

**GUIDELINES FOR IMPLEMENTATION OF CDC PROCEDURES  
DEALING WITH COVID19 IN 2021  
Camp Blue Diamond**

This information, gathered from the *Field Guide for Camps on Implementation of CDC Guidance* and prepared for the American Camp Association and YMCA of the USA, is consistent with the health and safety recommendations and ongoing monitoring efforts stated by the U.S. Centers for Disease Control and Prevention in determining if camps should open during the COVID19 pandemic. The CDC camp decision tool prioritizes three part in making the decision to open and operate camp:

1. Should camp open?
2. Are the recommended health and safety actions in place?
3. Is ongoing monitoring in place?

The following guidelines are the basis by which protocols and activities will be conducted during the 2021 camping season at Camp Blue Diamond. As the understanding of COVID -19 increases and it becomes clear how the virus is transmitted, the following protocols will be altered accordingly. In recent months, the population at greatest risk has changed due to variants and vaccinations. This change will also determine protocol and practice.

CDC guidance concerning potential risk of COVID19 in a camp setting states, *...the more people a camper or staff member interacts with, and the longer that interaction, the higher the risk of COVID19 spread.*

The four relative risk levels include:

1. **Lowest Risk:** Small groups of campers stay together all day, each day. Campers remain at least 6-feet apart and do not share objects. Outdoor activities are prioritized. All campers are from the local geographic area (e.g., city, town, county, community).
2. **More Risk:** Campers mix between groups but remain at least 6-feet apart and do not share objects. Outdoor activities are prioritized. All campers are from the local geographic area (e.g., city, town, county, community).
3. **Even More Risk:** Campers mix between groups and do not remain spaced apart. All campers are from the local geographic area (e.g., city, town, county, community).
4. **Highest Risk:** Campers mix between
5. **Groups and do not remain spaced apart.** All campers are not from the local geographic area (e.g., city, town, county, community)

I **Interim Guidance on Communication**  
**Preparation**

Designate at least one qualified person from the medical or administrative staff to act as the primary contact for campers, parents/legal guardians, and staff. At CBD, this person during the 2021 Camp season will be **Jerri Heiser Wenger**. The person named should be familiar with:

- ) Medical matters relating to COVID19.
- ) Administrative, engineering, and personal protective equipment controls implemented in response to the COVID19 pandemic designed to reduce risk.



- ) Current events as they related to the COVID19 pandemic.
- ) Policies and procedures the camp has implemented related to the COVID19 pandemic.
- ) Inform relevant local public health authorities of planned camp operations schedule.
- ) Prepare and distribute policy guidelines allowing staff to familiarize themselves with the material.
- ) Prepare and distribute documentation to staff and parents/legal guardians of campers to explain rules and guidelines.
- ) **Best practice:** Designate a team consisting of both medical and administrative staff responsible for answering questions and concerns from campers, parents/legal guardians, and staff. This person at Camp Blue Diamond is a volunteer nurse that is connected to Camp in various and consistent ways.
- ) Inform relevant local public health authorities of planned camp operations schedule.
- ) Prepare and distribute policy guidelines allowing staff to familiarize themselves with the material.
- ) Consider including videos about behaviors that prevent spread of OCVID19 such as on camp websites, in emails, and through camp social media. Prepare relevant posters and signage from the CDC and WHO and other accredited health agencies. Post these in appropriate places where campers and staff can see them. Examples are:
  - o COVID19 information
  - o Proper handwashing
  - o Cough etiquette
  - o Symptoms associated with COVID19.
  - o Stop the spread of germs.
  - o Physical distancing
  - o **Best Practice:** Communicate these with parents.

## **Camper Communication**

### **Prior to Camp**

- ) Share documentation containing policies and procedures to parents.
- ) Address common misconceptions, as necessary.
- ) Be familiar with frequently asked questions related to COVID19.
- ) Identify which campers and staff are at higher risk for complications related to COVID19 and encourage and support them in taking additional precautionary measures including consultation with their healthcare provider. There should be written documentation from the healthcare provider.
- ) **Best Practice:** Provide information on communication platforms such as website, hotlines, email, confirmation information.

### **During Camp**

- ) Family Group training to be held at beginning of camp:
  - o How and when to effectively wash and sanitize hands.
  - o When to practice physical distancing in various settings (meals, campfire, swimming, ...)
- ) Regularly share reminders of these precautions in Family Group and Large Group settings

#### **Conversations that may be helpful**

- ) Encourage campers to talk about how they are feeling. Staff are available to listen and share.
- ) Be calm and reassuring – be careful not only about what you say, but how you say it.
- ) Be a source of comfort.
- ) Listen for underlying fears or concerns. Ask questions to find out what a concerned camper knows about COVID19.
- ) Reassure campers that fear is a normal and acceptable reaction.
- ) Provide only honest and accurate information. Carefully and kindly correct any false information they may have heard.
- ) If you don't know the answer, don't speculate. Find the answer by a reliable source.
- ) Make sure campers know how the virus can spread and how to prevent it from spreading.
- ) Talk about what the camp is doing to protect campers from getting sick.
- ) Tell campers that even though the COVID19 pandemic is serious, hospitalizations and death are rare.
- ) Speak in age-appropriate language:
  - o Early elementary aged campers – provide brief, simple information balancing facts with precautions being taken by the adults at Camp.
  - o Upper elementary aged campers – answer questions as asked, they may need help separating reality from rumor and fantasy. Assure that national, state, community and camp leaders are working hard to keep them safe, though they play a part in safety, too.
  - o Upper middle and high school campers – issues can be discussed in more depth. Provide honest, accurate and actual information.
- ) **Reduce stigma** – especially against individuals who are at higher risk due to socio-economic situation and culture.
- ) Direct campers with questions you cannot answer and/or fear you cannot assuage to Camp administration.
- ) Staff and campers experiencing stress and anxiety should be referred to an administrative staff or nurse.

#### **Posters/Signage**

- ) Relevant posters and signage will be in place. These will be obtained from the CDC, WHO, ACA or other health agencies.
  - o COVID19 information
  - o Handwashing

- Cough etiquette
  - Symptoms associated with COVID19.
  - Stop the spread of germs.
  - Proper wearing of masks
  - Physical distancing
- ) Post signs in highly visible locations (near entrances, dining areas, restrooms, cabins)

**In Case of a Confirmed or Suspected Case (Communication with camper procedures)**

- ) Refer to Camp’s Communicable Disease Plan
- ) Prior to any conversation with campers, make sure to consider their age and address fears and concerns appropriately.
- ) Interview the confirmed or suspected case and begin contact tracing in coordination with appropriate local and state health resources.
- ) Maintain confidentiality – do not provide name or any potentially identifying information of the confirmed or suspected case in communications in camp or outside of camp with the exception being the campers’ parent/guardian and health authorities.

**Parents/Legal Guardians Communication**

**Prior to Camp**

- ) Inform Parents/legal guardians about the precautions and procedures implemented to minimize the risk of COVID19.
- ) **Best Practice:** distribute information on communication platforms used such as website and emails.
- ) Identify campers that are at highest risk for complications related to COVID19 and encourage and support them to take additional precautionary measures.
- ) **Best Practice:** Recommend parents/legal guardians of higher-risk campers to consult their child’s medical provider to assess their risk and determine if attendance is acceptable. Consider if Camp is willing to take on the extra amount of risk.
- ) Communicate the importance of keeping campers’ home if they show any symptoms associated with COVID19 (share CDC Symptom Screening list), or persons in the household are experiencing symptoms.
- ) Inform and seek consent from parents/legal guardians for any health monitoring (e.g., daily temperature readings) that will occur at camp.

**During Camp (communication with parents/legal guardian)**

- ) Keep parents/legal guardians up to date on COVID19 as it relates to camp through emails, phone calls if necessary.
- ) If it becomes necessary, report if a case is suspected or confirmed, as well as the camp’s response.
- ) If the decision to dismiss or end camp early is made, communicate plans with parents/legal guardians.

**In the event of a Potential Exposure**

- ) Immediately inform parents/legal guardians about any potential contact their children may have had with suspected or confirmed cases.
- ) Immediately inform parents/legal guardians if their child(ren) is experiencing any symptoms.
- ) Refer to camp's Communicable Disease Plan

### **Staff Communication**

#### **Prior to Camp**

- ) Provide training and educational material, including this guide, to staff. It will include:
  - o The camp administration's responsibility as they relate to COVID19.
  - o Workplace controls, including use of PPE.
  - o Their individual roles and responsibilities as they relate to COVID19.
- ) Ascertain which staff members are at higher risk for complications related to COVID19. Work with camp administration and camp health staff to determine if these staff members should not work as counselors or have prolonged direct contact with campers. Identify alternative job duties for these staff members, if warranted.
- ) Communicate the importance of vigilantly monitoring their health for symptoms associated with COVID19 and reporting to administration if symptoms occur.
- ) Maintain flexible leave policies.

#### **During Camp**

- ) Continue to provide educational material, including this guide, to staff and enforce training requirements. Include information on workplace controls, including the use of PPE.
- ) Be aware of workers' concerns about pay, leave, safety, health and other issues related to COVID19.
- ) Make administration available to hear concerns and answer questions related to these issues.

#### **Posters/Signage**

- ) Relevant posters and signage will be in place. These will be obtained from the CDC, WHO, ACA or other health agencies.
  - o COVID19 information
  - o Handwashing
  - o Cough etiquette
  - o Symptoms associated with COVID19.
  - o Stop the spread of germs.
  - o Proper wearing of masks
  - o Physical distancing
  - o Don't Work if You're Sick.

#### **Vendor/Other Communication**

- ) Consider vendors, inspectors, volunteers, and others that regularly come to Camp. These include:
  - o Feeser Food Service (sales rep and delivery truck)

- Liberty Fire (plan to have fire extinguishers and hood suppression inspected/updated prior to camping season)
  - Wednesday Volunteers
  - Health inspector (kitchen and beach)
  - Heller – propane delivery
  - Parks – garbage removal (not near campers or staff)
  - Allegheny Supplies
  - UPS/FedEx
- ) Request that vendors reduce the frequency of delivery.
  - ) Request vendors use same delivery driver.
  - ) Notify vendors to suspend deliveries and/or adjust maintenance schedules for services in the event camp is suspended.
  - ) As often as possible, have deliveries made to office area where Campers are seldom present. Staff are instructed to maintain distance and wear masks.
  - ) Inform vendors that during deliveries, they are required to take precautions:
    - Maintain physical distancing between themselves, campers, and staff.
    - Wear appropriate PPE (mask and gloves)
    - Do not make deliveries if they have symptoms associated with COVID19.

**Local Health Officials Communications**

- ) Coordinate with local health officials: they should provide strategic assistance in the decision-making response to COVID19 pandemic.
- ) Work with the local health officials to develop a set of strategies appropriate for Camp.
- ) Inform local health officials of camp schedule and location.
- ) Notify local health officials of suspected and confirmed cases immediately.
- ) Seek guidance to determine whether to dismiss or end camp early if necessary.

See References and Resources noted on page 9 of *Field Guide for Camps Implementation of CDC Guidance*.

**II. Use of Family Groups/Cohorts to Support the Infection Prevention and Control Strategy**

**CDC Guidance**

According to guidance from CDC, the implementation of steps to establish small group sizes, limiting the mixing of these groups, and restricting large gatherings is among the key

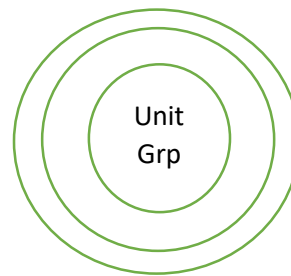
recommendations for the 2020/2021 camp seasons. As stated in the WHO/CDC guidance, in Phase 2, groups or cohorts of up to 50 persons (campers and staff) can assemble for discrete activities. Keeping groups and activity cohorts separate by six feet from other groups or activity cohorts serves to prevent these groups from mixing with other groups.

### **Family Group/Cohort Size**

The maximum group size will depend on the ability of Camp to test staff and campers for COVID19 prior to arrival (or at the time of registration), and Camp’s ability to isolate camp and staff from the larger community. It is the responsibility of Camp to follow applicable state and local guidelines on group gatherings and consult with state and local departments of public health when questions arise.

### **Concentric Circles**

The Family Group/Cohort approach is one of establishing and maintaining “concentric circles” for infection prevention and control. In the event of a suspected/confirmed COVID19 positive case, as the inner most circle, prompt action defines the “inner circle” of “close contacts” by contact tracing for isolation and enhanced health surveillance. Identification of “low-risk” contacts in the activity Family Group/Cohort in the “outer circles” and elsewhere in camp is just as essential. Using the Family Group/Cohort strategy, contact tracing can be undertaken promptly and isolation implemented promptly.



<b>Inner Circle:</b> Family Group/Cohort 2 cabins = 12 people 5 campers & 1 counselor per cabin
<b>Second Circle:</b> Camp Session – i.e., Junior Camp 1, Creative Arts, etc. ...
<b>Outer Circle:</b> Larger Camp Community including other camp sessions and additional staff.

See References and Resources noted on page 15 of *Field Guide for Camps Implementation of CDC Guidance*.

## **III. Guidance on Screening and Initial Response for Campers and Staff at Camp**

### **Pre-Screening**

Requiring pre-screening of staff and campers prior to camp will give insight into everyone’s health status before arrival.

Camp Blue Diamond recommends pre-screening of campers, with the assistance of parents/guardians) and staff asking them to self-monitor for 14 days prior to attendance.

Screening may include:

- ) Taking and recording temperature
- ) Self-screening for presence of symptoms, such as: fever of 100.4F or greater, cough, shortness of breath, diarrhea, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting, etc. ...

- ) Determining if, within the past two weeks, the individual has traveled nationally or internationally.
- ) Determining if the camper or staff has been in close contact with a person who has been diagnosed with, tested for, or quarantined because of COVID19.

If a camper or staff person is flagged during the pre-screening process, Camp will follow the Communicable Disease Plan to decide about admittance.

### **Initial Health Screening Upon Arrival**

The typical Health Screening as required in ACA Standard HW.6 should be upon arrival (as compared to after the parents leave as done in past years). Questions asked will be like those asked in the past (see HW.17 and Health Care Policies).

Additional screening includes:

- ) Taking camper/staff temperatures
- ) Request to see documentation of temperature taken two-weeks prior (if available)
- ) Ask if camper/staff member has experienced symptoms, such as: fever of 100.4F or greater, cough, shortness of breath, diarrhea, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting, etc. ...
- ) Ask if camper/staff member has, within the past two weeks, traveled nationally or internationally.
- ) Ask if camper/staff member has been in close contact with a person who has been diagnosed with, tested for, or quarantined because of COVID19.

### **Ongoing Screening**

Ongoing screening will be conducted regularly throughout the week through communication between staff and the camp nurse, the nurse and campers, and the nurse and administration. Camper temperatures will be taken at least two times during a week-long session, one time during a short session.

If a camper or staff is suspected to have COVID19 based on this assessment:

- ) place a face mask on the individual.
- ) isolate the person in the room set apart for COVID19.
- ) Health staff will wear a face mask and face shield, disposable gloves and disposable gown while working with individuals who has a suspected case of COVID19.
- ) Notify Camp Administration.
- ) Notify parents/guardians and appropriate healthcare providers in accordance with local health officials and as stated in the Camp's CDP.

### **Response and Management of Case(s) or Probable Case(s)**



If a camper or staff member is identified as having a potential or confirmed case of COVID19, isolate the individual in location name above and follow the following protocol:

- ) If person is a camper, contact parent/legal guardian to determine next step. Likely the next step will be to arrange for parent/legal guardian to take camper home.
- ) Consider if the camper or staff member warrants further clinical evaluation and if so, make arrangements to do so, either in-person or via telehealth.
- ) Make arrangements with counselor to have person's belonging moved and the sleeping areas to be cleaned and disinfected.
- ) Consider testing options.
- ) Carryout contact tracing immediately to determine the potential or confirmed case's contact with other campers and staff members over the previous two or more days.
- ) Key suggestions for contact tracing include:
  - o Always follow established core principles of contract tracing (see link on page 19, of *Field Guide for Camps Implementation of CDC Guidance*).
  - o Conduct contact tracing with only trained staff or trained volunteers. This training should be conducted prior to the start of camp.
  - o Identify contacts quickly and ensure they do not interact with other capers or staff members.
  - o Communicate with local and state health officials and Camp Board.
  - o **Best Practice:** Implement data management and technology tools to assist in case investigations, contact tracing and contact follow-up and monitoring.
  - o Monitor key components of contact tracing programs and improve performance as needed.

#### IV. Guidance on Preventing Spread

##### **Communication from Administration**

- ) Post age-appropriate printed material from CDC in or near bathrooms to remind individuals when and how to wash hands.
- ) Post printed material from CDC in critical areas where physical distancing should be encouraged: dining hall, common areas, cabins, ballcourt, etc.

##### **Hand Hygiene**

##### **When to Wash or Disinfect Hands – Campers and Staff**

- ) Before eating food – when entering the dining hall
- ) Upon entering the cabin
- ) After being in contact with someone who may have been sick
- ) After touching frequently touched surfaces (railings, door handles, counters, etc.)
- ) After using the restroom

- ) After using common items, such as sports equipment, computer keyboards/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 will continued to be practiced. Coronavirus is not foodborne, but food service workers who are infected can transmit the virus to coworkers and diners. See the *Food Service* section for more information. Handwashing is equally important, as is appropriate use of gloves when preparing food. Handwashing will take place when:

- ) 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**

- ) Wet your hands with clean, running water. Turn off the tap and apply soap.
- ) Lather hands by rubbing them together with soap. Make sure to lather the back of your hands, between fingers, and under your nails.
- ) Scrub your hands for at least 20 seconds.
- ) Rinse your hands will under clean, running water.
- ) Dry hands using a clean paper towel.
- ) Use paper towel to turn off the faucet and/or open door of bathroom.

### **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.

- ) Apply product to the palm of hand.
- ) Rub hands together making sure the product contacts the back of hands, palms, between fingers, and fingertips.
- ) Continue to rub hands together until 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.

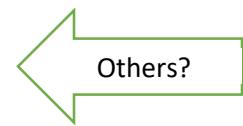
- ) If water is available but soap and hand sanitizer are not, rubbing your hands together under water and drying the off with a clean towel or letting them air dry can remove some germs. Only use this method as a last resort.

**Physical Distancing**

Physical distancing, also known as “social distancing,” allows individuals to safely interact with others at a safe distance. It is not a substitute for Family Groups/cohorts. In a camp setting the CDC encourages physical distancing through increased spacing, small groups, and limited mixing between groups, staggered scheduling, arrival, and drop-off.

Physical Distancing will be always practiced, though it will need to be intentionally orchestrated during:

- ) Mealtimes )
- ) Campfires )
- ) At the beach )
- ) Registration and Closing times )
- ) All camp activities deemed safe. )



**Face Coverings**

Face coverings should be worn by staff and campers as feasible and are most essential in times when physical distancing is difficult. According to CDC, face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Face coverings are not surgical masks, respirators, or other medical personal protective equipment.

- ) **Best Practice:** Face coverings should be worn by campers in all indoor locations, other than while eating. This practice may be adjusted based on testing and use of Family Groups.
- ) **Best Practice:** Staff should always wear face coverings indoors, unless alone in a private office/room or while outdoors or eating.
- ) **Best Practice:** Face coverings should be worn by all campers and staff outdoors when at least 6 feet of physical distance cannot be maintained.
- ) Campers will bring appropriate, reusable, cloth coverings for their own personal use to camp. To have an adequate number of clean face coverings with a couple extra if a mask gets wet or dirty, 10 face coverings for a weeklong session is recommended, 3 to 5 for shorter sessions.
- ) Face coverings should be identified by the camper’s name or initials inside.
- ) Face coverings should not be shared with anyone. Camp will have extras if needed.
- ) While wearing face coverings, campers and staff should avoid touching their face and the face covering as much as possible.
- ) Face coverings should only be put on, taken off, and handled with clean hands.
- ) Good Practice: Guidelines will be determined and shared with staff and campers concerning when and where face coverings are required during a session of camp.
- ) Good Practice: Fabric face coverings should be two to three layers of permeable fabric.

- ) Individuals not able to wear face coverings during exercising may benefit from trying alternative styles of masks including specialized athletic masks designed specifically for athletes.

For additional information related Preventing the Spread of Covid19: see page 23 of *Field Guide for Camps Implementation of CDC Guidance*.

## V. **Guidance on Facilities Management of Ventilation and Plumbing Systems**

The following guidance is for use by camp facilities management in preparation for use of Camp in 2021.

### **General Recommendations**

In cooperation with other members of staff discuss, plan, and facilitate repairs and implementations needed for camper and staff safety.

- ) Camp Executive – help to make decisions, provide financial guidance, and communicate with other camp leadership and constituents.
- ) Facilities Director – share knowledge of camp facilities, current systems, and contractors.
- ) Mechanical Contractor - to supplement the in-house staff to implement repairs to the building mechanical systems that may be identified through the implementation and guidance.

This team may include volunteers with specialized experienced and contractors brought in for advice in specific areas only.

### **Prior to Camp the Facilities Director will:**

- ) Inspect and inventory the mechanical systems in all camp buildings (exhaust fans, ceiling fans, etc.) and verify their operational use.
- ) Ensure windows and doors are operational and screens are in place and in good repair.
- ) Camp Blue Diamond does not have ventilating and cooling systems in the buildings used for Summer Camp (lodge, summer camp cabins, or DIP). Recommendation is to perform an inventory of heating, ventilating and cooling systems for maximum exchange and ventilation of air and to assess need to upgrade the systems to higher efficiency filtration systems.
- ) Arrange for inspection/upgrading of all fire extinguishers prior to staff and camper arrival.
- ) Check controls and operation of hot water tanks, and heat exchangers to ensure that set points are consistent with those required during normal operation.
- ) Check fuel source to make sure ample fuel is available.
- ) Assess need for additional box fans placed in windows to provide air ventilation. This may need to be done with the help of a ventilation contractor and consideration given to installing monitoring equipment to verify proper temperature and ventilation control.

These measurements should confirm that space temperature and relative humidity levels are being controlled to the acceptable setpoints.

- ) Assure water tests are up-to-date and filters are in place.
- ) In buildings with windows (lodge, DIP, Hemlock, and cabins), if the outside air temperature and humidity are moderate (temperature range between 65°F and 75°F and relative humidity 20% and 75%), open all windows for four hours minimum. Utilize internal fans, i.e., ceiling-mounted fans or strategically (and safely to avoid tripping hazards) place floor fans to promote air circulation. Operate all exhaust fans during this preoccupation period as well. **Staff members can be assigned this responsibility.**
- ) Consider installing portable high efficiency particulate air (HEPA) filter air cleaners in the Ouch House and perhaps Hemlock. These cleaners should be operated continuously.

## V. **Guidance on Residential Camps**

Cabins provide living and sleeping spaced for campers and staff. Since sleeping density tends to be high, especially with use of bunk beds, it's important to implement controls associated with sleeping arrangements that may help reduce the risk of transmission of COVID19.

### **HOUSING**

#### **Policy**

- ) Keep the same staff members assigned to a cabin throughout the summer – go not rotate staff between cabins.
- ) Maintain cabin groups throughout the session.
- ) Limit cabin access to only individuals who reside in that cabin; avoid visitors and parents entering the cabin during drop off and pickup periods.
- ) Staff and campers should use hand sanitizer containing at least 60% alcohol or wash their hands with soap and water prior to entering the cabin.
- ) Avoid sharing items with other cabin-mates.
- ) Cabins should be cleaned routinely using appropriate *Cleaning and Disinfecting Procedures* as outlined in this guide.
- ) Personal belongings should be limited to essential items plus a limited number of non-essential items.
- ) Campers should keep personal belongings organized and separate for other campers' belongings.
- ) **Best Practice:** campers should be provided a personal storage space for their belongings.
- ) **Ventilation**
  - o Keep windows open as often as possible.
  - o Keep ceiling fan running whenever the cabin is being used.
  - o Prop both doors open when it makes sense to do so (high movement time)

#### **Configuration:**

- ) Place dispensers of alcohol-based hand sanitizer containing at least 60% alcohol at the entrance of each cabin or assure that each camper has washed hands in the DIP prior to entering the cabin (not practical for some units).

- ) Post relevant posters, or reminder-signage in each cabin, pertaining to:
  - o COVID19 Information
  - o Handwashing
  - o Cough etiquette
  - o Symptoms associated with COVID19.
  - o Stop the spread of germs.
  - o Physical distancing

**Sleeping:**

- ) Create at least six feet of space between beds. If utilizing head-to-toe orientation four feet of space between beds is acceptable.
- ) Minimize the number of people sleeping in a space.
- ) A clear shower curtain will be placed between bunkbeds providing a barrier for sleeping.
- ) Put camper’s name on their bed and instruct everyone to respect each other’s space and things.

**BATHROOM**

- ) Instruct campers to avoid sharing common bathroom supplies (toothpaste, soap, towels, etc.). Prior to camp instruct parents to pack toiletry items in a tote or 1-quart/1-gallon clear plastic bag with campers’ name clearly marked on it.
- ) Campers should keep personal items in their bag or tote and store it with their luggage in the designated area in their cabin.
- ) **Staff** will assure that there is ample supply of soap and paper towels in all bathrooms.
- ) Create a staggered bathing schedule and limit the number of people using the DIP (or other bathrooms) at one time.
- ) A trash can will be placed near the exit of the restrooms to make it easier to discard the paper towel used to dry hands.
- ) Proper handwashing signage will be placed in each bathroom reminding campers and staff of proper handwashing.

**AQUATIC ACTIVITIES**

The novel coronavirus is not waterborne. There is no current evidence that COVID19 can be spread to people through water. The CDC states “there is no evidence showing anyone has gotten COVID19 through drinking water, recreational water, or wastewater.” However, it is important to follow safe physical distancing and proper hygiene practices at the lake and other water recreation activities.

For lakefront activities, it is best to follow proper physical distancing and good hygiene as listed below, as well as good hygiene practices as outlined in earlier sections of this document.

The following practices must be in place:

- ) Prepare and place relevant posters and signage incorporating guidance from the CDC and ACA near the beach, such as:
  - o COVID-19 information
  - o Cough Etiquette
  - o Practices to stop the spread of the virus.
  - o Physical distancing – especially as it relates to lake/beach activities.
- ) Ensure campers and staff practice hand hygiene prior to, and after leaving the beach/lake area.
  - o Water spigot (this needs to be repaired)
  - o Prior to leaving living area
  - o Us of hand sanitizer containing at least 60% alcohol located near the beach.
- ) Camp will maintain a properly certified lifeguard for all lake activities (and a lookout in keeping with aquatic safety policies).
- ) Good practice: Participate in lake activities in small groups and properly distanced, as necessary.
- ) **Best Practice:** Small groups at the lake will consist only one Family Group at a time.
- ) Maintain routine cleaning and disinfecting of frequently touch surfaces, such as:
  - o canoe shed door handles
  - o beach toys (noodles, buckets, shovels, kickboards)
  - o PFDs
    - Good practice: limit the number of shared supplies and handwash life jackets with soapy water and allow to air dry, followed by spraying with alcohol based disinfectant spray.
    - **Best Practice:** lifejackets should be cleaned and disinfected after each use.
  - o Paddles – often or between uses as described with PFDs
- ) Follow state and local guidelines for aquatic facilities operation and directed.

### Swimming

- ) Campers and staff should follow physical distancing per groups/Family groups, and practice proper handwashing.
- ) **Best Practices include:**
  - o Continue safe swim practices, such as the buddy system, with regular “buddy checks” occurring.
  - o Maintain same leadership (Family Group counselors) with each swimming activity.

## VI. FOOD SERVICE

### Policy

- ) Instruct employees to report any COVID-19 symptoms to their supervisors.
- ) If employees report respiratory illness symptoms, they must not report to work.
- ) If an employee reports symptoms during work, they must leave immediately.
  - o Clean and disinfect kitchen.
  - o Consider employees within their vicinity potentially exposed.

- Implement next steps from Camps communicable disease plan (CDP).
- )] If an employee is confirmed to have COVID-19, inform employees of potential exposure, while maintaining confidentiality. Implement next steps from Camps CDP.
- )] Actively encourage sick employees to stay home.

### Planning and Preparation

- )] Maintain a list of qualified staff to fill critical food service positions.
- )] Stock disposable gloves, facemasks, and cleaning supplies. Enact a plan for the distribution and resupply of these items.
- )] Provide staff with access to soap and cleaning running water, disposable gloves, and facemasks. When running water is not available (such as when serving meals outside), use an alcohol-based hand sanitizer.
- )] Train staff on proper handwashing and other control procedures implemented by Camp.

### Operations and Configuration

- )] Screen food service employees and assess their symptoms prior to starting work each day.
- )] Expand the dining space or increase the number of dining spaces to allow campers and staff to maintain physical distance, i.e., provided space outdoors and assigned Family Group tables. A tent will be in place near the lodge for additional dining and activity space.
- )] Offer multiple mealtimes, or staggered arrival times, to decrease the number of diners in an area at one time.
- )] Clean and sanitize dining area between mealtimes.
- )] Aim to decrease the occupancy by as much as half. That is, if a table typically seats eight, seat only four. Set a reasonable occupancy limit.
- )] **Best Practice:** Assign seats to Family Groups for the duration of the camp session.
- )] **Best Practice:** Avoid buffet style, salad/cereal bars, self-service, family style meals,, counter food service, and other configurations requiring diners to use shared utensils. Prioritize meals that are pre-assembled on a tray for diners to retrieve.
- )] An option for serving Family-style is for a counselor, with clean/sanitized hands, to serve everyone from the table's serving dishes.
- )] Encourage diners to maintain physical distancing between themselves and others while in line for meals.
- )] Assure ample stations for campers and staff to wash their hands with soap and water prior to eating. In addition, have dispensers of alcohol-based hand sanitizer containing at least 60% alcohol at the entrance of the dining area.
- )] During meal prep and mealtime, leave garbage can lids open in the kitchen and dining area. (Lids must be replaced between meals in the dining area and when no food prep is taking place in the kitchen.)
- )] **Best Practice:** Personal water bottles should not be refilled in the kitchen area. Campers and staff should use camp-supplied glasses/cups for beverages and receive a new glass/cup for water if a refill is desired.



- ) **Best Practice:** Remove decorative objects from the dining room tables.
- ) **Best Practice:** Discontinue use of condiment dispensers, instead offering condiment packets or small containers alongside the prepared meal.
- ) **Best Practice:** Discontinue use of shared beverage pitchers, instead arrange a process by which a staff member pours individual drinks, or use single service containers (i.e., small containers of milk).

## Food Service Workers

### Prior to Work – all are best practices.

- ) Shower or bathe before work.
- ) Trim and file fingernails. Remove nail polish or false nails.
- ) Wear clean clothes.
- ) Wear appropriate and clean footwear.

### General:

- ) Do not work if you are sick or showing flu-like symptoms.
- ) Wear disposable gloves and avoid direct barehand contact with food.
- ) Do not wear watches, bracelets, or rings.
- ) Wear a facemask or cloth face covering.
- ) **Best Practice:** Wear disposable gowns and/or an apron.
- ) Maintain a physical distance and increased spacing from other food preparation workers whenever possible.
- ) Wash hands with soap and water for at least 20 seconds before and after work and breaks; after using the bathroom, blowing your nose, coughing, sneezing, or touching frequently touched surfaces; and before preparing food.
- ) **Best Practice:** Use a fingernail brush during handwashing prior to food prep.
- ) Cover your cough or sneeze with a tissue, throw it away, and wash your hands immediately.
- ) Avoid touching your eyes, nose, and mouth.

### Food Preparation

- ) Existing best practices for food preparation and storage apply. Coronavirus is not foodborne, but food service workers who are infected can transmit the virus to coworkers, staff, and campers.
- ) Follow the four key steps to food safety: Clean, Separate, Cook, and Chill.
- ) **Best Practice:** Even while wearing gloves, use clean utensils, such as tongs, spoons, etc., instead of gloved hands to prepare food as much as possible.

### Cleaning and Disinfection for Food Contact Surfaces

- ) Use soap or detergent and water to wash food contact surfaces, then rinse after use.
- ) **Best Practice:** Disinfect food contact surfaces before food preparation, ensuring any disinfectants used appear on the EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-VoV-2 and are safe for food contact surfaces. Follow manufacturer instructions.
- ) As always, dishware must be air-dried.
- ) Ensure that dishwasher machines are operating within the manufacturer's specifications and that appropriate water temperatures, detergents, and sanitizers are being used.

### **Cleaning and Disinfection for Non-Food Contact Surfaces**

- ) Clean and disinfect frequently touch non-food contact surfaces in the kitchen and dining area at least once daily.
- ) **Best Practice:** Clean and disinfect the dining area before and after each use.
- ) Clean and disinfect non-food contact surfaces in the kitchen and dining area's commonly touch surfaces (i.e., counters, tables, chairs, coffee pot handles) daily.
- ) **Best Practice:** Clean and disinfect the dining area before and after each use.
- ) If hard non-porous surfaces are visibly dirty, clean them with detergent or soap and water before disinfecting.
- ) Disinfect hard non-porous surfaces using:
  - o EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-VoV-2
  - o Diluted household bleach products. Add 5-tablespoons (1/3 cup) of bleach to a gallon of water or 4 teaspoons of bleach to a quart of water. Mix a new bleach-based solution each day.
  - o Alcohol -based solutions containing at least 70% alcohol.
- ) Clean/disinfect frequently touched equipment such as: microwave, stove/oven knobs, mixers, light switches, walk-in doors, etc.
- ) Remove and dispose of gloves, facemasks, and aprons immediately after cleaning and disinfecting, or when visibly dirty, and wash hands.

### **Diners**

- ) Campers and staff will be instructed to not attend meals if they are sick or experiencing flu-like symptoms. They are to immediately report to the Camp Nurse.
- ) Wash hands with soap and water for 20 seconds for use alcohol-based sanitizer containing at least 60% alcohol upon entry into the dining area.
- ) Avoid touching frequently touch surfaces such as handles, doorknobs, doors, tables, and counters as much as possible.
- ) When retrieving food, avoid touch items and putting them back.
- ) Maintain physical distance and increased spacing between yourself ad others whenever possible.
- ) Sit with of near the same individuals each meal (Family Groups) and/or in the same set if possible.
- ) As often as possible, eat outside or in areas with fewer people.

- ) When in line, maintain physical distance and increase spacing between yourself and others.
- ) Cover your cough or sneeze with a proper cough and sneeze etiquette. If a tissue or napkin is used, throw it away and wash your hands immediately.
- ) Avoid touching your eyes, nose, and mouth.
- ) **Best Practice:** Use utensils rather than hands as much as possible.

## VII. **Camp Store**

The following is guidance and procedures to reduce COVID-19 exposure while operating the Trading Post (Camp Store). The Trading Post is small, open during limited times and overseen by full-time staff persons. The following guidance statements were chosen as the ones that apply to our situation at Camp Blue Diamond.

### **Policy**

- ) Employee running the Trading Post must report any COVID-19 symptoms and not report to work, see the Camp Nurse, and follow the camp's communicable disease plan.
- ) Camper Family Groups will visit the Trading Post as scheduled so that only campers of the same pre-defined group shop together.

### **Planning and Preparation**

- ) Schedule of Family Group times to visit the Trading Post will be pre-determined by the Program Director and Trading Post Manager.
- ) Alcohol-based hand sanitizer will be available (as well as gloves and face coverings in case they are needed).
- ) Trading Post operator will wash hands prior to operation and wear gloves when handing items to campers.

### **Operations and Configuration**

- ) Trading Post Manager will wear a face mask and disposable gloves.
- ) Store items will be placed on tables outside of the Trading Post (or other space as determined).
- ) Only sample items will be placed where campers can look. To purchase, campers will tell the Trading Post operator what they want, and the item will be retrieved from a storage bin.
- ) **Best Practices:** Post signs reminding campers to maintain six feet of physical distance.

### **Payment**

- ) Campers will bring currency to pay for their purchases. To eliminate as much exposure as possible, the following procedures will be in place:
  - o A gloved Trading Post manager retrieves items requested, places them in a plastic bag.
  - o Camper places money on a tray provided, Trading Post manager takes money, and places change in an envelope and places it on the tray to return to the camper.

- Tray is exchanged for a new tray between campers – trays are sanitized between uses.

## VII. Cleaning and Disinfection

Recommended methods for typical cleaning procedures include two-stage cleaning and disinfecting.

1. Cleaning entails washing with a detergent and water to remove soil, organic matter, and some microorganisms from a surface.
2. Disinfecting entails use of a US Environmental Protection Agency (EPA)- approved disinfectant that must be applied in accordance with the product manufacturer guidelines. At Camp Blue Diamond this product used is Sanox II.

### Communal Spaces

- ) Good Practice: Cleaning and disinfecting communal spaces at least daily.
- ) **Best Practices:** Cleaning and disinfecting communal spaces between groups. Disinfection after cleaning may not be feasible if scheduling of group activities does not allow for disinfectant to remain on treated surfaces for sufficient time to fully disinfect.

### Shared Items

- ) Good Practice: Cleaning and disinfecting of shared items between uses.
- ) **Best Practice:** Assigning items where possible to reduce the quantity of items shared. Also, cleaning and disinfecting of shared items between uses.

### Frequently Touched Surfaces

- ) Good Practice: Cleaning and disinfecting frequently touched surfaces and common spaces at least daily.
- ) **Best Practice:** Cleaning and disinfecting frequently touched surfaces and common spaces multiple times daily.

Examples of Frequently Touched Surfaces include:
Tables
Drinking Fountains
Door Handles
Hand Railings
Water Spigot
Light Switches
Countertops
Cabinet Handles
Desks
Phones
Keyboards

Toilets Faucets Sinks
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#### **Toilets, Showers, Restrooms**

- ) Good Practice: As with other frequently touched surfaces, toilets, shower, and restrooms are cleaned and disinfected daily.
- ) Better Practice: High touch surfaces including toilets, shower, and restrooms are cleaned and disinfected more than once per day.

#### **Personal Protective Equipment (PPE) for Cleaning Staff**

- ) Good Practice: Eye protection and gloves must be worn when preparing cleaning solutions (Sanox II), and when diluting bleach solutions.
- ) When finished, all cleaning staff must remove aprons (kitchen staff), being careful not to contaminate the surrounding area. Next gloves are to be removed by grasping from the inside and peeling inside out. Hands must be thoroughly washed for at least 20 seconds using soap and water. (An approved alcohol sanitizer can be used if soap and water are not available.)

#### **CLEANING METHODS**

##### **Cleaning Solution Selection and Preparation**

For cleaning, general purpose residential cleaners that are ready to use, or diluted with water per product instructions are sufficient and should be used according to manufacturer's instructions. For disinfection, products that are specific to coronavirus, that have an "emerging viral pathogen" claim, and that require less than one minute of contact time are preferred. Make sure products have not passed their expiration date.

At Camp Blue Diamond the product generally used to disinfect is Sanox II . This is highly diluted (1:64) product and will be prepared for use in specially marked spray bottles. Only designated staff are permitted to prepare the solution.

**Contact time:** Leave surface wet for 1 minute. When able, allow surface to dry naturally. When not able, allow 1 minute, then wipe dry with clean rag. Wear disposable gloves when applying, remove immediately afterwards.

**Use Sanox II<sup>U</sup> to clean and disinfect the following:**

Non-porous surfaces in bathrooms, kitchens, and dining areas: counters, floors, sinks, showers, laundry areas, toilets, garbage cans, tables, chairs, urinals, doorknobs/push bars, and other high traffic hard surfaces.

Specification Sheet/Information and Safety Data Sheets are in the phone room in the back of the main kitchen.

**CLEANING PROCEDURES IF THERE IS A CONFIRMED OR PROBABLE CASE OF COVID-19**

If more than 7 days have passed since an infected person has used or visited Camp, additional cleaning and disinfection is not necessary – continue routine cleaning and disinfection.

If less than 7 days, close off areas that were used by the person who is sick and carry out the following:

- ) Open outside doors and windows to increase air in the areas.
- ) Wait up to 24 hours or if practical before cleaning or disinfecting to allow respiratory droplets to settle first. Outdoor venues and equipment could be cleaned immediately.
- ) Clean and disinfect all areas used by the person who is sick. Ventilate as much as possible during the cleaning/disinfecting process.
- ) Use dedicated cleaning and disinfecting materials to disinfect a potential source area (i.e., an infected camper's cabin and bunk area). The cleaning equipment should not be used to clean other area until they are thoroughly cleaned and disinfected.
- ) Enhanced cleaning is recommended if it is determined that a person with COVID-19 was present in a building or at a camp activity area for at least 15 minutes.

For a suspected or confirmed COVID-19 case, the following enhanced cleaning protocol should be followed:

- ) First clean visibly dirty surfaces with soap and water and disinfect using Sanox II .
- ) Use disposable wipes/paper towels to clean surfaces if possible, rather than reusable rags. All cleaning and disinfecting materials should be disposed in sealed bags and thrown away after use.
- ) In each area, pay particular attention to high touch areas, including handrails, door handles, cabinet and drawer handles, shared sports equipment, and craft tools.
- ) Clean and disinfect an area extending 12 feet in all directions around the camper's sleeping area, focusing on all horizontal surfaces and high touch objects. Clean and disinfect areas identified as locations visited by the individual who is sick or that the individual used or occupied, including the entire bathroom and any common or activities areas. These areas include high touch objects in common areas including

handrails, exterior door handles, cabinet handles, and restroom door handles, as well as crating tools or sport equipment.

- ) Clean a potential source area by progressing from the entrance to the most distant point to avoid re-contaminating surfaces that have been disinfected (i.e., clean your way out).
- ) Clean, soft, porous surfaces such as carpets, rugs and drapes also using the procedure for porous surfaces. If some porous surfaces are not suitable for cleaning with disinfectants, then clean them as much as possible and close off the area (or post a sign) and do not use for three days.

#### **Personal Protective Equipment**

- ) Those cleaning should wear eye protection, disposable gloves, facemask, and disposable gowns/aprons for all tasks in the enhanced cleaning process, including handling the trash.
- ) Facemask should be disposable and used for the enhanced cleaning only.
- ) Gloves and gowns/aprons should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- ) Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately afterwards.
- ) Cleaning staff should immediately report breaches in PPE or any potential exposures to their supervisor.
- ) Cleaning staff should wash hands often using proper technique.

#### **Miscellaneous Cleaning**

- ) **Keyboards, Laptops and Electronic Equipment**
  - o Follow manufacturer guidelines for cleaning electronics.
  - o Alcohol based wipes or sprays containing at least 70% alcohol can be used to disinfect electronics, including touch screens.
  - o Remember to clean shared phones.
- ) **Shared Equipment**
  - o Ensure adequate supplies to minimize sharing of high touch materials to the extent possible, or limit use of supplies and equipment by one group of campers at a time and clean and disinfect between use.
  - o Good: Shared equipment should be cleaned and disinfected at least daily.
  - o Better: Shared equipment should be cleaned and disinfected multiple times per day.
  - o Best: Shared equipment should be cleaned and disinfected between uses.
- ) **Playground Equipment**
  - o Playground equipment should be cleaned and disinfected at least daily.

### **VIII. GUIDANCE ON ACTIVITIES**

The following provides guidance and procedures to reduce COVID-19 exposure risk to campers and staff while participating in typical camp activities. The activities covered below are not an exhaustive list. To reduce COVID-19 risk to campers and staff during camp activities no listed

here, it may be possible to apply minimal changes to existing guidance. Camp activities, whether indoor or outdoor, should be limited to those in which physical distancing of Family Groups can be practiced. Refer to the table at the end of this document for a summary of recommended practices.

## **ADMINISTRATIVE**

### **General Guidance**

- ) Campers and staff should wear cloth face coverings during indoor activities when maintaining physical distancing is not feasible due to area limitations.
- ) Having activities outdoors will always be the first preference.
- ) Activities will be done in Family Groups (cohorts).
  - o **Best Practice:** Family Groups should remain small and practice safety distancing as often as possible.
- ) Campers and staff will practice proper hand hygiene:
  - o Wash hands with soap and water for 20 seconds before and after activities
  - o Alcohol-based hand sanitizer containing at least 60% before and after activities.
- ) All shared items and equipment (craft supplies, canoe paddles, PFDs, balls, noodles, etc.) should be thoroughly cleaned and disinfected between use. (See *Cleaning and Disinfecting* section.)
  - o Good Practice: If feasible, shared equipment should be limited to items that can be effectively cleaned (e.g., sports equipment with hard, non-porous handles are preferred to those with soft, porous handles).
  - o Better Practice: Limit the number of shared supplies and equipment for activities. Provide each Family Group their own equipment for the duration of the session. Assure that all equipment is cleaned and sanitized prior to the next session of new campers.
- ) Schedule activities to allow for cleaning and sanitizing.
- ) Campers will be encouraged to use their own water bottles and staff will sanitize the spigot regularly. The drinking fountain will be disabled.

### **Posters and Signage**

- ) Relevant posters will be displayed in high traffic areas including: Lodge, bathrooms, cabins, DIP, lake, the tent, etc. These will include:
  - o COVID-19 Information
  - o Handwashing
  - o Cough Etiquette
  - o Symptoms associated with COVID-19.
  - o Stop the spread of germs!
  - o Physical Distancing

## **SAFETY**

### **General Safety**



- ) Maintain adequate staff to ensure camper safety. Efforts to maintain physical distancing should not impact existing camp emergency safety protocols.
- ) Prepare for absence of crucial staff by developing a roster of qualified individuals who can fill in if staff members are sick or need to quarantine.
- ) If emergency care is needed and physical distancing cannot be maintained, then follow normal camp procedures and additional use of PPE as is appropriate to the situation.

## **OUTDOOR ACTIVITIES**

### **Sports**

- ) Limit shared high-touch equipment and designate equipment to campers or Family Groups for the duration of the camp session.
- ) All outdoor equipment and facilities should be routinely cleaned in accordance with guidelines outlined in the *Cleaning and Disinfecting* section of this material.
  - o **Good Practice:** All shared equipment should be cleaned immediately after each use. Cleaning and disinfection at the end of each day should also be conducted on all sports equipment.
  - o **Better Practice:** Each Family Group has dedicated equipment for use during each session. This equipment should be cleaned and disinfected immediately after each use.

### **Aquatics and Small Crafts**

The novel coronavirus SARS-CoV2 is not water borne. There is no current evidence that COVID-19 can be spread to people through the water, or water play areas. Proper operation and maintenance of these facilities will likely inactivate the virus in the water.

### **Swimming**

- ) Campers should follow physical distancing per Family Groups and wash hands prior to, and after swim time at the lake.
- ) During swimming activities, the following practices are recommended:
  - o **Best Practice:** For free swim, continue safe swim practices, such as swimming with a buddy, assuring that buddies are of the same Family Group.
- ) Swimming safety, swimming tests, camper activity progression, and swimming rules continue to be enforced.

### **Canoeing, Paddle Boards and Surfbikes**

- ) Campers and staff should follow physical distancing and proper hand hygiene practices prior to/following small watercraft activities.
- ) Family Groups should do waterfront activities together.
- ) All shared and used equipment (Paddles, lifejackets, canoes, paddle boards, surfbikes) should be cleaned and disinfected between each use. Make sure to follow manufacturer guidelines and/or industry recommendations for the cleaning products and equipment.

- Good Practice: Limit number of shared supplies and equipment per activity. Handwash life jackets in hot soapy water. Allow to air dry and spray lifejackets with alcohol-based disinfectant spray.
- Better Practice: Hand wash life jackets in hot soapy water. Use a dryer to ensure complete drying with a temperature setpoint not to exceed 140°. Spray lifejackets with alcohol-based disinfectant sprat before use.
- **Best Practice:** Commonly touched surfaces of canoes, surfbikes and paddle boards should be cleaned and disinfected after each use.

### **Wilderness Activities**

- ) Wilderness activities with anticipated contact with persons outside camp should be postponed or cancelled. Group travel by camper groups should be undertaken only to access recreational areas off-camp for day trips.
  - Good Practice: Consider activities that are accessible by foot, biking, or other alternatives to vehicle travel. Ensure proper face coverings are being used.
- ) Campers and staff should practice physical distancing and wear face coverings, if feasible and safe, during wilderness activities.
- ) Ensure campers and staff practice hand hygiene prior to/following any wilderness activities. (cleaning, running water with soap, or hand sanitizer)
- ) Overnight camping in tents must be able to maintain proper physical distancing practices. Consider one person/tent.

### **INDOOR ACTIVITIES**

Refer to the *General Guidance* within the *Administrative* section when planning activities.

#### **General Guidance for Indoor Activities**

- ) Good Practice: Ensure enough space to accommodate staff and campers while practicing safe physical distancing.
- ) Good Practice: Staff members and campers should *wear cloth face coverings* during activities indoors when physical distancing is not maintained.
- ) Good Practice: Ensure that there is proper ventilation within the space by maximizing fresh air intake or natural ventilation via screened windows and doors.

#### **Travel Off-Site – Staff Time Off; Field Trips**

A goal of pandemic response is to reduce interpersonal contacts to limit potential exposure to coronavirus. In the camp setting, this means limiting the amount of off-site exposure of staff and campers in the community. Staff and campers should be encouraged to remain on the premises for the duration of the cap session. When staff or campers leave camp, screening and temperature checks should be conducted prior to entry as outlines in the *Screening* section of this guide.

It is recommended that all organized field trips, such as service projects and adventure activities, be cancelled.

## **IX. GUIDANCE ON USING COHORTS AT CAMP TO REDUCE COVID-19 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. 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 limited 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 Family Group (cohort) strategy, isolation and surveillance of close contacts can be implemented quickly.

During the 2021 Summer Camp season, Camp Blue Diamond will employ the use of Family Groups. This group will act as a “household.” The Family Group will be pre-assigned to a unit of cabins and will do all activities together with the same assigned counselors.

Family Groups may join other Family Groups for larger group activities, however, doing so increases the potential of communicable disease spread. Mitigation for these and any gathering could include splitting into smaller groups, outdoor programming, dining, and programmatic changes to minimize mixing, maintain physical distancing between “households,” and wearing face covering 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 in a camp setting. Additionally, the maximum group size will be different depending on type of camp (day versus overnight), 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 staff members from the wider community. Creating consistent larger gatherings made up of consistent “Family Groups” is the best possible method to limit spread of disease and should be considered regardless of the actual group size number.

Overnight camps, like CBD, 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 session.

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.

As details for the safest summer camp season are decided, the following practices will be considered and practiced according to updated science and need at Camp.

### **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 Family Groups 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 face coverings. 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 non-essential volunteers and activities involving external groups or organizations coming on property.

**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 (Family Groups) that live and eat together.
- ) If “Family Groups” mix for programs or activities, consider other mitigation measures such as physical distancing or use of face coverings if appropriate and practical for the activity.
- ) To the extent possible, have larger gatherings be constructed of the same groups of smaller Family Groups.
- ) Consider when larger gatherings are necessary, such as in the dining hall, making the combination in any vicinity to be the same Family Groups each time.
- ) Consider grouping support staff by A and B shift groups to minimize interactions among other staff members.
- ) Restrict parents 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. Make all staff aware of the best practices they can independently follow to mitigate spread 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 “Family Groups” (households) that live, eat, wash, and do most group activities together or within subgroups.
- ) If “Family Groups” mix for programs or activities, consider other mitigation measures such as physical distancing or face coverings if appropriate and practical for the activity.
- ) Consistently construct larger gathers of the same smaller groups or “family Groups.”
- ) Larger gatherings, especially indoors, increase the potential of communicable disease spread. Mitigation for these and any mass gathering could include splitting large groups into smaller groups, outdoor programming, dining, and programmatic changes to minimize mixing, physical distancing between “Family Groups” and face covering when distancing cannot be accomplished.

- ) Staggered dining times is recommended depending on the size of the group and available space. First consideration will be given to the possibility of eating outside, or perhaps, in inclement weather, some Family Groups will eat outside in the tent, others physically distanced in the lodge.
- ) 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 spread.

**X. GUIDANCE ON CAMPERS AND STAFF WITH PREEXISTING MEDICAL CONDITIONS**

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 leadership are advised to implement pre-screening of campers and staff for medical clearance to attend camp by their primary care providers *before* coming to camp. Primary care providers are best able 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 leadership 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. 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
  - o Camper treatment
  - o Smoking
  - o Bone marrow or organ transplantation
  - o Immune deficiencies
  - o Poorly controlled HIV or AIDS
  - o Prolonged use of corticosteroids and other immune weakening medications
- ) People with obesity (BMI of 40 or over)
- ) People with diabetes
- ) People with chronic kidney disease undergoing dialysis.
- ) People with liver disease

## XI. GUIDANCE ON DROP-OFF AND PICK-UP OF CAMPERS

### Drop-Off

- ) Create a drop off schedule in which groups of campers are to arrive at Camp during staggered timeframes.
- ) The specific length and number of timeframes and numbers of drop offs per timeframe will vary based on the number of campers and configuration of the drop off area. It's important to reduce density and physical interaction of individuals at any given time in the drop off area.
- ) Communicate with parents/guardians prior to camp with assigned drop off time, explaining the purpose of this new system and encourage them to:
  - o Minimize the time they take saying goodbye to allow for the continual flow of traffic.
  - o Say goodbye close to or inside the vehicle.
  - o Maintain physical distance with other parents and campers.
  - o Wear a cloth face mask with exiting the vehicle.
  - o Explain health screening process and the importance of keeping this process moving along in a timely manner.
- ) Parents will not be permitted to move their camper into the cabins. This is a significant shift from tradition. Need to consider:
  - o Where drop off can best be facilitated for certain units.
  - o Staff will need to help campers safely get their belongings to the cabins.
    - Staff wear glove and use the wagons.
    - Some campers will need help setting up their beds – gloved staff.

### The First Moments

To limit the number of people coming into camp. Camper arrival will be staggered (most likely by Family Group – though with siblings this may need to be altered somewhat).

- ) Staggered arrival with drop-off spots  
Parents will not be permitted to go into the cabins. Considering drop-off points taking place near units making the lugging of belongings simpler
  - o Schwarzenau – near tower field
  - o Eder – behind lodge
  - o Sarah Major – near lodge
  - o Wissahickon/Conestoga – near lodge
- ) Counselors will meet the campers as they arrive to the appointed drop-off spot.
  - o A staff member will be near the entrance of Camp to provide directions to the drop-off locations.
  - o Staff, parents, and campers will be masked.
  - o Wagons available to help haul luggage to cabins.

- Disinfecting wipes and gloves will be available to staff if they are needed to help carry luggage.
- Parent and camper will meet, in an outdoor setting, with a nurse for health checks and COVID screening.
  - Pre-Camp – concerns, medication review, check-in with camper
  - COVID Screening:
    - ) Taking and recording camper’s temperature
    - ) Ask camper if they have any symptoms related to COVID-19.

<b>Beginning of Camp COVID-19 Screening</b>			
Camper/Staff/Volunteer Name: Brian Bert		Junior 1, 6/13/2021	
Answer each question, in the presence of parent/guardian			
Have you experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"> <li>) fever or chills</li> <li>) cough</li> <li>) shortness of breath or difficulty breathing</li> <li>) fatigue</li> <li>) muscle or bod aches</li> <li>) headache</li> <li>) new loss of taste or smell</li> <li>) sore throat</li> <li>) congestion or runny nose</li> <li>) nausea or vomiting</li> <li>) diarrhea</li> </ul>	Yes	No	Notes:
Within the past 14 day, has the camper/staff/volunteer been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with: <ul style="list-style-type: none"> <li>) Anyone who is known to have laboratory-confirmed COVID-19.</li> <li>) Anyone who has any symptoms with COVID-19</li> </ul>	YES	NO	Notes:
Is the camper/staff/volunteer, or anyone in the household waiting on the results of a COVID-19 test?	YES	NO	Notes:
Has the camper/staff/volunteer member received a COVID Vaccine?	YES	NO	If yes, how many? _____ Dates received _____

**Closing Moments of Camp**

- ) Camp closing and pick-up times will be done on a staggered schedule with the location of pick-up being the same as drop-off.
- ) Take home envelopes with the Family Group photo, roster, and crafts will be available at the pick-up spot.
- ) Campers will take their own luggage to the pick-up location.
- ) Communication will be sent to parents/guardians with the following information:
  - Time and location to pick-up their camper

- Importance of minimizing the time they take to pick-up their camper to allow continual flow of traffic.
- Minimize the number of people that come to camp – or ask that only one person get out of the car. People with the highest risk of disease should not get out of the car.
- Maintain physical distance with other parents/guardians and campers.
- Wear a face covering when exiting the car.

## XII. PERSONAL PROTECTIVE EQUIPMENT (PPE) PLAN

### Terminology and Definitions

- ) Eye Protection: goggles, safety glasses, and reusable, or disposable face shields that fully cover the front and sides of the ocular region of the face to protect part of a wearer’s face from contact with a substance.
- ) Face Mask: a device worn over a wearer’s mouth and nose that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Note that in general a face mask does not provide substantial filtering efficiency or protection to the wearer during inhalation but rather helps arrest droplet dispersion from the wearer when coughing, sneezing, talking, and breathing. Face masks are not technically considered PPE for protection from coronavirus.
- ) N95 Respirator: a disposable respirator, which when worn properly fitted, worn, and maintained, can provide a wearer with a filtering efficiency, during inhalation, of at least 95% of particulate matter (including virus-containing droplets from coughing, sneezing, talking, and breathing) in the surrounding environment. Dust masks, cloth masks, and surgical masks do not meet this definition.
- ) Personal Protective Equipment (PPE): specific equipment worn to minimize exposure to hazards that may cause illness or injury. PPE relevant to camps during the COVID-19 pandemic include eye protection, N95 respirators, disposable gloves, and disposable gowns.
- ) Respirator: a device worn over a wearer’s mouth and nose, which when properly fitted, protects from inhalation of specific hazards (gases, vapors, and particulate matter).

### ADMINISTRATIVE

#### Policy

- ) Keep necessary PPE near workstations in the camp where they will be used.
- ) **Best Practice**: Store larger inventory of PPE in a locked area that is dry and free from environmental temperature extremes. Restrict access for distribution to a limited number of specified, responsible individuals that understand the appropriate use and handling of items.

#### Training

- ) Ensure that all staff (counselors, health staff, kitchen, staff, etc.) have been trained to correctly don, doff, maintain, and dispose of PPE and face masks relevant to their respective level of protection.



- ) Train staff on hand hygiene after removing gloves.
- ) **Best Practice:** Provide both initial and refresher training on the different types of PPE that are needed for specific tasks and the reasons they are necessary; this will lead to more effective use and conservation of PPE.

## CAMP STAFF

### When to Wear What

PPE needs for staff will vary based on their job tasks, their ability to maintain appropriate physical distancing, and their potential for contact with confirmed or suspected COVID-19 cases. It is important that specific use scenarios are considered as part of the camp reopening plan to ensure an adequate supply of PPE is available.

- ) N95 Respirators and eye protection or face shields should be worn when staff anticipate contact with or proximity to confirmed or suspected COVID-19 cases or when cleaning and disinfecting areas known or suspected to have been in contact with confirmed or suspected COVID-19 cases.
- ) Face masks, while not technically PPE, should be worn by:
  - o Counselors whenever interacting with others closer than six feet for extended periods of time, i.e., greater than 15 minutes, as well as other times to the extent possible.
  - o Kitchen staff should always wear face masks when cleaning and disinfecting.
  - o Staff should wear cloth masks when interacting with outside vendors or outside community members when physical distancing can't be maintained.
- ) Disposable gloves should be worn by:
  - o Counselors when anticipating contact with confirmed or suspected COVID-19 cases or when handling belongings known to have been in contact with confirmed or suspected cases.
  - o **Best Practice:** Counselors should wear gloves when handling any incoming belongings or equipment prior to disinfection.
  - o Kitchen staff should follow existing best practices for food preparation and storage. Coronavirus is not foodborne, but food service workers who are infected can transmit the virus to staff and campers.
  - o Staff should always wear disposable gloves when cleaning and disinfecting.

### How to Use PPE

Procedures for donning (putting on) and doffing (taking off) may vary depending on what pieces of equipment are to be used, in which settings, and for what purpose. Detailing training should be provided to staff in the use of face masks, gloves, eye protection, and disposable gowns. Below is a general procedure which may, or may not, be applicable in all scenarios.

#### *Instructions for Donning:*

1. Gather the PPE to don and ensure each piece is the correct size.

2. Perform hand hygiene; wash hands using soap and water for at least 20 seconds, or disinfect hands using alcohol-based sanitizer.
3. Don disposable gown (if applicable) and tie all the ties.
4. Don respirator, or face mask (if applicable)
5. Put on face shield or goggles.
6. Don gloves
  - a. **Best Practice:**
    - i. Check for punctures or tears before using.
    - ii. Do not re-wear same gloves after taking them off.
    - iii. Immediately replace damaged gloves.

*Instructions for Doffing:*

1. Remove gown by untying ties, holding it by the shoulders and pulling it down and away from the body and disposing it in a garbage can.
2. Remove gloves and ensure that doing so does not cause contamination of hands by using a safe removal technique.
  - a. **Best Practice: Place signage of proper glove removal procedures where applicable.**
3. Perform hand hygiene.
4. Remove face shield or goggles by grasping the strap and pulling it up and away from the head. Do not touch the front of the face shield or goggles.
5. Remove respirator or face mask and dispose (if disposable) or launder while avoiding touching the front of it.
6. Perform hand hygiene.
7. **Best Practice:** Provide and properly label designated cleaning areas, disposal areas, and bin for all PPE.

**XIII. SUGGESTED CAMP SUPPLIES AND MATERIALS FOR 2021 CAMP SEASON**

- ) **Hand Soap** – anticipate an order of approximately 50% more than a typical season.
- ) **EPA Approved Cleaners** - (Sanox II and others) Order more than 100% more than in a typical season.
- ) **Hand Sanitizer Supplies and Stations** – Anticipate ordering 0.5 fl. Oz. per camper and staff member per day. Example: 100 people at camp will need approximately 50 fl. Oz. per day. Hand sanitizer should contain at least 60% alcohol.
- ) **Surface Cleaning and Disinfectant Wipes** – Order approximately 100% more than a typical camp season.
- ) **Paper Towels** – Anticipate an order of approximately 50% more than a typical camp season.
- ) **Cleaning Spray Bottles** – May need to dilute, mix, and apply US Environmental Protection Agency (EPA) approved cleaner (Sanox II). Plan 1-3 bottles per building.
- ) **No-touch/Foot Pedal Trash Cans** – At least one per building and 1 per restroom.

**Camp Medical Staff Personal Protective Equipment (PPE) Supplies** – It is not anticipated that camp will need a large amount of these items, but enough for onsite Medical Staff to use if needed to attend to a COVID-19 symptomatic individual. The items listed below should be considered a “starter pack” available when camp opens. The items are scaled based on the number of medical staff members per camp so larger camps with more medical staff members will order more supplies.

- ) N95 Respirator – 5 per medical staff member
- ) Disposable Surgical masks – 50 per medical staff member
- ) Nitrile Exam Gloves – 200 per medical staff member
- ) Disposable Safety Gowns – 50 per medical staff member
- ) Face Shields – 2 per medical staff member
- ) Adequate thermometers – 2 per medical staff member

All medical supplies should meet the clinical requirements of their employees. If camps have difficulty obtaining any of the recommended gear, EH&E is available to help determine alternate PPE recommendations.

#### **XIV. TECHNOLOGY AND CONTROL**

##### **Routes of Transmission**

SARS-CoV-2 is the coronavirus that causes COVID-19 disease. SARS-CoV-2 is transmitted from person-to-person when respiratory droplets that contain the virus are expelled by a contagious person while breathing, vocalizing, coughing, or sneezing and subsequently taken up through the mouth, nose, or eyes of a previously non-infected person. Three possible pathways of transmission are recognized:

- ) **Close Contact Transmission** refers to exchange of respiratory droplets, whether large or small, when people are near to each other. Close contact is commonly defined as within 6 feet. Strong evidence exists for transmission when people are in close contact.
- ) **Fomite Transmission** refers to transfer of the coronavirus from an infected person to a surface and subsequently to a previously uninfected person. Transmission by this route is thought to occur less often than by close contact, and few cases of fomite transmission have been reported.
- ) **Long Range Transmission** refers to exchange of small, microscopic respiratory droplets that can occur when people are more than 6 feet from each other. Some reports of spread between people in crowded, indoor settings are consistent with long range transmission, but could also be explained by undocumented close contact. Long range transmission is thought to occur less often than by close contact.

##### **HIERARCHY OF CONTROLS**

Five layers of control are illustrated in this pyramid:

