



Guidelines for Summer Camps

During the COVID-19
Pandemic
7/3/2020



Reopening Framework

Summer camps play a vital role in Philadelphia---they provide children with fun and enrichment and their parents with a source of childcare during the summer months. Keeping campers safe during COVID-19 is the utmost priority. The following guidelines for camps during the yellow and green phases will help decrease the risk for COVID-19 for campers and staff. The guidance provided are a set of baseline or minimum recommendations based on PDPH, CDC, Governor's Wolf's and the American Camping Associations guidelines.

The detailed guidance is categorized by the following key practices:

1. Promote social distancing through physical distancing, modification of activities, and cohorting of campers.
2. Keep camp clean through intensified cleaning and disinfecting practices.
3. Promote healthy habits including hand hygiene and mask use by campers and staff.
4. Screen campers and staff for symptoms.
5. Plan for when someone becomes sick.

As COVID-19 in Philadelphia evolves, there may be additional changes to the guidance, so please connect to the COVID-19 texts (text COVIDPHL to 888-777) to have the most up-to-date information.

Promote Social Distancing

Create cohorts of campers and counselors

- It will be difficult to prevent campers, especially younger children, from coming in close contact with one another and their counselors. Instead, the goal is to limit the number of people in close contact with one another and the duration of that close contact. This can be done through a cohort model of organizing camp.

- Create cohorts of campers and counselors of a maximum of 25 people total (campers plus counselors). Smaller cohorts are safer so consider having fewer campers per cohort if staffing and space permits. Campers and counselors should remain in the same cohort for the duration of the summer camp.
- Campers should do all activities within their cohort and should not mix with other cohorts.
- If the camp uses classrooms, each cohort should have its own classroom.

Modify camper activities

- Encourage outdoor play as much as possible.
- Camps that have a private pool may use the pool for campers as long as only one cohort is in the pool or locker room at any time.
- Avoid activities where campers from different cohorts interact. For example, stagger use of playgrounds and do not combine cohorts for sports.
- Within a cohort, avoid activities where campers would have close contact with one another (e.g. wrestling, games that involve holding hands). Instead, do activities where campers can maintain social distance (6 feet apart) as much as possible. This may be more challenging for younger campers.
- Cancel all field trips and excursions. Due to local guidance, this includes the use of public playgrounds by camps. Spraygrounds may be used if the camp is able to regulate the sprayground and ensure that only one cohort is using at a time.
- For sports activities:
 - Campers should do sports activities as a cohort.
 - Adjust practices and drills to maintain 6 feet of distance between players. For some sports (e.g., wrestling, basketball) that will mean focusing exclusively on individual skill-building and fitness activities. Other activities may need to be modified in order to maintain distance.

- Adjust physical environment (bench, dugout) as needed to remind participants to stay at least 6 feet apart. For example, place cones or other markers at regular intervals on bleachers to mark seating places for players not actively participating in practice.
- Only individual skill-building activities and practices and scrimmages within a cohort are permitted. Competitions between teams, different cohorts, and travel for competitions will need to wait for a later phase.
- Do not allow spectators, visitors or volunteers beyond those needed to run practice.
- Recreational sports leagues are not permitted during the Yellow Phase.

Minimize contact and crowding at pick-up and drop-off

- Set up hand hygiene stations at the entrance of the facility, so that campers and staff can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol at entrance. Require all parents to wear masks at pick-up and drop-off. If caregivers sign in or out campers, they should use their own pen. If a shared pen is used, it should be wiped with alcohol after each use.
- Consider the following options to avoid over-crowding during pick-up and drop-off times:
 - Assign staggered arrival and drop-off times for campers.
 - If staffing allows, have staff greet campers outside as they arrive and escort them to their area in the camp and escort campers to exit during drop-off.
 - Have families wait 6 feet apart (can use space marker) while waiting to drop-off their children and complete daily health screen.
- For campers who take a school bus: create social distance between children on school buses (for example, seating children one child per seat, every other row) where possible.

Implement food safety procedures

- If a cafeteria or group dining room is typically used, serve meals in a classroom or outdoors if available. Otherwise, stagger the use of the cafeteria so that each cohort can maintain social distance from the other cohorts. Try to minimize the number of campers per table and discourage sharing of food.
- If meals are typically served family-style, plate each camper's meal to serve it so that multiple campers are not using the same serving utensils.
- Sinks used for food preparation should not be used for any other purposes.
- Campers should wash hands prior to and immediately after eating.
- Staff should wash their hands before preparing and distributing food.
- Encourage campers and staff to bring in their own water bottles instead of using water fountains.

For staff

- Stagger break and lunch hours for staff in order to minimize interactions.
- Move chairs in break rooms so that employees do not sit opposite or next to each other while eating.
- Post signs alerting employees to maintain distance and avoid eating near or across from each other.

Keeping Camp Clean

- Clean and disinfect frequently touched surfaces within the camp and school buses at least twice daily. This includes tables, chairs, doorknobs, light switches, remote controls, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- Wipe shared objects (for example, toys, games, art supplies, sporting equipment) between use.
- Wipe-off any playground equipment or indoor play space equipment between usage by different cohorts of children.
- Facilities should use [cleaning products](#) that are EPA-approved for use against COVID-19. Store all cleaning products securely and out of the reach of children.

Promote Healthy Habits

Promote hand hygiene

- Hand hygiene should be practiced at the following times:
 - Entry to the facility and after breaks.
 - Before and after eating.
 - Before and after preparing food and drinks.
 - Before and after medication administration.
 - After using the toilet.
 - After coughing, sneezing, or blowing their nose.
 - After playing outdoors.
 - Before and after group activities.
- Perform hand hygiene by washing hands with soap and water for at least 20 seconds.
- If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol can be used.

Use personal protective equipment

- All staff should wear masks with the exception of meals, outdoor break time, or during water activities. If using a disposable mask, should use a new mask each day. If a cloth mask, should launder every day.
- All campers ages eight and above are required to wear masks when indoors and when outdoors if they are less than 6 feet away from others. Younger campers should be encouraged but not required to wear masks. Mask wearing may be more challenging for younger campers and enforcement of this policy should be developmentally appropriate. Masks should not be worn during meals and during water activities. For campers unable to tolerate a mask, a or face shield is an acceptable alternative.

Note masks should not be placed on:

- Babies and children younger than 2 years old.
- Anyone who has trouble breathing or is unconscious.
- Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.

- Parents/caregivers should wear masks at pick-up and drop-off.
- Staff should wear gloves along with a mask when preparing food.

Screen Campers and Staff for Symptoms

All camps should create a daily screening checklist for campers and staff which includes screening for fever, symptoms, exposure and a visual inspection. Parents and guardians should either complete the screener with the camper or on their behalf. [PDPH has developed a sample screener template.](#)

Camps have the following screening protocol options:

1. **Self-screening:** Parents/campers and staff should be given instructions to self-screen at home every day. If they answer yes to any of the screening questions, they should not report to camp. Note: if community transmission of COVID-19 in Philadelphia increases, PDPH may direct camps to switch to one of the two active symptom monitoring options below.
 2. **Self-screening with reporting:** Parents/campers and staff should complete a daily screener (paper, app-based, or web-based). A designated staff-person at the camp should be responsible for reviewing completed screeners every day and ensuring that those with a positive screen do not enter the facility.
 3. **On-site screening:** A designated staff person should administer the screener for all campers and staff daily upon arrival to the facility. Those with a positive screen should not enter the facility.
- **Fever:** If either a camper or staff-member has a temperature of 100.4 or higher, they should remain home. The following options can be considered for temperature monitoring:
 1. **Self-screening:** staff take their own and parents take their child's temperature at home and stay home if they have a fever.

2. **Self-screening with reporting:** staff take their own and parents take their child's temperature at home and report the value on the screening platform (paper, web or app) or on-site during the daily screening. They will not be allowed in the facility if they have a fever.

3. **On-site:**

- Staff take their own and parents take their child's temperature upon arrival to facility using facility-provided disposable thermometers (e.g. Tempa dot) OR
- A designated staff-member wearing a mask and gloves can use a no-contact (temporal) thermometer to take temperatures on all staff and campers. The no-contact thermometers should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. The same wipe can be reused as long as it remains wet. The staff-member can wear the same set of gloves as long as they did not have physical contact with the individual whose temperature they are taking.

Note: oral thermometers should not be used for on-site temperature screening

- **Symptoms:** If a camper or staff member has symptoms of COVID-like illness, the camper or staff-member should return or remain home.

COVID-like illness is defined as cough, shortness of breath, or any 2 of the following symptoms: fever, chills, muscle pain, sore throat, new loss of taste or smell.

- **Visual Inspection:** If a camper has signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, cough, or shortness of breath, the camper should stay home.

- **Exposure:** If a staff member or camper has been exposed to anyone with a confirmed case of COVID-19 in the past 14 days, they should return or remain home.

[PDPH has developed a sample letter](#) to be given to caregivers explaining why the child is being dismissed and criteria for returning to the facility.

Plan for When Someone Becomes Sick

- Staff who develop symptoms of COVID-like illness (cough, shortness of breath, or any 2 of the following symptoms: Fever, chills, muscle pain, sore throat, new loss of taste or smell) should immediately be sent home. If they need to be picked up, they should wait in a designated isolation room or area while waiting.
- If campers develop symptoms, they should be brought to a designated isolation room while waiting to be picked up. The staff member waiting with the child should wear a mask and also gloves if holding the child.
- If a separate room is not available, designate a cot or crib or outdoor space that can be kept at least 6 ft apart from all other children.
- [PDPH has developed a sample letter](#) to be given to caregivers explaining why the child is being dismissed and criteria for returning to camp.
- If a child or staff member in a camp group has COVID-like illness:
 - They can return to camp if:
 - » Initial COVID-19 testing is negative and individual meets the camp's normal criteria for return after an illness OR
 - » A clinician has evaluated the child and documented an alternative diagnosis OR
 - » COVID-19 testing was not done and all of the following are true:
 1. at least 10 days since the onset of symptoms AND
 2. fever-free off anti-fever medications for 3 days AND
 3. symptoms are improving.

Note: repeat COVID testing is not required to return to the camp.

- If a child or staff member has a confirmed diagnosis of COVID-19:
 - All children and staff in the same camp cohort or who have come in close contact with the case (defined as greater than 10 minutes of interaction less than 6 feet away) should quarantine at home for 14 days. Anyone who develops symptoms during that time should contact their healthcare provider to request testing.
 - In accordance with [PDPH guidance](#), the COVID positive individual should remain home until all of the following are true:
 1. at least 10 days since the onset of symptoms AND
 2. until fever free off anti-fever medications for 3 days AND
 3. symptoms are improving.

The COVID-19 positive individual does NOT need a repeat COVID test or a doctor's note in order to return to the camp.

- Cleaning/Disinfecting after a COVID or COVID-like illness:
 - Close off indoor areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Clean and disinfect all areas used by the person who is sick, such as classroom, offices, bathrooms, and common areas.
 - Clean and disinfect surfaces in your isolation room or area and in the classroom the sick child or staff members was in after the sick child or staff member has gone home.

Camps should consider designating a single staff-person with the responsibilities of monitoring and conducting cleaning/disinfecting, safe arrival/dismissing, and other support to maintain adherence to these guidelines. For some camps, this may mean hiring a dedicated staff-person for this role.

Encourage staff and parents to talk to their own and their children's healthcare providers about their individual risk factors for COVID-19 and the risks of working at or attending a camp.

Ensure facility has updated contact information for all staff and families and the ability to rapidly communicate information.

If you believe there was a COVID-19 case at your camp (camper or staff), call the Philadelphia Department of Public Health at 215-685-5488 for further instructions. The Department will consult with you on management issues for your facility.

Additional Resources

- [Sample daily symptom screener.](#)
- [Sample letter to parents/caregivers if child has symptoms and is being dismissed.](#)
- [Sample agreement for parents/caregivers to sign at the start of camp that shows their agreement to follow the health and safety guidelines.](#)