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

American Academy of Pediatrics
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.

abstract

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Dr. Ambrose conceptualized and designed the initial manuscript and reviewed 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.

This document is intended to provide guidelines for improving the health and safety of children attending day or resident camps. The recommendations are based on current scientific evidence and expert opinion. The American Academy of Pediatrics has neither involvement in the development of this document nor any financial interest in the outcome of this policy statement.

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. When there is a successful match between a camp’s philosophy, practices, and methods and a child’s developmental, experiential, and temperamentally readied, abilities, and nature, the camp experience has been proven to have a lasting effect on psychosocial...
Designing Comprehensive Health and Safety Policies
Health History Forms
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](http://www.cdc.gov/nchs/covid19/pulse/mental-health.htm)
  ▪ How Right Now  [www.howrightnow.org](http://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 or 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

Summer camps hit with COVID outbreaks — are schools next?

The U.S. has seen a string of COVID-19 outbreaks tied to summer camps in recent weeks in places such as Texas, Illinois, Florida, Missouri and Kansas, in what some fear could be a preview of the upcoming school year.

In some cases the outbreaks have spread from the camp to the broader community.

The clusters have come as the number of newly confirmed cases of the coronavirus in the U.S. has reversed course, surging more than 60% over the past two weeks from an average of about 12,000 a day to around 20,000, according to data from Johns Hopkins University.

The rise in many places has been blamed on too many unvaccinated people and the highly contagious delta variant.

CNN

More than 125 Covid-19 cases tied to South Texas church camp, pastor says

By Keith Allen

CNET — More than 125 campers and staff were infected with COVID-19 at a summer camp run by a Texas church, the pastor said, according to a statement from Cleo Creek Community Church.

The outbreak, which is the largest reported so far in a Texas camp, was detected by more than 450 people, county health officials said.

"Unfortunately, seven of our campers and staff were infected with COVID-19," he said. "We have taken this incident seriously and are working closely with Public Health to prevent its spread.

The statement said the camp is closed and will not reopen until further notice.

The outbreak is the largest reported in a Texas camp so far, according to the state's health department. The number of cases at the camp is expected to rise as more testing is conducted.

The camp is located in Cleo Creek, a small community just outside of Houston. The camp has been in operation for more than 50 years and provides a variety of activities for children and families.

The statement said the camp is working with public health officials to investigate the outbreak and determine how it occurred.

The camp said it will continue to monitor the situation and take any necessary steps to prevent the spread of the virus.
Hierarchy of Controls

- **Elimination**: Stay at home: health screening, viral testing
- **Substitution**: New schedules and meeting sizes, durations, and spaces; telework, online meetings
- **Engineering Controls**: Spacing (i.e., seats, desks), hand washing, surface cleaning, ventilation, filtration, inactivation
- **Administrative Controls**: Physical distancing, cohorts, density targets, surveillance, incident response
- **PPE**: Masks, gloves, gowning
Swiss Cheese Defense

**Personal responsibilities**
- Physical distance, stay home if sick
- Hand hygiene, cough etiquette
- If crowded, limit your time

**Shared responsibilities**
- Ventilation, outdoors, air filtration
- Quarantine and isolation

- Masks
- Avoid touching your face
- Fast and sensitive testing and tracing
- Government messaging and financial support
- Vaccines

Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong
Pre-Screening

Pre-Screening Form
Camp Maple

Please complete all questions below before arriving at a job site. For the safety of your colleagues and the company, you must do so every day. Thank you for the help!

* Temperature

* Temperature Unit

* Have you experienced any COVID symptoms in the last 24 hours?

Yes  No

* Please select all COVID-19 symptoms you’re experiencing at this time.

Please select all COVID-19 symptoms you’re experiencing at this time.

RETURN HOME  SUBMIT
### Testing

#### Prescreening Testing

- **Molecular**

#### On-Site Screening

- **Molecular/Antigen**

#### Mitigation Testing

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**Table 13.1: Adapted from U.S. Food and Drug Administration Coronavirus Testing Basics Fact Sheet**

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

- Does Sarah have food allergies?
  - Yes
  - No

New Food Allergy
- Allergic to...
  - Nuts, Peanuts

- Reactions
  - Wheezing
  - Respiratory Difficulty
  - Hives

- Risk for Anaphylaxis?
  - Yes
  - No

- Will Sarah be bringing an Epi-Pen to Camp Arbor?
  - Yes
  - No

[Save Allergy] [Cancel]
## Medications

### Medication Summary

**Camp Maple**

**Filters Applied:** Registration Type is Participant, Profile Status isn’t Past, Medications has Medications

**Requested By:** Michael Ambrose  
**Created:** Feb 13, 2020 at 8:58am (EST)

### Overnight

- **Aleman, Alan**  
  - **May 22, 1998**  
  - **Anders, John**  
  - **Jul 29, 2003**

### Breakfast

- **Adam, Lisa**  
  - **Mar 28, 1993**
- **Adams, Mary**  
  - **Jul 10, 2005**
- **Aleman, Alan**  
  - **May 22, 1998**
- **Allen, Christina**  
  - **Jan 19, 2005**
- **Anchondo, Marvin**  
  - **Dec 23, 1993**
- **Arnett, Richard**  
  - **Sep 28, 1999**
- **Balsamo, Darren**  
  - **Feb 15, 2002**
- **Bateman, James**  
  - **Mar 23, 2005**
- **Bryant, Arthur**  
  - **Dec 7, 2004**
- **Christmas, Jeffery**  
  - **Nov 24, 2007**
- **Enright, Patricia**  
  - **Feb 23, 2004**
- **Goodwin, Vivian**  
  - **Apr 7, 1996**
- **Meyer, Alice**  
  - **Jul 17, 2003**
- **Smith, Suzanne**  
  - **Aug 28, 1998**
- **Zimmer, Bert**  
  - **Oct 29, 2001**

### Late Morning

- **Anders, John**  
  - **Jul 29, 2003**
- **Baker, Elizabeth**

### Lunch

- **Allard, Allyson**  
  - **Jul 27, 1993**
- **Ang, Steve**  
  - **Nov 15, 2005**
- **Bolton, Denise**  
  - **Feb 13, 2000**
Incident Reporting
Questions?

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