

8.1 GUIDANCE ON USING COHORTS AT CAMP TO REDUCE DISEASE TRANSMISSION RISK

The following outlines how to use grouping of staff and campers to reduce spread of infections and to allow for more rapid identification of suspected or confirmed cases of COVID-19. Consistent with experience from 2009-2010 H1N1 and in concert with guidance provided by Centers for Disease Control and Prevention (CDC) in 2010,³⁷ on April 16, 2020,³⁸ and on May 14, 2020,³⁹ and the American Academy of Pediatrics (AAP),⁴⁰ policies to maintain small group sizes, limit mixing of groups, and restrict large gatherings at camps are recommended. Limiting mixing of groups can be combined with a public health approach of establishing and maintaining “concentric group circles” for infection prevention and control. Infection spread can be slowed and more easily contained in smaller groups; when larger groups are required, it is beneficial if they consistently are comprised of the same constituent smaller groups, thereby limiting the number of potential contacts for each camper. In the event of an outbreak, being able to promptly define the “inner circle” of close contacts is paramount for enhanced health surveillance and isolation. By using the small groups and cohort strategy, isolation and surveillance of close contacts can be implemented in short order.

In the camp setting, camp directors could consider identifying the smallest practicable group of campers and treat this group as a “household.” This “household” could be an age group, a pre-assigned program group in day or overnight settings, or a sleeping group/bunk in overnight settings and should, to the extent possible, remain consistent over the camp program. “Households” may join together with other “households” for larger group activities; however, camp directors should realize that larger gatherings, especially inside buildings, increase the potential of communicable disease spread. Mitigation for these and any gathering could include splitting into smaller groups (by “household”), outdoor programming, dining and programmatic changes to minimize mixing, maintain physical distancing between “households”, and provide facial coverings (when age and developmentally appropriate) when distancing cannot be accomplished. Holding activities outdoors as much as possible is recommended.

There is insufficient evidence to suggest a maximum group size that best balances the need to minimize risk of disease transmission with camp operational capacity. Additionally, the maximum group size will be different depending on type of camp (day versus overnight),

³⁷ U.S. Centers for Disease Control and Prevention. *H1N1*. <https://www.cdc.gov/h1n1flu/camp.htm>

³⁸ White House/U.S. Centers for Disease Control and Prevention. *Guidelines for Opening Up America Again*. <https://www.whitehouse.gov/openingamerica/>

³⁹ U.S. Center 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>

⁴⁰ American Academy of Pediatrics, *COVID-19 Planning Considerations: Return to In-person Education in Schools*, <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

duration of camp session, the ability of the camp to test staff and campers for COVID-19 prior to arrival, and the camp's ability to isolate camp and staffers from the wider community. It is recommended that camps follow applicable state and local guidelines on mass gatherings and consult with their state and local departments of public health when questions arise. As mentioned above, creating consistent larger gatherings made up of consistent "households" is the best possible method to limit spread of disease and should be considered regardless of the actual group size number.

Overnight camps could additionally consider functioning as a contained circle or "bubble" within the larger local community and essentially "shelter in place" for the duration of the camp program. This approach would assist in containing communicable disease within camp boundaries. Overnight camps are encouraged to consider the concentric circles philosophy of "households", and larger groups made up of "households" to prevent and slow disease spread and allow for target surveillance and isolation should cases occur.

A goal of pandemic response is to reduce interpersonal contacts to limit potential exposure to Coronavirus, which can be accomplished using the following recommended approaches for managing camp groups and group interactions.

Good Practice:

- Organize camp into the smallest practical group sizes and to the extent possible keep groups consistent throughout the camp program.
- To the extent possible, maintain consistent counselor assignments for groups aka as "households" and activities.
- To the extent possible, minimize mixing between groups.
- If groups must mix, consider other mitigation methods such as outdoor activities, increased ventilation in buildings, physical distancing between groups, or the use of facial coverings if age and developmentally appropriate. Note that group size must still comply with state and/or local requirements. Proper staff to camper ratios and minimum staffing requirements must be maintained.
- Limit parents, guardians, and other non-essential visitors into camp as much as possible. This should also include limiting any nonessential volunteers and activities involving external groups or organizations as much as possible – especially with individuals not from the local geographic area (e.g., community, town, city, or county).

Better Practice:

- Organize camp into the smallest practical group sizes and to the extent possible keep groups consistent throughout the camp program.
- Organize campers and counselors into groups aka "households" that live and eat together.

- If “households” mix for programs or activities, consider other mitigation measures such as physical distancing or use of masks if appropriate and practical for the activity.
- To the extent possible, have larger gatherings be constructed of the same groups of smaller “households.” Note that group sizes must still comply with state and/or local requirements for proper staff to camper ratios and minimum staffing requirements.
- Consider assemblies such as in the dining hall and gyms in consistent larger assemblies of “households” with appropriate physical distancing.
- Consider grouping support staff by A and B shift groups to minimize interactions among kitchen and cleaning staff whenever possible. Any switching of staff should be carried out after cleaning.
- Restrict parents, guardians, and other non-essential visitors into camp as much as possible.
- For overnight camps, consider limiting or delineating acceptable off-camp activities for counselors and staff days off. Make all staff of day and overnight camps aware of the best practices they can independently follow to mitigate spread⁴¹ during time they spend off camp property.

Best Practice:

- Organize camp into the smallest practical group sizes and to the extent possible keep groups consistent throughout the camp program.
- Organize campers and counselors into “households” that live, eat, wash, and do most group activities together or within subgroups.
- If “households” mix for programs or activities, consider other mitigation measures such as physical distancing or masks if appropriate and practical for the activity.
- Consistently construct larger gatherings of the same smaller groups or “households.” Note that group sizes must still comply with state and/or local requirements for proper staff to camper ratios and minimum staffing requirements.
- Larger gatherings, especially inside buildings, increase the potential of communicable disease spread. Mitigation for these and any mass gathering could include splitting large assemblies into smaller groups (by “household”), outdoor programming, dining and programmatic changes to minimize mixing, physical distancing between “households” and facial coverings (as age and developmentally appropriate) when distancing cannot be accomplished.
- Staggered dining times is recommended depending on the size of the dining facility and its ability to allow physical distancing between “households.” Consider dining outside in “households” if possible and weather permits.

⁴¹ U.S. Centers for Disease Control and Prevention. *How to Protect Yourself & Others*. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

- Mixing between “households” should be particularly discouraged in the initial days of camp programs. Depending on the length of a given camp and/or the availability of testing, increasing interactions between “households” can be considered, particularly for overnight camps of more than two weeks.
- Consider arranging support staff by A and B shifts to minimize interactions among kitchen and cleaning staff whenever possible. Any switching of staff should be carried out after cleaning.
- Restrict parents, guardians and non-essential visitors from entering camp.
- For overnight camps, consider that counselors and staff do not leave camp on days or nights off. Make all staff of day and overnight camps aware of the best practices they can independently follow to mitigate spread⁴² during time they spend off camp property.

⁴² U.S. Centers for Disease Control and Prevention. *How to Protect Yourself & Others*.
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

8.2 GUIDANCE ON CAMPERS AND STAFF WITH PREEXISTING MEDICAL CONDITIONS

According to the White House and Centers for Disease Control and Prevention (CDC) guidelines,^{43,44} COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Anyone can experience mild to severe symptoms. In the CDC [camp decision making tool](#), an important criterion in deciding whether to open camp is stated as follows: “Are you ready to protect children and employees at [higher risk](#) for severe illness?” Camp directors and administrators are advised to implement pre-screening of campers and staff for medical clearance to attend camp by their primary care providers *before* presenting to camp. Primary care providers are best positioned to make a professional judgement based upon an individual’s health status and their suitability for the camp environment at this time. This information provides camp directors with information on what precautions are required or may be appropriate to protect those at higher risk for severe illness.

PEOPLE AT HIGH RISK OF SEVERE ILLNESS FROM COVID-19

Currently, information indicates that older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Those at high risk for severe illness from COVID-19 are people aged 65 years and older and people who live in a nursing home or long-term care facility.

Those at high risk include people of all ages with [underlying medical conditions, particularly if not well controlled](#), including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- 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
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

⁴³ White House/CDC. *Guidelines for Opening Up America Again*. <https://www.whitehouse.gov/openingamerica/>

⁴⁴ CDC. *People Who Are at Higher Risk for Severe Illness*. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

RECENT INFORMATION ON MULTISYSTEM INFLAMMATORY SYNDROME FOR PEDIATRIC PATIENTS

Medical professionals including the CDC are closely monitoring a pediatric condition now termed as *Pediatric Multi-system Inflammatory Syndrome (MIS-C)*, a rare disease affecting children that is potentially related to COVID-19.

On Thursday, May 14, 2020, CDC released an advisory entitled, [Multisystem Inflammatory Syndrome in Children \(MIS-C\) Associated with Coronavirus Disease 2019 \(COVID-19\)](#) to the medical community.

As is the nature of any new disease, public health and medical communities are closely tracking and monitoring for MIS-C and its outcomes. We will monitor announcements from these communities alongside governmental agencies and the medical literature to track current advice on this development. The *Field Guide* will be updated as this information becomes available.