



# CAMP HEALTH AND SAFETY



## 2023 ANNUAL TRAINING

A guide for summer camps  
in Transylvania County

# CAMP HEALTH AND SAFETY -2023-

## A guide for summer camps in Transylvania County

### CONTENTS

2023 Training Slides .....4

Handouts:

- Get Immunized .....14
- Symptoms of COVID-19 .....16
- COVID-19 Guidance .....17
- Wash Hands When Leaving Animal Exhibits .....19
- Food Safety Handwashing Procedures .....20
- Big 6 Foodborne Illnesses.....21
- Norovirus Prevention at Youth Camps .....22
- Clean-up Procedures for Vomit and Diarrhea.....23
- Can Restaurant Managers Talk with Sick Workers? .....24
- 2009 Food Code Annex 3 (excluding/restricting sick workers) .....25
- Food Employee Reporting Agreement .....29
- Rabies Exposure Instructions.....31
- Bats: Safety and Risk Management at Camp .....32
- How to Protect Against Mosquito Bites .....35
- Preventing Tick Bites.....37
- Head Lice Tips for Camps .....39
- How to Examine for Head Lice.....41
- Help Protect Against Getting & Spreading Pink Eye .....42

# CAMP HEALTH AND SAFETY 2023 ANNUAL TRAINING



## Welcome & Introductions

Elaine Russell, MPH  
Transylvania County Health Director



## Disease Transmission

Tara Rybka, MPH  
Community Health Coordinator



## Disease Transmission

- How do diseases spread?
  - Foodborne or waterborne
    - Fecal-oral transmission
  - Airborne or droplet (fomites)
  - Close or direct contact
  - Bloodborne
  - Vector-borne
- How can we prevent them?
  - Handwashing!!!
  - Vaccination
  - Proper cleaning
  - Water filtration/treatment
  - Food storage and preparation
  - Covering coughs and sneezes
  - Bed spacing
  - Not sharing items
  - Personal protective equipment
  - Bite prevention



## Investigation of Outbreaks and Clusters

- Recognizing *similar illnesses* among persons with a *common exposure*
  - Must be investigated to determine if cases are actually an outbreak
  - Speed and accuracy are crucial to investigation
- How do we find out?
  - Complaint to the local health department
  - Identification through surveillance (laboratory results, healthcare provider reporting)



## Investigation of Outbreaks and Clusters

- TPH goals:
  - Stop outbreak and limit exposures
  - Prevent illness through control measures
    - Vaccination
  - Prevent future outbreaks
    - Unknown routes of transmission
    - Emerging pathogens
  - Protect privacy of individuals and families (and the camp)
- Camp goals:
  - Protect camp reputation
  - Limit exposures
  - Prevent illness
  - Keep parents informed
  - Get back to normal operations



## Basic Communicable Disease Tips

### Prior to Camp Arrival

- Communication and screening with parents and incoming staff
- Assess vaccination status; make recommendations accordingly

### Upon Arrival to Camp

- Consider screening for fevers, rashes, GI distress
- Inquire about travel history in past 30 days

### Tracking Tips

- More than 1 camper with similar symptoms:
  - Record detailed food and activity history with list of contacts
  - Contact local health department
- Retain flight number information for campers and staff



## Immunization Records

Kathy Kelley, BSN, RN  
Communicable Disease Nurse



## Immunization Records

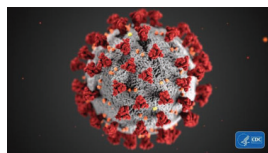
- Having a quick access to vaccine records decreases need to contact parents or guardians when an injury or exposure occurs.
- Knowing date of last tetanus vaccine may eliminate a visit to the ED or health department.
- Knowing status of other vaccines (e.g., measles, chicken pox) will determine next steps after a possible exposure.



## Recommended Vaccines

The following immunizations are strongly recommended:

- Measles, mumps, & rubella diseases (MMR vaccine) because these vaccine preventable diseases are highly communicable
- Tetanus Toxoid because the camp environment increases the risk of exposure to C. tetani bacteria; Tdap vaccine is the preferred immunization
- Hepatitis B
- Hepatitis A
- Meningococcal meningitis (MCV4 or MPSV4)



## COVID-19 in Camps

Kathy Kelley, BSN, RN  
Communicable Disease Nurse



## COVID Guidance for Camps

### Exposed to COVID-19:

(within 6 feet for 15 minutes, starting 2 days prior to when symptoms began)

- **Wear a mask** around others until 10 full days have passed
- **Watch** for symptoms
- **Test** 5 full days after exposure or immediately if symptoms begin
- **Avoid** high-risk people and areas for 10 full days

### Tested positive for COVID-19:

- **Isolate** at home and away from others for 5 full days from start of symptoms (or positive test date if no symptoms)
  - Can leave isolation when 5 full days have passed AND fever free with no fever-reducing medications for 24 hours and other symptoms are improving
- **Wear a mask** around others for 10 full days since beginning of symptoms
  - Masks can be removed before day 10 with 2 negative antigen tests conducted 48 hours apart (after the 5-day isolation has ended)
- **Avoid** high-risk people and areas for 10 full days



## COVID-19 Prevention – All Community Levels

In addition to basic health and hygiene practices, like handwashing, CDC recommends some prevention actions:

- Staying up to date with COVID-19 vaccines
- Improving ventilation
- Getting tested for COVID-19 if needed
- Following recommendations for what to do if you have been exposed
- Staying home if you have suspected or confirmed COVID-19
- Seeking treatment if you have COVID-19 and are at high risk of getting very sick
- Avoiding contact with people who have suspected or confirmed COVID-19



## Foodborne Disease

Brian Johnson  
Environmental Health Program Specialist  
Food Lodging and Institutions



## Common Foodborne Illnesses

The Big Six (FDA Food Code 2017)

- Salmonella Typhi
- Non-typhoidal Salmonella
- Shigella
- STEC (Shiga toxin-producing E. coli)
- Hepatitis A
- Norovirus

Symptoms

- Diarrhea
- Nausea
- Vomiting
- Abdominal pain
- Also, headache, fever, chills, backache, bloody diarrhea, jaundice



## Requirements for Sick Employees

**Exclude** from work for:

- SYMPTOMS of vomiting, diarrhea, jaundice, sore throat with fever
- DIAGNOSIS of norovirus with symptoms
- DIAGNOSIS of Hepatitis A, with or without symptoms

**Restrict** duties for:

- DIAGNOSIS of norovirus with no symptoms or after symptoms resolve
- EXPOSURE to norovirus or Hepatitis A without symptoms or diagnosis
- EVIDENCE of infected wound or pustular boil



## Preventing Foodborne Illness



Keep Food Safe

- Know your food sources
  - Approved, reputable suppliers
- Control time and temperature
- Clean and sanitize
- Practice good personal hygiene
- Prevent cross-contamination



## Camp Inspections

Brian Johnson  
Environmental Health Program Specialist  
Food Lodging and Institutions



N.C. Department of Health and Human Services  
 Division of Public Health  
 Environmental Health Section  
**Inspection of Resident Camp**

Score: \_\_\_\_\_  
 Date of Insp/Chg: \_\_\_\_\_  
 Status Code: \_\_\_\_\_

Health Department: \_\_\_\_\_  
 Facility ID: \_\_\_\_\_  
 Old Facility ID: \_\_\_\_\_

Water Supply:  Community  Non-Public Water Supply  
 Transient Non-Community  Non-Transient Non-Community

Wastewater System:  Community  On-Site  
 Name Change  
 Verification of Closure  
 Status Change

Water sample taken today?  YES  NO  
 \* Seasonal Permit Issued \*  YES  NO  
 Inspection Visit  Verification of Closure Status Change

Name of Resident Camp: \_\_\_\_\_ Manager: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Season Open	Season Close	# Boys	# Girls	# Employees	# Present Attendance	# Maximum Attendance
_____	_____	_____	_____	_____	_____	_____

**SITE: (3608 - 3612)**

Item	Subitem	Points	Comments
1. Site factors for camp facilities and activities or potential health hazards		1.0 0.5	
2. Water supply, hot and cold water heating facilities in food preparation, utensil and hand washing, and areas required for cleaning		3.0 1.5	
3. Cross connections		3.0 1.5	
4. Wastewater disposal		4.0 2.0	
5. Solid waste storage and cleaning facilities		2.0 1.0	
6. Swimming Pools		1.0 0.5	
<b>CAMP BUILDINGS/AREAS: (3613 - 3617)</b>			
7. Camp floors, walls, ceilings, construction, cleanliness and repair		1.0 0.5	
8. Lighting and ventilation: adequate and in good repair		1.0 0.5	
9. Sleeping quarters, lodging, arrangement, cleanliness and repair		2.0 1.0	
10. Vermin exclusion		2.0 1.0	
11. Storage, handling of clean and dirty linen and clothing		1.0 0.5	
12. Lavatories, bathing & toilet facilities: approved, accessible, adequate, clean, good repair		2.0 1.0	
13. Laundry facilities clean, good repair, properly handled		1.0 0.5	
14. Drinking water facilities: approved and clean		2.0 1.0	
15. Pesticides and potentially hazardous materials: storage and handling		2.0 1.0	
16. Premises clean, drained, free of vermin harborage, approved pesticides only		1.0 0.5	
17. Animal stables: properly located and approved manure storage and removal		2.0 1.0	

## Common Inspection Demerits from 2022

- #9- Sleeping Quarters; Minimum of 30 inches between beds and at least 6 ft between the heads of sleepers.
- #10-Vermin Exclusion; Screening, tight fitting and self closing doors.
- ##12-Lavatories and Bathing; Hot water is required for handwashing and bathing. There is no minimum temperature. Soap and hand drying device (towels or hand dryer) shall be provided.



**FOOD SERVICE: (3618 - 3638)**

Item	Subitem	Points	Comments
18. Food service facilities & dining halls: adequate size and construction		1.0 0.5	
19. Caterer approved		2.0 1.0	
20. Field Sanitation: written procedures available and approved		3.0 1.5	
21. Employees: clothing, hair restraints, tobacco use		1.0 0.5	
22. Employees: proper handwashing		4.0 2.0	
23. Employees: excluded for disease		3.0 1.0	
24. Food Protection: Supplies: source, wholesome, safe for consumption, handling, service and transportation		4.0 2.0	
25. Food Protection: During service and storage		3.0 1.5	
26. Food Protection: Dry Food storage		1.0 0.5	
27. Food Protection: Milk and Milk products		2.0 1.0	
28. Food Protection: Ice: source, storage and handling		2.0 1.0	
29. Food Protection: Shellfish: source, preparation, storage, advisory posted		2.0 1.0	
30. Refrigeration: adequate, foods at required temperatures, proper thawing		2.0 1.0	
31. Use of anti-bacterial soap, gloves, sanitized surfaces, washing of produce		3.0 1.5	
32. Foods meet time and temperature requirements during storage, preparation, cooking, display, service, and transportation		4.0 2.0	
33. Thermometer available for checking food temperatures		2.0 1.0	
34. No re-service of foods		2.0 1.0	
35. Equipment and Utensils: approved construction, good repair, clean		3.0 1.5	
36. Equipment and Utensils: washed, rinsed, and sanitized, cloths clean		4.0 2.0	
37. Approved dishwashing: facilities, test kits, methods, preparation sinks when required		3.0 1.5	
38. Adequate hot water facilities for food service needs		3.0 1.5	
39. Storage and handling of utensils and equipment		2.0 1.0	
40. Storage spaces clean, arrangement, stored above floor		1.0 0.5	
41. Food Service Facilities: lighting meets minimum levels, shielded		1.0 0.5	
42. Food Service Facilities: ventilation clean, good repair		1.0 0.5	
43. Food Service Facilities: lavatories: location, approved facilities, clean, repair		3.0 1.5	
44. Food Service Facilities: toilet facilities: location, construction, signs, storage, fly exclusion, clean, repair		1.0 0.5	
45. Food Service Facilities: Floors: proper construction, good repair, clean		1.0 0.5	
46. Food Service Facilities: Walls, Ceilings: proper construction, good repair, clean		1.0 0.5	
47. Premises, Miscellaneous: approved use of specialty kitchens, no domestic use		1.0 0.5	
48. Premises, Miscellaneous: toxic materials, food service laundry, mop & broom storage		1.0 0.5	
49. Food Service Facilities: no live animals, effective pest control		2.0 1.0	

Comment Sheet Attached Yes  No

## Common Inspection Demerits from 2022

- #21- Hair Restraints; All food handlers required to wear an approved hair restraint.
- #25-Food Protection Storage; All foods must be stored off the floor at least 12 inches.
- #26-Food Protection Dry Food Storage; All dry foods shall be stored in approved containers.
- #30-Refrigeration; Foods must be kept at 45F or below.



## Common Inspection Demerits from 2022

- #32-Time and Temperature Requirements; Hot held foods must be kept at 135F or above. Off-site potentially hazardous foods, once cooked shall be used or discarded within 2 hours.
- #35- Equipment and Utensils; Clean and in good repair.



## Legislative Changes

- Periodic review of all rules to ensure necessary and current
- Initially within 5 years, then every 10 years
- 60 days for public comments
  - Agency must address all public comments (defined as "a written comment objecting to all or any part of the rule")
  - May also submit comments supporting the action
- All rules classified:
  - Necessary w/substantive public interest (may be readopted)
  - Necessary without substantive public interest (will stay in the Code)
  - Unnecessary (removed from Code)
- May exempt from review if adopted/amended within previous 10 years
- **Resident camp rules adopted October 1, 2007**



## Resident Camp Rules vs. NC Food Code Cooking Temperatures

Food	Temp	Food	Temp	Time
Poultry, stuffed meats, stuffings containing meat or poultry	165°F	Poultry; stuffing containing fish, meat or poultry; stuffed foods; wild game animals; All reheated foods; PHF reheated in a microwave; <i>raw animal foods cooked in a microwave</i>	165°F	<1 sec
Reheat of PH Foods	165°F		165°F	15 sec Stand 2 min
Ground meat products	155°F	Steaks; ground meats; injected meats; eggs prepared for hot holding	155°F	17 sec
Other PH Foods	145°F		158°F	<1 sec
Roast beef	130°F		145°F	3 min
Beef steak or as ordered	130°F	Whole-muscle, intact cuts of beef ( <i>outsides brown color</i> ); pork; fish; eggs prepared for immediate service	145°F	15 sec
Cold hold	45°F	Fruits & vegetables cooked for hot holding; reheat of commercially packaged food for hot holding	135°F	15 sec
		Roasts (beef or pork)	130°F	112 min
			145°F	4 min

## Resident Camp Rules vs. NC Food Code Sanitizing

Sanitizer	Strength	Time	Chemical	Strength	Time
Hot water	170°F	1 min	Hot water		30 sec
Chlorine	50 ppm	2 min	Chlorine	50-100	10 sec
Iodine	12.5 ppm	2 min	Iodine	12.5-25.0	30 sec
QAC	200 ppm	2 min	QAC	200	30 sec
			EPA registered	Per label	Per label



## Helpful Websites

Selected EPA-registered Disinfectants: disinfectants effective against specific bacteria and viruses	<a href="https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants">https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants</a>
Healthy Pets, Healthy People: staying healthy with animal contact (posters)	<a href="https://www.cdc.gov/healthypets/publications/">https://www.cdc.gov/healthypets/publications/</a>



## Helpful Websites

NC Resident Camp Rules	<a href="http://ehs.ncpublichealth.com/docs/rules/294306-16-3600.pdf">http://ehs.ncpublichealth.com/docs/rules/294306-16-3600.pdf</a>
NC Food Code	<a href="https://www.fda.gov/food/food-code-2017">FDA Food Code 2017.pdf (ncdhhs.gov)</a>
NC Food Establishment Rules	<a href="http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf">http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf</a>
FDA Food Code 2017 Annex 3	<a href="https://www.fda.gov/food/food-code-2017">Supplement to the 2017 Food Code (fda.gov)</a>



## Rabies

Kathy Kelley, BSN, RN  
Communicable Disease Nurse



## Rabies

- A fatal viral infection of brain and nervous system
- Transmitted through **saliva** of infected mammal during final stages of disease
- Physical symptoms may be aggression, confusion, lethargy, or excessive salivation

High-Risk Species:

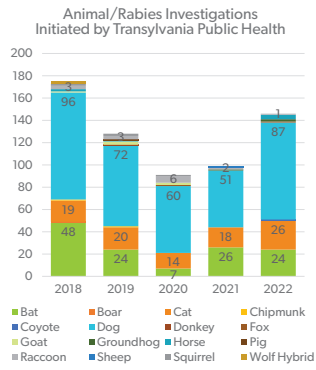
- Raccoons
- Skunks
- Foxes
- Bats
- Coyotes
- Groundhogs
- Wolves
- Beavers



## Rabies Investigations

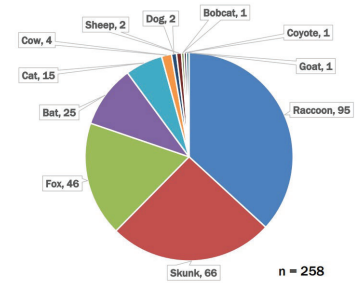
In 2022:

- 146 rabies investigations
- No animals tested positive
- 15 people started post-exposure prophylaxis due to unknown status or uncaptured animal
- Most common exposures were dog bites/handling (87), cats (26), bats (24), horses, groundhogs, raccoon, fox, coyote



## Rabies Positive Mammals and Percent Positivity by Species, North Carolina, 2022

ANIMAL	# pos	# tested	% pos
Raccoon	95	319	29.6%
Skunk	66	82	80.5%
Fox	46	90	51.1%
Bat	25	1016	2.5%
Cat	15	779	1.9%
Cow	4	62	6.5%
Dog	2	744	0.3%
Sheep	2	25	8.0%
Coyote	1	10	10.0%
Bobcat	1	1	100.0%
Goat	1	78	1.3%



Source: N.C. State Laboratory of Public Health  
Data Accessed Jan 2023

## Rabies Exposure

Varies by species and circumstance!

- All bites!!! Any time an animal's tooth breaks human skin
- All direct physical contact with a bat
- Any time a bat is found in a room with a person who was sleeping, unconscious, or unable to confirm that no direct contact occurred



## Rabies Exposure Reporting

If *possible* rabies exposure occurs:

- Get everyone out of the cabin or area where animal is located
- Call Animal Control →
- Animal Control will capture animal
- Animal Control will report to TPH Communicable Disease nurse
- Camp will have parent contact information available
- TPH nurse will contact camp and follow up with parents according to CDC guidelines

**All possible exposures to a rabies vector (bat, dog, cat, raccoon, fox, skunk, coyote) MUST BE REPORTED**

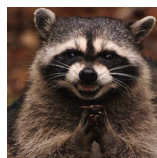
**Transylvania County Animal Services  
Monday-Friday, 8:30am-5pm  
(828) 883-3713**

**After Hours: call (828) 884-3188  
and request Animal Control Callback**

## Rabies Exposure Treatment

Seek medical advice for rabies prevention

- TPH nurse will refer victim to primary care physician or Transylvania Regional Hospital emergency department
- Post-exposure prophylaxis (PEP) is determined by the physician



## Vector-Borne Disease

Neill Cagle, REHS  
Environmental Health Program Specialist



## Prevent Tick and Mosquito Bites

### Reduce Exposures

#### TICKS

- Remove leaf litter and cut back or mow tall grass and brush
- Discourage deer activity
- Avoid walking through thick brush and tall grass
- Check for ticks at the end of each day (also take a shower to help wash them off)

#### MOSQUITOS

- Eliminate standing water
- Check and fix holes in screens



## Prevent Tick and Mosquito Bites

### Wear Protective Clothing

#### TICKS

- Wear light-colored clothing and hats so ticks can be seen
- Wear long sleeves and pants; tuck pants into boots or socks
- Don't re-wear clothes that might still have ticks on them; wash and dry on "hot" settings to kill any ticks

#### MOSQUITOS

- Wear light-colored, loose-fitting clothing to reduce bites
- When practical, wear long sleeves and pants



## Prevent Tick and Mosquito Bites

### Use Repellent

#### TICKS

- Choose a repellent with 20-50% DEET
- Use and reapply on exposed skin and clothes according to label instructions
- Use permethrin-treated clothes and gear for greater protection

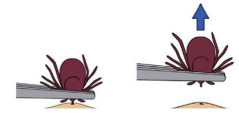
#### MOSQUITOS

- Choose an EPA-registered repellent:
  - DEET
  - Picaridin
  - Oil of Lemon Eucalyptus
  - IR 3535
- Use and reapply on exposed skin according to label instructions



## Remove Ticks

- Use fine-tipped tweezers to grasp tick close to skin's surface.
- Pull upward with steady, even pressure.
  - Don't twist or jerk: mouth-parts can break off and remain in skin. If this happens, remove mouth-parts with tweezers. If unable to remove easily, leave it alone and let skin heal.
- Clean bite area and hands with rubbing alcohol, iodine scrub, or soap and water.
- Dispose by submersing in alcohol, placing in sealed bag/container, wrapping tightly in tape, or flushing down toilet. Do not crush with fingers.



*Avoid remedies such as nail polish, petroleum jelly, or heat. Your goal is to remove the tick as quickly as possible, not wait for it to detach.*

If you develop a rash or fever within several weeks of removing a tick, see your doctor. Be sure to tell the doctor about your recent tick bite, when the bite occurred, and where you acquired the tick.



## Help with Tick Surveillance

Should you choose to participate...

- Correctly remove tick, place in container, and freeze
- Record:
  - Name of camp
  - Date collected
  - General area tick was picked up (within camp, outside of camp)
  - Body area where tick was removed, if attached
- Contact TPH when you have collections that need to be picked up:
  - Neill Cagle, REHS at (828) 884-1758



## Head Lice

Haley Putnam, MPH  
Preparedness/Accreditation Coordinator



## Lice Facts for Camps

- Educate campers on head lice: explain how it transmitted so they can avoid direct head-to-head contact with others during camp activities
  - Use products to keep hair artificially dirty
  - For campers with longer hair, keep hair up in a bun, braid, or other style that keeps hair close to the head
  - Advise campers to not share towels or other vectors (hats, helmets, etc.)
- Perform regular head lice checks on all campers
  - Inspect hair in a well-lit area
- Do not use fumigant sprays or fogs to get rid of lice



## Pink Eye

Kathy Kelley, BSN, RN  
 Communicable Disease Nurse



## Responding to Pink Eye at Camp

- Pink eye (conjunctivitis) can be very contagious
  - Spreads by close personal contact, coughing and sneezing, and touching eyes before washing hands
  - Bacterial can spread as soon as symptoms appear until discharge stops – or until 24 hours after starting antibiotics (be sure to finish all antibiotics)
  - Viral cases often cause outbreaks and may take longer to resolve
  - Not contagious if caused by allergies or irritants like dust or fumes
- A doctor can usually diagnose the cause based on symptoms and patient history



## Responding to Pink Eye at Camp

- Educate campers on prevention:
  - Wash hands often with soap and water
  - Avoid touching or rubbing eyes
  - Don't share personal items like makeup, eye drops, towels, bedding, contact lenses and containers, eyeglasses, or sunglasses
  - Don't use the same eye products for infected and non-infected eyes
  - Stop wearing contact lenses until eye doctor says it's okay; clean, store, and replace lenses as recommended by eye doctor
- Don't allow swimming for people with pink eye
  - It's possible to spread bacterial and viral pink eye to others via water sources, even in chlorinated water



## Test Your Knowledge!

Tara Rybka, MPH  
 Community Health Coordinator



## Test Your Knowledge!

Ways to participate:

- Text to 22333 with the message TARARYBKA999
- Go to [PollEv.com/tararybka999](https://www.poll-ev.com/tararybka999)
- Scan the QR code →
- Ask for a paper copy



### A camper notices a tick on his leg after a hike. What is the proper way to remove it?

- Hold a cotton ball soaked in rubbing alcohol on it for several minutes.
- Use tweezers to grasp it close to the skin and pull upwards.
- Place a drop of peppermint oil on it and wait for it to back out.
- Use a tick remover tool to twist the tick out.

### Why is it a good idea to request immunization records for staff and campers, even if you don't require certain immunizations?

- So you can be aware of unprotected individuals within your camp population.
- To avoid unnecessary isolation and quarantine for vaccinated individuals.
- To prevent delays in care while waiting for records from home.
- All of the above.

### Which of the following is NOT a reason to send someone home from work to prevent the spread of illness to others?

- Head lice
- Vomiting or diarrhea
- Jaundice
- Fever

### A counselor reports that he found a bat in the cabin when he and the campers woke up this morning, but he doesn't think it touched anyone. What should you do first?

- Open the doors and windows and hope it flies out.
- Smack it with a broom.
- Catch it in a net and release it outside.
- Get everyone out of the cabin and call Animal Control to capture the bat.

### If a camper tests positive for COVID-19, how many days must they stay in isolation away from others?

- 48 hours
- 5 days
- 10 days
- 2 weeks



QUESTIONS?



# Get Immunized. Immunizations Work!

We all have a part to play in the shield of protection against dangerous diseases. Unfortunately, there are cracks in our community's shield of protection: parts of WNC are under-immunized, leaving our region at risk for disease outbreaks. It is worth noting that children come from all over the United States and internationally to summer camps in our region. Children who are not immunized could be at risk for catching very serious vaccine preventable diseases.

Diseases like polio, measles, mumps, rubella, pertussis (whooping cough), hepatitis, and meningitis are not a thing of the past. When a child is immunized, they are protected and help to build a shield around themselves and their fellow campers. Some children cannot be immunized for medical reasons (for example, because of low immunity due to a medical condition). **It is critical that campers and staff are up to date on their immunizations to help protect everyone.**

## TIPS FOR PARENTS:

Remember that your child will be in a communal setting at camp. When your child is immunized, they become part of the shield of protection that keeps disease outbreaks from occurring in these settings. Immunizations not only protect them at camp and in school, but throughout their life.

In addition to immunizations required by state law, we also encourage getting the recommended immunizations for COVID-19, hepatitis A, HPV, flu, pneumococcal disease, and MenB to help further protect them. If you have questions about immunizations for your child, please see your doctor or health care provider and ask about catching up on any missed vaccinations.

## TIPS FOR CAMP ADMINISTRATORS\*

**Know each camper and staff member's immunization status.** Require an immunization history (including month and year for each type of immunization) for each camper and staff member on the camp's health history form. This is particularly important when a vaccine-preventable illness occurs.

**Decide if you will allow unvaccinated campers and staff at your camp.** Understand the risk if you do accept a camper or staff member who has not been immunized. If someone is not immunized against measles and comes in contact with an infected person, many public health departments have initiated a mandatory 21-day quarantine.

**Understand the facts about the disease.** Measles is a highly contagious disease caused by a virus. Measles can be serious - even fatal - for young children. While rare, it can lead to pneumonia, encephalitis (swelling of the brain), and death. People exposed to measles who have not been vaccinated almost always get measles.

**Understand why there has been an outbreak in the United States.** As of April 2019, a total of 704 cases of measles have been reported, the highest number 1994. Outbreaks in close-knit communities accounted for 88% of all cases. Of 44 cases directly imported from other countries, 34 were in US residents traveling internationally; most were not vaccinated. Public health officials have declared that the disease has spread in part because of lower rates of vaccination in certain parts of the U.S.

**Ensure you have educated healthcare staff.** While only a physician can diagnose measles, ensure that your healthcare staff understand the symptoms and have procedures in place to immediately seek medical care if measles is suspected.

**Consider tracking the percent of immunized campers and staff at your camp.** This may be important information for parents of children who cannot be immunized; it helps them understand the potential risk exposure for their child.

\*Adapted from the American Camp Association: [www.acacamps.org/campline/spring-2015/emerging-issues-measles-communicable-disease](http://www.acacamps.org/campline/spring-2015/emerging-issues-measles-communicable-disease)

# Required and Recommended Immunizations In North Carolina For Adolescents

## REQUIRED IMMUNIZATIONS

North Carolina law requires all children present in the state to receive certain immunizations. Every parent, guardian, or person in loco parentis is responsible for ensuring that their child(ren) receive required immunizations. Records are checked when children enter school or childcare.

- Diphtheria
- Hepatitis B
- Haemophilus influenzae type B (Hib)
- Measles
- Meningococcal disease (MenACWY)
- Mumps
- Pertussis (whooping cough)
- Polio
- Rubella
- Tetanus
- Varicella (chickenpox)

## RECOMMENDED IMMUNIZATIONS

The CDC also recommends children be vaccinated against the following diseases, although immunization against these diseases is not required for children in North Carolina.

- COVID-19
- Hepatitis A
- HPV
- Influenza
- Meningococcal disease (MenB) at age 16-18
- Pneumococcal disease

## FOR MORE INFORMATION ABOUT IMMUNIZATIONS, VISIT:

NC Department of Health and Human Services: [www.immunize.nc.gov](http://www.immunize.nc.gov)

Centers for Disease Control & Prevention (CDC): [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

American Academy of Pediatrics: [www.immunize.org](http://www.immunize.org)


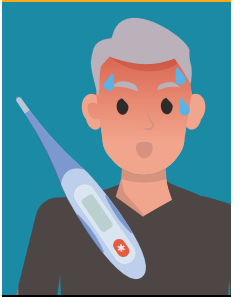
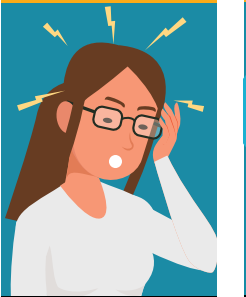

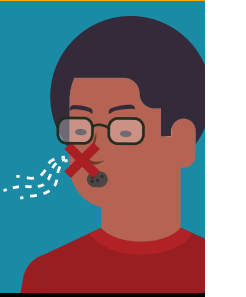
Immunization Action Coalition: [www.vaccineinformation.org](http://www.vaccineinformation.org)

The Children's Hospital of Philadelphia: [www.chop.edu/vaccine](http://www.chop.edu/vaccine)



# Symptoms of COVID-19

**Know the symptoms of COVID-19, which can include the following:**

				
<b>Cough, shortness of breath, or difficulty breathing</b>	<b>Congestion, sore throat, fever, or chills</b>	<b>Fatigue, headache, or body aches</b>	<b>Nausea, vomiting, or diarrhea</b>	<b>New loss of taste or smell</b>

**If you are experiencing any of these symptoms, get tested for COVID-19.**

**Symptoms can range from mild to severe and appear 2–14 days after you are exposed to the virus that causes COVID-19.**

**Seek medical care immediately if you or someone you know has  
Emergency Warning Signs of COVID-19:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Difficulty waking or staying awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This is not a list of all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

# COVID-19 GUIDANCE

## I was EXPOSED to someone with COVID-19.



**Wear a mask around others** until 10 full days have passed since you were exposed.



**Watch for symptoms**



**Get a test** 5 full days after exposure or as soon as you feel sick: [ncdhhs.gov/GetTested](https://ncdhhs.gov/GetTested).

## I have TESTED POSITIVE for COVID-19.

You need to ISOLATE:



**Stay home** and stay away from others at home and in the community for at least 5 full days from the day your symptoms started or from your test date if you do not have symptoms.



**If you have symptoms,** remain in isolation for the 5 days *and* until:

- You no longer have symptoms **OR**
- You have been fever-free for 24 hours (without medicine) and your symptoms are getting better



**Wear a mask around others** until 10 full days have passed since your symptoms began (or since your test date if you do not have symptoms).

Masks can be removed earlier than day 10, following two negative antigen tests conducted after the 5 day isolation period and 48 hours apart.



You can visit this website to learn more about COVID-19 symptoms: [covid19.ncdhhs.gov/about-covid-19/symptoms](https://covid19.ncdhhs.gov/about-covid-19/symptoms)







**If you have SYMPTOMS** of COVID-19 and have not yet gotten tested, you should get tested immediately: [covid19.ncdhhs.gov/FindTests](https://covid19.ncdhhs.gov/FindTests). Follow the instructions above to ISOLATE while you await your results.

# COVID-19 TESTS: What's the Difference?




**Anyone who has symptoms of COVID-19 should get tested immediately. If you have been exposed to COVID-19, get tested 5 days after exposure or if symptoms develop.** Two common types of tests for COVID-19 are molecular (PCR) tests, that can be done in a clinic or at home but must be analyzed in a laboratory, and antigen tests, also called rapid tests, often done while you wait at a clinic or at home and analyzed on the spot.

**If your antigen test, including at-home tests, is negative, and you have symptoms, you should get a molecular or PCR test from a lab to confirm the results.**

## Antigen (in-clinic or at-home)

-  Typically, a **nose swab** is collected, and the test is done at the same place **without having to send to a lab**
-  Usually give results **rapidly** - within **20 minutes**
-  **Less sensitive** (might miss some infections) especially in people without symptoms
-  **At-home tests** are a type of **rapid antigen test taken anywhere**, including at home

## Molecular or PCR (in a laboratory)


-  Typically, a **nose or saliva** sample is collected and sent to a lab for analysis
-  Usually **8 hours to 3 days** for results
-  **More sensitive** (can detect small amounts of virus, especially if you don't have symptoms)

Visit [covid19.ncdhhs.gov/FindTests](https://www.ncdhhs.gov/FindTests) for more information and to search for or order tests. *Some options are free or allow for billing to health insurance.* COVID-19 treatments are available and can lower your risk of hospitalization or death. Visit [covid19.ncdhhs.gov/treatments](https://covid19.ncdhhs.gov/treatments) or call 1-800-232-0233 for more.








# Wash Hands When Leaving Animal Exhibits

## WHO

 Everyone, especially young children, older individuals, and people with weakened immune systems







## WHEN

### **Always Wash Hands:**

-  After touching animals or their living area
-  After leaving the animal area
-  After taking off dirty clothes or shoes
-  After going to the bathroom
-  Before preparing foods, eating, or drinking



## HOW

-  Wet your hands with clean, running water
-  Apply soap
-  Rub hands together to make a lather and scrub well, including backs of hands, between fingers, and under fingernails
-  Rub hands at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice
-  Rinse hands
-  Dry hands using a clean paper towel or air dry them. Do not dry hands on clothing



For more information, visit CDC's Healthy Pets, Healthy People website ([www.cdc.gov/healthypets](http://www.cdc.gov/healthypets)) and CDC's Handwashing website ([www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)).

# Food Safety

## Handwashing Procedures:

✓ Wash hands for 20 seconds with antibacterial soap and warm water, then dry with paper towels:

1. Upon entering the kitchen or food prep area.
2. After handling raw meat, fish, poultry, or eggs.
3. After wiping face, hair, sneezing or coughing in hands.
4. After smoking, eating, handling garbage, using the telephone, and any other time hands are possibly contaminated.
5. After using the restroom (wash hands in the restroom and again when returning to kitchen).



1. Wet your hands with running water as hot as you can comfortably stand (at least 100°F/85°C).



2. Apply soap.



3. Vigorously scrub hands and arms for at least ten to 15 seconds. Clean under fingernails and between fingers.

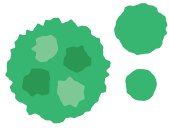


4. Rinse hands and arms thoroughly under running water.



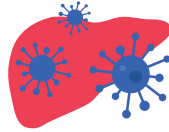
5. Dry hands and arms with a single-use paper towels or warm air hand dryer. Use a paper towel to turn off the faucet. When in a restroom, use a paper towel to open the door.

# Big 6 Foodborne Illnesses



## Norovirus

- Direct contact with the infected
- Contact with fecal matter
- Bodily fluids transfer to food
- Contaminated water



## Hepatitis A

- Contaminated food and water
- Contact with fecal matter
- Cross-contamination



## E.coli

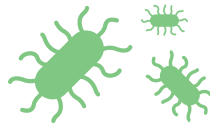
- Contact with fecal matter
- Contaminated food and water
- Undercooked meat
- Raw milk



Non-typhoidal

## Salmonella

- Food of animal origin (e.g., poultry, eggs and other meat)
- Contaminated fruits and vegetables
- Processed foods (e.g., peanut butter and frozen pies)
- Contaminated water



Typhoidal

## Salmonella

- Undercooked meat (e.g., poultry, beef, and pork)
- Contaminated raw fruits and vegetables
- Raw/undercooked eggs and egg products
- Raw milk



## Shigella

- Contaminated food and water
- Sick food handler
- Contact with fecal matter
- Cross-contamination

## How to prevent?

**Always properly wash hands.**

**Cook foods thoroughly to the correct internal temperature.**

**Use separate utensils and equipment for raw and ready-to-eat foods.**

**Store foods separately and in the correct areas and temperature.**

**Sick workers must avoid attending service.**

**Use a clean source of food and water.**



# HEALTHY CAMPING: NOROVIRUS PREVENTION AT YOUTH CAMPS



## BASICS ABOUT NOROVIRUS

Norovirus is very contagious and causes vomiting and diarrhea. People of all ages can get infected and sick with norovirus. You can get norovirus from:

- Having direct contact with an infected person, such as shaking hands
- Sharing food or eating utensils with an infected person
- Consuming contaminated food or water
- Touching contaminated surfaces then putting your unwashed hands in your mouth



## GUIDANCE FOR PREVENTING NOROVIRUS AT YOUTH CAMPS

- Establish a pre-camp arrival agreement requiring campers to be free of norovirus symptoms upon arrival; let parents know that they may need to pick up ill campers
- Instruct campers and staff on how to properly wash their hands; make sure that handwashing facilities have soap, running water, and disposable towels

### Practice Food Safety

- Make sure that campers, staff, and food workers are trained in food safety practices, such as using gloves and utensils when handling or preparing ready-to-eat foods, beverages, or ice
- Do not allow ill campers, staff, or food workers in food service areas until at least 48 hours after their symptoms have resolved
- Campers, staff, and food workers should not cook with or consume untreated water

### Clean Up Vomit and Diarrhea Immediately

- After someone vomits or has diarrhea, always thoroughly clean then disinfect the entire area immediately
- Put on rubber or disposable gloves, and wipe the entire area with paper towels, soap, and hot water
- Then disinfect the area using a bleach-based household cleaner as directed on the product label
  - If no such disinfectant is available, you can use a solution made with 5 tablespoons to 1.5 cups of household bleach per 1 gallon of water
- Leave the bleach disinfectant on the affected area for at least 5 minutes
- Then clean the entire area again with soap and hot water

### Isolate ill campers and staff

- Isolate ill campers and staff from healthy campers and staff
- Provide separate restrooms and eating areas until at least 48 hours after ill campers and staff symptoms have resolved
- Campers and staff who are vomiting or have diarrhea should not swim or participate in recreational water activities until at least 1 week after these symptoms have resolved



## WHAT TO TELL STAFF, INCLUDING FOOD WORKERS, ABOUT NOROVIRUS PREVENTION

- Practice food safety
- Practice and instruct campers on proper handwashing
- Make sure ill campers and staff are appropriately isolated, and ensure they use separate restrooms and eating areas until 48 hours after their symptoms resolve
- Immediately clean then disinfect the entire area after someone vomits or has diarrhea



## WHAT TO TELL PARENTS AND KIDS ABOUT NOROVIRUS PREVENTION

- Ill campers may need to be picked up
- Do not drop off ill campers or campers who have been ill in the last 48 hours
- Make sure campers
  - wash their hands often with soap and water
  - do not share food and drinks with others
  - practice healthy hygiene
  - report any illness to camp staff



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

For more information, visit:

[www.cdc.gov/norovirus](http://www.cdc.gov/norovirus)

National Center for Immunization and Respiratory Diseases (NCIRD)

10/22/18

## Clean-up Procedures for Vomit and Diarrhea

When someone vomits, germs such as Norovirus can spread through the air and contaminate surfaces and food up to 25 feet away. Consumers and employees are at risk of contracting norovirus or other illnesses from direct exposure to vomit or from exposure to airborne vomit. A clean up and response plan is intended to address proper procedures to reduce exposures to norovirus or other contaminants before needed.

### First Steps

- Remove all individuals within a 25-foot radius and ask them to wash hands immediately.
- Block entry to contaminated area.
- Dispose of all uncovered food, and single use containers and utensils within the 25 foot radius.
- Wash all utensils and equipment within 25 foot radius.

### Clean up

- Gather materials needed: Disposable gloves, disposable face masks, disposable aprons, paper towels, plastic trash bags, premixed chlorine solution (use fresh bleach, opened with the past 30 days, mix 1 and 2/3 cups bleach to 1 gallon of water), fresh water if no sink is available. *(Keep a kit stocked and available for use.)*
- Remove vomit or diarrhea right away
  - Wear protective clothing such as disposable gloves, face masks, disposable apron, and shoe covers. Change if they become contaminated.
  - Wipe up vomit or diarrhea with paper towels or other absorbent disposable materials. Place the towels over the waste and then carefully remove the towels and its contents. Place immediately into one of the plastic bags. Do not vacuum the material.
    - Use kitty litter, baking soda or other absorbent material on carpets and upholstery to absorb liquid.
  - Work from the clean areas towards the most contaminated areas to minimize the spread of infections materials.
  - Use soapy water or standard cleaning solution to wash surfaces that contacted the vomit or diarrhea and all nearby surfaces, such as door knobs and toilet handles.
  - Rinse thoroughly with plain water.
  - Place all soiled items in plastic bag. Place any items to be laundered in a separate plastic bag.
- Remove gloves, wash hands, and put on new gloves.

### Disinfect

- Disinfect surfaces applying the chlorine bleach solution.
  - For carpeting, after removing visible debris and cleaning with hot water and detergent, disinfect by steam cleaning at 158F for 5 minutes.
  - Saturate the area and surfaces within the 25-foot radius with the bleach solution.
  - Leave wet (reapply if necessary to keep wet) for 5 to 10 minutes.
  - Rinse any mouth contact surfaces with plain water.
- Place all items to be laundered in the 2<sup>nd</sup> trash bag and tie off.
- Place all disposable soiled items including your gloves, apron, etc. in the plastic trash bag and tie off.
- Wash hands thoroughly.
- Remove plastic bags to the laundry area and an outside trash receptacle.
- Return inside and wash hands again.

### Laundry:

- Wear protective clothing. Do not shake out cloth items as you place them directly in the washer.
- Remove gloves. Place gloves and bag that held dirty items in a clean trash bag and tie off.
- Wash hands.
- Remove soiled items to outside trash, return to building and wash hands again.
- Add detergent and turn on washer on hot water setting. Dry on high heat setting.
- *Note: Always wash hands after placing soiled items in the washer.*

# Can Restaurant Managers Talk with Sick Workers? 3 Things Restaurant Managers Need To Know

**Restaurant managers: Talk to your employees about their symptoms and diagnoses so you can make sure sick workers don't spread foodborne illness.**

- Nearly half of restaurant-related outbreaks are caused by sick food workers.
- Managers need to know if their workers are sick so they can decide if they should handle food.



## Three Things To Know

### 1 **The Food Code *encourages* employee and manager conversations about foodborne illness.**

- The Food Code is a science-based model code published by the Food and Drug Administration that states can use to develop or update their food safety rules to help prevent illness and outbreaks.
- It says that employees should tell their managers about possible foodborne illness symptoms and that it is the manager's responsibility to ensure employees are aware of these reporting requirements.
- Most state and local food codes in the United States are modeled on the FDA Food Code.

### 2 **The Health Insurance Portability and Accountability Act of 1996 (HIPAA) *does not prevent* restaurant managers from asking employees about foodborne illness symptoms and diagnoses.**

- HIPAA sets privacy standards for protected health information.
- HIPAA does prevent a *health care provider* from sharing health information about an employee with that employee's manager but it does not prevent a *restaurant manager* from asking an employee about their illness symptoms.

### 3 **The Americans with Disabilities Act of 1990 (ADA) *does not prevent* managers from asking employees about foodborne illness symptoms and diagnoses.**

- ADA seeks to prevent discrimination and ensure equal opportunity for persons with disabilities.
- *Most* foodborne illnesses are mild and short-term and are not considered disabilities under ADA.
- If an employee does not have an ADA disability, the manager can follow the Food Code's guidance without considering the ADA. And in the rare event that an employee does have a foodborne illness that is considered a disability, employers would consider both ADA and the Food Code.

**Restaurant managers and employees can work together to prevent the spread of foodborne illnesses.**

## Where Can I Learn More?

For access to the full article this content is based on and other helpful links, visit [www.cdc.gov/nceh/ehs/activities/can-restaurant-managers-talk-with-sick-workers](http://www.cdc.gov/nceh/ehs/activities/can-restaurant-managers-talk-with-sick-workers)

National Center for Environmental Health  
Division of Environmental Health Science and Practice



## 2009 Food Code Annex 3 (Excerpts)

2-201.12 Table 1a: Summary of Requirements for **Symptomatic** Food Employees

Symptom	EXCLUSION/ OR RESTRICTION		Removing Symptomatic Food Employees from Exclusion or Restriction	RA Approval Needed to Return to Work?
	Facilities Serving an HSP	Facilities Not serving an HSP		
Vomiting	<b>EXCLUDE</b> 2-201.12(A)(1)	<b>EXCLUDE</b> 2-201.12(A)(1)	When the excluded food employee has been asymptomatic for at least 24 hours or provides medical documentation 2-201.13(A)(1). <b>Exceptions:</b> If diagnosed with Norovirus, <i>Shigella</i> spp., <i>E. coli</i> O157:H7 or other EHEC/STEC, HAV, or typhoid fever ( <i>S. Typhi</i> ) (see Tables 1b & 2).	No if not diagnosed
Diarrhea	<b>EXCLUDE</b> 2-201.12(A)(1)	<b>EXCLUDE</b> 2-201.12(A)(1)	When the excluded food employee has been asymptomatic for at least 24 hours or provides medical documentation 2-201.13(A). <b>Exceptions:</b> If Diagnosed with Norovirus, <i>E. coli</i> O157:H7 or other EHEC/STEC, HAV, or <i>S. Typhi</i> (see Tables 1b & 2).	No if not diagnosed
Jaundice	<b>exclude</b> 2-201.12(B)(1) if the onset occurred within the last 7 days	<b>exclude</b> 2-201.12(B)(1) if the onset occurred within the last 7 days	When approval is obtained from the RA 2-201.13 (B), and: Food employee has been jaundiced for more than 7 calendar days 2-201.13(B)(1), or Food employee provides medical documentation 2-201.13(B)(3).	Yes
Sore Throat with Fever	<b>EXCLUDE</b> 2-201.12(G)(1)	<b>RESTRICT</b> 2-201.12(G)(2)	When food employee provides written medical documentation 201.13(G) (1)-(3).	No
Infected wound or pustular boil	<b>RESTRICT</b> 2-201.12(H)	<b>RESTRICT</b> 2-201.12(H)	When the infected wound or boil is properly covered 2-201.13(H)(1)-(3).	No

Notes: **Food employees and conditional employees shall report symptoms immediately to the person in charge.**

Key: RA= Regulatory Authority

EHEC/STEC = Enterohemorrhagic or Shiga-toxin producing *E. coli*

HSP=Highly Susceptible Population

GHP = Good Hygienic Practices; RTE = Ready-to-Eat food  
BHC = Bare Hand Contact

2-201.12 Table 1b: Summary of Requirements for **Diagnosed, Symptomatic** Food Employees

Diagnosis	EXCLUSION	Removing Diagnosed, Symptomatic Food Employees from Exclusion	RA Approval Needed to Return to Work?
Norovirus	<b>EXCLUDE</b> Based on vomiting or diarrhea symptoms, under 2-201.12(A)(2)	<ol style="list-style-type: none"> <li>1. <u>Serving a non-HSP facility:</u> 2-201.13 (A)(2)(a): Shall only work on a restricted basis 24 hours after symptoms resolve and remains restricted until meeting the requirements listed in No. 3.</li> <li>2. <u>Serving an HSP facility:</u> 2-201.13(A)(2)(b): Remains excluded until meeting the requirements listed in No. 3.</li> <li>3. <u>Restriction or Exclusion remains until:</u> <ul style="list-style-type: none"> <li>Approval is obtained from the RA 2-201.13(D), and</li> <li>Medically cleared 2-201.13(D)(1), or</li> <li>More than 48 hours have passed since the food employee became asymptomatic 2-201.13(D)(2) (also see Table 2).</li> </ul> </li> </ol>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility
Hepatitis A virus	<b>EXCLUDE</b> if within 14 days of any symptom, or within 7 days of jaundice 2-201.12(B)(2)	<p>When approval is obtained from the RA 2-201.13(B), and:</p> <ul style="list-style-type: none"> <li>The food employee has been jaundiced for more than 7 calendar days 2-201.13(B)(1), or</li> <li>The anicteric food employee has had symptoms or more than 14 days 2-201.13(B)(2), or</li> <li>The food employee provides medical documentation 2-201.13(B)(3) (also see Table 2).</li> </ul>	Yes

Notes: **Food employees and conditional employees shall report symptoms immediately to the person in charge.**

Key: RA= Regulatory Authority

EHEC/STEC = Enterohemorrhagic or Shiga-toxin producing E. coli

HSP=Highly Susceptible Population

GHP = Good Hygienic Practices; RTE = Ready-to-Eat food

BHC = Bare Hand Contact



2-201.12 Table 2: Summary of Requirements for Diagnosed Food Employees with **Resolved Symptoms**

Pathogen Diagnosis	Facilities Serving an HSP	Facilities Not Serving an HSP	Removing Diagnosed Food Employees with Resolved Symptoms from Exclusion or Restriction	RA Approval Required to Return to Work?
Norovirus	<b>EXCLUDE</b> 2-201.12(D)(1)	<b>RESTRICT</b> 2-201.12(D)(2)	<ol style="list-style-type: none"> <li><u>Serving a non-HSP facility:</u> 2-201.13(A)(2)(a): Shall only work on a restricted basis 24 hours after symptoms resolve and remains restricted until meeting the requirements listed in No. 3.</li> <li><u>Serving an HSP facility:</u> 2-201.13(A)(2)(b): Remains excluded until meeting the requirements listed in No. 3.</li> <li><u>Restriction or Exclusion remains until:</u> Approval is obtained from the RA 2-201.13(D), and Medically cleared 2-201.13(D)(1), or More than 48 hours have passed since the food employee became asymptomatic 2-201.13(D)(2) (also see Table 1b).</li> </ol>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility
Hepatitis A virus	<b>EXCLUDE</b> if within 14 days of any symptom, or within 7 days of jaundice 2-201.12(B)(2)	<b>EXCLUDE</b> if within 14 days of any symptom, or within 7 days of jaundice 2-201.12(B)(2)	<p>When approval is obtained from the RA 2-201.13(B), and:</p> <p>The food employee has been jaundiced for more than 7 calendar days 2-201.13(B)(1), or</p> <p>The anicteric food employee has had symptoms for more than 14 days 2-201.13(B)(2), or</p> <p>The food employee provides medical documentation 2-201.13(B)(3) (see also Table 1b).</p>	Yes

2-201.12 Table 3: Summary of Requirements for Diagnosed Food Employees Who **Never Develop Gastrointestinal Symptoms**

Norovirus	<b>EXCLUDE</b> 2-201.12(D)(1)	<b>RESTRICT</b> 2-201.12(D)(2)	<p>Remains excluded or restricted until approval is obtained from the RA 2-201.13(D), and</p> <p>Medically cleared 2-201.13(D)(1), or</p> <p>More than 48 hours have passed since the food employee was diagnosed 2-201.13(D)(3).</p>	Yes to return to an HSP or to return unrestricted; Not required to work on a restricted basis in a non-HSP facility
Hepatitis A virus	<b>EXCLUDE</b> 2-201.12(B)(3)	<b>EXCLUDE</b> 2-201.12(B)(3)	<p>When approval is obtained from the RA 2-201.13(B), and</p> <p>The anicteric food employee has had symptoms for more than 14 days 2-201.13(B)(2), or</p> <p>The food employee provides medical documentation 2-201.13(B)(3).</p>	Yes

Notes: **Food employees and conditional employees shall report symptoms immediately to the person in charge.**

Key: RA= Regulatory Authority  
 EHEC/STEC = Enterohemorrhagic or Shiga-toxin producing E. coli  
 HAV=Hepatitis A virus  
 GHP = Good Hygienic Practices; RTE = Ready-to-Eat food  
 HSP=Highly Susceptible Population  
 BHC = Bare Hand Contact

2-201.12 Table 4: History of Exposure, and Absent Symptoms or Diagnosis

Pathogen Diagnosis	Facilities Serving an HSP	Facilities Not Serving an HSP	When Can the Restricted Food Employee Return to Work?	RA Approval Needed?
Norovirus	<b>RESTRICT</b> 2-201.12(I)	Educate food employee on symptoms to watch for and ensure compliance with GHP, handwashing and no BHC with RTE foods.	2-201.13(D)(1)When more than 48 hours have passed since the last exposure, or more than 48 hours has passed since the food employee's household contact became asymptomatic.	No
Hepatitis A virus	<b>RESTRICT</b> 2-201.12(I)	Educate food employee on symptoms to watch for and ensure compliance with GHP, handwashing and no BHC with RTE foods.	2-201.13(D)(4)When any of the following conditions is met: The food employee is immune to HAV infection because of a prior illness from HAV, vaccination against HAV, or IgG administration; or More than 30 calendar days have passed since the last exposure, or since the food employee's household contact became jaundiced; or The food employee does not use an alternative procedure that allows BHC with RTE food until at least 30 days after the potential exposure, and the employee receives additional training.	No

Notes: Food employees and conditional employees shall report symptoms immediately to the person in charge.

Key: RA= Regulatory Authority  
 EHEC/STEC = Enterohemorrhagic or Shiga-toxin producing E. coli  
 GHP = Good Hygienic Practices; RTE = Ready-to-Eat food  
 HAV=Hepatitis A virus  
 HSP=Highly Susceptible Population  
 BHC = Bare Hand Contact

# Food Employee Reporting Agreement

## Reporting: Symptoms of Illness

I agree to report to the Person in Charge (PIC) when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

**Note: The PIC must report to the Health Department when an employee is jaundiced.**

## Reporting: Diagnosed Illnesses

I agree to report to the Person in Charge (PIC) when I have been diagnosed with:

1. Norovirus
2. Hepatitis A virus
3. *Shigella* spp. infection (shigellosis)
4. Shiga Toxin-Producing *Escherichia coli* (O157:H7 or other STEC infection)
5. Typhoid fever (caused by *Salmonella* Typhi)
6. *Salmonella* (nontyphoidal)

**Note: The PIC must report to the Health Department when an employee has one of these illnesses.**

## Reporting: Exposure of Illness

I agree to report to the PIC when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, shigellosis, illness due to STEC, or Hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.

## Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

\*If you are excluded from work you are not allowed to come to work.

\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

## Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until: 1) more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting, or 2) provide written medical documentation from a health practitioner indicating that the symptoms are from a noninfectious condition.

If you are excluded from work for exhibiting symptoms of Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp. infection, *E. coli* O157:H7 or other STEC infection, and/or Hepatitis A, you will not be able to return to work until approval from the Health Department is granted.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

**I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food Regulatory Authority that may jeopardize my employment and may involve legal action against me.**

Employee Name (please print) \_\_\_\_\_ Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

PIC Name (please print) \_\_\_\_\_ Signature of PIC \_\_\_\_\_ Date \_\_\_\_\_

# Common Foodborne Illnesses

## E. Coli

**Overview:** A bacterium that can produce a deadly toxin and causes an estimated 70,000 cases of foodborne illnesses each year in the U.S.

**Sources:** Meat, especially undercooked or raw hamburger, produce and raw milk.

**Incubation period:** 2-10 days

**Symptoms:** Severe diarrhea, cramping, dehydration

**Prevention:** Cook implicated food to 155F, wash hands properly and frequently, correctly wash rinse and sanitize food contact surfaces.

## Shigella

**Overview:** Shigella is a bacterium that causes an estimated 450,000 cases of diarrhea illnesses each year. Poor hygiene causes Shigella to be easily passed from person to person.

**Sources:** Salad, milk, dairy products, and unclean water.

**Incubation period:** 1-7 days

**Symptoms:** Diarrhea, stomach cramps, fever, chills and dehydration

**Prevention:** Wash hands properly and frequently, especially after using the restroom, wash vegetables thoroughly.

## Salmonella (nontyphoidal)

**Overview:** Salmonella is a bacterium responsible for millions of cases of foodborne illnesses a year. The elderly, infants, and individuals with impaired immune systems are at risk for severe illness. Death can occur if the person is not treated promptly with antibiotics.

**Sources:** Raw and undercooked eggs, undercooked poultry and meat, dairy products, seafood, fruits and vegetables

**Incubation period:** 5-72 hours (up to 16 days has been documented for low doses)

**Symptoms:** Nausea, vomiting, cramps, and fever

**Prevention:** Cook all food to proper temperatures, chill food rapidly, and eliminate sources of cross-contamination (i.e. proper meat storage, proper washing, rinsing, and sanitizing procedures)

## Salmonella Typhi (Typhoid fever)

**Overview:** Salmonella Typhi is the bacterium that causes Typhoid fever and is responsible for an estimated 430 cases each year. This illness is caused by eating or drinking food or water contaminated with feces from an infected person.

**Incubation period:** Generally 1 to 3 weeks, but may be as long as 2 months after exposure.

**Sources:** Ready to eat food, water, and beverages.

**Symptoms:** High fever, from 103 °F to 104 °F; lethargy; gastrointestinal symptoms, including abdominal pains and diarrhea or constipation; headache; achiness; loss of appetite. A rash of flat, rose-colored spots sometimes occurs. Symptoms typically last 2 to 4 weeks.

**Prevention:** Excluding sick food workers, practicing good personal hygiene, preventing cross-contamination, and cooking food to the required final cook temperatures.

## Hepatitis A

**Overview:** Hepatitis A is a liver disease caused by the Hepatitis A virus. Hepatitis A can affect anyone. In the United States, Hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics.

**Incubation period:** 15-50 days

**Symptoms:** Jaundice, nausea, diarrhea, fever, fatigue, loss of appetite, cramps

**Prevention:** Wash hands properly and frequently, especially after using the restroom.

## Norovirus

**Overview:** This virus is the leading cause of diarrhea in the United States. Any food can be contaminated with norovirus if handled by someone who is infected with the virus. This virus is highly infectious.

**Incubation period:** 6-48 hours

**Symptoms:** Nausea, vomiting, diarrhea, and cramps

**Prevention:** Wash hands properly and frequently, especially after using the restroom: obtain food from a reputable food source: and wash vegetables thoroughly.

### Prevention of Contamination by Hands



#### **1. Handwashing is the MOST CRITICAL control step in prevention of disease**

Invest 20 seconds to follow these 6 simple steps:

1. Wet your hands and arms with warm running water.
2. Apply soap and bring to a good lather.
3. Scrub hands and arms vigorously for 10 to 15 seconds (clean under nails and between fingers).
4. Rinse hands and arms thoroughly under running water.
5. Dry hands and arms with a single-use paper towel or warm-air hand dryer.
6. Use the towel to turn off faucets and open door handles so you don't re-contaminate your hands

#### **2. Don't go to work when you are sick**

#### **3. No bare hand contact with ready-to-eat foods.**

# **RABIES EXPOSURE?**



**All animal bites and all possible exposures to a rabies vector (bats, dogs, cats, raccoons, foxes, skunks, coyotes) must be reported!**

**1. Remain calm.**

- Do not try to touch, hit, or catch the animal.
- An animal control officer will capture the rabies vector.

**2. Get everyone out of the cabin or area of exposure.**

**3. Call animal control.**

**Transylvania County Animal Control Services**

Monday - Friday, 8:30am - 5:00pm: call **(828) 883-3713**

After hours: call **(828) 884-3188** and request Animal Control callback  
Animal control will respond to call within 15 minutes.

*Animal control will report to Transylvania Public Health. The communicable disease nurse will contact camp and parents regarding next steps following CDC guidelines.*

**4. Gather important information for follow up.**

- Have parent contact information available for animal control follow-up.
- Have documentation of most recent tetanus immunization for health department follow-up.

**5. Seek medical care.**

- Seek prompt medical advice from a physician to assess need for rabies post-exposure prophylaxis and tetanus immunization.

**For questions, contact the Transylvania Public Health communicable disease nurse on call at (828) 577-1712.**



## FAQs About Bats

### How do bats move around in the dark?

All bats can see, but some use a special sonar system called echolocation. They make high frequency calls out of their mouths or noses then listen for echoes to bounce from the objects in front of them. In this way, bats are able to avoid predators, maneuver around obstacles, and capture insects in total darkness.

### How and why do bats hang upside down?

Unlike bodies of other animals, a bat's body is best adapted for hanging upside down. Its hind limbs are rotated 180 degrees so its knees face backwards. Bats have specialized tendons that hold their toes in place so they are able to cling to their roosts without expending any energy. Hanging upside down allows bats to use unique places in caves and buildings where they are safe from predators.

### Why is there a concern about bats and rabies?

Rabies in humans is rare in the United States. There are usually 1-2 human cases per year. The most common source of human rabies in the United States is from bats. When people are bitten by other animals, the bites are usually large enough that they consult their health care provider, and are evaluated for

*cont. next page*

# BATS

## SAFETY AND RISK MANAGEMENT AT CAMP

The United States is home to more than 40 varieties of bats. They eat insects harmful to agriculture, including night flying beetles and moths. However, some bats may be infected by and transmit the rabies virus.

Most of the recent human rabies cases in the United States have been caused by rabies viruses associated with bats. Potential exposures to bats do occur, sometimes requiring individuals to undergo rabies post-exposure prophylaxis, i.e., rabies vaccinations.

Keep in mind, however, that more than 11 million children and adults engage in camp experiences each year in the United States. Few individuals will ever be exposed to a rabies-suspect animal or need medical intervention due to a potential exposure while camping. In the United States, there have been no human rabies deaths occurring as a result of a bat exposure in a camp setting.

Awareness of the facts about bats and rabies can help protect yourself and your campers. This information may also promote a better understanding of bats, their contributions to the environment, and what you can do to safeguard against bat-transmitted disease.

### REDUCING EXPOSURE TO BATS

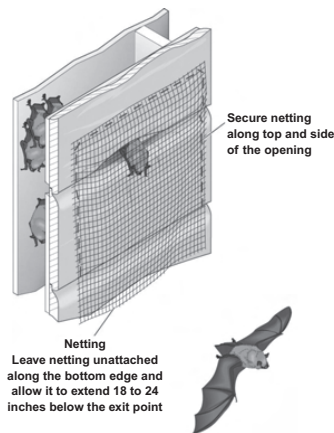
Bats are beneficial to our environment and often present in summer camp settings. To reduce bat exposure in the camp environment:

1. Bat-proof when possible
2. Use mosquito netting

#### Bat-Proofing Buildings

Bats may use buildings as shelter or for protection from other animals. Bats can enter buildings through very small ( $\frac{1}{2}$  -  $\frac{1}{4}$  inch) spaces. If the camping environment has cabins or shelters that can be bat-proofed, follow these recommendations:

- Bat-proof between September and April, as most bats leave in the fall and winter to hibernate. This will also prevent young bats, unable to fly, from being trapped inside the structure.
- In the spring and summer, exclude bats by observing where from the building bats exit at dusk and hanging clear plastic sheeting or bird netting over these areas. Bats can leave, but cannot re-enter (see figure).
- After the bats have been excluded, seal openings. Fill openings with caulk, steel wool, or mesh hardware cloth.



- Inspect for any other potential cracks, crevices, and holes even if not currently being used by bats exiting the structure.
- Replace severely warped or damaged boards.
- Use proper attic ventilation and screen all vents.
- Keep window screens in good repair and don't leave unscreened doors and windows open.

## FAQs About Bats

### Why is there a concern about bats and rabies?

possible rabies exposure. However, bat bites are small and people may not consult their health care providers after exposure.

### How common is rabies in bats?

Most bats are not rabid. Rabid bats may appear weak, unable to fly, and may make unusual noises. However, because rabies can only be determined by laboratory testing, you cannot tell if a bat is rabid just by observing its behavior. If you are exposed to a bat, wash the exposed area with soap and water, capture the bat for testing, and seek medical attention. Your local or state health department can provide assistance as needed.

### Are bats beneficial?

Yes. Worldwide, bats are a major predator of night-flying insects, including pests that cost farmers billions of dollars annually. Small insectivorous bats can eat up to 2,000 insects in one night. Throughout the tropics, seed dispersal and plant pollination by bats are vital to rainforest survival. In addition, studies of bats have contributed to medical advances including the development of navigational aids for the blind. Unfortunately, many local populations of bats have been destroyed and many species are now endangered.



Photo of mosquito netting over bed. Mosquito netting can be used when cabins or tents are not already screened. *Photo courtesy of the Girl Scout Council of the Nations Capital.*

### Using Mosquito Netting

**When used properly, mosquito netting over beds will prevent exposure to mosquitoes and bats while sleeping. Netting is recommended when screening is not an option. To use netting,**

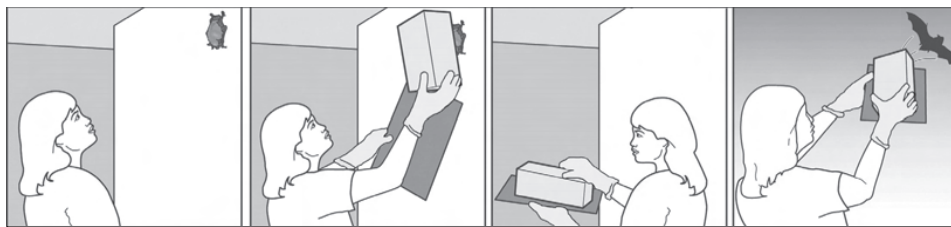
- Elevate netting above the camper's bed. Cover the length of the mattress. Attach poles to the ends of the bed (see picture for example).
- Tuck netting under the camper's mattress.
- At the end of the season, store netting in rodent-proof containers.
- Inspect mosquito netting regularly to ensure it is free of holes.

### CAPTURING AND REMOVING BATS

Assemble and store a bat-capture kit. Store it in a location where it can be quickly gathered if a bat is found in a camp facility. The kit should contain:

- Leather or suitable work gloves
- Box, coffee can, or plastic container with a lid
- Piece of flat cardboard
- Net on a long pole

Any bat that may have exposed someone to rabies, should be captured for testing (see below). If you are certain there was no possible rabies exposure, then the bat should be returned to the wild.



Graphics courtesy of Bat Conservation International

### To Capture a Bat:

1. Put on leather or other suitable work gloves.
2. Take the box, coffee can, or plastic container and the flat piece of cardboard.
3. Wait for the bat to roost on a wall or floor.
4. Slowly approach the bat and cover it with the container.
5. Keeping the container flat against the wall, slide the lid or cardboard between the wall and bat.

## FAQs About Bats

### Where can I learn more about bats?

Contact state or local wildlife conservation agency or Bat Conservation International by visiting [www.batcon.org](http://www.batcon.org). To learn more about endangered bats and the Endangered Species Act, contact the U.S. Fish and Wildlife Service: [www.fws.gov](http://www.fws.gov).

### Where can I learn more about rabies?

Contact state or local health departments or the Centers for Disease Control and Prevention by visiting [www.cdc.gov/rabies](http://www.cdc.gov/rabies) <<http://www.cdc.gov/rabies>>

6. Once the cardboard is covering all sides of the container, lift the container and cardboard away from the wall.
7. If no one was exposed to the bat, take the covered container outside and set it on a table or railing.
8. Remove the container covering and turn the container on its side. Return inside, the bat will fly away on its own.
9. If a person is exposed to the bat, capture the bat for testing by securing the lid or cardboard to the container so the bat cannot escape. Follow directions below for seeking medical attention.
10. Capture a bat in hard-to-reach areas with a net on a long pole. Then bring net down to a container, and drop/push (wearing gloves) the bat into the container.

### Handling Human Exposure to a Bat

If you or a camper are bitten by or possibly exposed to a bat -- including from saliva that gets into your eyes, nose, mouth, or wounds, wash the affected area thoroughly and get medical attention immediately.

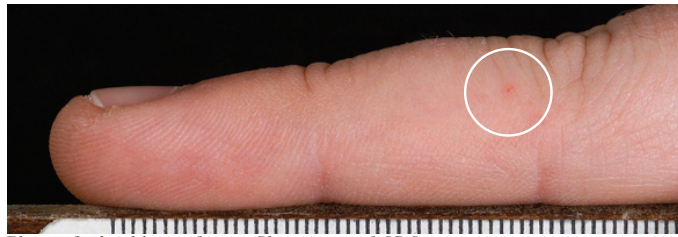


Photo of a bat bite on finger. Photo courtesy of CDC.

Bats have small teeth that may leave marks not easily seen (see picture). Although many people know if they have been bitten by a bat, there are certain circumstances when a person might not be aware or able to tell if she has been bitten. For example:

- If a person awakes to find a bat in the room
- If you find a bat in a room with an unattended child
- If you see a bat near a person with a disability

In these circumstances, a person should seek medical attention and have the bat tested for rabies.

In all circumstances, contact local or state health departments for assistance with medical advice and testing bats for rabies. If a bat cannot be confirmed as negative, rabies post-exposure treatment may need to be considered. To capture the bat for testing, follow the procedures above for trapping the bat, but secure the lid or cardboard to the container so the bat cannot escape.

People cannot get rabies just from seeing a bat outside or at a distance. In addition, people cannot get rabies from having contact with bat guano (feces), blood, or urine, or from touching a bat on its fur. Remember, just to be safe, bats should never be handled.





## MOSQUITO BITE PREVENTION

# HOW TO PROTECT AGAINST MOSQUITO BITES



Mosquitoes bite during the day and night. They live indoors and outdoors. Protect your family from mosquito bites. Use insect repellent, wear long-sleeved shirts and pants, and take steps to control mosquitoes indoors and outdoors.

### Use insect repellent

- Use Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone.
- Always follow product label instructions.
- Reapply insect repellent as directed.
  - » Do not spray repellent on the skin under clothing.
  - » If you are also using sunscreen, apply sunscreen first and insect repellent second.
- The effectiveness of non-EPA registered insect repellents, including some natural repellents, is not known.



### Wear long-sleeved shirts, pants Treat clothes and gear

- Wear long-sleeved shirts and pants.
- Treat items such as boots, pants, socks, and tents with permethrin or buy permethrin-treated clothing and gear.
  - » Permethrin is an insecticide that kills or repels mosquitoes.
  - » Permethrin-treated clothing will protect you after multiple washings. See product information to find out how long the protection will last.
  - » If treating items yourself, follow the product instructions.
- Do not use permethrin products directly on skin.



### EPA-registered active ingredients

Higher percentages of active ingredient provide longer protection

DEET

Picaridin (known as KBR and icaridin outside the US)

IR3535

Oil of lemon eucalyptus (OLE)

Para-menthane-diol (PMD)

2-undecanone



Find the insect repellent that's right for you by using [EPA's search tool](#).

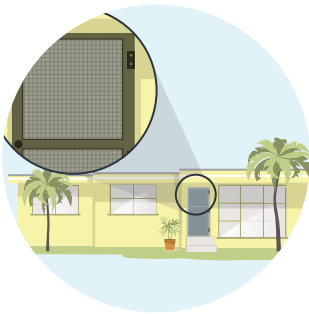
The EPA's search tool is available at: [www.epa.gov/insect-repellents/find-insect-repellent-right-you](http://www.epa.gov/insect-repellents/find-insect-repellent-right-you)



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

## Protect babies and children

- Always follow instructions when applying insect repellent to children.
- Do not use insect repellent on babies younger than 2 months old.
  - » Instead dress your child in clothing that covers arms and legs.
  - » Cover strollers and baby carriers with mosquito netting.
- Do not use products containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children younger than 3 years old.
- Do not apply insect repellent onto a child's hands, eyes, mouth, cuts or irritated skin.
  - » Adults: spray insect repellent onto your hands and then apply to a child's face.



## Control mosquitoes indoors

- Keep windows and doors shut and use air conditioning if possible.
- Use, install, or repair window and door screens.
- **Once a week**, empty or throw out any items that hold water like vases and flowerpot saucers.
- Use an indoor insect fogger or indoor insect spray to kill mosquitoes and treat areas where they rest. These products work immediately, but may need to be reapplied. Always follow label instructions.

## Control mosquitoes outdoors

- **Once a week**, empty or throw out any items that hold water like vases and flowerpot saucers.
- Tightly cover water storage containers (buckets, rain barrels, etc.)
- For containers without lids, use mesh with holes smaller than an adult mosquito.
- Use larvicides to treat large containers of water that will not be used for drinking and cannot be covered or dumped out.
- Use an outdoor insect spray in dark humid areas where mosquitoes rest, like under patio furniture or in the carpet or garage. Always follow label instructions.
- If you have a septic tank, repair cracks or gaps. Cover vent or plumbing pipe openings using mesh with holes smaller than an adult mosquito.



[Learn more: www.cdc.gov/mosquitoes](http://www.cdc.gov/mosquitoes)

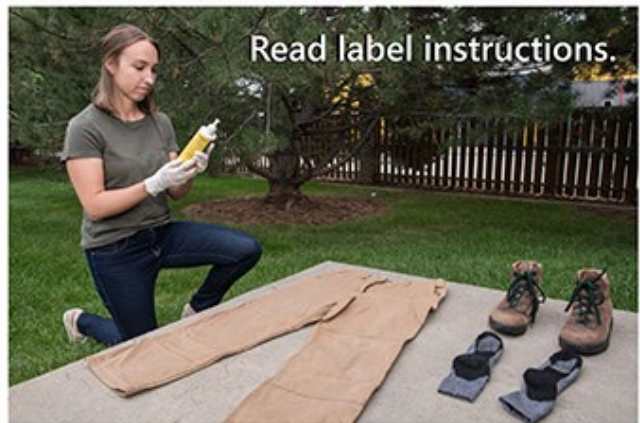
# Preventing tick bites

Tick exposure can occur year-round, but ticks are most active during warmer months (April-September). To know which ticks are most common in your area, visit [https://www.cdc.gov/ticks/geographic\\_distribution.html](https://www.cdc.gov/ticks/geographic_distribution.html).

## Before You Go Outdoors:

- **Know where to expect ticks.** Ticks live in grassy, brushy, or wooded areas, or even on animals. Spending time outside walking your dog, camping, gardening, or hunting could bring you in close contact with ticks. Many people get ticks in their own yard or neighborhood.
- **Treat clothing and gear** with products containing 0.5% permethrin. Permethrin can be used to treat boots, clothing and camping gear and remain protective through several washings. Alternatively, you can buy permethrin-treated clothing and gear.
- **Use Environmental Protection Agency (EPA)-registered insect repellents** containing DEET, picaridin, IR3535, Oil of Lemon Eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone. EPA's helpful search tool at [can help you find the product that best suits your needs](https://www.epa.gov/insect-repellents/find-repellent-right-you). Always follow product instructions. Do not use products containing OLE or PMD on children under 3 years old. (<https://www.epa.gov/insect-repellents/find-repellent-right-you>)
- **Avoid Contact with Ticks.** Avoid wooded and brushy areas with high grass and leaf litter. Walk in the center of trails.

## TREAT CLOTHING WITH PERMETHRIN

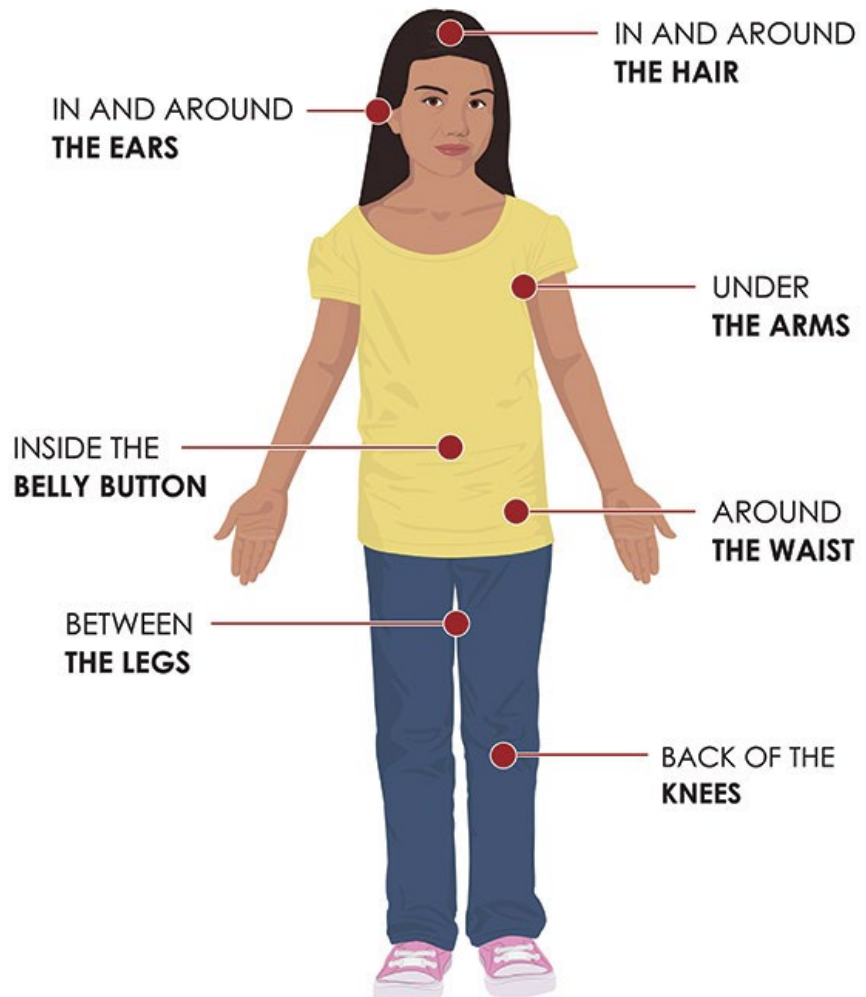


## After You Come Indoors:

- **Check your clothing for ticks.** Ticks may be carried into the house on clothing. Any ticks that are found should be removed. Tumble dry clothes in a dryer on high heat for 10 minutes to kill ticks on dry clothing after you come indoors. If the clothes are damp, additional time may be needed. If the clothes require washing first, hot water is recommended. Cold and medium temperature water will not kill ticks.
- **Examine gear and pets.** Ticks can ride into the home on clothing and pets, then attach to a person later, so carefully examine pets, coats, and daypacks.
- **Shower soon after being outdoors.** Showering within two hours of coming indoors has been shown to reduce your risk of getting Lyme disease and may be effective in reducing the risk of other tickborne diseases. Showering may help wash off unattached ticks and it is a good opportunity to do a tick check.

- **Check your body for ticks after being outdoors.**

Conduct a full body check upon return from potentially tick-infested areas, including your own backyard. Use a hand-held or full-length mirror to view all parts of your body. Check these parts of your body and your child's body for ticks.



## Head Lice – Tips for Camps



Head lice are parasites that live on a person's head, eyebrows and/or eyelashes. They feed off human blood and stay close to the scalp.

### Do head lice spread disease?

Head lice are not known to spread disease and should not be considered a medical or public health hazard. Head lice can be an annoyance because they may cause itching and loss of sleep. Sometimes excessive scratching can increase the chance of a secondary skin infection.

### How do I prevent and control head lice?

Head lice are spread most commonly by direct head-to-head (hair-to-hair) contact. Much less frequently, they are spread by sharing clothing or belongings onto which lice have crawled or nits attached to hairs have fallen. The risk of getting infested by a louse that has fallen onto carpet or furniture is very small. Head lice survive less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the temperature found close to the scalp.

### Top five tips for camps from the ACA:

1. **Be informed.** Lice can show up in any camp. Ensure that the health care, nursing, and medical staff at your camp are familiar with lice identification and your camp's response protocols.
2. **Have a lice control policy.** Establish a head lice control policy prior to camp opening for the season. Consider how you might inform parents of your lice policy before camp begins. Both the CDC and the American Academy of Pediatrics (AAP) recommend treatment and prevention of further infestation, then allowing those afflicted to remain in group settings. Other organizations recommend removing those afflicted from the group setting until all signs of nits and lice are gone. Determine your camp's philosophy before your camp season so you will be prepared should lice and/or nits be detected.
3. **Screen for lice.** Teach and practice appropriate lice screening procedures. Ensure that camp staff understand their role in the screening process.
4. **Treat lice infestations quickly.** Establish a treatment procedure, according to your decision in #2 above. If you will be treating those afflicted with lice at camp, be sure to have products on hand in the health center. Know that some strains of lice are resistant to over-the-counter products and will require chemicals available only by prescription. Understand that lice remediation often requires more than one treatment application.
5. **Communicate.** Establish a policy about who and how you will inform if an infestation occurs. Be prepared with key messages and facts ahead of time.

Adapted from: <https://www.acacamps.org/resources/lice-tips-camps>

## Tips for lice prevention and treatment for parents and campers:

- **Perform regular head lice checks** on all family members in the home. Inspect the hair in a well-lit area (sunlight is best) looking for eggs or bugs on the strands of hair. The sooner an infestation is caught, the easier it is to treat.
- **Educate your child** on head lice: explain how head lice is transmitted so they can avoid direct head-to-head contact with others during camp activities.
- **Avoid head-to-head (hair-to-hair) contact** during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp).
- **Keep hair artificially dirty.** When strands of hair have a coating around them, it is more difficult for lice to grab onto to infest a new host. This is why lice prefer clean hair over dirty hair. As a suggestion, add some mousse, hair spray, or a lice repellent spray.
- For longer hair, **use hair accessories to keep the hair up** in a bun, braid, or other style that keeps the hair close to the head. This will minimize the contact area available for a louse to cling to.
- **Do not share combs or brushes.** Disinfest combs and brushes used by an infested person by soaking them in hot water (at least 130°F) for 5–10 minutes.
- **Do not share clothing or linens** such as hats, scarves, coats, sports uniforms, hair ribbons, barrettes, towels, or bedding. While this is a less common way to contract lice, using things that belong to someone with an active lice infestation can increase the chances of getting lice.
- **Machine wash and dry** clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. For clothing and items that are not washable, take them to a dry-cleaner **OR seal them in a plastic bag** and store for 2 weeks.
- **Vacuum** the floor and furniture, particularly where the infested person sat or lay.
- **Do not use fumigant sprays or fogs;** they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.

For more information, or if you have questions,  
contact Transylvania Public Health at (828) 884-3135.

# How to Examine for Head Lice

## Use bright light to look at:

- 1 Crown of head
- 2 Bangs
- 3 Behind both ears
- 4 Nape of neck

## How to inspect

- 1 Place gloves on your hands
- 2 Use fingers to separate hair and create a part. The part should allow you to clearly see the person's scalp.
- 3 Look for lice crawling on the scalp where the hair is parted or on the hair shaft. The lice will be dark in color and the size of a poppyseed.
- 4 Look for nits near hair follicle about ¼ inch from scalp. Nits (eggs) will be white or yellowish-brown. Nits are often more easily seen than lice, especially when the person has dark hair.
- 5 Also look behind both ears and near the back of the neck. You may see lice or nits. You may also see bites.

**SCREENING TIP:** To distinguish between dandruff and nits, try to flick or pull off the white speck. Dandruff is easily pulled off, but nits are not.

Change gloves between each child's examination and wash your hands after all examinations are completed.

## The size of a nit (egg), nymph, and louse relative to a penny



CDC photos

### A. Checking hair for lice



CDC photos

### B. Nits (lice eggs) on hair



Image used with permission of the American Academy of Dermatology National Library of Dermatologic Teaching Slides



Chung EK, Boom JA, Datto GA, Matz PS (Eds). Visual Diagnosis in Pediatrics. Philadelphia: Lippincott Williams & Wilkins, 2006. Courtesy of Hans B Kersten, MD. Copyright © 2006. In: UpToDate, Post, TW (Ed), UpToDate, Waltham, MA, 2014.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

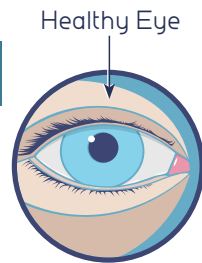
CS249936-E

# HELP PROTECT YOURSELF FROM GETTING & SPREADING PINK EYE (CONJUNCTIVITIS)

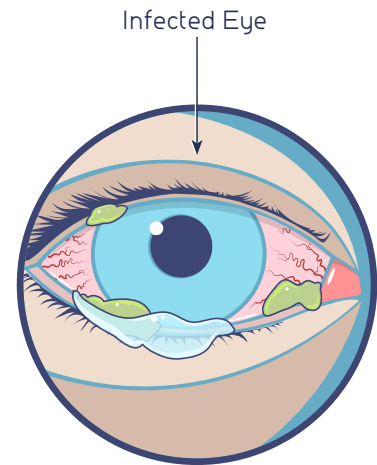
**PINK EYE IS OFTEN HIGHLY CONTAGIOUS.**

IT CAN BE CAUSED BY

- 👁️ Viruses (very contagious)
- 👁️ Bacteria (very contagious)
- 👁️ Allergens, like pollen (not contagious)
- 👁️ Irritants, like smoke or dust (not contagious)



Healthy Eye



Infected Eye



**SYMPTOMS USUALLY**

**INCLUDE:**

- 👁️ Redness or swelling
- 👁️ Itchiness, irritation, or burning
- 👁️ Watery eyes
- 👁️ Discharge
- 👁️ A gritty feel
- 👁️ Crusting of the eyelids or eyelashes

- 👁️ Eye pain
- 👁️ Sensitivity to light or blurred vision
- 👁️ Intense eye redness
- 👁️ Symptoms that get worse or don't improve
- 👁️ A weakened immune system, for example from HIV or cancer treatment
- 👁️ Pre-existing eye conditions

A doctor can usually diagnose the cause of pink eye based on symptoms and patient history.

**SEE A DOCTOR** IF YOU HAVE PINK EYE ALONG WITH ANY OF THE FOLLOWING:

- 👶 Newborns with symptoms of pink eye should see a doctor right away.



**PROTECT YOURSELF AND OTHERS FROM PINK EYE**

- 👁️ Wash your hands often with soap and water, and help young children do the same. Wash hands especially well after touching someone with pink eye or their personal items.
- 👁️ Avoid touching or rubbing your eyes. This can worsen the condition or spread it to your other eye.
- 👁️ Avoid sharing personal items, such as makeup, eye drops, towels, bedding, contact lenses and containers, and eyeglasses.
- 👁️ Do not use the same eye products for your infected and non-infected eyes.
- 👁️ Stop wearing contact lenses until your eye doctor says it's okay.
- 👁️ Clean, store, and replace your contact lenses as instructed by your eye doctor.

[WWW.CDC.GOV/PINKEYE](http://WWW.CDC.GOV/PINKEYE)





# HELPFUL CONTACTS

## COMMUNICABLE DISEASE

Report a communicable disease or human exposure to bats; arrange for rabies prophylaxis due to bat exposure.

Kathy Kelley, RN  
828.884.1732  
[Kathy.kelley@tconc.org](mailto:Kathy.kelley@tconc.org)

(nights & weekends)  
On-Call Nurse  
828.577.1712

Request disease samples and testing;  
arrange for rabies prophylaxis after hours.

Transylvania Regional Hospital  
Laboratory Technologist  
828.883.5376

## IMMUNIZATIONS

Advice on required and recommended immunizations for campers and staff.

Mary Creasman, RN  
828.884.1736  
[mary.creasman@tconc.org](mailto:mary.creasman@tconc.org)

## ENVIRONMENTAL HEALTH

Guidance on preventing and cleaning up after vomiting and diarrhea illness; preventing and eliminating bed bugs.

Brian Johnson, Environmental Health Program Specialist  
828.884.1762  
[Brian.johnson@tconc.org](mailto:Brian.johnson@tconc.org)

## TICKS & MOSQUITOES

Guidance on protecting your campers and staff from tick- and mosquito-related illness.

Neill Cagle, REHS  
828.884.1758  
[neill.cagle@tconc.org](mailto:neill.cagle@tconc.org)

## ANIMAL CONTROL

Advice and assistance with capturing bats; submit a bat for testing; report sick, injured, or aggressive wild animals for capture.

Transylvania Animal Services  
828.883.3713

(nights & weekends)  
Communications Center –  
request a call from Animal Services  
828.884.3188



106 EAST MORGAN STREET  
SUITE 105  
BREVARD, NC 28712  
828.884.3135  
[transylvaniahealth.org](http://transylvaniahealth.org)

**EVERYDAY. EVERYWHERE. EVERYONE.**