them pick out light-colored outfits and long sleeves and pants if they will be in woody or grassy areas all day.
- **Teach** your children that ticks and mosquitos can spread diseases and to try to avoid bites.



After camp



- **Check** your children's clothing for ticks and wash their clothing.
- **Teach** your child to do a full tick check after being outdoors all day.
- **Remove** ticks with fine tip tweezers if your child has any attached to them.
- **Dispose** of a live tick by putting it in alcohol, placing it in a sealed bag or container, wrapping it tightly in tape, or flushing it down the toilet.
- **Call** your health care provider if you found a tick attached to your child; they may benefit from antibiotics.
- **Monitor** your child for flu-like symptoms after any bites.

