

MINIMUM STANDARD HEALTH PROTOCOLS



CHECKLIST FOR RESIDENT/OVERNIGHT YOUTH CAMP OPERATORS **AND STAFF**

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Be advised:

Youth camps should follow the below health and safety protocols. These protocols may be updated based on [guidance from the CDC](#) and/or the American Academy of Pediatrics.

A note about children and COVID-19:

The virus that causes COVID-19 can infect people of all ages. While the risk of serious illness or loss of life is greatest in those 65 years of age or older with pre-existing health conditions, persons in every age group can become infected with COVID-19 and some may become seriously ill or even die.

We should all be thankful that, with rare exceptions, COVID-19 is not claiming the lives of our children. However, we can never forget that a child with a mild or even asymptomatic case of COVID-19 can spread that infection to others who may be far more vulnerable.

COVID-19 is spread from person to person through contact that is close enough to share droplets generated by coughing, sneezing, speaking, and even just breathing. COVID-19 can also be spread by touching objects where contaminated droplets have landed. Because of this easy manner of transmission, an infant, child or young person who is infected with COVID-19 can spread the infection to others they come in close contact with, such as members of their household, teachers, or other caregivers. We have learned that infected persons with mild or even no symptoms can spread COVID-19.

These facts are vitally important when considering the reopening of schools, child care centers, youth camps and other places that provide care and education for our children.

One thing is for certain: We must find reasonably safe ways to restore these services so that our children can be cared for and educated, and for their parents and guardians to be able to return to work.

For adults in the workplace or other public spaces, we are confident that if certain measures such as cloth face coverings or non-medical grade masks, respiratory etiquette, frequent hand washing / hand sanitation and environmental cleaning and sanitizing are widely observed, we can then proceed with reopening Texas in a safe and measured way.

However, such protective measures that we can expect from adults are, for a variety of reasons, simply not possible for infants, children and youth to practice in schools, child care centers, and youth camps. In some cases, the child will be too young to understand and practice these precautions. We cannot, for example, expect a group of toddlers or schoolchildren not to engage in interactive play or share toys,

All of these factors mean that while certain precautions against the spread of COVID-19 can and will be applied to schools, child care centers, and youth camps, the infection control measures that can be put in place in these settings will differ from those that are suitable for other social, business and commercial settings.

Every adult who is responsible for providing care or education for infants, children and youth in these settings must be aware of these facts and be willing to comply with the infection control measures that will be in place in these settings. Parents should monitor the health of their children and not send them to the program if they exhibit any symptom of COVID-19. They should seek COVID-19 testing promptly and report results to the program given the implications for other children, families, and staff. Individuals

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aged 65 or older are at a higher risk of COVID-19. Parents should protect any vulnerable persons who are members of the same household or come into frequent, close contact with infants, children and youth who attend child care centers, schools, or youth camps.

About minimum health protocols:

All employees and customers age 10 and older must wear a face covering (over the nose and mouth) wherever it is not feasible to maintain six feet of social distancing from another individual not in the same household or, for those engaging in physical activities outdoors, wherever the individual is not able to maintain a safe physical distance from others not in the same household.

The following are the minimum recommended health protocols for all resident/overnight youth camps choosing to operate in Texas. Overnight youth camp operators may adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all employees, contractors, volunteers and resident campers.

The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable.

Please note, public health guidance cannot anticipate every unique situation. Resident/overnight youth camps should stay informed and take actions based on common sense and wise judgment that will protect health and support economic revitalization. Resident/overnight youth camps should also be mindful of federal and state employment and disability laws, workplace safety standards, and accessibility standards to address the needs of both workers and customers.

Health protocols for camp employees, contractors, and volunteers (“staff”):

- Provide notice to the parent or guardian that the parent or guardian may choose to either pick up their camper or to let the camper remain and trust the camp to take appropriate safeguards when informed by the camp operator that a child at camp has tested positive for COVID-19.
- Provide notice to all parents and guardians of the enhanced risks of campers being in direct contact with anyone age 65 or older for 14 days after the end of the camp session.
- Train all staff on appropriate cleaning and disinfection, hand hygiene, and respiratory etiquette.
- Before attending, upon arrival, and at least daily while at camp, screen all staff for any of the following new or worsening signs or symptoms of possible COVID-19:
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - Loss of taste or smell
 - Diarrhea
 - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
 - Known close contact with a person who is lab confirmed to have COVID-19

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- Limit staff with underlying conditions from attending or staffing camp sessions.
- Strongly consider requiring staff to report to campgrounds and facilities 7-10 days, with a preference for 10 days, prior to the start of camp session. During this time, monitor employees and contractors for new or worsening signs or symptoms of possible COVID-19 to confirm staff is not infected. **This pre-session period is especially important for any staff arriving from “hot spot” areas in the United States.**
- Staff should mitigate environmental exposures by additional cleaning and disinfecting of symptomatic staff’s work area, common areas, bathrooms, and any cabins staff visited.
- Staff should follow and supervise the Cabin Hygiene Plan, Dining Hygiene Plan, Program Activity Plan, and, if applicable, Transportation Plan.
- Camps should act consistent with all US State Department travel restrictions for international travel.

Health protocols regarding sick campers and staff members:

- Isolate staff exhibiting new or worsening signs or symptoms of possible COVID-19 and work with state or local public health authorities, as applicable.
 - Staff exhibiting new or worsening symptoms of possible COVID-19 should receive a nucleic acid-based COVID-19 test. Find [TX COVID-19 Test Collection Sites](#) online, contact the local health department for testing, or see a health care provider.
 - Do not allow staff with the new or worsening signs or symptoms of COVID-19 to return to work until:
 - In the case of a staff member who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: at least 3 days (72 hours) have passed *since recovery* (resolution of fever without the use of fever-reducing medications); and the individual has *improvement* in symptoms (e.g., cough, shortness of breath); and at least 10 days have passed *since symptoms first appeared*; or
 - In the case of a staff member who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or
 - If the staff member has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional’s note clearing the individual for return based on a negative nucleic acid COVID-19 test and an alternative diagnosis.
- Staff should help the camp operator in identifying exposure risks (a.k.a. contact tracing).

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- To the extent possible, separate campers and staff into groups or cohorts that remain consistent over the camp session. Discourage mixing between groups or cohorts. Consider programs that operate by groups defined by age/grade or bunks with dining/activity cohorts that may include single or a group of bunks.
 - Immediately isolate any camper or staff member who tests positive for COVID-19 and report the positive test to the appropriate health authority.
 - If a staff member tests positive for COVID-19, the staff member will immediately leave the camp, and the camp operator should notify parents or guardians of possible exposure to a lab-confirmed case of COVID-19.
 - If a camper tests positive for COVID-19, the camper's parent or guardian should pick up, or arrange to have picked up, the camper within 8 hours.
 - When an individual tests positive for COVID-19, notify all parents or guardians of campers in the cohort. The parents or guardians may decide to either pick up their child from the camp or leave the child in the camp and trust the camp to take appropriate safeguards. Keep the cohort containing the individual who tested positive for COVID-19 isolated from other cohorts at the camp for the short of the remainder of the camp session or 14 days.
 - If 3 or more cohorts have had any identified positive cases of COVID-19, work with state or local public health authorities, as applicable, about continued operations of the camp session.
- Staff should follow and supervise the Cabin Hygiene Plan, Dining Hygiene Plan, Program Activity Plan, and, if applicable, Transportation Plan.

Health protocols limiting access to camp grounds and facilities:

- No parents or guardians visiting the camp during or between camp sessions, except to drop-off and pick-up campers.
 - Modify camper drop-off and pick-up procedures to keep parents and guardians from coming within 6 feet of individuals not within the same household. Possible strategies include, but are not limited to, staggering drop-off and pick-up times.
 - If possible, parents and guardians should remain in their vehicles at camper drop-off and pick-up.
- No visitors to the camp unless necessary for camp operations, such as food delivery. Visitors should maintain social distancing of at least 6 feet from other individuals while at camp, and should follow camp protocols for symptom screening and hand washing or sanitization.
- Designate a facility on the camp grounds for staff to take a break.
- Once staff arrive at the camp, they should be restricted from traveling into surrounding communities during their time off as much as possible. Weekly, supervised trips to stores for essential goods while wearing masks should be allowed.
- Hold packages received by the camp for 24 hours before delivering to campers or staff.

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Health protocols for camp grounds and facilities:

- Develop, train and implement increased daily sanitization protocols for common surfaces, restrooms, dining halls, cabins, recreational equipment, and camp facilities.
- Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available throughout the camp.
- Consider having an individual wholly or partially dedicated to ensuring the health protocols adopted by the camp are being successfully implemented and followed.**
- Camp health policies and protocols should include communicating and coordinating with the local health department, local emergency services, and local health care providers before the start of a camp session. This coordination should include ensuring prompt and coordinated response to COVID-19 and other emergencies, including the ability to have symptomatic staff tested for COVID-19.
- At least daily while at camp, all staff and campers will be screened for any new or worsening signs or symptoms of possible COVID-19, including having temperatures taken.
- Ensure access to on-site medical personnel, or on-call physician, for the duration of a camp session.
 - On initial arrival at camp, all campers and staff should undergo a screening supervised by the camp health staff to assess the potential for communicable diseases, to establish a health status baseline, and to identify health problems.
 - Parents or guardians may choose to wait nearby until the camper's health screening is complete.
- Employees should be instructed to understand that young children and persons who are unable to adjust or remove face coverings should not be regarded as suitable candidates for wearing face coverings. The decision is up to the individual or their parent, guardian or attendant.

Developing and implementing health protocol plans:

- Develop and implement a Dining Hygiene Plan to include:
 - No self-serve buffet meals
 - Serve meals with disposable utensils, napkins, cups, and plates. If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items
 - Clean and disinfect tables, chairs, etc. after use
- Develop and implement a Cabin Hygiene Plan to include:
 - Hand washing or hand sanitizing protocols
 - Sanitization by camper protocols
 - Sanitization of common/shared surfaces



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- Personal fans should only be pointed at one camper; ceiling fans are permissible.
- Campers should sleep head to toe in upper and lower bunks. Bunk beds should be spaced as far apart as feasible in cabin. Air circulation through open windows and fans is encouraged.
- Develop and implement a Program Activity Hygiene Plan to include:
 - Sanitization of all program areas
 - Sanitization of equipment before and after use
 - Hand washing or hand sanitizing before and after activities
- Excursions away from the camp are strongly discouraged, and should be limited or eliminated where feasible. To the extent those excursions continue, develop and implement Transportation Protocols to include:**
 - One individual per seat and every other row in a vehicle
 - Staggered seating for maximum distancing
 - All campers and staff sanitize hands upon boarding and exiting the vehicle
- Develop a management plan for infectious outbreaks, including COVID-19:
 - Identify appropriate isolation facilities at the camp. If possible, the medical area should include multiple rooms, including a waiting area, a room or rooms to isolate those individuals exhibiting new or worsening signs or symptoms of possible COVID-19, and a separate room for individuals seeking other medical attention.
 - Guidelines for caring for ill campers or staff, and for isolating those individuals from the healthy population.
- Deep clean and sanitize the camp prior to the start of a new camp session.
- Remind campers, parents, and guardians on exit of the enhanced risks of campers being in direct contact with anyone age 65 or older for 14 days after the end of the camp session.