Social Distancing:
A Communicable Disease Control Strategy for Camp
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Social distancing is a communicable (infectious) disease control measure that's most useful *during* an outbreak. It helps by slowing or stopping the spread of the illness. While typically implemented during a pandemic, social distancing can also be used on a smaller scale – at camp – to help break the cycle of communicability for infectious diseases such as norovirus.

The strategy is based on keeping people far enough away from one another to minimize, if not eliminate, the possibility of "catching" an infected person's illness (see Figure 1). This is helpful for diseases that are transmitted via droplet or aerosolized particles. However, social distancing is most effective when partnered with other control strategies such as effective handwashing and cough/sneeze etiquette.

Figure 1. The size of a droplet coupled with the distance between infected and non-infected people makes a difference in exposure rates.

Camp professionals and their nurses are probably most familiar with using isolation for a person who has a communicable illness and/or implementing quarantine for those who were exposed to the illness but are not yet symptomatic. A camp used these when a camper was diagnosed with pertussis; that camper was isolated from others. Then, with assistance from the camp's medical professionals, at-risk campers & staff – those with inadequate immunization and who were in close proximity to the ill camper – were identified and quarantined for a period of time.
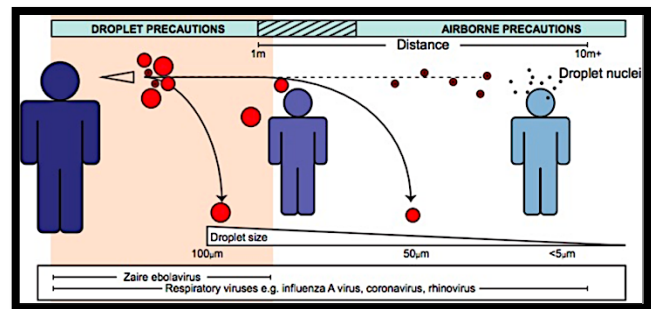
Social distancing, on the other hand, is more broadly practiced across a population. For example, it was initiated when a camp had a norovirus outbreak. Several people had become ill over the course of a few hours. Before knowing what caused the problem, the camp put "space precautions"(aka: social distancing) in place by directing everyone to stay at least arm's length apart. They broke norovirus' chain-of-communicability within the next 72 hours, a striking success story.

Get Campers to Maintain Social Distance
Some believe that social distancing is easy to implement; simply tell people to stay "X" distance from others. But our Camp Community deals with children and youth. These "high touch," social beings are used to spontaneous hugs, huddling close to complete a project, and periodically wrapping themselves around the shoulders, waist or kneecaps of their favorite camp person. Getting them to stay away from one another often demands creativity, hence "space precautions." Having campers

dress as astronauts or periodically asking counselors to stop the group's activity and have everyone extend both their arms to make sure no one is in their personal space – their Hot Zone – are examples of such creative effort.

Camp Hot Spots for Inadequate Personal Space

Along with getting people to protect their personal space, camp professionals should be aware of facility or program areas that challenge social distancing. These include:

- Camp dining hall: We pack 'em in like sardines! Campers & staff often sit closer to others in our camp dining spaces than in any other setting, including home and school. So consider options. Have people fill their plates inside but eat outside. Stagger meal times to increase personal space. Set up a tent or two when weather prevents eating *al fresco.* Break people into smaller groups and cook over campfires.

- Beds in cabins: Whether using single beds or bunks, getting and keeping a minimum of six feet between sleeping heads is challenging – unless one off-sets "heads on beds" with "feet at the ends." Those using bunks ought to implement that up & down as well as side-to-side. Note the head and foot graphics used by a counselor in Figure 2. It complements the catchy jingle, "Sneeze on the toes, not on the nose."

Figure 2. An enterprising counselor labeled camper bunks so kids always knew at what end to place their heads and feet.

- Sleeping in tents: In the words of a camp nurse, "They cram into those tents during over-nights and everyone comes back with someone's cold. Why can't they sleep head-to-toe there too?" When routine sleeping spaces get replaced by a unique setting – like tents – remind supervising staff to work for "the greatest distance between sleeping heads."

- Activity spaces & activities themselves: Some of these foster sitting or working too close to others, especially when that "other" is infectious. If it's one person who's infectious with an illness like a cold or sore throat, have Health Center staff to talk with that person and appropriate counselors. Ask that they maintain a protective zone around the infectious person. But when an entire camp is at-risk for something like norovirus, direct everyone to "spread out."

- Campfires & other special programs: Campfires are often traditional and special experiences for many campers and staff. So, too, are other special days. We often bring campers and staff in close proximity for these events and, sometimes, emotions erupt that trigger spontaneous hugs or consolation-triggering tears. Maintaining one's personal space is challenging let alone increasing that to be protective for droplet or aerosolized microbes! These examples argue most eloquently for keeping camper and staff susceptibility potentials low; well-rested, adequately hydrated and nutritionally supported humans at least have potential to "fight off" harmful organisms.

- Bathrooms: Take a good look at the camp bathrooms. Are they large enough to prevent over-crowding especially during high-use times? While there, check more than social distancing

protections. For example, are soap dispensers adequately filled? Are paper towels available? Is fresh air freely circulating rather than only the air already in the bathroom? Have toilets, sinks, and shower/bath areas been appropriately and recently sanitized? Is the bathroom's trash routinely emptied and big enough to prevent spill-over?

Suppression: Part of Social Distancing

Certainly utilize social distancing to actively support your next outbreak but also consider the wisdom of continued social distancing until suppression of the illness occurs. That's a consideration for the current COVID-19 response, one that's gaining momentum from epidemiologists analyzing pandemic data from China, Italy and South Korea (Soucheray, 2020). Soucheray stated:

> *". . . [suppression] tries to reverse the pandemic through extreme social distancing measures and home quarantines of cases and their families, achieving an R_0 – or reproduction number – of less than 1." (pg 1)*

To suppress COVID-19, social distancing would be needed for a long time, perhaps 18 months, or until a vaccine is available. To those who've only known peaceable times, let alone a pandemic's threat, this seems almost unthinkable let alone doable.

We may need to change our thinking and be ready for an even more different tomorrow.

References

Soucheray, S. (2020). Modeling study suggests 18 months of COVID-19 social distancing, much disruption. Retrieved 19 March 2020 from http://www.cidrap.umn.edu/news-perspective/2020/03/modeling-study-suggests-18-months-covid-19-social-distancing-much.

Social Distancing Resources Related to COVID-19

CDC defines "Social Distancing"

> " . . . remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible."
>
> Retrieved 7 March 2020 from
> https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

Pearce, K (2020) "What is Social Distancing and How Can it Slow the Spread of COVID-19?"

> Retrieved 17 March 2020 from https://hub.jhu.edu/2020/03/13/what-is-social-distancing/.
>
> "Social distancing is a public health practice that aims to prevent sick people from coming in close contact with healthy people in order to reduce opportunities for disease transmission. It can include large-scale measures like canceling group events or closing public spaces, as well as individual decisions such as avoiding crowds.

"With COVID-19, the goal of social distancing right now is to slow down the outbreak in order to reduce the chance of infection among high-risk populations and to reduce the burden on health care systems and workers. Experts describe this as "flattening the curve," which generally refers to the potential success of social distancing measures to prevent surges in illness that could overwhelm health care systems."

Brosseau, L. (2020). "Commentary: COVID-19 transmission messages should hinge on science."
Retrieved 20 March 2020 from http://www.cidrap.umn.edu/news-perspective/2020/03/commentary-covid-19-transmission-messages-should-hinge-science

"Mixed messages about COVID-19 transmission
To date there is no direct research-based evidence describing exactly how SARS-CoV-2 is transmitted. Many sources say that COVID-19 is transmitted only by droplets and contact, but guidance from leading public health groups on transmission routes are inconsistent and conflicting.

"(Droplet transmission is usually defined as "respiratory droplets carrying infectious pathogens [that] transmit infection when they travel directly from the respiratory tract of the infectious individual to susceptible mucosal surfaces of the recipient, generally over short distances, necessitating facial protection."[3] Close contact involves hand transfer of surface contamination to mouth, nose or eyes, hand washing and gloves being common controls.)

"The WHO says, "Based on the available evidence, the COVID-19 virus is transmitted between people through close contact and droplets, not by airborne transmission."[4] The WHO derived its COVID-19 guidance from its MERS guidance,[5] China's experience with COVID-19, and WHO experience with SARS and MERS.[6]

"(Airborne transmission is defined as "dissemination of either airborne droplet nuclei or small particles in the respirable size range containing infectious agents that remain infective over time and distance."[7] An important requirement of airborne transmission is that it can occur only at a long distance from the source, according to the CDC.[8])
"In risk communication guidelines for healthcare, however, the WHO states, "COVID-19 appears to spread most easily through close contact with an infected person. When someone who has COVID-19 coughs or sneezes, small droplets are released and, if you are too close, you can breathe in the virus" (emphasis added).[9] But wait: Inhalation is not part of the traditional definition of droplet transmission.

"For healthcare organizations, the CDC recommends airborne, in addition to standard (contact) and droplet precautions, for the care of COVID-19 suspected or confirmed patients.[10]
For the general public, the CDC describes SARS-CoV-2 transmission as primarily by droplets from coughs or sneezes, which "land in the mouths or noses of people who are nearby or possibly inhaled into the lungs" (emphasis added).[11] But, again, inhalation is a new addition to the traditional definition of droplets. In contrast to its recommendations for healthcare, the CDC makes no mention of airborne transmission in public settings.

"The CDC admits some possibility that COVID-19 may be transferred by hands to mouth, nose, or eyes from contaminated surfaces, but notes that "this is not thought to be the main way the virus spreads."[11]

"The Chinese Center for Disease Control and Prevention, which has dealt with by far more COVID-19 cases than any other agency, says that COVID-19 transmission occurs primarily by respiratory droplets and close contact, with the "possibility of aerosol transmission in a relatively closed environment for a long time exposure to high concentrations of aerosols."[12]"