



Safer at Home

OVERNIGHT CAMPS

COVID-19 REOPENING GUIDANCE

GOVERNOR'S ECONOMIC REOPENING TASKFORCE



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NH Safeguarding Guidance for Overnight Camps

The State of New Hampshire recommends the Resident/Overnight Camp industry establish measures to protect consumers (campers) and employees. The following guidance is built upon recommendations from the NH Universal Guidelines for All New Hampshire Employers and Employees, the NH 2020 Overnight Camp guidance, and the CDC [Suggestions for Youth and Summer Camps](#).

In addition to this NH Overnight Camps guidance, the residential/overnight camp must also:

- Review and follow the NH [Universal Guidelines](#)
- Review and consider CDC [Suggestions for Youth and Summer Camps](#)
- Review and follow the U.S. CDC's [travel guidance](#), especially requirements for [testing and international air travel](#)

Considerations:

1. Children continue to experience considerable disruption to their growth, learning and socio-emotional well-being during this pandemic. As such, it is critical to prioritize every effort to open programs supporting children's health and wellbeing.
2. Children and young adults represent the lowest-risk populations for severe illness, hospitalizations, and deaths related to COVID-19.
3. Persons of any age, however, are able to acquire and transmit COVID-19, and residential settings have been found to be higher-risk for outbreaks given close living conditions.
4. Experience and data from the 2020 camp season and the 2020-21 school year supports that summer camps can operate safely when a multi-layered approach to implementation of mitigation measures are taken to prevent introduction and spread of COVID-19, including incorporation of testing; daily health screenings; face masks; physical distancing; outdoor programming; use of cohorts for sleeping/eating groups (where facial covering is not possible); hand/respiratory hygiene; cleaning & disinfecting and rapid response protocols for identification, isolation and quarantine of people with COVID-19 and their close contacts.
5. Many overnight camps with acceptable modifications can function to a 'single family home' and have the ability to quarantine on-site (if and when required) regardless of camp size. Thus, travel and group gathering restrictions must be considered in the context of overnight summer camps ability to self-isolate (for infected) and self-quarantine (for exposed).
6. Overnight camp programs should keep campers on the camp premise for the duration of camp program in an attempt to create a "bubble" and prevent introduction of COVID-19 onto the camp premise while in session.



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7. Non-essential visitors (see also Visitors, Parents & Field Trips) should be restricted. Visitors will be limited to essential service providers for the duration of the camp session. Essential visitors must wear face masks when on the camp premise at all times.
8. The diversity of camp size, duration, built environment and programming requires public health *overarching* guidelines to prevent and mitigate spread but that allow for flexibility in implementation in a variety of settings.

Preparation Requirements

1. Work with camp health staff to develop a COVID-19 specific Communicable Disease Plan which specifies a plan and process for:
 1. The implementation of guidance outlined in this document, the NH Universal Guidelines, CDC Suggestions for Youth and Summer Camps.
 2. The implementation of mitigation measures in the camp setting including: pre-travel/travel/post-travel requirements, COVID-19 testing, health and symptom screening, face mask use, physical/social distancing, hand and respiratory hygiene, cohort/pods for groups sleeping and/or eating together, cleaning and disinfection, and management of camp entry/exit processes.
 3. Early identification of people with COVID-19, isolation and testing of symptomatic individuals, and quarantine and monitoring of individuals with close contact to a person with COVID-19 – this includes identifying locations for sick individuals (or people diagnosed with COVID-19) to “isolate” separate from others during their infectious period, and separate locations for people exposed to COVID-19 to “quarantine” separate from the general camp population during their quarantine period.
 4. Health Staff Guidelines:
 1. Strongly encourage camps to work with a medical provider (e.g. M.D./D.O., or APRN) to assist in developing a camp’s COVID-19 Plan, manage symptomatic or confirmed COVID-19 positive staff or campers, and order/interpret COVID-19 tests.
 2. Camp health staff should be trained in the appropriate selection and use of personal protective equipment (PPE) when evaluating a person with symptoms of COVID-19, and collecting respiratory specimens for COVID-19 testing.
 3. Any on-site COVID-19 testing (e.g., antigen testing) must be conducted by a trained healthcare professional, and the camp facility must have the appropriate CLIA certificate to implement testing.
2. Create plans for travel to camp that minimize exposures to the degree possible. Camps should ideally arrange direct to camp transportation, or the use of



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chartered direct ground transport and/or direct travel from airports. When using air travel, camps must instruct attendees to follow mitigation measures outlined in the CDC [travel guidance](#), and follow all testing requirements for domestic or international air travel.

3. Regardless of travel method to camp, plan for all staff and campers will comply with current NH travel and quarantine restrictions as outlined in the NH Universal Guidelines, and this camp guidance. As camp is the ‘family home’ to staff and campers, they may quarantine on camp premises.

Employee & Camper Protection During Camp Program

1. Prevention.

a. Pre-arrival Procedures:

- i. Staff, volunteers, and campers must receive pre-arrival screening by asking about symptoms of COVID-19 or risk factors for exposure outlined in the NH Universal Guidelines. Pre-arrival screening must be conducted in the 7-days before arrive and ideally should utilize a self-screening tool that is answered and available to the camp BEFORE arrival at the camp - Camps must not allow any person with symptoms of COVID-19 or an identified COVID-19 exposure in the prior 10 days into the camp.
- ii. All out-of-state arriving staff and volunteers must arrive at the camp at least 10 days before the official start of camp. They must not leave the camp grounds during this time or go into the surrounding community for recreation, groceries, laundry, etc. During this 10-day pre-camp session, staff and volunteers should be undergoing temperature and symptom monitoring in addition to the COVID-19 testing requirements outlined below. This “pre-camp session” guidance applies even for people fully vaccinated against COVID-19 or previously infected due to emergence and increasing circulation of “variants of concern” that have shown to be substantially more infectious with some variants significantly less susceptible to immunity from prior infection or COVID-19 vaccination.
- iii. Any campers traveling from outside of New England (ME, NH, VT, MA, RI, CT) in the 10-days prior to the start of their camp session must either quarantine in NH for at least 10 days before camp, or attest to home quarantine in their home state in the 10 days before start of camp session and not unnecessarily go out in public places or interact with others outside of their immediate household contacts other than during travel directly to camp or for other necessary purposes, such as medical visits. This guidance applies even for people fully vaccinated against COVID-19 or previously infected due to emergence and increasing circulation of “variants of



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concern” that have shown to be substantially more infectious with some variants significantly less susceptible to immunity from prior infection or COVID-19 vaccination.

- b. Arrival Procedures: Arrival and drop-off procedures should be controlled to avoid close contact interaction between staff, campers, parents/guardians, and other essential visitors.
 - i. Establish arrival procedures to minimize visitor entry into camp, maintain social distancing, and requiring face mask use of all people arriving.
 - ii. Screen all staff, volunteers, parents/guardians, campers, and other essential visitors immediately upon camp arrival for any new or unexplained symptoms of COVID-19 or exposures to COVID-19.
 - iii. Stagger arrival and drop-off/departure times or locations to limit direct contact between parents, campers, and families.
 - iv. Limit the number of parents/guardians dropping off campers.
 - v. Parents/guardians and other essential visitors are not allowed to wander around the camp.
- c. Symptom Monitoring: Screen all individuals on camp premises daily for new [COVID-19 symptoms](#) and take temperatures daily. If screening is positive, see section entitled Health Center Guidance and Management of Persons with Suspected or Confirmed COVID-19.
- d. Face Coverings:
 - i. Camps must teach and reinforce the use of face masks for all campers and staff.
 - ii. Staff and campers must wear face masks at all times when interacting with other staff and campers from another group/cabin, especially when indoors, or outdoors and within 6 feet proximity.
 - iii. All staff and campers are encouraged to wear face masks as much as possible whenever indoors, and even when within their assigned groups/cabins if physical distancing is not able to be maintained.
 - iv. Masks must be worn at all times by individuals when off camp property and in public/community locations.
 - v. Any persons not residing full time on camp property (e.g., parents/guardians, visitors, vendor deliveries, etc.) must wear face masks at all times while on camp premises.
- e. Hygiene:
 - i. Teach and reinforce hand washing/sanitizing, and covering coughs and sneezes among children and staff.
 - ii. Have adequate supplies and ready access to tissues, no-touch trash cans, and either soap/water or alcohol-based hand sanitizer that contains at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer) to support healthy hand and respiratory hygiene behaviors.



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- iii. Practice hand hygiene frequently throughout the day, including before and after: activities, bathroom use, dining/eating, touching face or face/mask, etc.
- f. **Testing:** Screening and diagnostic COVID-19 testing is one important mitigation measure to prevent COVID-19 from being introduced early into the residential camp setting which could lead to further spread. Testing has been an important mitigation measure implemented in other settings during the pandemic (e.g., 2020 summer camps, colleges and universities, long-term care facilities, etc.), but false negative or positive results can occur, so all other mitigation measures outlined in this document must also be followed to protect the camp operations. Camps should establish relationships with testing facilities prior to camp.
 - i. General principles and guidance for testing
 1. Screening testing refers to testing people without symptoms (i.e., asymptomatic) for the presence of SARS-CoV-2 infection (the novel coronavirus that causes COVID-19). The CDC estimates that approximately 40% of people identified with SARS-CoV-2 infection do NOT have symptoms at the time of testing, so screening testing is important for detecting asymptomatic infection that could be spread to others.
 2. Diagnostic testing refers to testing people with symptoms of COVID-19. Anybody with new or unexplained symptoms of COVID-19, even mild symptoms, should be tested for COVID-19.
 3. Screening testing (asymptomatic testing) should be conducted with a nucleic acid amplification testing (NAAT), such as a PCR-based test. The use of antigen testing in asymptomatic person is generally not recommended by NH public health because studies comparing antigen- to PCR-based tests have shown that antigen tests miss an estimated 60-70% of infections detected by PCR-based testing.
 4. Antigen testing is appropriate for people with symptoms of COVID-19 and can be performed on-site (with appropriate training, implementation and CLIA certification) with results provided in as little as 15-20 minutes.
 5. Test Reporting: Records must be kept of all testing and test results. All testing (positive and negative results) must be reported to public health (see NH [HAN #22](#)). Results must be kept confidential in compliance with state and federal HIPAA regulations.
 6. Any person testing positive for COVID-19 must be immediately isolated.
 7. ***If there is a person who tests positive for COVID-19, the camp must contact the Bureau of Infection Disease***



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Control (BIDC) immediately at 603-271-4496 (available 24/7).

- ii. Screening Testing Requirements Around Camp Arrival:
 1. RT-PCR based testing is recognized as the gold standard by both federal and state public health authorities and should be used in the camp screening testing requirements (for testing of asymptomatic persons).
 2. Tests must be scheduled with sufficient turnaround time to allow for results to be assessed prior to travel (note that some test results can be delayed by several days).
 3. Campers and staff must have an upper respiratory specimen collected within 7 days prior to arrival at camp for SARS-CoV-2 testing with a PCR-based test (or other comparable NAAT test). This should ideally occur through a person's normal healthcare provider or health system. Low-risk behaviors must be ensured after testing and prior to camp arrival. Results must be back before a person can arrive at camp, or the person must be separated from all other campers and staff pending results of the lab test.
 4. Upon arrival to the camp, all campers and staff must have a second upper respiratory tract specimen collected for SARS-CoV-2 testing with a PCR-based test (or other comparable NAAT test).
 5. 5-7 days after arrival at camp, all staff and campers staying for longer than one week must have a third upper respiratory tract specimen collected for SARS-CoV-2 testing with a PCR-based test (or other comparable NAAT test).
 6. All staff testing and results should be completed and resulted (during their 10-day pre-camp session) before the official start of camp and arrival of campers.
- iii. Diagnostic Testing:
 1. Any person with new or unexplained symptoms of COVID-19 must be evaluated and should be tested for COVID-19. Such diagnostic testing can be conducted with either a NAAT (e.g., a PCR-based test), or an antigen test.
 2. Camps should establish relationships with testing facilities to be prepared to conduct testing when campers or staff display any new or unexplained symptoms of COVID-19 or are in contact with a confirmed case of COVID-19.
 3. Camps can choose to implement antigen testing for people with symptoms of COVID-19, but the camp facility must meet all regulatory requirements, including obtaining a CLIA certificate, and the person performing the test must be trained in specimen collection and operation of the test,



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follow manufacturer instructions, and use all appropriate PPE.

- iv. Additional Screening Testing During Camp Session: Camps may consider ongoing screening testing of camp staff and children on a periodic basis, subject to testing costs and availability, but this is not a requirement.
- g. Education and Communication.
 - i. Camps must train all staff and campers on the camp's COVID-19 Communicable Disease Guidelines and requirements, including their role in compliance with prevention guidelines (e.g., mask use, social distancing, testing, etc.).
 - ii. Post signs and information on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face masks.
 - iii. Teach use of face masks among campers and staff working outside their cabin or programming cohorts. Staff and campers should be frequently reminded not to touch the face covering and to wash their hands frequently. Information must be provided on proper use, removal, and disposal or washing of face masks.
 - iv. Provide educational materials in advance to parents and guardians for sharing with children prior to camp, and reinforce awareness guidelines at staff and camper orientation and periodically thereafter throughout the camp experience.
2. **Physical Distancing & Cohorting.** The congregant living camp setting requires particular considerations for how to manage interactions and activities of daily living within camp attendees to prevent spread of COVID-19, including use of cohorting/grouping of staff and students, and implementing social distancing into camp activities.
 - i. Camps should divide staff and campers into small groups (cohorts) based on sleeping arrangements and similar activities. These groups must be kept consistent throughout the camp session and intermixing/mingling of staff and campers between groups should not be allowed.
 - ii. Cohorts should be as small as possible, ideally with groups (counsellors plus campers) totaling no more than 10-15 people per group, although there is some flexibility in size depending on sleeping and group arrangements. Camps, however, should look to split groups larger than 20 individuals into two smaller groups, where possible.
 - iii. When within a cohort, staff and campers act as a 'family unit' and are not required to wear face masks or always physically distance from each other, but are still encouraged to limit close contact interaction and wear face masks where possible, especially when indoors and people from other groups are present.



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- iv. Larger group gatherings or bringing multiple groups/cohorts (e.g., cabins) together for activities should be avoided, but such gatherings, if necessary, should ideally be conducted outdoors, there should be strict social distancing with people from different groups spaced at least 6 feet apart, and everybody should wear face masks (even when seated within cohorts/groups, especially if indoors).
- v. Activities where physical distancing and face mask use may be difficult (e.g., swimming, dining, sports) should ensure groups/cohorts are kept separate to the extent possible with adequate physical spacing and separation of groups conducting an activity by time (i.e., rotate groups through a specific activity to limit the number of people and groups involved in a specific activity at the same time) to prevent close-contact between people of different groups/cohorts.
- vi. Incorporate 6 feet of physical distancing into all camp activities, layout of seating (indoors and outdoors), and camp processes (e.g., waiting lines for camp store, dining hall, etc.).

3. Sleeping & Bathroom Facilities.

- a. Maintain consistent sleeping groups/cohorts throughout a camp session.
- b. Maintain a consistent sleeping arrangement (i.e., no moving between cabins or bunks).
- c. Windows or other openings in sleeping areas/cabins must remain open as much as possible to increase ventilation.
- d. Arrange beds/bunks within the cohort to maximize distanced between beds. Beds/bunks should be arranged so campers and staff sleep head-to-toe and ideally beds should be spaced at least 6 feet apart. If beds are unable to be spaced 6 feet apart due to limited space, beds should be spaced so that one person's head is at least 6 feet from an adjacent person's head space.
- e. Stagger use of bathroom facility and showers by cohort. If this is not possible, reinforce spacing by closing stalls/sinks and enforcing face masks at all times in bathrooms.

4. Migration In and Out of Camp.

Camp administrators should restrict staff and campers who are living at the camp from leaving and return to camp to the greatest extent possible. Non-essential visitors should not be allowed on camp property.

- a. Campers and staff should remain on campgrounds for the duration of the camp session with exceptions to outside medical or other essential visits.
- b. Camps should create protocols for leaving and returning to camp when necessary including wearing face masks at all applicable times, physically distancing (in vehicle and from others), hand hygiene and minimizing duration of interactions with others from outside the camp community.



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- c. Staff Time Off: Camps must train staff on protocols for staff days off that minimize exposure from non-camp participants at all times. Camps should consider on premises days off or approved locations away from non-camp participants. Face masks and physical distancing must be used at all times if staff must be off camp property and in public/community locations.
 - d. Visitors: Restrict non-essential visitors, visiting programming, volunteers and activities with non-camp groups, including socials and intercamp games.
 - e. Parent Visiting Weekend: Routine parent/guardian visitation or visitation weekends should not be conducted. If a visit by a parent or other visitor becomes necessary for a camper, face coverings and social distancing are to be used and interactions with the larger camp community must be avoided. Any essential visitor (including parents/guardians) must be screened for fever, exposure to COVID-19, and symptoms of COVID-19 prior to, and upon arrival at camp.
 - f. Field trips: Individual small cohort groups may consider day travel to nearby recreational areas where interaction with the external community is not expected. For example, taking campers for equestrian sessions, transporting cyclists to go mountain biking or campers traveling offsite for a canoe trip. Mixing of groups/cohorts should be avoided.
5. **Dining & Large Group Facilities**. Particular attention should be paid to dining facilities as the potential risk of infectious spread increases when facial coverings cannot be worn during eating and larger groups, or multiple groups, are brought together.
- a. Hand hygiene should be practiced by each person before every meal or snack time.
 - b. Meal and snack time should occur outside whenever possible.
 - c. Campers and staff should sit and eat with their own group/cohort. Cohort tables should be maximally distanced from other cohort tables with more than 6 feet between backs of chairs at adjacent tables.
 - d. Camps are strongly advised to de-densify dining areas with use of tents, shelters and pavilions if necessary, or stagger meal times so different groups eat at different times.
 - e. Camps should consider ingress and egress protocols for dining facilities to minimize inter-cohort interactions when arriving and leaving.
 - f. Avoid lines, and any formation of lines should have people and groups spaced at least 6 feet apart.
 - g. Facial coverings should be worn at all times during meals, and only removed when campers and staff are seated at their tables.
 - h. Meal service should be performed to minimize exposures.
 - i. Avoid self-service processes including salad bars.
 - ii. Buffet lines must be managed to maintain distance between non-cohort attendees, and campers and staff should be served by



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- dedicated individuals – there should be no commonly touched utensils or self-service.
- iii. For family style meals, consider having counsellors serve campers to avoid common touch self-serve utensils, or have pre-plated meals picked up from the kitchen and brought to tables by camp/kitchen staff.
 - i. Important attention should be paid to hand hygiene prior to dining, after touching any shared item and after dining. Sufficient hand hygiene is preferred to single-use items but consider individually wrapped high touch shared items like condiments.
 - j. Develop appropriate cleaning and disinfecting protocols after each meal.
6. **Transportation.** Camp directors are encouraged to arrange for camper and staff travel that minimizes exposures outside the camp community. This could include direct to/from camp transportation or the use of chartered direct ground transport and/or direct travel from airports. These guidelines are based upon the assumption that Camps are conducting pre-arrival screening prior to boarding buses to overnight camp.
- a. Campers and staff should follow best practices for travel as outlined by the [CDC](#) (see also Preparation).
 - b. Establish drop off/pick up protocols that limit direct contact with families, parents should be ready to separate from their camper son after drop off and avoid families entering camp grounds and mixing with staff and other campers during this time.
 - c. Maximize physical distance between children and staff on transport vans and buses, and everybody on the transport vehicle must wear face masks. Increase vehicle ventilation by opening windows if weather permits, or bring in outside air through the vehicle ventilation system (do not recirculate internal air).
7. **Cleaning, Disinfection, Ventilation, & Limited Sharing of Items.** Summer camps have existing strong cleaning & disinfection protocols and these protocols should be enhanced with COVID-19 specific guidance to include:
- a. Review CDC [guidance for cleaning and disinfecting](#)
 - b. Avoid shared objects, and keep each camper's belonging separate from others'.
 - c. Develop a schedule for increased routine cleaning and disinfection; use disinfectants that are on EPA's [list of disinfectants for COVID-19](#).
 - d. Ensure safe and correct application of disinfectants per the manufacturers' instructions for use and that staff are trained on appropriate use. Keep products away from children. Ensure adequate ventilation when using cleaning and disinfection products.
 - e. Clean and disinfect frequently touched surfaces (e.g., counters, door handles, sink handles, etc.) at least daily or between uses as much as



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possible. Clean and disinfect shared objects (e.g., toys, games, art supplies) between uses.

- f. Clean and disinfect vans and buses and other camp vehicles between use. Refer to CDC's guidance on [cleaning and disinfection for non-emergency transport vehicles](#).
- g. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening screened windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., temperature, inclement weather, insects, and allowing pollens in or exacerbating asthma symptoms) to children at the facility.
 - i. See CDC guidance on improving [ventilation in buildings](#).
- h. Take steps to ensure that all potable water systems and terminal fixtures (for example, sinks and bottle filling stations) are sanitized daily. Provide disposable cups for water fountains and refillable water jugs. Avoid use of water bubblers without disposable cups. Encourage campers and staff to use their own individual re-usable water bottles.
- i. Ensure potable and process water plumbing systems are appropriately readied prior to camp in accord with CDC and local health department guidance to minimize the risk of diseases associated with waterborne pathogens.

8. Health Center Guidance, Management of Persons Suspected or Confirmed with COVID-19, and Management of Close Contacts.

a. Health Center General Guidance:

- i. Healthcare staff working at the camp must practice Standard and Transmission-Based Precautions in accordance with best medical practice. When evaluating a person suspected or confirmed to have COVID-19, healthcare staff must wear appropriate personal protective equipment (PPE) as recommended by NH public health and the U.S. Centers for Disease Control and Prevention. Healthcare staff should be trained in the appropriate donning/doffing of PPE.
- ii. Camps should ensure healthcare staff have access to all necessary and appropriately fitted PPE.
- iii. Healthcare center staff must wear a face mask at all times (universal masking) when working in the health center and evaluating staff and campers for any patient care encounters. Universal eye protection (e.g., goggles or face shield) is also recommended for all patient care encounters in [areas of substantial community transmission](#).
- iv. Healthcare staff should familiarize themselves with COVID-19 medical recommendations, and testing requirements and processes.



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- v. Triage illness and injury in a way that keeps campers and staff with suspected COVID-19 symptoms physically distant and separate from evaluation and treatment of persons with non-COVID-19 medical issues. Ensure that staff and campers with symptoms of COVID-19 can be appropriately isolated.
- vi. Routine medication administration should be done in a manner that supports physical distancing between campers/staff and health center staff.
- vii. Health Logs will be maintained for record keeping and identification of patterns of illness.
- viii. Establish relationships with local public health authorities, medical providers and emergency services.
- ix. Camps must develop separate locations for isolation and quarantine of staff or campers who develop symptoms of COVID-19 or are diagnosed with COVID-19 (Isolation), and for those who are exposed to COVID-19 (quarantine). People that need to isolate or quarantine should ideally be sent home to isolate/quarantine off camp property, but that may not be possible in all cases, especially if campers and staff are traveling from afar. Any staff, volunteer, or camper who must isolate/quarantine may not participate in any camp activities, go to the dining hall, or be present in other public places.
 1. "Isolation" is for people who have tested positive for COVID-19, or who have symptoms of COVID-19 while waiting testing. Isolation refers to the act of staying away from other people and out of public spaces to avoid spreading active COVID-19.
 - a. Isolation locations should include a separate room with a separate bathroom in a location separate from others with a private entrance.
 2. "Quarantine" is for people who have been in "close contact" to another person with COVID-19. Quarantine refers to the act of staying away from other people and out of public spaces to avoid spreading infection in the event the exposed person develops infection (could be either symptomatic or asymptomatic infection).
 - a. Quarantine locations should ideally involve a private room with a private bathroom in a location separate from others, ideally with a private entrance. Whole groups/cabins who have all been exposed to a person with COVID-19 can quarantine together (with their own private bathroom), however, if additional cases are identified in the group, the entire group would be under a rolling quarantine extending the need to



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quarantine for longer than 10 days (quarantine is for 10 days after last exposure).

3. “Close contact” is defined as being within 6 feet of a person with COVID-19 for a cumulative time of 10 minutes or longer during the person’s infectious period. A person is considered to be infectious and able to spread COVID-19 to others starting 48 hours prior to onset of symptoms (or 48 hours prior to testing positive if the person is asymptomatic).
 4. Food, laundry, and other essential services and needs must continue to be provided to people under isolation and quarantine, but the person(s) must not come into close or direct contact with other people.
- b. Management of People with Suspected or Confirmed COVID-19:
- i. When a camper or staff is identified with any new or unexplained [symptoms of COVID-19](#), even only new mild symptoms, this person must be isolated and separated from all other campers and staff, and the person should be tested for COVID-19 after a clinical evaluation (see “diagnostic testing” section above). The person must remain isolated until COVID-19 test returns and may not participate in any camp activities, go to the dining hall, or be present in other public places.
 - ii. If a person is confirmed to have COVID-19, they should leave camp immediately and be picked up by family and brought back home by private transportation. The family and close household contacts will then need to quarantine due to exposure to a person with COVID-19. People with confirmed COVID-19 shall not, under any circumstances, be allowed on public transportation. If a person is unable to drive themselves home (for staff and volunteers), or be picked up by family, they must continue to be kept in isolation on camp premise until no longer infectious.
 - iii. Symptomatic persons or those with confirmed COVID-19 should undergo enhanced medical monitor to ensure stability in health. Camps should have a detailed plan for how to transport a symptomatic person to the local hospital in the event the person needs medical attention. Transportation should involve a mechanism to avoid exposing individuals to COVID-19 (e.g., consider utilizing local emergency medical services).
 - iv. Clear and close off recent areas used by a camper/staff diagnosed with COVID-19 and do not use before cleaning and disinfection. Ensure safe and correct application of disinfectants by staff and keep disinfectant products away from children. Arrange for a deep cleaning of the camper’s residential area and/or the staff’s workspace. See CDC [guidance for cleaning and disinfecting](#).



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- v. Any person diagnosed with COVID-19 should be reported immediately to NH public health and contact tracing should be conducted to identify close contacts of any person identified with COVID-19 on camp property. Contact tracing should be done in collaboration with NH public health.
 - c. Management of a Person with Confirmed COVID-19, and Management of Close Contacts:
 - i. Close contacts to a person with COVID-19 must quarantine. Any person requiring quarantine due to COVID-19 exposure should leave the camp and can either drive themselves home (for staff and volunteers), or be picked up by family. People under quarantine shall not be allowed on public transportation. If a person is unable to leave the camp or be picked up immediately, they should undergo quarantine on camp premise (see above).
 - ii. People under quarantine should undergo enhanced symptom monitoring as outlined in NH public health [quarantine guidance](#), and should be tested for COVID-19 on day 5-7 after exposure (ideally with a PCR-based test).
9. **Communication with State & Local Public Health Authorities.** COVID-19 is a reportable disease. Camp administration must notify the NH State public health agency of any persons diagnosed with COVID-19 (or any other [Reportable Infectious Disease](#)) while on camp premise. Camp administrators should ensure a single point of contact for communication and familiarize themselves with NH public health reporting protocols and contact methods.
10. **High-Risk Populations and Vaccination.** [Vulnerable or high-risk populations](#) require special consideration for camping programs.
- d. Camps cannot be presumed COVID-free, and thus camp directors should advise staff members and campers' parents to consult with their primary care providers to determine if camp is a reasonably safe option for them.
 - e. Families of campers with high-risk individuals residing in their homes must consider COVID-19 exposure risks if they send their child to camp and determine if it is safe.
 - f. People at high risk for severe illness from COVID-19 are strongly encouraged and recommended to get the COVID-19 vaccine when it is offered to them, but even people fully vaccinated against COVID-19 must continue to follow all public health guidance (e.g., masking and social distancing), and follow the guidance outlined in this document when on camp premise and participating in camp activities.

