

3.0 GUIDANCE ON SCREENING AND INITIAL RESPONSE FOR CAMPERS AND STAFF AT OVERNIGHT OR DAY CAMP

The following outlines three screening phases that can be used by camp healthcare staff to identify campers and staff members that might have a respiratory infection or might require additional consideration before admittance to or continued participation in camp. Although not every camper or staff member who has respiratory infection symptoms will have COVID-19, using a screening process may be helpful in identifying those who may need medical care or who may not be cleared to enter camp. This guidance can be added to a camp's existing health screening process. The three phases of screening include pre-screening, initial screening, and ongoing screening. It is important to be aware that state and local regulations may provide additional requirements on these processes.

PRE-SCREENING

Offering pre-screening before campers and staff head to camp will give insight into each individual's health status prior to arrival.

If a camp decides to require pre-screening of campers (with the assistance of parents/guardians) and staff members, they should self-monitor for 14 days and conduct pre-screening activities such as:

- Taking and recording their own temperature for 14 days before camp (refer to the individual instructions provided with the thermometer).
- Self-screening for the presence of symptoms (fever of 100.4 °F or greater, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting, etc.) within the past two weeks.
- Determining if, within the past two weeks, the individual has traveled nationally or internationally.
- Determining if the individual has been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19.

If a camper or staff member is flagged during the pre-screening process, the camp would need to follow their communicable disease plan (CDP) or, for day programs without a CDP, applicable childcare standards¹⁶ to make a decision about admittance. The camp should consider sharing their CDP in advance of camp opening with local health departments.

¹⁶ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2019. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Fourth Edition. Itasca, IL: American Academy of Pediatrics. http://nrckids.org/files/CFOC4_pdf-FINAL.pdf.

Additional information related to pre-screening and CDP is provided at the Association of Camp Nursing website:

Communicable Disease Management in the Camp Setting [<https://www.campnurse.org/wp-content/uploads/2019/05/Communicable-Disease-Management-Strategies-for-the-Camp-Setting-2019.pdf>]

Example Screening Form for Opening Day (Gaslin, 2020) [<https://campnurse.org/wp-content/uploads/2020/03/Health-Screening-Form-2020.pdf>]

Pre-Camp Health Screening Tool: Available at <https://campnurse.org/>

INITIAL HEALTH SCREENING

The initial health screening should be incorporated into the existing screenings suggested by [ACA Health Standard HW.6](#) upon the arrival of campers and staff at camp. The questions asked will be similar to those considered during the pre-screening process. The Association of Camp Nursing (ACN) provides an example of a health screening form at the link above. As medical information evolves on COVID-19 in children, the content of the screening form may be updated with additional information and questions. The results of this initial health screening will determine if an individual is permitted to enter camp or if they require additional screening and evaluation.

ONGOING SCREENING

Ongoing screening should be conducted by camps on an as-determined basis (e.g., daily, weekly, or more frequently). Consider increased screening frequency during initial days of camp, when there is turnover of camp sessions/staff, when monitoring for potential exposures, or daily for day camps.

SUGGESTED ONGOING SCREENING PROCEDURE

Each camp may decide which activities they will perform for ongoing assessments. These activities may be the same as the initial assessment or camps may develop their own set of standardized questions and procedures that seem appropriate for their population. A sample process is outlined below.

1. Ask the individual if they have any COVID-19 symptoms:
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.
2. Next, check the temperature of the individual according to camp processes using an appropriate thermometer of choice. Refer to the original instructions provided with the thermometer. Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each camper or staff member.

3. If camper or staff is suspected to have COVID-19 based on this assessment, place a face mask on the individual. Isolate individual by separating symptomatic individuals by at least 6 feet. The area for individuals with symptoms should be at least 6 feet away from other areas of the health center or in a separate room. Health staff should wear an N95 respirator (for aerosol generating procedures) or face mask, a face shield or other eye protection, disposable gloves, and a disposable gown (if conducting aerosol generating procedures) while working with individuals who have a suspected case of COVID-19.
4. Notify camp management, parents/guardians, and appropriate healthcare providers in accordance with guidance from your local health officials, following the camp's CDP.
5. Follow the CDP for next steps on management of the individual. For example, refer to the Response Planning and Response Initiation sections of the ACN CDP for case management of suspect or probable case(s).

NOTE: See section 13.0 on the COVID-19 specific testing process.

RESPONSE AND MANAGEMENT OF CASE(S) OR PROBABLE CASE(S)

If a staff member or camper is identified as having a potential or confirmed case of COVID-19, isolate the individual in a location previously identified as part of the camp's communicable disease plan (CDP). Follow protocols outlined in the CDP and consider the following:

- Consider if a camper or staff member warrants further clinical evaluation, and if so, make arrangements to do so, either in-person or via telehealth.
- If camper or staff member does not require immediate clinical evaluation, and if CDP calls for the individual to return home, isolate the individual until appropriate return to home transportation can be arranged.
- If camper or staff member does not require immediate clinical evaluation, and if CDP calls for isolation of individual within the camp facility (e.g., overnight camps):
 - Follow CDC Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19),
 - Make arrangements with camp administration and counselors to have the person's belongings moved,
 - Clean the person's sleeping areas according to CDP and procedures outlined in Chapter 6 [Cleaning and Disinfection](#) of the Field Guide.
 - Consider testing options and notification of State and local officials.

It is crucial to carry out "contact tracing" immediately to determine the potential or confirmed case's contacts with other campers or staff members over the previous two or more days. Assessing and informing those with potential exposure is a fundamental control strategy for minimizing spread within a group or camp population. CDC defines close contact as interactions

within 6 feet for more than 15 minutes.¹⁷ Contact tracing should be carried out by trained staff (e.g., public health staff, community health workers, trained volunteers) in conjunction with the local health department. However, camp health staff can utilize general principles of contact tracing to begin closely monitoring other potentially exposed individuals. For day and overnight camps, campers and staff within the “household” of the index case should have enhanced surveillance for symptoms and camps should consider mitigation measures including minimizing this group’s exposures to other “households” or groups. This could include separate programming (shadow camp), dining, and wash times. Day camps may consider asking an exposed “household” to remain home until confirmation of diagnosis can be made, and if positive, remain home until the “household” is determined cleared of infectious risk.

The link below provides CDC basic principles of contact tracing to reduce the spread of COVID-19 transmission. The *Field Guide* will be updated as CDC provides any additional detailed guidance for the potential guidance for contact tracing within the camp setting.

CDC. [COVID-19 Contact Tracing Training: Guidance, Resources, and Sample Training Plan](#)

Key CDC suggestions for contact tracing include:

- Always follow established core principles of contact tracing.
- Conduct contact tracing with only trained staff or trained volunteers. Training should be conducted prior to the start of camp.
- Identify contacts quickly and ensure they do not interact with other campers or staff members.
- Communicate with local and state health officials and all camp stakeholders.
- **Best Practice:** Implement data management and technology tools to assist in case investigations, contact tracing, and contact follow-up and monitoring.
- Monitor key components of contact tracing programs and improve performance as needed.

Awareness-level training in contact tracing is available from Johns Hopkins University. Information is available at this link: <https://www.coursera.org/promo/covid-19-contact-tracing>

¹⁷ US Centers for Disease Control and Prevention. *Principles of Contact Tracing*. <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

3.1 GUIDANCE ON PREVENTING SPREAD

COMMUNICATION FROM ADMINISTRATION

- Post [print material from the CDC](#) (consider [posters tailored to children and teens](#) and [staff](#)) in or near bathrooms to remind individuals when and how to wash hands.
- Screen, distribute, and incorporate [this CDC video resource](#) on proper handwashing into training programs.
- Post [print material from the CDC](#) in critical areas where physical distancing should be encouraged: dining areas, common areas, cabins, etc.

HAND HYGIENE

When to Wash or Disinfect Hands – Campers and General Staff

- Before eating food (e.g., when entering the dining area)
- Upon entering your cabin
- After being in contact with someone who may have been sick
- After touching frequently touched surface (railings, doorknobs, counters, etc.)
- After using the restroom
- After using common items, such as sports equipment, computer keyboards and mice, craft supplies, etc.
- After coughing, sneezing, or blowing your nose

When to Wash Hands – Kitchen and Dining Staff

Existing best practices for food preparation apply. Coronavirus is not foodborne, but food service workers who are infected can transmit the virus to coworkers or diners. Refer to the [Food Service](#) section for more information. Handwashing is equally important whether gloves are used or not and all recommendations apply regardless of glove use.

- Before and after using gloves
- Before, during, and after preparing any food
- After handling raw meat, poultry, seafood, and eggs
- After touching garbage
- After using the restroom
- After wiping counters or cleaning other surfaces with chemicals
- After coughing, sneezing, or blowing your nose
- Before and after breaks

How to Wash Hands

1. **Wet** your hands with clean, running water. Turn off the tap and apply soap.
2. **Lather** your hands by running them together with the soap. Make sure to lather the back of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds (about the time it takes to sing the “Happy Birthday” song twice.)
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or an air dryer.

You may use paper towels to turn off the faucet and/or open doors of the bathrooms.

How to Use Alcohol-Based Hand Sanitizer

Hand sanitizers should contain greater than 60% ethanol or greater than 70% isopropanol. Hand sanitizers are not a substitute for handwashing for kitchen and dining staff.

1. Apply the product to the palm of one hand.
2. Rub your hands together. Make sure the product contacts the back of your hands, palms, between your fingers, and fingertips.
3. Continue to rub your hands together until your hands are dry (about 20 seconds).

Handwashing Misconceptions

- Water temperature is not important. Clean cold and warm water work equally well.
- Antibacterial soap is not more effective than regular soap.
- Bar soap and liquid soap are equally effective.
- Soap and water are more effective than alcohol-based hand sanitizer if hands are visibly dirty or greasy.
- If water is available but soap and hand sanitizer are not, rubbing your hands together under water and drying them off with a clean towel or letting them air dry can remove some germs. Only use this method as a last resort.

PHYSICAL DISTANCING

Physical distancing is also known as “social distancing.” Physical distancing can allow individuals to safely interact with others. Physical distancing is not a substitute for using cohorts, a method of isolating groups that can be integrated over time if conditions are met. See the [Using Cohorts at Camp](#) section.

For camps, CDC encourages physical distancing through increased spacing, small groups, and limited mixing between groups, and staggered scheduling, arrival, and drop off, if feasible.¹⁸

¹⁸ U.S. Centers for Disease Control and Prevention. *Youth Programs and Camps during the COVID-19 Pandemic*. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Camps-Decision-Tree.pdf>

MASKS

Masks also referred to as face coverings are one of the best NPIs available to reduce the spread of COVID-19, particularly when used universally within a community. In camp settings masks should be worn universally by staff and campers. According to CDC, masks are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Their use is most essential in times when physical distancing is difficult.

- **Best practice:** Campers should wear masks universally in all indoor locations other than while eating, sleeping, showering, and brushing teeth. Ensure at least 6 feet of physical distance is maintained between individuals during the limited times when masks are not in use.
- **Best practice:** Staff should wear masks universally at all times indoors, unless alone in a private office/room, eating, sleeping, showering, and brushing teeth. Ensure at least 6 feet of physical distance is maintained between individuals during the limited times when masks are not in use.
- **Best practice:** Masks should be worn by all campers and staff outdoors when at least 6 feet of physical distance cannot be maintained. Masks should be considered and encouraged outdoors for campers and staff at all times when they will be around other people.
- Campers should bring appropriate, reusable, masks for their own personal use to camp.
- Campers should wear one mask and have a second one in a sealed plastic bag handy in case the first becomes wet or otherwise soiled during the day.
- Overnight Campers should own and maintain a minimum of ten masks so that one or two can be worn each day and be washed weekly.
- Masks should be identified by the camper's name or initials inside.
- Masks should not be shared with anyone else unless in a case of need; it must be unused and unsoiled.
- Campers will be responsible for maintaining and washing their own masks. Cleaning instructions depend on the cloth used to make the mask. In general, masks can be washed regularly along with general laundry using water and a mild detergent, dried completely in a hot dryer, and stored in a clean container or bag.
- While wearing masks, campers and staff should avoid touching their face and the mask as much as possible.
- Masks should only be put on, taken off, and handled with clean hands.
- Good practice: Camps should develop other guidelines for acceptable masks according to camp policies and/or dress code requirements.

- Good practice: For fabric masks, choose those with two to three layers of permeable fabric. CDC provides detailed guidance on use of masks.¹⁹
- Ensure that masks completely cover the nose and mouth of all campers and staff and that masks fit snugly and don't have gaps.
- Do not allow the use of face coverings or masks that have exhalation valves or vents that allow virus particles to escape.
- Individuals not able to wear masks during exercising may benefit from trying alternative styles including specialized athletic masks designed specifically for athletes.

According to CDC wearing masks may not be possible in every situation or for some people. In some situations, wearing a mask may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one. Camp staff should work with any member of their community on appropriate adaptations and alternatives.

REFERENCES AND RESOURCES

U.S. Centers for Disease Control and Prevention. *When and How to Wash Your Hands*.
<https://www.cdc.gov/handwashing/when-how-handwashing.html>

U.S. Centers for Disease Control and Prevention. *Hand Hygiene*.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

U.S. Centers for Disease Control and Prevention. *Handwashing: A Healthy Habit in the Kitchen*.
<https://www.cdc.gov/handwashing/handwashing-kitchen.html>

U.S. Centers for Disease Control and Prevention. *Life is Better with Clean Hands Campaign*.
https://www.cdc.gov/handwashing/campaign.html#anchor_1569614257

U.S. Centers for Disease Control and Prevention. *Protect Yourself*.
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

U.S. Centers for Disease Control and Prevention. *Social Distancing*.
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

¹⁹ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>