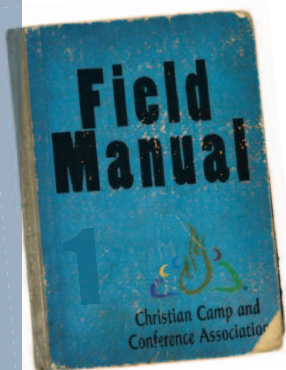
by Dave **Brinsfield**



H1N1: A Defense Strategy

Last spring, we all watched with interest the H1N1 virus outbreak as the school-year camping season wound down. As we at Young Life International Service Center prepared for the summer season, our response was to tweak our medical instructions. Specifically, we asked our medical teams at each of our 22 camps in North and Central America to observe all arrivals, look for signs of illness and question the adult leaders travelling with kids to see if any were arriving at camp with a fever or illness. We thought we had taken appropriate precautions. But there were many lessons yet to learn.

Lesson Learned #1: Have a plan. *We had a medical plan in place before the H1N1 events. It was this plan we used to build on and adapt to respond to this new crisis.*

Our summer camping season was well into its first month when we received our first H1N1-related call. The camp manager at Castaway in Minnesota was calling to tell us we had a confirmed case of H1N1. That same day, we became aware of another case of the virus at one of our Colorado camps. We gathered our Crisis Response Team, and while we met, a third call came in from a camp in California, alerting us to another possible case of the virus.

Thankfully, our COO was on our Crisis Response Team, as well as our VP of human resources and our U.S. field director. Having this upper level buy-in allowed us to basically discuss and make decisions on the spot. This is critical when you have to inform so many types of people (staff, parents, media) in a timely manner.

Lesson Learned #2: Be prepared to flex with your plan. *Because many health departments in the early days of this crisis recommended different responses, we allowed each of our camps to follow their local medical officials' recommendations for isolation, quarantine, travel, disinfecting, etc.*

Because it was already Thursday (two days before the start of the camp week) when we received those initial three calls, we knew groups were en route and little could be done about kids on those buses bringing the virus to camp. Even so, we needed to respond.

First, we asked all medical teams to screen new arrivals at camp by taking temperatures and looking for symptoms. We reconfirmed our original policy of letting the medical teams be our compass for action. We did not want to have our nonmedical staff making medical decisions. This meant that all decisions about testing (who would be sent home or isolated) would come from our medical teams.

We also informed our camps that local health departments' recommendations would drive our policy on the course of action for isolation, quarantine and return travel. While this varied a bit from state to state, it again put us in the position of not having to make medical decisions.

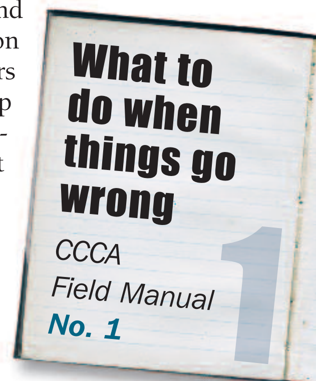
Steps to take if/when H1N1 visits your camp

- Do not panic. Use your existing medical policies to respond.
- Contact local health authorities, seek their recommendations and let them know you will cooperate in any way they deem necessary.
- Allow your medical staff to make medical decisions.
- Decide what needs to be communicated, to whom and how best to do this.
- Realize people will have questions. Have a phone line or e-mail address available for questions.
- Monitor the CDC Web site for up-to-date tweaking of your plan (www.cdc.gov/H1N1flu/camp.htm).
- Do not lose sight of your camp's purpose and that the majority of your staff and kids are healthy and having a great experience.

—Dave Brinsfield

Lesson Learned #3: A plan that is proactive (prescreening) is better than one that is reactive. *It was easier to manage the exposure before folks entered our camps than after. Once they arrived, we had to deal with isolation and quarantine sites, parent notifications, prescriptions, and transportation home. Removing most of these issues through prescreening allowed our camp staff to focus more on the normal events of a week of camp.*

We then focused on the trips yet to depart for camp and the best way to protect these kids and leaders as well as our staff. Our decision was unprecedented in our 60-plus years of camping: We would require each trip to have a local medical person (physician, nurse) screen every participant at the departure site for flu symptoms and sign off that trips were symptom-free. If a group showed up at camp without that signed documentation (we created a form that required the



Remove page along dotted line

signature of the medical personnel performing the screening), they would not be allowed into camp until the camp medical team screened each individual.

We saw an immediate decline in our cases of H1N1 during that week as we began fully implementing the plan. We then faced other issues we had never faced before. These involved questions such as:

- Who pays for a kid's transportation home when the local health department says he cannot return on the bus that brought him?
- Who pays for Tamiflu if our medical personnel prescribed it?
- How do we handle camp fees lost when kids were screened and not allowed on trips?
- How do we inform parents of kids who are healthy but had a classmate on the trip contract the flu?
- How do we inform the parents of kids coming to camp the week following an outbreak at a camp?

Lesson Learned #4: Decide your refund and medical expense policies in advance and communicate them.
This was a lesson we learned and have actually set policy on for this year's school season. Managing this was a financial burden on groups that came and on our camp budgets. Having a clear policy that parents understood and had seen would have made this part of the response much more palatable.

Our largest task was communicating these policies and decisions. Working overtime with a plan, our communication department had to place a myriad of documents on Young Life's Web sites and make these available for our local staff to help keep parents informed.

Remember, any new policies or procedures that vary from the norm need to be constantly communicated. Our staff and guests were accustomed to our normal operating procedures, and it took time for them to fully understand any changes we made.

Prepare press and Web site releases for parents. This includes parents of kids who have been at camp with an outbreak, parents of kids coming to camp following an outbreak and parents of kids who became ill while at camp. Also, prepare policy and procedure releases for staff and groups using your facility.

Our response was a team effort. We had immediate buy-in from our camping, field and mission leadership. Within 48 hours of our first notice of a H1N1 case, we had written new policy, reconfirmed some old policies and communicated this (via Web and e-mail) to over 3,000 staff. We also set up a phone team that fielded questions those first few weeks as this new policy went into effect.

Ultimately, kids and staff were exposed to more than H1N1, as we had a record summer at our 22 camps with more kids than ever being exposed to the gospel.

Dave Brinsfield has been on staff with Young Life for over 36 years. The last six years he has been serving at Young Life's International Service Center in Colorado Springs, where he is the director of risk management.

Start a binder to save each edition of the Field Manual for quick and easy access.