

✓ CHECKLIST FOR <u>RESIDENT/OVERNIGHT YOUTH CAMP OPERATORS</u> AND STAFF Page 1 of 6

Be advised:

Youth camps should follow the below health and safety recommendations. These recommendations may be updated based on <u>guidance from the CDC</u> and/or the American Academy of Pediatrics.

A note about children and COVID-19:

The virus that causes COVID-19 can infect people of all ages. While fewer children have gotten sick with COVID-19 compared with adults, children can be infected with the virus that causes COVID-19, get sick with COVID-19, spread the virus to others, and have severe outcomes. However, children are more likely to be asymptomatic or to have mild, non-specific symptoms; they are less likely than adults to have severe illness or die.

COVID-19 is spread from person to person through contact that is close enough to share droplets generated by coughing, sneezing, speaking, and even just breathing. COVID-19 can also be spread by touching objects where contaminated droplets have landed. Because of this easy manner of transmission, a child or young person who is infected with COVID-19 can spread the infection to others they come in close contact with, such as members of their household, teachers, or other caregivers. We have learned that infected persons with mild or even no symptoms can spread COVID-19.

One thing is for certain: We must find ways to protect our children from COVID-19 and ensure that they do not bring the infection to others, such as other household members, who may be at high risk for severe infection or even loss of life.

For adults in the workplace or other public spaces, we are confident that if recommended measures such as getting vaccinated, wearing cloth face coverings or non-medical grade masks, respiratory etiquette, frequent hand washing / hand sanitation and environmental cleaning and sanitizing are widely observed, we can improve safety.

However, such recommended protective measures that we can expect from adults are, for a variety of reasons, not always possible for children in youth camps.

Every adult who is responsible for providing care or education for children and youth in these settings must be aware of these facts and be willing to comply with the infection control measures that will be in place in these settings. Parents should monitor the health of their children and not send them to the program if they exhibit any symptom of COVID-19. They should seek COVID-19 testing promptly and report results to the program given the implications for other children, families, and staff. Individuals aged 65 or older are at a higher risk of COVID-19. Parents should protect any vulnerable persons who are members of the same household or come into frequent, close contact with infants, children and youth who attend child care centers, schools, or youth camps.



OVERNIGHT YOUTH CAMP OPERATORS AND STAFF: Page 2 of 6

About health recommendations:

The following are the health recommendations for all resident/overnight youth camps choosing to operate in Texas. Overnight youth camp operators may adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all employees, contractors, volunteers and resident campers.

Please note, public health guidance cannot anticipate every unique situation. Resident/overnight youth camps should stay informed and take actions based on common sense and wise judgment that will protect health and support economic revitalization. Resident/overnight youth camps should also be mindful of federal and state employment and disability laws, workplace safety standards, and accessibility standards to address the needs of both workers and customers.

Health recommendations for camp employees, contractors, volunteers ("staff"):

their camper or to let the camper remain and trust the camp to take appropriate safeguards when informed by the camp operator that a child at camp has tested positive for COVID-19.
Train all staff on appropriate cleaning and disinfection, hand hygiene, and respiratory etiquette.
Request that campers, their families, and camp staff follow <u>guidance for travelers</u> in the 14 days before camp arrival to reduce exposure to COVID-19. Ask unvaccinated campers and staff members to engage in a 2-week prearrival quarantine that includes physical distancing, mask-wearing when not at home, avoiding unnecessary travel, and refraining from indoor social gatherings with people outside of their households.
Ask campers and staff who are not fully vaccinated to provide proof of a negative viral test taken no more than $1-3$ days before arriving at camp. Delay arrival for campers or staff with confirmed positive test results.
Upon arrival at camp, campers should be assigned to cohorts that will remain together for the entire camp session without mixing with other campers and staff in close contact circumstances.
Consider campers and staff who are staying together in a cabin, bunkhouse, or similar defined space a "household cohort." Household cohort members do not need to wear masks or physically distance when they are together without non-household cohort members nearby. Campers and staff should always wear masks when together unless staff are part of the household cohort and sleep in the same space as campers. When different household cohorts are using shared indoor or outdoor spaces together during the day or night, continue to monitor and encourage mask use , physical distancing , and healthy hygiene behaviors for everyone.
<u>Screening testing</u> can help to identify cases of COVID-19, prevent secondary transmission, and help with contact tracing. Screening testing is particularly valuable in areas with moderate, substantial, and high levels of community transmission. Screening testing may allow camps to move between different <u>testing strategies</u> as community prevalence (and therefore risk assessment) changes.



OVERNIGHT YOUTH CAMP OPERATORS AND STAFF: Page 3 of 6

	For camp sessions that last at least one week, screening testing should be done 3–5 days after arrival at camp in accordance with <u>CDC travel guidance</u> . <u>Fully vaccinated</u> asymptomatic people without an exposure can refrain from routine screening testing.						
		Before attending, upon arrival, and at least daily while at camp, screen all staff and campers for any of the following new or worsening signs or symptoms of possible COVID-19:					
		Cough		Sore throat			
		Shortness of breath or difficulty breathing		Loss of taste or smell			
		Chills		Diarrhea			
		Repeated shaking with chills Muscle pain		Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit			
		Headache		Known close contact with a person who is lab confirmed to have COVID-19			
	Staff should <u>clean and disinfect</u> bathrooms regularly (e.g., in the morning and evening, after times of heavy use) using <u>EPA-registered disinfectant</u> .						
	Increase <u>ventilation</u> in <u>buildings</u> , such as cabins and dining halls to increase air exchange and air filtration. If possible, open windows (if safe to do so), use portable air cleaners, and improve building-						
	Make	wide filtration. Make sure that campers have more than one mask on hand so that they can easily replace a dirty mask with a clean one.					
Hea	lth r	ecommendations regarding sick ca	ampe	ers and staff members:			
		te staff exhibiting new or worsening signs or cal public health authorities, as applicable.	symp	toms of possible COVID-19 and work with state			
	Staff exhibiting new or worsening symptoms of possible COVID-19 should receive a nucleic acid-based COVID-19 test. Find TX COVID-19 Test Collection Sites online, contact the local health department for testing, or see a health care provider.						
		Do not allow staff with the new or worsening signs or symptoms of COVID-19 to return to work until:					
		 In most instances of a staff member will return to work when all three of the fo 		s diagnosed with COVID-19, the individual may ng criteria are met:			
		 10 days since symptoms first a 					
				use of fever-reducing medications, and			
		 Other symptoms of COVID-19 a 	are im	iproving.			

 In the case of a staff member who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or



OVERNIGHT YOUTH CAMP OPERATORS AND STAFF: Page 4 of 6

		 If the staff member has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on a negative nucleic acid COVID- 19 test and an alternative diagnosis.
	Staff	should help the camp operator in identifying exposure risks (a.k.a. contact tracing).
	the c	ne extent possible, separate campers and staff into groups or cohorts that remain consistent over camp session. Discourage mixing between groups or cohorts. Consider programs that operate by ps defined by age/grade or bunks with dining/activity cohorts that may include single or a group unks.
		Immediately isolate any camper or staff member who tests positive for COVID-19 and report the positive test to the appropriate health authority.
		 If a staff member tests positive for COVID-19, the staff member will immediately leave the camp, and the camp operator should notify parents or guardians of possible exposure to a lab-confirmed case of COVID-19.
		 If a camper tests positive for COVID-19, the camper's parent or guardian should pick up, or arrange to have picked up, the camper within 8 hours.
		When an individual tests positive for COVID-19, notify all parents or guardians of campers in the cohort. The parents or guardians may decide to either pick up their child from the camp or leave the child in the camp and trust the camp to take appropriate safeguards. Keep the cohort containing the individual who tested positive for COVID-19 isolated from other cohorts at the camp for the short of the remainder of the camp session or 14 days.
		If three or more cohorts have had any identified positive cases of COVID-19, work with state or local public health authorities, as applicable, about continued operations of the camp session.
		should follow and supervise the Cabin Hygiene Plan, Dining Hygiene Plan, Program Activity Plan, if applicable, Transportation Plan.
	from <u>Durin</u> camp	who are not fully vaccinated should get tested with a viral test 3–5 days after traveling home camp AND stay home and self-quarantine for a full 7 days after travel. Refer to <u>CDC's Traveling COVID-19</u> website for more information about what to do after traveling home from p. <u>Fully vaccinated people</u> should follow current guidance for domestic travel and may not need to ested or self-quarantine after camp unless they are experiencing symptoms.
Hea	lth r	ecommendations limiting access to camp grounds and facilities:
	-	arents or guardians visiting the camp during or between camp sessions, except to drop-off and up campers.
		Modify camper drop-off and pick-up procedures to keep parents and guardians from coming within 6 feet of individuals not within the same household. Possible strategies include, but are not limited to, staggering drop-off and pick-up times.
		If possible, parents and guardians should remain in their vehicles at camper drop-off and pick-up.



OVERNIGHT YOUTH CAMP OPERATORS AND STAFF: Page 5 of 6

	main	isitors to the camp unless necessary for camp operations, such as food delivery. Visitors should stain social distancing of at least 6 feet from other individuals while at camp, and should follow protocols for symptom screening and hand washing or sanitization.						
		e staff arrive at the camp, they should be restricted from traveling into surrounding communities ng their time off as much as possible.						
Hea	lth r	ecommendations for camp grounds and facilities:						
		elop, train and implement increased daily sanitization protocols for common surfaces, restrooms, ag halls, cabins, recreational equipment, and camp facilities.						
	Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available throughout the camp.							
	Consider having an individual wholly or partially dedicated to ensuring the health protocols adopted by the camp are being successfully implemented and followed.							
	Camp health policies and protocols should include communicating and coordinating with the local health department, local emergency services, and local health care providers before the start of a camp session. This coordination should include ensuring prompt and coordinated response to COVID-19 and other emergencies, including the ability to have symptomatic staff tested for COVID-19.							
	At least daily while at camp, all staff and campers will be screened for any new or worsening signs or symptoms of possible COVID-19, including having temperatures taken.							
	Ensu	re access to on-site medical personnel, or on-call physician, for the duration of a camp session.						
		On initial arrival at camp, all campers and staff should undergo a screening supervised by the camp health staff to assess the potential for communicable diseases, to establish a health status baseline, and to identify health problems.						
		Parents or guardians may choose to wait nearby until the camper's health screening is complete.						
Dev	elop	ing and implementing health protocol plans:						
	Develop and implement a Dining Hygiene Plan to include:							
	Ш	No self-serve buffet meals						
	Ш	Serve meals with disposable utensils, napkins, cups, and plates. If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items						
		Clean and disinfect tables, chairs, etc. after use						
	Deve	elop and implement a Cabin Hygiene Plan to include:						
		Hand washing or hand sanitizing protocols						
		Sanitization by camper protocols						



OVERNIGHT YOUTH CAMP OPERATORS AND STAFF: Page 6 of 6

	Sanitization of common/shared surfaces			
	Personal fans should only be pointed at one camper; ceiling fans are permissible.			
	Campers should sleep head to toe in upper and lower bunks. Bunk beds should be spaced as far apart as feasible in cabin. Air circulation through open windows and fans is encouraged.			
Deve	elop and implement a Program Activity Hygiene Plan to include:			
	Sanitization of all program areas			
	Sanitization of equipment before and after use			
	Hand washing or hand sanitizing before and after activities			
Excursions away from the camp are strongly discouraged, and should be limited or eliminated we feasible. To the extent those excursions continue, develop and implement Transportation Protection include:				
	One individual per seat and every other row in a vehicle			
	Staggered seating for maximum distancing			
	All campers and staff sanitize hands upon boarding and exiting the vehicle			
Deve	elop a management plan for infectious outbreaks, including COVID-19:			
	Identify appropriate isolation facilities at the camp. If possible, the medical area should include multiple rooms, including a waiting area, a room or rooms to isolate those individuals exhibiting new or worsening signs or symptoms of possible COVID-19, and a separate room for individuals seeking other medical attention.			
	Guidelines for caring for ill campers or staff, and for isolating those individuals from the healthy population.			
Clea	n and sanitize the camp prior to the start of a new camp session.			