

Phase Two Guidance Coronavirus 2019 (COVID-19): Guidance for Summer Camps (Day Programs)

This guidance is for summer camp programs providing services during Phase Two. This guidance is intended for youth day summer camp programs providing services to school aged children (5 years and above) that are exempt from childcare licensing and do not have an overnight component. Separate guidance will be issued for overnight summer camp 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. Summer camps must implement the following measures in order to help reduce the risk of COVID-19 transmission among campers, staff, and the community. 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 and Daily Health Screening

- Staff and campers traveling to DC to work at the camp should follow *Travel* guidance found at coronavirus.dc.gov/healthguidance.
- Parents/guardians are strongly encouraged to monitor and screen campers for symptoms of COVID-19 every day.
- **Summer Camps must perform a daily health screen for anyone entering the camp (including campers, staff, and visitors).**
 - Screening can be performed before (via phone or app) or upon arrival and can be based on self-report or report from parents/guardians.
 - For **Screening Tool Guidance**, visit coronavirus.dc.gov/healthguidance.
 - Active temperature checks are not recommended.
- Screening tools should be reviewed routinely after submission. Any individual experiencing symptoms of COVID-19, or who is required to isolate or quarantine due to COVID-19 diagnosis or exposure², has traveled, or who has a COVID-19 test pending, should not attend summer camp 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.

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

- For more information about those traveling to and from DC, see *Travel* guidance at coronavirus.dc.gov/healthguidance.
- If a camper or staff member develops any of the symptoms above during the course of the day, the camp should have a process in place that allows them to isolate until it is safe to go home and seek healthcare provider guidance.

Encourage Healthy Practices

- Strongly encourage staff and campers who are eligible to get the COVID-19 vaccine. For more information, visit coronavirus.dc.gov/vaccine.
- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues, no-touch/foot pedal trash cans) to support healthy hygiene practices.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Perform frequent hand hygiene (with soap and water or alcohol-based handsanitizer).
 - 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.
 - 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.
- 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, napping, 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.
- 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 if 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:

- Campers in each cohort must interact with their own group and not mix between other groups.

- 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.
- Each cohort must have extra social distance (>6 ft) between them and other cohorts.
- Cohorts must be maintained for all activities including lunch and recess.
- Social distancing recommendations must be followed within the cohort to the greatest extent possible.
- Pay special attention during the following times: entry and exit of the building, at mealtimes, in restrooms, on the playground, in hallways, and in other shared spaces.
- 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 recommended for the following scenarios:

- Between staff and campers within a cohort,
- Between adults (staff and visitors) and campers in general,
- Between adults (staff and visitors),
- Between campers in a cohort when eating or drinking,
- 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 remaining 3 feet apart.
- Implementing reminders for maintaining 6 feet of physical distancing in areas where staff interactions occur, such as break areas and during recess.
- Staggering arrival and/or dismissal times or locations by cohort, and decreasing staff contact with parents and/or caregivers.
- 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 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.

- If nap times are scheduled, assign mats to individual children, sanitize before and after use, and space them out as much as possible. Place campers head-to-toe to ensure distance between their faces. Masks should not be worn when sleeping.
- 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 3, risk to everyone is minimal. If DC is in Phase 2, there is an increased risk in attending public events for those who are unvaccinated.
 - If members of the group are fully vaccinated.

Meals

- Meals should be eaten outdoors as much as possible. Indoor meals should only 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 or with their smaller group, instead of in a communal dining hall or cafeteria. Stagger lunch by cohort and/or assign lunch and recess area by cohort.
- All campers should be spaced 6-feet apart while eating or drinking.
- Use disposable food service items (utensils, dishes).
- If disposable items are not feasible or desirable, ensure that food safety regulations are adhered to for all non-disposable food service items. Individuals must wash their hands after removing their gloves or after directly handling used food service items.
- Avoid sharing of foods, utensils, and other personal items.

Equipment and Belongings

- Discourage sharing of items that are difficult to clean.
- Avoid sharing or clean between uses: 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 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 vaccinated³ 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 should 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 should be developed in advance of opening and shared with staff. Management should properly train staff on cleaning procedures and monitor cleaning schedules to ensure compliance.
- If a facility has been closed, it should 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.
- Restrooms should be cleaned and disinfected at least every 4 hours when in use, with special attention to high-touch surfaces (such as faucets, toilets, stall doors, door handles, countertops, diaper changing tables, 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.
- 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 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*

³ 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.

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

When should staff or campers get tested?

Symptomatic campers and staff:

- Campers and staff who are symptomatic should be evaluated for COVID-19 testing.
- It is recommended that campers and staff get tested if anyone in their household is symptomatic, even if they themselves do not have symptoms (persons who are fully vaccinated⁴ should only get tested if they develop symptoms).
 - DC Health recommends all household members get tested at the same time.
 - If testing is not done, it is recommended that the staff/camper not attend camp while the symptomatic household member's test result is pending.
 - If the result is negative, the camper can return.
 - If result is positive, the camper should isolate at home and expect outreach from the DC Health Contract Tracing team.
- Any child or staff member who is awaiting a COVID-19 test must not attend the Summer Camp until their result comes back negative.

Screening testing:

- Camps can consider weekly screening testing of staff and campers while DC is experiencing

⁴ 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).

moderate to substantial community spread. 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 vaccinated⁴ individuals are not recommended to participate in routine screening testing.

For persons diagnosed with or exposed to COVID-19

- Implement policies that allow families flexibility if campers have symptoms or test positive before arriving at camp.
- Identify a point of contact at the camp that staff and campers (or caregivers) can notify if they test positive for COVID-19.
- Summer camps should have a plan in place so that staff or campers diagnosed with COVID-19 or identified as close contacts of someone with COVID-19 do not return until their isolation or quarantine periods are complete, respectively.
 - A person who tests positive for COVID-19 must isolate for at least 10 days and be excluded from the camp and show improvement of symptoms, including no fever for 24 hours. Please see the guidance documents *Persons Who Tested Positive for COVID-19* at coronavirus.dc.gov/healthguidance.
 - A person who is a close contact of someone with COVID-19 (within 6 feet for 15 minutes or longer) must quarantine for at least 10 days.
 - People who have tested positive for COVID-19 in the last 90 days and people who are **fully vaccinated**⁴ do not have to quarantine if they are exposed. Please see the guidance document *Quarantine after COVID-19 Exposure* for detailed guidance on quarantine, including exceptions, at coronavirus.dc.gov/healthguidance.

Communication and Response

- If a staff member or camper reports to the Summer Camp that they are 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 **tested positive for COVID-19** (not before results come back)
OR
 - a camper **tested 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.
- DC Health will instruct Summer Camps on dismissals and other safety precautions in the event a known COVID-19 individual came in close contact with others at SummerCamp.

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