

OVERNIGHT/RESIDENTIAL SUMMER CAMP PROGRAMS

Sectors/subsectors included in this guidance:

Overnight/Residential camps (Youth Recreation Camps) regulated by RSA 170 E:54

Safeguarding Guidance:

The State of New Hampshire recommends the Resident/Overnight Camp industry establish measures to protect consumers and employees. The following guidance is built upon recommendations from the Universal Guidelines for All New Hampshire Employers and Employees, the CDC and additional resources created by **Environmental Health & Engineering**, an independent multidisciplinary consulting company in public health, workplace safety, research and data analytics which has been retained by ACA and YMCA-USA to provide educational resources and guidance for camps to function as effective public health partners in the current COVID-19 environment. This guidance was developed through the formation of an independent expert panel, which included members of the American Academy of Pediatrics, the Association of Camp Nursing and the Harvard School of Public Health, in dialogue with the CDC.

Considerations:

1. New Hampshire Summer Camps provide critical development experiences for children and families inside and outside of New Hampshire and are an important part of NH's economy and local communities.
2. Many Residential Camps, with acceptable modifications, can quarantine, functioning as a 'single family home' and 'shelter-in-place' together for the duration of the camp session regardless of camp size.
3. Camp age children and staff represent the lowest-risk segment of the population for COVID-19 complications and health care utilization.
4. Travel and group gathering restrictions should be considered in the context of residential summer camps ability to **self-isolate**.
 - Camps are committed to transportation options that limit exposure of out-of-state campers and staff to their local NH communities including:
 - Charter buses/flights
 - Direct-to-camp/direct-to-home parental/guardian transportation
 - Camps are willing to open later than their normal opening date of late June, however, with potential for a shortened season, camps would need to be ready to accept campers on opening day. Camps request consideration of the option to quarantine incoming staff in groups of <10 individuals for 14 days prior to their scheduled opening day to ready camp, ensure their health, and maximize camper safety.
5. Overnight camp programs will quarantine campers for the duration of camp program, with direct-to-camp/direct-to-home transportation.
6. **Visitors- (see also Visitors, Parents & Field Trips)** Visitors will not be allowed on camp property during periods of group quarantine. Visitors will be limited to

essential service providers for the duration of the camp session. Essential visitors must don facial coverings when in camp.

7. The following guidelines are based upon a Phase 2 reopening.

Employee & Consumer (camper) Protection

1. Health Screening/Surveillance

- a. **Pre-Arrival & Arrival:** Camp administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff.
 1. Pre-arrival Screening of Campers and Staff- Recommend use of a pre-arrival screening by having campers and staff complete a self-screening tool during a 7-10 day period prior to their arrival at camp and provide it to the camp during check-in procedures. In addition, staff must meet Universal Guidelines for All New Hampshire Employers and Employees for arrival screening.
 2. If FDA-approved testing for viral RNA and/or antibodies is made available for camp staff and/or campers, and testing is recommended by NH health authorities, such testing may provide additional information for health screening.
 3. Camps will not admit staff who are symptomatic for COVID-19. Implement health screenings in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
 4. Consider including specific questions regarding COVID-19 symptoms and temperature monitoring in the health screening process.
 5. Health screening will be done upon arrival of staff and campers and throughout the camp experience at the discretion of the camp medical staff and in accordance with camp's Communicable Disease Plan.

- b. Daily-** Screen campers and staff daily for symptoms of COVID-19 throughout the camp program. Staff must meet Universal Guidelines for All New Hampshire Employers and Employees for daily health screening.
- c. Worker Health-** Upon arrival, screen staff for symptoms of COVID-19 and exposures to positive COVID-19. Staff will arrive at camp and remain at camp for the duration of their quarantine. Consider minimizing or eliminating staff travel off camp facilities for the duration of the summer. Local NH staff may need to travel back and forth to camp each day but will wear PPE appropriate to their job function while at camp when social distancing cannot be maintained. Local staff will follow safety protocols to minimize the potential for COVID spread within the camp community.
- d. Visitors- (see also Visitors, Parents & Field Trips)** Visitors will not be allowed on camp property during periods of group quarantine. Visitors will be limited to essential service providers for the duration of the camp session. Essential visitors must don facial coverings when in camp.
- e. End of Program-** Daily surveillance will continue through the end of camp. Campers or staff that develop possible COVID symptoms during this time will have increased surveillance and PCR testing (if available) to determine COVID-19 status prior to travel home. Camps should consider alternative travel options for campers who are demonstrating potential symptoms of COVID-19/confirmed COVID-19 campers.

2. COVID-19 and COVID-19-Like Illness Management

- a.** Campers and staff with potential COVID-19 symptoms must be isolated.
- b. Health Centers:**
 - i. Monitor Health Center logs to identify illness patterns.
 - ii. Consider adjusting medication administration processes in the Health Center to promote social distancing.
 - iii. Consider implementing a strategy for triaging individuals in the Health Center that promotes social distancing.
 - iv. Train Health Center staff to follow camp communicable disease strategies: don/doff PPE, steps in Communicable Disease Plan (CDP), health screening activities, etc.
 - v. Create a system for camps to communicate with public health officials, nearby healthcare facilities, families, and other stakeholders.
 - vi. Create a communication system for staff and families to self-report symptoms and notification of exposures.
- c.** When a camper or staff is identified with potential COVID-19 symptoms, this person will be isolated and quarantined from camp activities until COVID-19 status can be determined.
 - 1. Work with camp leaders and healthcare providers to identify an isolation area in camp to separate anyone who exhibits COVID-19-like symptoms. Follow the camp's Communicable Disease Plan (CDP) that includes guidelines for isolation and transportation of individuals to local healthcare facilities for testing, if necessary, and with the potential of return to home.

2. Camp healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
3. In the event of a confirmed case by viral PCR testing, notify State and local health officials as required, staff, and families in accord with the CDP while maintaining confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#). Perform contact tracing to ascertain information and identification of close contacts.
4. Enhance health screening surveillance for close contacts within the camp group and limit interactions of this group with other groups for 14 days.
5. Clear and close off recent areas used by an ill camper/staff 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.
6. Adjust camper and staff policies to reflect the need for a COVID-19-suspected or COVID-19-positive individual to be immediately isolated from the larger camp community.
7. If camper or staff are confirmed positive for COVID-19, continue isolation according to your CDP, test when possible. Advise staff members to not return to camp until they have met CDC [criteria to discontinue home isolation](#).

3. Prevention

- a. **Phase 2 Physical Distancing, Group Size & Cohorting:** Residential camps will comply by physical distancing and group size guidelines as described below. Additionally, campers may be divided into small cohorts with same counselors. Cohorts should ideally remain together throughout the program and limit interaction with other groups as much as possible.
 - i. Camp administrators should ensure campers and staff are separated into groups that remain consistent over the camp program. Consider programs that function by bunk and dining/activity cohorts that are groups of bunks. CDC guidance in Phase 2 states that "Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed." Mixing between cohort groups of 50 should be discouraged.
 - ii. Attempt to limit groups to the smallest practical group size based upon cabin arrangements. Sleeping areas should be arranged with maximizing the space between campers/staff. If possible, divide larger cabins into smaller sleeping groups. Bedding should be arranged head-to-toe, consistent with existing YRC regulations.
 - iii. Space seating indoors and outdoors at least 6 feet apart between camper groups (for example, separate bunks/cabins groups by 6 feet apart in a recreational hall).

- iv. If a dining hall is typically used, serve meals in smaller groups rather than the entire camp at one time if necessary to maintain six feet of space between cohort groups.
- v. Avoid buffet lines and consider serving individually plated or boxed meals. If meals are typically served family-style, counselor staff should plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- vi. Consider limiting large gatherings, events, and extracurricular activities to those that can maintain social distancing and support proper hand hygiene. Outdoor fields can be used for large gatherings with at least 6 feet maintained between camp groups of up to 50 persons. Manage communal use spaces, shared facilities, and playgrounds to avoid large gatherings; stagger times of use and disinfect in between use.
- vii. When staff are within their cohorts they are not required to wear cloth face coverings.

b. Limit Sharing

- i. Attempt to keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas. Avoid sharing clothing, personal care products, and belongings between campers and between staff.
- ii. Ensure adequate supplies to minimize sharing of high-touch materials assigned to a single camper (art supplies, sports equipment, etc.) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- iii. Have pre-packaged boxes or individual bags of snacks to avoid sharing by campers and staff.

c. Programmatic Considerations

i. Train all staff

- 1. Train all staff in the above safety actions. Consider conducting the training to ensure that social distancing and healthy hygiene practices are maintained.
 - 2. Training of staff in infection prevention measures for this summer is essential. Camp administrators should train staff on the Communicable Disease Plan (CDP) and clarify staff's essential role in the plan.
- i. Activity Considerations: Camps will alter programmatic activities to reflect current recommendations for physical distancing & group size. When physical distancing is not possible, face coverings will be used.
 - ii. Wilderness Activities: Camps with overnight wilderness trips will ensure that trip groups are consistent with their camp cohort. Trips will be in small groups of no more than 10. Travel trips will be done with the cohort and face coverings will be encouraged in the vehicle. Trips will minimize the number of campers in each tent.
 - iii. Camp administrators should restrict arrival to camp and departure from camp to the greatest extent possible. Camps should consider having campers and staff with direct camper contact (for example, bunk counselors, activity and program leaders) remain on campgrounds for the duration of the camp session with exceptions to outside medical or other

essential visits. Campers leaving camp and returning should wear cloth masks and should not visit public areas such as restaurants and retail settings. Upon return to camp, all campers and staff must go through pre-arrival screening and conduct hygiene practices as described within this document.

- iv. Arrangements should be made for retaining staff with direct camper contact on premises on days off.
- v. Visitors & Parents & Field Trips:
 1. Restrict nonessential visitors, entertainers, volunteers, and activities involving outside groups.
 2. Field trips, socials and intercamp games to public gathering and recreational places should be avoided. It may be possible to permit small groups to day travel to nearby recreational areas where interfacing 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.
- vi. Dining schedules should be altered or staggered to adhere to the maximum group gathering guidelines. Alternative to buffet style serving, camps could consider serving meals ‘family style’ to minimize movement and exposures in the dining facility. Counselors will serve their bunk campers.
- vii. Parent Visiting Weekend: Visitors, including parents, will be minimized to every extent possible, including the elimination of parent visiting days. If a visit by a parent or other visitor becomes essential to camp, face coverings will be used and interactions with the larger camp community will be minimized.
- viii. Inter-camp Games & Socials: Inter-camp athletics and social activities between camps will not be allowed.

d. Hygiene

i. Promotion of Health Practices:

1. Teach and reinforce [washing hands](#) and covering coughs and sneezes among children and staff.
2. Teach use of [cloth face coverings](#) among staff working outside their cabin or programming cohorts when physical distancing is not possible. Staff should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to all staff on [proper use, removal, and disposal or washing of cloth face coverings](#).
3. Staff that travel off-camp every day and at the end of their shift should wear cloth face coverings in camp when unable to maintain a 6-foot distance from others.
4. Have adequate supplies to support healthy hygiene behaviors, including soap and water, hand sanitizer with at least 60 percent alcohol for staff and older children who can safely use hand sanitizer, tissues, and no-touch trash cans.

5. Post signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#) (staff).
 6. Provide educational materials in advance to parents and guardians for sharing with children prior to camp and reinforce awareness at staff and camper orientation and periodically thereafter for all throughout the camp experience.
 - ii. Face Coverings: When physical distancing is not possible outside of the cabin and program cohorts, face coverings may be used. Additionally, dining staff should wear face coverings when preparing and serving food. It is not advisable for children to sleep with face coverings.
 - iii. Health Center: Health staff will wear face coverings when physical distancing cannot be maintained. PPE for health staff will be consistent with CDC guidelines for its use in suspected communicable disease including the consideration of N-95 respirators, procedural masks, gowns, and eye coverings.
 - iv. Facilities & Vendor Deliveries: Facilities staff and vendors will wear face coverings when physical distancing cannot be maintained and for the former when in camper living areas.
- 4. High Risk Populations:** Vulnerable or high-risk populations require special consideration at day and residential camps.
- a. 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.
 - b. 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.
 - c. Camp directors should follow CDC and White House *Opening Up America Again* plan that specifically state that special high-risk and vulnerable populations should continue to shelter-in-place through Phases 1 and 2. Specifically, camp directors should consider if the following populations should seek employment at summer camp facilities with consult from their primary care provider:
 - i. People 65 or older
 - ii. People who live in a nursing home or long-term care facility
 - iii. People of all ages with underlying medical conditions, particularly if not well controlled including:
 1. People with chronic lung disease or moderate to severe asthma
 2. People who have serious heart conditions
 3. People who are immunocompromised: Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 4. People with severe obesity (body mass index [BMI] of 40 or higher)
 5. People with diabetes

6. People with chronic kidney disease undergoing dialysis
 7. People with liver disease
- 5. Facilities Cleaning and Disinfection:** Summer camps have strong infection protocols in place and these protocols should be updated with EHE/CDC summer camp guidance when available to include:
- a. **Clean and disinfect** frequently touched surfaces at least daily (for example playground equipment, door handles, sink handles, etc.) and shared objects (for example, toys, games, art supplies) between uses.
 - b. **Clean and disinfect vans and buses; refer to guidance for bus transit operators. Camp vehicles should be cleaned and sanitized/disinfected between uses.**
 - c. Ensure **safe and correct application** of disinfectants per the manufacturers' instructions for use (IFU) by trained staff. Keep products away from children.
 - d. 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.
 - e. **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.
 - f. 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.
- 6. Transportation:** Camp directors are encouraged to arrange for camper and staff travel that minimizes exposures outside the camp community. This could include: charter buses or flights, direct-to-camp/direct-to-home transportation. Camps counselors should cohort campers upon arrival to the airport. These guidelines are based upon the assumption that Camps are conducting pre-arrival screening prior to boarding buses to overnight camp.
- a. Create social distance between children on transport vans and buses where possible. Use face masks, if unable to maintain social distancing.
 - b. Camp administrators should be aware of the infection potential of campers and staff traveling from high infection transmission areas and are advised to consider limits to participants from these areas and/or in accord with the State and local agency requirements for regional, interstate, and international travel. If allowed, staff from these areas must quarantine in small groups (<10) for at least 14-days prior to arrival of campers or before introduction to camp and participate in pre-arrival screening.
 - c. Stagger arrival and drop-off/departure times or locations or put in place other protocols to limit direct contact with parents as much as possible.
 - d. Implement a one-parent, one-child drop off and pick up procedure. Parents should be ready to separate from child immediately after check-in and passed medical screening. Parents will not be allowed to enter housing areas prior to or during drop off.
- 7. Communication with State and Local Public Health Authorities:** Residential camps will ensure timely and accurate reporting to the NH public health authorities for all

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notifiable diseases and conditions, including COVID. Camp directors should ensure a single point of contact for communication and familiarize themselves with NH public health reporting protocols and contact methods.

- 8. Additional Tools and Considerations:** Residential camps will be receiving additional guidance from EH&E on communications, Incident or case reporting checklist/form, Camp safety checklist, COVID safety checklists.

Business Process Adaptations

1. Please see extensive adaptation above in addition to applicable NH guidance for youth camp operation.
2. Some camps or programs may need to shorten or otherwise alter camp sessions or total operating season in order to accommodate this guidance.

CDC Guidance:

