



MODEL STATE GUIDANCE FOR OVERNIGHT CAMPS

(As of March 2, 2021)

A. GENERAL GUIDANCE AND CONSIDERATIONS

1. Use of Guidance Document

This document provides guidelines, recommendations, and reference information for interested parties and stakeholders on overnight camp operations for spring and summer 2021. These parties may include state, county, or local public health regulatory authorities as well as camp owners and administrators. The foundation for these guidelines is built upon published documents from the US Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), Association of Camp Nursing (ACN), and in the *Field Guide* from the American Camp Association (ACA). A reference list is provided at the end of the document.

2. Regulatory Considerations for the Operation of Camp Facilities During COVID-19

Camps are required to follow current regulations set by state, county and local agencies for operations during the COVID-19 pandemic. Furthermore, camps are encouraged to engage with these agencies on the current conditions in their local areas and the camp plans for operations.

Camps across the country operate with a variety of different models. These models can include child and recreation camps, rental facilities for local schools, private events, conferences and retreats, and use by nonprofit and private groups. This guidance document pertains to the operations of an overnight child camp with primary reference to the regulations set at the state, county and local level focused on agencies responsible for overnight child camps. For other applications, specific guidance should be sought for the intended use of the facilities. For example, rental facilities should consider the applicability of hospitality regulations and the appropriate gathering limits set by the responsible governmental agencies.

3. 2020 Overnight Summer Camp Evidence on Effective COVID-19 Mitigation Strategies

Camp operator experience and research studies on the 2020 camp season and the 2020-21 school year support that child congregate settings such as summer camps and K-12 boarding schools can operate safely when a multi-layered approach is applied on the implementation of measures intended to prevent and mitigate transmission of SARS-CoV-2. These measures, referred to as nonpharmaceutical interventions (NPIs), include:

- Pre-camp activity and behavioral requirements for all camp participants,
- Daily health screenings,
- Face coverings,
- Physical distancing measures,
- Outdoor programming and modified low-contact activities,
- Use of cohorts for sleeping, eating, and group activities,

- Hygiene and cough etiquette,
- Ventilation and air cleaning measures for indoor spaces,
- Surface cleaning and disinfecting practices, and
- Medical case management and contact tracing for identification, isolation and quarantine of individuals with COVID-19 and their close contacts.

The availability of medical testing in 2021 is an added measure that assists healthcare personnel in the diagnosis of symptomatic individuals. Where available and accessible, it may supplement the health screening processes before camp and in surveillance efforts during the camp session. Such efforts should be planned with support of public health and medical professionals and in consult with local public health officials.

B. CAMP OPERATIONS PLANNING AND PREPARATION

1. Operational Planning and Preparations

Camps must develop a COVID-19 Preparedness and Response Plan (“the Plan”) and undertake preparations for the operation of camp during the pandemic. This Plan must meet the guidelines and regulations set by public licensing and health authorities as well as for worker safety set by the US Occupational Safety and Health Administration (OSHA) and/or state agency responsible for worker safety regulations. Camps are strongly encouraged to consult with public health professionals in the design of their Plan.

The Plan should outline how camp intends to prepare, prevent and respond to SARS-CoV-2, including how operations and programming will utilize diligent multi-layered NPIs to prevent and mitigate transmission of SARS-CoV-2. Camps should develop written plans along with educational/training programs for camp leadership and staff to ensure a thorough understanding of the Plan and its implementation.

2. Staff and Family Communications and Education

The Plan should include communications to staff, parents and campers on camp operations and mitigation measures for delivery before camp and occur regularly throughout the camp session(s). Communications with staff and parents should commence before camp so that all can initiate the mitigation measures upon transport and upon arrival to camp.

Staff, parents, and campers should be advised of high-risk pre-camp activities and behaviors that could result in exposure to and introduction of SARS-CoV-2 into camp. Additionally, individuals experiencing ill health must not plan on attending camp until they are well and have consulted on their return with their healthcare provider and camp administration. Staff and parents should be advised in writing of mitigation measures in place during the camp session and parents should review this information with the campers. Additionally, camps should communicate the response steps in the event of a suspected or confirmed case of COVID-19 in camp. Staff and parents should be made aware of contingency plans that may result such as immediate dismissal from camp to home or another location or retainage at camp for the duration of quarantine or isolation if the local health department requires such action. Communication templates and tools for mass notification should be ready in the event that a suspected or positive case is experienced during camp. It is essential to design and train staff on the programmatic response and their roles and responsibilities during such events. Equally important is the training of staff and campers with access to electronic devices (personal or camp-provided cell phones or computers) and telecommunications via voice and/or social media, understand their responsibilities with respect to dissemination of confidential information on camp operations.

Camps should train all staff and inform campers on the Plan including their role in compliance with prevention guidelines. Staff should be educated on the role of hand/respiratory hygiene and how to teach and reinforce these measures for campers. Train staff on the selection and use of face coverings. Supplementing this effort, camps should post signage to provide public health reminders regarding physical distancing, hand hygiene and respiratory etiquette, and reporting symptoms if sick. Signs should use age-appropriate language to be understandable by campers.

C. COVID-19 PREPAREDNESS AND RESPONSE PLAN ELEMENTS

Camps should make their Plan available to staff and families upon request and should be shared with the local health department prior to the initiation of the camp session.

The Plan should include, at a minimum, the following elements:

1. Health screening for symptoms of COVID-19 and medical testing for SARS-CoV-2
2. Implementation of prevention measures such as face coverings, physical distancing, cohorts/groups, residential housing arrangements, and improved ventilation
3. Program modifications (outdoor activities and low-risk sports and activities)
4. Travel to and from camp
5. Cleaning and disinfecting programs for facilities and equipment
6. Proper use of personal protective equipment
7. Case management for suspect or confirmed case(s)
8. Contingency planning for a confirmed outbreak

1. Health Screening for Symptoms for COVID-19 and Medical Testing for SARS-CoV-2

Camps should establish a health screening process during the 14-day period before camp, upon arrival at camp, and at a regular basis in-camp during the session.

Pre-Camp Behavior Awareness and Health Surveillance. Staff, families and campers should participate in low-risk activities in the 14-days prior to arrival at camp and make note of their health status for COVID-19 symptoms during this period. Camps should advise staff and campers to avoid participating in social gatherings and activities where exposure to others outside their household may pose an elevated-risk of exposure to SARS-CoV-2. If COVID-19 symptoms develop, camp participants should notify camps prior to camp arrival and consult with their healthcare providers.

Upon Arrival at Camp. Campers and Staff should be screened upon entry to camp (or prior to boarding camp transportation) for COVID-19 symptoms. If a camp participant is experiencing COVID-19 symptoms, the participant should not enter camp or must be isolated from others until a determination of their health condition per the Plan.

In-Session. Regular health screenings should be conducted to monitor the health and well-being of camp participants during the camp session. If a camp participant is observed to have COVID-19 symptoms, the camper must be isolated from others until a determination of their disposition per the Plan.

Medical Testing for SARS-CoV-2 Virus. Prior to the camp session, camps are strongly encouraged to identify the means of providing medical testing for SARS-CoV-2 in symptomatic individuals. Such means may include arrangements with nearby medical facilities such as hospitals, physician offices, and clinics. In addition, there are options to consider for onsite testing with FDA-approved test equipment or collection of bodily samples (saliva, nasal swabs) onsite for offsite laboratory analysis. Testing strategies should be arranged by a licensed healthcare provider and focus on the determination of the presence of viral RNA via PCR analyses or viral proteins via antigen analyses. No antibody tests will be used for determination of active infection.

2. Implementation of Non-Pharmaceutical Interventions (NPIs)

Face Coverings. Camps should refer to the requirements set by state, county, and local requirements. Face coverings should be worn at all times when engaged in activities with groups outside their ‘households’ subject to the exceptions for medical and safety purposes.

Physical Distancing. A distance of at least six feet should be maintained between groups/cohorts when circulating outside the residential housing unit. This distance should be extended to at least 10 feet if engaged in singing, chanting, yelling or other activities that involve similar exertion and potential generation of droplets. Under such conditions, participants should be outdoors and wearing face coverings.

Use of Cohorts/Groups. Upon arrival at camp, campers should be assigned to pre-determined groups that will remain together for the entire camp session without mixing with other campers and staff in close contact circumstances. It is desirable for the group size to be as small as practicable such as a residential building including a cabin or lodge. This group, or cohort, will be considered as a ‘household’ for purpose of use of face coverings and other NPIs. Depending upon the length of the camp session, camp may adjust the size of the cohorts with sessions extending beyond 14 days but not eliminate the cohort strategy completely. Careful consideration should be paid to times when campers and staff cannot practicably be masked (e.g. sleeping, eating, swimming, bathing) so that cohorts are physically distanced from other cohorts during these activities. Camps should consider reducing capacity during meals by eating outdoors or staggering mealtimes.

Residential Housing Arrangements. Beds should be arranged so that campers are head-to-toe with at least six feet between heads. Staggered schedules for bathroom and bathing areas should be used, particularly for unmasked behaviors.

Ventilation in Buildings. Optimize ventilation in buildings such as cabins and dining halls to increase air exchange and air filtration. Such measures can include increasing the outdoor air intake for mechanical ventilation systems, opening screened windows and doors, maintaining mechanical exhaust fans as well as passive exhaust systems (wind turbines, rooftop louvers), or increasing air filter grades to MERV 13 for recirculating systems. Air filtration can also be provided with the use of in-space air filtration units HEPA units for recirculating air. Special considerations must be undertaken in the Health Office or the space(s) reserved for where ill individuals may be isolated or quarantined.

3. Activity Program Modifications

Indoor programs should be moved outdoors whenever possible, weather permitting. Low-contact sports and activities should replace high-contact sports activities. Shared sporting equipment should be cleaned and disinfected between uses. If impractical to clean and disinfect equipment due to the nature of the product, provisions should be made to wash hands with soap and water or use of sanitizer immediately before and after the activity. Instructor-led activities should be mindful to maintain physical distancing and to avoid close contact or to wear face coverings if within six feet of participants outside the ‘household’.

4. Travel In and Out of Camp

Transportation Considerations. Transportation to and from camp can be undertaken via air, rail, bus, or vehicle. Travel arranged by the camp for camper and staff pick-up and drop-off from central locations to and from camp should allow for reduced occupancy, one child per seat with multiple children from the same family in the same seat. Windows should be open and roof fans should be operating to promote air circulation. Masks should be worn by all travelers at all times subject to state, county and local regulations, requirements and guidelines. Travel to and from camp should avoid and minimize interactions with the general public at rest areas and rest stops. Travel during the camp session should follow state, county and local regulations, requirements, and guidelines.

Arrangements should be put in place for streamlined drop-offs and pick-ups with limited interactions between parents and camp personnel and other campers. Camps should follow local and state travel quarantine guidelines for campers and staff traveling from outside states.

Visitor Policies and Travel Outside of Camp. Social gatherings or similar events attended by campers from multiple camps are prohibited. Visitors and touring entertainment groups should be restricted from touring and participating in camp.

Trips outside of camp can be undertaken if there is no mixing or interaction with the general public outside of the camp population. Such trips can include bike trips, hiking trips, or visits to recreational waterways such as lakes and beaches. Trips to entertainment centers and water and amusement parks should be avoided. Vendors to camp should make no-contact deliveries and pick-ups.

5. Cleaning and Disinfection Practices

Consistent cleaning and disinfecting practices reduce transmission of pathogens. Camps should implement cleaning and disinfecting protocols including frequency of cleaning regimens in accord with regulations, requirements and guidelines of state, county, and local agencies. Surfaces that are frequently touched throughout the day should be cleaned, sanitized, and disinfected on an increased basis. Shared objects such as sports equipment and supplies should be cleaned, sanitized, and disinfected between uses, and hands washed with soap and water or sanitizers. Further, products used for disinfection of surfaces for SARS-CoV-2 virus should be listed on EPA List N.

6. Personal Protective Equipment

Personal protective equipment (PPE) should be provided to the staff members responsible for the care and treatment of individuals who have COVID-19 symptoms. Staff should be provided and trained in PPE in accord with Standard and Transmission-based Precautions and OSHA/state agency requirements.

In addition, housekeeping and cleaning personnel responsible for cleaning and disinfecting areas where suspect or confirmed individuals were present should be provided similar PPE and training as the healthcare workers.

7. Management of Suspect and Confirmed Individuals

The management for individuals with suspected or confirmed cases of COVID-19 should be provided in the Plan. Camps should follow local and state public health guidance for the care of potential COVID-19 cases, and plan for managing ill participants either in camp or make arrangements for a safe return to home. Camp staff should use Standard and Transmission-Based Precautions when caring for suspected or confirmed cases of COVID-19.

Camper and Staff with Suspected COVID-19 Symptoms. When a camper or staff member is identified with suspected COVID-19 symptoms, this person will be isolated and those designated as close contacts are quarantined from camp activities until COVID-19 status can be determined. Camps should develop testing protocols and locations for isolation and quarantine of staff, volunteers, or campers if needed.

Camper and Staff with Confirmed COVID-19. Camp should establish policies and protocols for the management of COVID-19 cases. Many camps are well-prepared to manage the isolation and quarantine of COVID-19 cases within the camp premises, however, camps may decide that positive cases will leave camp by private transportation. In accordance with state and local laws and regulations, camp administrators are required to notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA).

When cases are confirmed, camps should have established policies for monitoring the health status of the individuals and for transporting them to a healthcare facility if needed. Camps should identify and advise those who have had close contact with a person diagnosed with COVID-19 to separate them, monitor for symptoms, and follow local health department and CDC guidance, if symptoms develop. Close off areas used by the confirmed positive case and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable). Ventilate the area as much as possible with open screened windows and doors and then enter to clean and disinfect the space.

8. Contingency Plans in the Event of a Confirmed Outbreak

Careful consideration and planning should be placed on staff resiliency for sustaining core leadership, administrative, health and first aid management, and activities in the event that staff members are identified as close contacts requiring quarantine or in the case of suspect/positive cases of COVID-19 requiring isolation. Contingency plans should be developed in concert with the local health department in the event of a confirmed outbreak. Roles and responsibilities and available options should be discussed and agreed upon in advance of the camp session so that expectations and plans are identified before such incidents.

Staff and parents should be advised of potential outbreak contingency plans that may be put in place during the camp session and parents should review this information with the campers. Parents should be made aware of contingency plans that may result such as immediate dismissal from camp to home or another location or retainage at camp for the duration of quarantine or isolation if the local health department requires such action.

D. REFERENCES

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