Keeping Student Travel Healthy and Safe: Hot Topics and Effective Practices





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Background

- Attended the University of Michigan Medical School and board-certified in pediatrics
- Practice in a pediatric emergency department at a community hospital in Ann Arbor, Michigan
- Published multiple youth health research studies through the American Academy of Pediatrics the World Association for Disaster and Emergency Medicine, the Society of Academic Emergency Medicine, and Pediatric Academic Societies
- Lead author of the American Academy of Pediatrics (AAP) national policy statement on Improving Health and Safety at Camp
- Medical expert for the COVID-19 Field Guide created by the American Camp Association (ACA) and YMCA
- Founder of DocNetwork, an Electronic Health Record (EHR) software company for camps and schools through the CampDoc and SchoolDoc platforms

Workshop Key Takeaways

Designing Comprehensive Health and Safety Policies

COVID-19 Screening, Testing, and NPIs

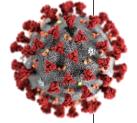
Improving Health and Safety With Technology



POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children



DEDICATED TO THE HEALTH OF ALL CHILDREN'



Improving Health and Safety at Camp

Michael J. Ambrose, MD. FAAP, Edward A. Walton, MD. FAAP, COUNCIL ON SCHOOL HEALTH

The American Academy of Pediatrics has created recommendations for health appraisal and preparation of young people before participation in day, resident, or family camps and to guide health and safety practices at camp. These recommendations are intended for parents and families, primary health care providers, and camp administration and health center staff. Although camps have diverse environments, there are general guidelines that apply to all situations and specific recommendations that are appropriate under special conditions. This policy statement has been reviewed and is supported by the American Camp Association and Association of Camp Nursing.

BENEFITS OF THE CAMP EXPERIENCE

For more than 150 years, children have been attending camp. Today, more than 14 000 day and resident camps exist in the United States, and approximately 14 million children attend day or resident camp supported by 1.5 million staff members.² When there is a successful match between a camp's philosophy, practices, and methods and a child's developmental, experiential, and temperamental readiness, abilities, and nature, the camp experience has been proven to have a lasting effect on psychosocial

abstract

⁴St Joseph Mercy Hospital, Ann Arbor, Michigan; and ⁵Ascension St John Hospital, Detroit, Michigan

Dr Ambrose conceptualized and designed the initial manuscript and revised the final manuscript; Dr Walton conceptualized and designed the initial manuscript; and both authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work

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Designing Comprehensive Health and Safety Policies



Health History Forms

HISTORY FORM Developed and reviewed by American Common American Academy of Pediatrics Council Association of Camp Nurses Mail this form to the address belo	Camp Association, I on School Health, &	Campe □ Ma	will attend camp: from	Middle Anoth/Day/Year Month/Day/Year Month/	Age on arrival at camp w. Attach additional inform i make a copy. juested date. RE RECOMMENDATIONS) a	nation if needed.
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Health History Form Questions

What questions should I ask?



What about mental health questions?



CDC Household Pulse Survey

www.cdc.gov/nchs/covid19/pulse/mental-health.htm

How Right Now

www.howrightnow.org

- What should I do with this information once I have it?
- Who can I share health history information with?



Medication Questions

- What is the definition of "medication" does it include both prescription medication and over-the-counter drugs?
- What laws and regulations regarding medication management apply to my organization?
- How should I store medications?

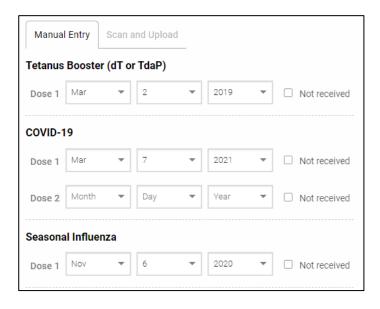


• What about staff medications?





Immunization Questions



- What laws and regulations regarding immunizations apply to my program?
- What immunization requirements do my travel destinations have for those visiting?



• What is the bare minimum information I should collect?



 How should I handle travelers who are underimmunized on unimmunized? What about non-medical exemptions?

Before the Trip

Planning

- Communicable Disease Plan (CDP)
- Supplies and PPE
- Local Resources

Communication

- Goals and Expectations
- Screening Process

Health History

- Staff and Travelers
- Immunizations

Pre-Screening



Prevention During the Trip

- Drop-Off and Pick-Up
- Health Screening
- Training
- Review Illness Data Daily
- Communicable Disease Control Practices



An Outbreak on the Trip

- Identify
- Activate
- Communicate
- Improve



COVID-19 Screening, Testing, and NPIs



CDC Guidance



Fully vaccinated people can:

- Resume activities without wearing masks or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance
- Resume domestic travel and refrain from testing before or after travel or self-quarantine after travel
- Refrain from testing before leaving the United States for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in the United States
- Refrain from testing following a known exposure, if asymptomatic, with some exceptions for specific settings
- Refrain from quarantine following a known exposure if asymptomatic

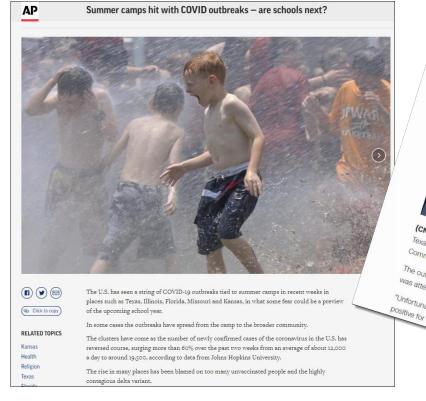


What worked?

- Prearrival Quarantine
- Pre-Arrival Testing
- Post-Arrival Testing
- Symptom Screening
- Cohorts
- Face Coverings
- Physical Distancing
- Enhanced Hygiene Measures
- Cleaning and Disinfecting
- Outdoor Programming

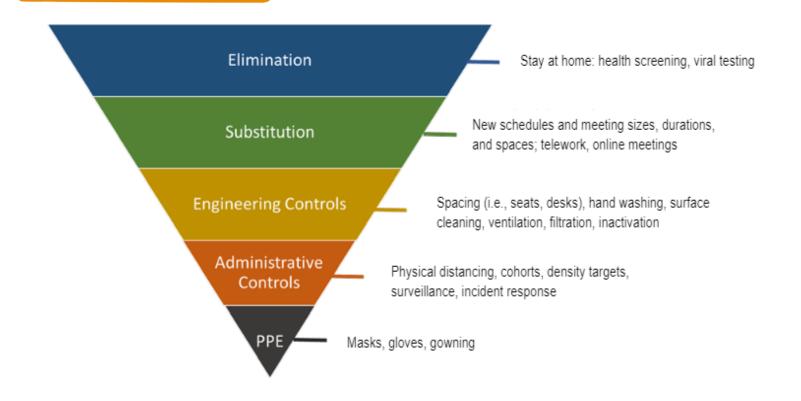


When It Goes Wrong



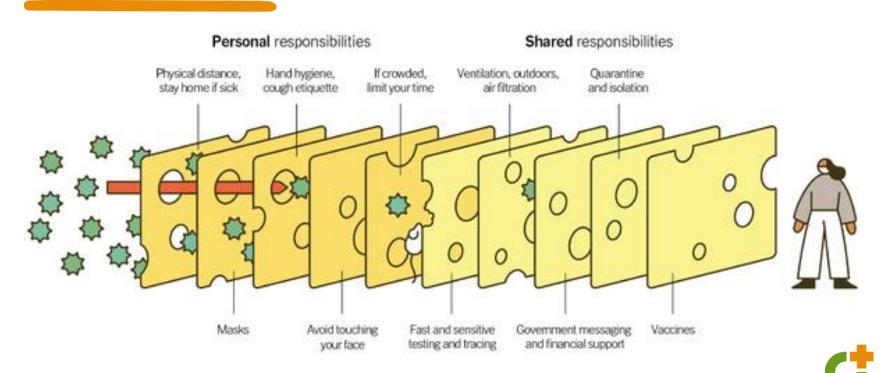


Hierarchy of Controls

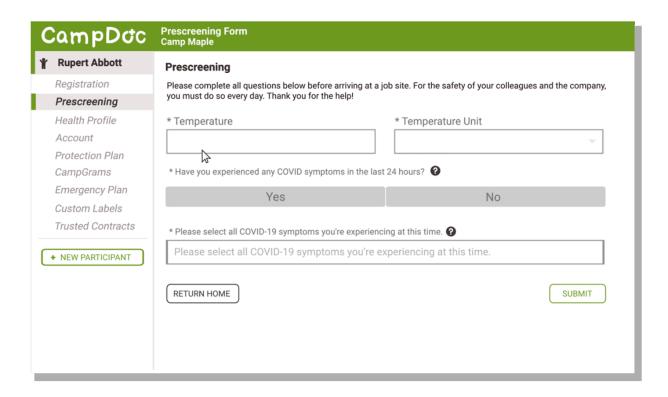




Swiss Cheese Defense

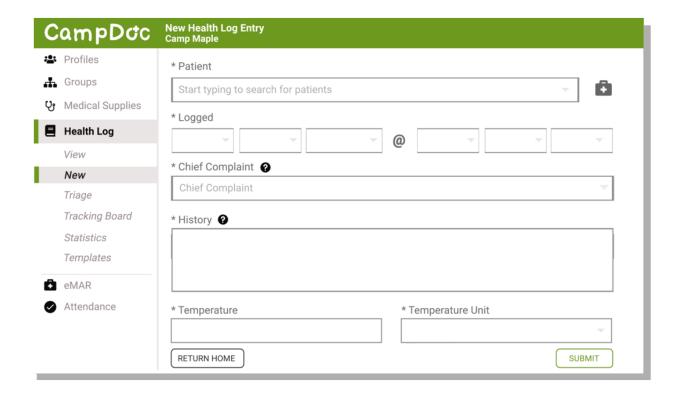


Pre-Screening



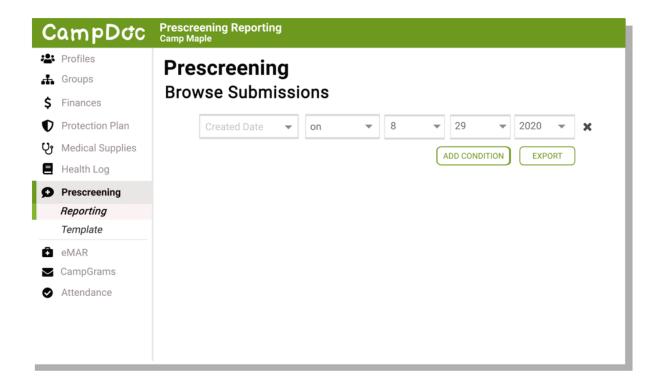


Screening 🗼











Testing

	Molecular Test	Antigen Test	Antibody Test
Synonyms	PCR, RT-PCR diagnostic test, viral test, NAAT, LAMP	Rapid diagnostic test	Serological test, blood test, serology test
Sample collection	Nasal or throat swab Saliva	Nasal or throat swab	Finger stick or blood draw
Time for results	Same day (some locations) or up to a week	One hour or less	Same day (many locations) or 1-3 days
Follow-up testing	Not usually	Without symptoms: • Positive requires PCR • Negative – none With symptoms: • Positive – varies by state may require PCR • Negative – requires PCR	Most states require positive antibody tests be followed up with PCR to rule out current infection. Sometimes a second antibody test is needed for accurate results.
Test results	Active coronavirus infection. Past infection as much as 3 months ago.	Active coronavirus infection.	Infected by SARS-CoV-2 in the past.
Test does NOT do	Show past SARS-CoV-2 infection.	Detect low viral loads which may occur during early stages of infection.	Diagnose active SARS-CoV-2 infection Cannot confirm that you did or did not have SARS-CoV-2
Note	Tests can remain positive weeks after infection due to continued shedding of viral RNA.	Tests approved by FDA generally are for use on symptomatic people, who likely have high viral loads. Use on asymptomatic people as a screening tool is essentially "off-label" application of the test.	Does not diagnose infection.
Examples of tests	Lab Corp Quest Diagnostics Abbott IDNow Broad Institute	Quidel Sofia 2 BD Veritor	Thermo Fisher OmniPATH COVID-19 Total Antibody ELISA Test

- Prescreening Testing
 Molecular
- On-Site Screening Molecular/Antigen
- Mitigation Testing



Improving Health and Safety With Technology

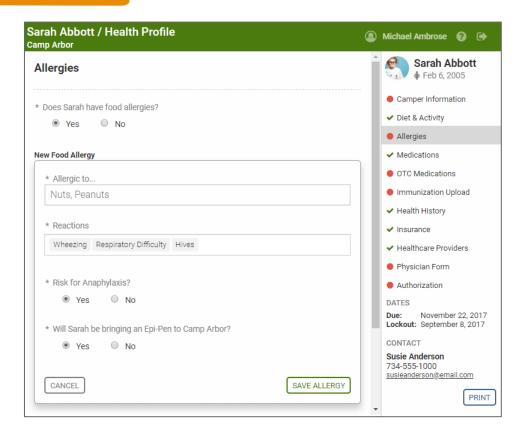


Privacy and Security

- Tracking the receipt and reviewing paper records can be dangerous and even cause life threatening mistakes (e.g. illegible handwriting can lead to medication errors).
- Caring for travelers with a variety of medical and psychological issues seen in schools and cared for by general pediatricians (e.g. ADHD, asthma, diabetes).
- Children spend time with multiple caregivers and may be subject to frequent transitions during a trip, increasing the risks for dangerous errors.

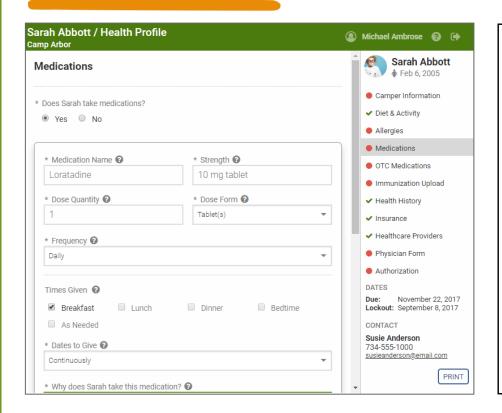


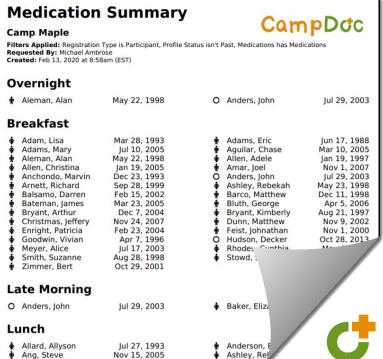
Allergies





Medications





Incident Reporting







Questions?

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