

Coronavirus 2019 (COVID-19): Guidance for Overnight Summer Camps

This guidance is for summer camp programs with any overnight component that operate in the District of Columbia during Spring/Summer 2021 and provide services to school aged children (5 years and above) that are exempt from childcare licensing. Summer camps which offer day programs only should follow *Guidance for Summer Camps (Day Programs)*. Schools offering summer school should follow DC Health *Guidance for Schools*, and childcare facilities offering summer camp services under their childcare license should follow *Guidance for Childcare Facilities*. These guidance documents can be found at coronavirus.dc.gov/healthguidance. Overnight summer camps must implement the following measures to help reduce the risk of COVID-19 transmission among campers, staff, and the community. Implementation of layered mitigation measures are critical to maintaining safe operations of summer camps regardless of levels of community transmission of COVID-19. For additional information, see coronavirus.dc.gov/phasetwo.

Implement Measures to Support Safety of Staff and Campers

COVID-19 Vaccination

- Camp staff and campers aged 12 years and older are strongly recommended to get the COVID-19 vaccine and to be fully vaccinated¹ prior to starting camp activities.
- Find out more about getting the COVID-19 vaccine at coronavirus.dc.gov/vaccine.
- For more helpful information, see *Guidance for Fully Vaccinated People* at coronavirus.dc.gov/healthguidance.

Enrollment, Testing, and Daily Health Screening

Before Camp:

- Staff and campers traveling to DC to work at or attend the camp should follow *Guidance for Travel* guidance found at coronavirus.dc.gov/healthguidance.
- Staff and campers should limit their activities for two weeks prior to arriving at the camp, including avoiding crowds and avoiding indoor social gatherings with people outside of their households.
- Staff and campers who are not fully vaccinated¹ must provide a negative viral test for COVID-19, taken 1-3 days prior to arrival date.²
 - Implement policies that allow flexibility if staff or campers become ill or test positive prior to arrival at camp. Permit delayed arrival to camp until people have been cleared from isolation.

During Camp:

- Screen campers and staff for symptoms of COVID-19 upon arrival at the camp, and each day while camp is in session.
- Camps also must screen anyone entering the camp on daily basis (e.g., visitors, contractors, family). Visitors should be minimized.
- Entry screening can be performed before (via phone or app) or upon arrival and can be based on self-report or report from parents/guardians.
- Daily screening of staff and campers can be performed via phone/app or in person.
 - For **Screening Tool Guidance**, visit coronavirus.dc.gov/healthguidance.
- Active temperature checks are not recommended.
- Screening tools must be reviewed routinely after submission. Any individual experiencing

¹ An individual is considered fully vaccinated at day 14 after completion of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).

² This requirement does not apply to individuals who are fully vaccinated or who have had COVID-19 infection within the past 3 months.

symptoms of COVID-19, or who is required to isolate or quarantine due to COVID-19 diagnosis or exposure³, has traveled, or who has a COVID-19 test pending, must not enter the camp or participate in camp activities due the risk of exposing others.

- Symptoms of COVID-19 include: Fever (subjective or 100.4 degrees Fahrenheit) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, abdominal pain or stomach ache, poor appetite, nausea or vomiting, or diarrhea. These symptoms should be updated according to CDC and DC Health guidance.
- Children with COVID-19 infection often present with non-specific symptoms, such as only breathing or stomach symptoms, with the most common being cough and/or fever.
- If a camper or staff member develops any of the symptoms above during the course of the day, the camp must have a process in place that allows them to isolate on site and to be evaluated.
 - Camps must also have procedures in place to help sick campers and staff members return home safely or be transported to a medical facility if their condition warrants.
- If staff leave the camp temporarily during the camp session (e.g., time off), they should choose their activities wisely while away from the camp and only participate in low-risk activities
 - Camps may consider requiring staff to repeat a screening test when they return to camp.

After Camp:

- Staff and campers who travelled to DC to attend or work at the camp should get a viral COVID-19 test 3-5 days after returning home from camp, and quarantine for 7 days.
 - This does not apply to staff or campers who are fully vaccinated or who tested positive for COVID-19 in the previous 90 days.

Encourage Healthy Practices

- Provide adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues, no-touch/foot pedal trash cans) to support healthy hygiene practices.
- Provide reminders to perform frequent hand hygiene (with soap and water or alcohol-based handsanitizer that contains at least 60% alcohol).
 - Note that hand sanitizer may not be as effective on dirty or greasy hands (e.g., if sunblock residue is on your hands). You may need to wipe your hands off before using hand sanitizer.
 - If hands are visibly dirty, you must wash them with soap and water.
 - Staff who prepare food must wash hands with soap and water.
 - Key times to perform hand hygiene include:
 - Before eating food,
 - After using the toilet,
 - Before and after putting on, touching, or removing cloth face coverings or masks,
 - Before touching your face,
 - After blowing your nose, coughing, or sneezing,
 - After touching someone else's belongings,
 - Before and after group activities,
 - After playing on playground equipment.

³ For more information, including information about quarantine and testing exemptions, please see *Guidance for Quarantine after COVID-19 Exposure* at coronavirus.dc.gov/healthguidance

- Avoid touching your face, eyes, mouth, and nose with unwashed hands.
- Cover coughs and sneezes with a tissue.
- If you don't have a tissue, cough or sneeze into your elbow.

High-Risk Individuals

Summer Camps should encourage campers and staff at an increased risk of experiencing severe illness due to COVID-19 consult with their medical provider **before** participating in camp activities.

- **Older adults and adults with the following conditions are at increased risk** of severe illness from COVID-19:
 - Cancer
 - Chronic kidney disease
 - Chronic lung diseases (including COPD, moderate-to-severe asthma, interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
 - Dementia and other neurological conditions
 - Type I or Type II Diabetes
 - Down Syndrome
 - Heart conditions, such as heart failure, coronary artery disease, cardiomyopathies, or hypertension)
 - HIV infection
 - Immunocompromised state (weakened immune system)
 - Liver disease
 - Overweight or obesity
 - Pregnancy
 - Sickle cell disease or thalassemia
 - Smoking, current or former
 - History of solid organ or blood stem cell transplant
 - History of stroke or cerebrovascular disease
 - Substance use disorders
- There is less evidence to date about conditions which put **children** at increased risk of severe illness from COVID-19. Current information suggests that children with medical complexity (like genetic, neurologic, or metabolic conditions, and congenital heart disease) are generally at increased risk compared to their healthier peers. Like adults, conditions such as obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression also appear to put children at increased risk for severe COVID-19.
- Any staff member or parent of a child who has a medical condition not listed, but who is concerned about their safety, should also consult with their medical provider before participating in Summer Camp.
- For more information, please refer to *People with Certain Medical Conditions* at the Centers for Disease Control and Prevention (CDC) website: [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html)

Implement Controls to Limit Contact

Non-Medical Face Coverings and Face Masks

- Masks protect the wearer and protect other people.
- To be effective, masks must be worn correctly. Masks should be 2-3 layers of tightly woven fabric, cover the nose and mouth, and fit snugly against the sides of the face.
- A mask is not a substitute for physical distancing.

While at camp:

- All staff and campers **must** wear non-medical face coverings or face masks while participating in all camp-related activities except while eating/drinking, sleeping, or during

water-related activities such as swimming. This includes sports and vigorous exercise.

- Masks are required on buses or transportation.
- Employers must provide masks for staff.
- Consider providing masks to campers as well, supplies permitting.
- Campers are recommended to bring extra masks with them in case the mask they are wearing becomes wet, soiled, or damaged. Extra masks should be kept easily accessible.
- Parents and camp staff should discuss individual considerations for children of any age, including medical or developmental conditions that may prevent them from wearing a mask, and consult with the camper's health care provider if necessary, to determine if an individual camper is able to wear a mask and attend camp safely.
- Consider clear masks (not face shields) for campers or staff who are deaf or hard of hearing.
- For more information about masks, including information about who should not wear a mask, and exceptions for need to wear a mask, please refer to *Guidance about Masks and Other Face Coverings for the General Public* at coronavirus.dc.gov/healthguidance.

Cohorting and Social Distancing

Cohorting consists of separating **campers and staff** into distinct groups that stay together throughout the entire camp experience. This is an important part of maintaining camp operations in a case of COVID-19 occurs in a camp. Minimizing mixing between cohorts will decrease the number of campers and staff that need to be quarantined if a case occurs in a staff or camper.

Cohorts:

- Cohort assignments should be made prior to the start of camp.
- Stagger camp arrival/drop-off times by cohort. Maintain social distance between staff and parents/caregivers as much as possible at drop off.
- Cohorts must be maintained for all activities including meals.
- Each cohort, including staff members, should interact only with their own cohort and not mix with other cohorts.
- Campers and staff sharing sleeping quarters (e.g., cabin, bunkhouse) can be considered a **"household cohort"** and do not need to wear masks or social distance when they are together with no one outside the cohort present.
 - Household cohorts do not need to social distance from each other in any setting.
 - When different household cohorts are using shared indoor or outdoor spaces together during the day or night, face masks must be used, and physical distancing between cohorts must be maintained.
- If staff do not share sleeping quarters with campers in their cohort, campers and staff must wear masks at all times when staff is present, and staff must socially distance from campers in their cohort.
- Pay special attention to social distancing during the following times: entry and exit of buildings, at mealtimes, in restrooms, on playgrounds, in hallways, and in other shared spaces.
- Limit the use of floating staff to only when necessary as the use of floating staff poses an avoidable increased risk of exposure if staff test positive for COVID-19.
- If specialized staff (for example, speech language pathologists) are providing services to campers within multiple cohorts or multiple camp programs, they should take prevention measures to limit the potential transmission of COVID-19, including getting vaccinated if eligible, limiting interactions to only the children they are there to see, and wearing masks or other necessary personal protective equipment. Specialized staff should keep detailed contact tracing logs.

Physical Distancing

Three feet of physical distancing is permitted:

- Between **campers within their cohort**.

Six feet of physical distancing is required for the following scenarios:

- Between staff and campers within a cohort (unless they are a household cohort),
- Between adults (staff and visitors) and campers in general,
- Between adults (staff and visitors),
- Between campers in a cohort when eating or drinking (except for household cohorts),
- Between campers from different cohorts,
- During sports activities.

Strategies to promote appropriate physical distancing and cohorts include:

- Ensuring small group sizes for activities and supporting campers with social distancing.
- Implementing reminders for maintaining 6 feet of physical distancing in areas where staff interactions occur, such as break areas and in sleeping quarters.
- Create physical distance between campers on buses or transportation (e.g., seat children one child per row, skip rows) when possible. Campers who live in the same household may be seated together.

Camp Operations

Camp Activities

The following should be considered when planning camp activities.

- The more people interacting in any setting increases the risk of COVID-19 transmission.
- Limit any nonessential visitors and volunteers.
- **Outdoor activities are safer than indoor activities.** Conduct as many camp activities outside as possible.
- Conduct any indoor activities in well-ventilated spaces.
 - When indoors, open doors and windows as much as practical and safe, to allow fresh air to circulate.
- Physical activity should be conducted outdoors or in a well-ventilated indoor space. There should be at least 6 feet between students during physical activity.
- Of note, activities in which voices are projected, such as choir or theater, or where wind instruments are used, present greater risk of spread of respiratory droplets, and should be modified to be outdoors and/or allow for 10 feet of social distancing indoors.
- The following should be considered when planning field trips:
 - Activities where 6 feet of distance can be maintained from those not attending the camp are safest.
 - Outdoor settings are safer than indoor.
 - Activities where people are wearing face masks are safer. Interacting without wearing masks also increases your risk.
 - The level of community spread. If DC is in Phase 2, there is an increased risk in attending public events for those who are unvaccinated. If DC is in Phase 3, risk to everyone is minimal.
 - If members of the group are fully vaccinated.

Meals

- Meals should be eaten outdoors as much as possible. Indoor meals should take place in well-ventilated spaces.
- Food at camps is strongly encouraged to be provided as pre-packaged boxes or bags for each attendee.

- Campers should eat in separate areas with their cohort, instead of in a communal dining hall or cafeteria. Stagger lunch by cohort and/or assign meal areas by cohort.
- All campers should be spaced 6-feet apart while eating or drinking (except for household cohorts).
- Use disposable food service items (utensils, dishes).
- 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.
- Avoid sharing of utensils and other personal items.

Equipment and Belongings

- Discourage sharing of items that are difficult to clean.
- Avoid sharing or clean between uses of shared equipment such as electronic devices, toys, books, and other games or learning aids.
- Keep each camper's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assign art supplies or other equipment to a single camper), or limit use of supplies and equipment to one group of campers at a time and clean between use.

Staff Considerations

- Implement leave policies that are flexible and non-punitive, and that allow sick employees to stay home. Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms,
 - Employees who were tested for COVID-19 and test results are pending,
 - Employees who tested positive for COVID-19,
 - Employees who are a close contact of someone with Covid-19 symptoms or who tested positive for Covid-19,
 - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- Encourage and support staff in getting the COVID-19 vaccine so that they are fully vaccinated upon arrival to the camp.
- Encourage and support staff to get the COVID-19 vaccine by providing leave options to get the vaccine and if they experience common side effects.
- Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, like Declared Emergency Leave.
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.

Preventing Outbreaks of Other Vaccine-Preventable Diseases (non-COVID-19)

- According to CDC and DC Health data, the COVID-19 pandemic has resulted in a significant reduction in childhood vaccine administrations across the country including the District of Columbia and Maryland.
- In order to prevent a vaccine-preventable disease outbreak in a camp setting, it is imperative for all campers who attend camp to be fully vaccinated for vaccine-preventable diseases according to CDC and DC Health standards

- Ensure a policy is in place for reviewing of immunization status of campers, provision of reminders to parents, timelines for compliance, and support for campers who do not meet requirements.
- A review of immunizations can be found [here](#).
- Review CDC resources regarding [Vaccine-Preventable Diseases](#).

Cleaning and Disinfection

- Summer camps must develop a comprehensive plan for increased routine cleaning (and disinfection as needed) of common spaces and frequently-touched surfaces within the facility (e.g., countertops, chairs, tables, sink handles, computers, handrails, door handles, light switches).
- Cleaning procedures throughout the camp must be developed in advance of opening and shared with staff. Management must properly train staff on cleaning procedures and monitor cleaning schedules to ensure compliance.
- If a facility has been closed, it must be thoroughly cleaned prior to re-opening.
- Frequently touched surfaces should be cleaned at least daily.
- Clean any shared objects frequently, based on level of use.
- Shared restrooms must be cleaned and disinfected frequently when in use, with special attention to high-touch surfaces (such as faucets, toilets, stall doors, door handles, countertops, and light switches). Restrooms should be appropriately marked and monitored to ensure social distancing guidelines are followed (neighboring stalls may be used). Ensure an adequate supply of soap and paper towels is present at all times.
- Restrooms in sleeping quarters must be cleaned regularly (e.g. in morning, evening, after heavy use).
- Use disposable gloves when handling trash bags. Once done handling trash, dispose of gloves in a lined trash can. Do not reuse gloves. Perform hand hygiene before wearing and after removing gloves.
- For comprehensive guidance on cleaning and disinfection, please see the following DC Health guidances at coronavirus.dc.gov/healthguidance.
 - *Guidance on Cleaning and Disinfection for Community Facilities with Suspected or Confirmed COVID-19*
 - *Guidance on Routine Cleaning and Disinfection for Community Facilities*

Building Considerations

Summer Camps that are using a facility that is reopening after a prolonged facility shutdown must perform necessary maintenance to all ventilation and water systems and features (e.g. sink faucets, drinking fountains, decorative fountains) so that they are ready for use and occupancy and are adequately maintained throughout the operating period.

- Consider making the following improvements to improve building ventilation:
 - Increase circulation of outdoor air as much as possible, for example by opening windows and doors.
 - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to campers using the facility.
 - Verify ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
 - Increase ventilation rates.
 - Check filters to verify they are within service life and appropriately installed.
 - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.

- Consult with a specialist to see what works for your building
- If activities are indoors, increase circulation of outdoor air as much as possible by opening windows or exterior doors if possible.
- More details on recommended improvements to ventilation in camp buildings can be found at www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html.
- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g. lead) that may have leached into the water and minimize the risk of Legionnaires' disease and other diseases associated with water.
 - Further details on steps for this process can be found on the CDC website at cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

Establish a Plan for COVID-19 Exposure

Screening testing

- Camps can consider weekly screening testing of staff and campers. This may be particularly useful when DC is experiencing moderate to substantial community spread (Phase 2).
 - Initial screening should be done 3-5 days after an individual's arrival at camp for camps that last longer than one week.
 - Screening testing can also be targeted to high-risk situations such as unvaccinated staff who may oversee multiple cohorts of campers.
- Please note that fully vaccinated individuals and people who have tested positive for COVID-19 in the last 90 days who do not have any symptoms are not recommended to participate in routine screening testing.

For persons who are symptomatic or diagnosed with COVID-19

- Symptomatic staff or campers should be isolated immediately and referred for viral testing.
 - If the result is negative, the cohort member can return to camp activities.
 - If result is positive, the cohort member should isolate until they meet criteria to discontinue isolation.
- Summer camps must have a plan in place for staff or campers diagnosed with COVID-19 to isolate safely on-site.
 - A person who tests positive for COVID-19 must isolate and be excluded from camp activities for at least 10 days and after improvement of symptoms, including no fever for 24 hours. Please see the guidance document *Persons Who Tested Positive for COVID-19* at coronavirus.dc.gov/healthguidance for more details.
- Procedures for safely transporting camp or staff who become ill and need medical care must be established.

For campers and staff who are close contacts

- Close contacts include everyone in the infected person's household cohort and anyone else who was within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period.
 - The definition of a close contact applies regardless of whether either person was wearing a mask.
- All household cohort close contacts must quarantine for at least 10 days and get tested 3-5 days after exposure.
 - Household cohorts may quarantine together.
 - People who have tested positive for COVID-19 in the last 90 days and people who are **fully vaccinated** do not have to quarantine if they are exposed, but must be tested and monitor themselves for symptoms for 14 days. If symptoms develop, they should isolate and be tested.

- Please see the guidance document *Quarantine after COVID-19 Exposure* for detailed guidance on quarantine, including exceptions, at coronavirus.dc.gov/healthguidance.
- Anyone in the cohort who develops symptoms or tests positive should be isolated.
- All other close contacts must quarantine for at least 10 days.
 - People who have tested positive for COVID-19 in the last 90 days and who are **fully vaccinated** do not have to quarantine
- Any child or staff member who is awaiting a COVID-19 test outside of screening testing must not participate in camp activities until their result comes back negative.

Communication and Response

- Identify a point of contact at the camp that camp participants and families can contact for all COVID-19 related issues.
- If a staff member or camper tests positive for COVID-19, the privacy of the staff or camper must be maintained. However, the summer camp should have a notification process to share the following with staff and parents:
 - Education about COVID-19, including the signs and symptoms of COVID-19
 - Referral to the *Guidance for Contacts of a Person Confirmed to have COVID-19*, available at coronavirus.dc.gov
 - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing

Reporting

- Refer to the guidance *“First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19”* at coronavirus.dc.gov/healthguidance when a case is reported at your camp.
 - A close contact is someone who was within 6 feet of a person who tested positive for COVID-19 for at least 15 minutes over a 24-hour period, during that person’s infectious period.
 - The infectious period starts two days before symptom onset date (or before positive test date for people who do not have symptoms), and typically ends 10 days after symptom onset date (or positive test date for people who do not have symptoms).
- Summer camps must notify DC Health when:
 - A staff member (including contractors), volunteer, or visitor **tests positive for COVID-19** (not before results come back)
OR
 - a camper **tests positive for COVID-19** (not before results come back)
AND
 - the person was at summer camp **during their infectious period**.
- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website dchealth.dc.gov/page/covid-19-reporting-requirements:
 - Submit a **Non-Healthcare Facility COVID-19 Consult Form**.
- An investigator from DC Health will follow-up within 24 hours to all appropriately submitted notifications.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov/healthguidance regularly for the most current information.