

New Jersey Department of Health COVID-19 Guidance for Camps

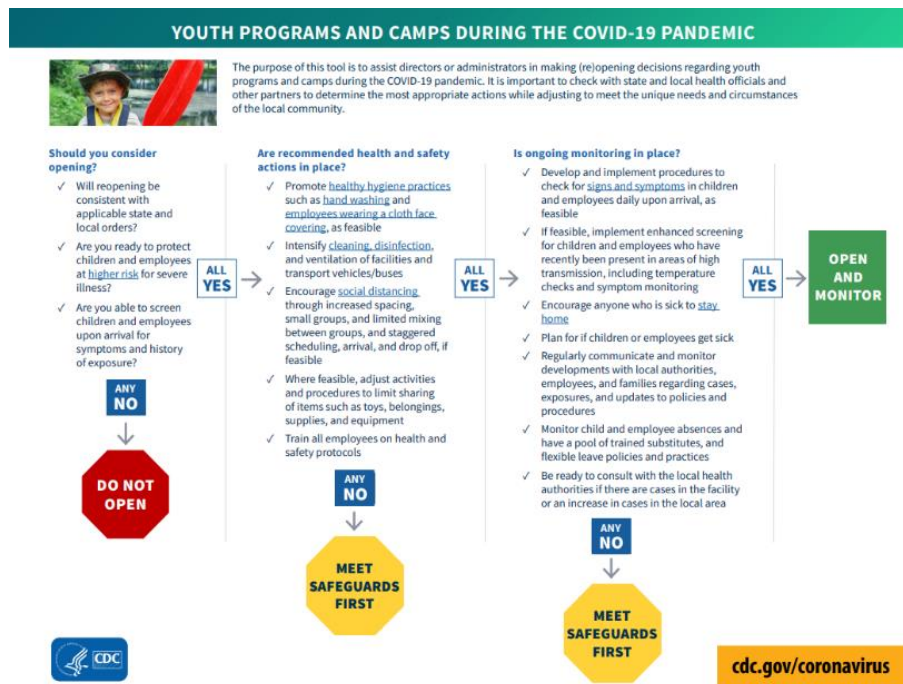
July 20, 2020

Effective July 6, 2020, pursuant to Executive [Order No. 149](#), youth day camps operating in the state of New Jersey may resume and must comply with the requirements detailed in [New Jersey COVID-19 Youth Day Camp Standards Guide](#). Under this Executive Order resident and overnight camps are not permitted to operate at this time. This guidance document outlines public health recommendations. Program. As this situation is evolving, these recommendations are subject to change as more information is learned about this novel virus. Please check the [NJDOH COVID-19 Information for Schools](#) frequently for updated guidance.

Reopening youth programs requires everyone to move forward together by practicing social distancing, wearing face coverings, and performing everyday preventive actions to reduce the spread of respiratory illness. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

As youth programs begin to convene, administrators should consider best ways to protect campers, staff, and communities, and prevent the spread of COVID-19 in line with the **Public Health Safety and Sanitation Program guidelines**. CDC offers a decision tool to help [Youth Program and Camp](#) administrators in making decisions regarding re-opening of youth camps.

CDC's [School and Child Care Programs](#) page provides various resources for recommendations for operating youth programs and camps in low, moderate, and significant mitigation communities. [CDC's Considerations for Youth and Summer Camps](#) have been developed to supplement, **not replace**, any state or local health and safety laws, rules, and regulations with which camps must comply.



Communication

Camps should develop a management plan for infectious disease outbreaks including COVID-19. Staff and families should be informed of policies for ill staff and campers including isolation, exclusion and notification of positive cases or outbreaks.

Families should understand what actions they need to take should their child become symptomatic or be exposed to COVID-19 while participating in summer programming.

Designate a staff member to be responsible for responding to COVID-19 concerns. Communicate to staff members, the process for contacting the designee.

Establish relationships with local public health officials and identify points of contact.

Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.

CDC's Guiding Principles to Keep in Mind

The more people a camper or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in youth camp settings as follows:

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).*

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., community, town, city, or county).*

Even More Risk: *Campers mix between groups and do not remain spaced apart. All campers are from the local geographic area (e.g., community, town, city, or county).*

Highest Risk: *Campers mix between groups and do not remain spaced apart. All campers are not from the local geographic area (e.g., community, town, city, or county).*

Prepare for Reopening

- Review and update or develop your outbreak response/pandemic plan and share with stakeholders before an outbreak occurs.
- Establish procedures to ensure individuals who become sick at camp or arrive at camp sick are sent home as soon as possible.
- Prepare for the potential of closures or dismissals.
- Create emergency communication plan and maintain up to date contact information for everyone in your communication chain.
- Plan trainings to educate staff.
- Designate an individual to the enforce plan.

- Survey supply vendors to determine when supply chain and delivery system will be partially or fully operational.
- Continue to monitor current information from health officials.
- Have a backup staffing plan in case staff members become ill during the day.
- Continue to ensure that children are up to date on immunizations.

Preparing for Illness

- Daily reports of camper and staff attendance should be closely monitored.
- Designate an area or room away from others to isolate individuals who become ill while at camp
 - Ensure there is enough space for multiple people placed at least 6 feet apart
 - Ensure that they have hygiene supplies available, including a cloth mask, facial tissues, and alcohol-based hand rub
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.
- Be ready to follow CDC guidance on how to [disinfect your building or facility](#) if someone is sick.

When Illness Occurs

Campers and staff with fever, cough, or difficulty breathing should be placed away from others and asked to wear a facemask until they can be sent home.

- Whenever possible, cover children's (age 2 and older) noses and mouths with a mask or cloth face covering.
- If a mask is not tolerated by the camper, staff should use a face covering and follow social distancing guidelines (6 ft. away).
- Individuals should be sent home and advised to follow [What to Do If You Are Sick](#)
- When an individual tests positive for COVID-19, the facility should immediately notify local health officials, staff and families of a possible or confirmed case while maintaining confidentiality.
- Camps should be prepared to provide the following information when consulting public health:
 - The identity of the person with COVID-19 or probable COVID-19 (i.e. staff, camper, household contact).
 - The date the person with COVID-19 or probable COVID-19 was last at camp;
 - The date the person developed symptoms and/or tested positive.
 - Types of interactions the person may have had with other persons in the building or in other locations.
 - How long their interactions were with other persons in the camp.
 - If other persons in the camp have developed any symptoms; and
 - Any other information to assist with the determination of next steps.

Individuals with Suspected or Confirmed COVID-19

- Signs and symptoms of COVID-19 in children may be similar to those for common viral respiratory infections or other childhood illnesses.
- It is important for pediatric providers to have an appropriate suspicion of COVID-19, but also to continue to consider and test for other diagnoses.
- Individuals with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.
 - Symptoms may appear 2-14 days after exposure to the virus. Individuals with these symptoms may have COVID-19:
 - Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
 - This list does not include all possible symptoms. CDC will continue to update this list as more is learned about COVID-19.
- Individuals (e.g., children, care providers, or staff) who have any symptom(s) consistent with COVID-19, should be sent home or denied entry and referred to a healthcare provider for evaluation on whether testing is needed.
- Children and staff who are COVID-19 **positive** or who have symptoms consistent with COVID-19 and have **not had a medical evaluation or COVID-19 test** must not return until they have met the criteria for discontinuing home isolation (see table below).
 - Individuals with an alternate diagnosis that would explain the reason for their symptom(s) should:
 - Stay home and follow the [NJDOH School Exclusion List](#) for the diagnosed illness.
 - If symptoms related to an alternate diagnosis change or worsen, the individual should consult a healthcare provider to determine next steps.
 - The other individuals of the small group/cohort of the symptomatic person should also be sent home. These contacts should be instructed to quarantine and may return:
 - **If the ill person tests positive** - after 14 days from the last exposure and no symptoms develop.
 - After the ill person has an alternate diagnosis that would explain the symptoms.
 - After the ill person tests negative.

<p>Individuals who have symptoms of COVID-19 AND</p> <ul style="list-style-type: none"> • have tested positive (by PCR, rapid molecular or antigen testing) OR • have not been tested (i.e. monitoring for symptoms at home) should stay home and away from others until: 	<ul style="list-style-type: none"> • At least 10 days have passed since their symptoms first appeared AND • They have had no fever for at least 24 hours (one full day without the use of medicine that reduces fever) AND • Symptoms have improved (e.g. cough, shortness of breath)
<p>Individuals who have NO symptoms and have tested positive should stay home and away from others until:</p>	<ul style="list-style-type: none"> • 10 days have passed from the collection date of their positive COVID-19 diagnostic test AND they have not developed symptoms.

Individuals who have symptoms and have tested negative should stay home and away from others until:	<ul style="list-style-type: none"> • 24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve.
Individuals who are identified as a close contact* of a confirmed case should:	<ul style="list-style-type: none"> • Self-quarantine and monitor for symptoms for 14 days from the last date of exposure with the person, even if contact tested negative.

***Close contact is defined as being within 6 feet for at least a period of 10 minutes.**

- If a suspected or confirmed case of COVID-19 infection occurs in **one defined group** (see note) within the camp, the ill person should be sent home.
 - Other staff and children in the group would be considered close contacts of that case and must be quarantined in their homes for 14 days.
 - Parents/guardians and staff facility-wide should be informed of the situation.
 - The CDC guidance for cleaning and disinfection should be followed.
- Other groups within the camp can continue to function, with daily and vigilant screening for illness occurring and social distancing and personal and environmental hygiene measures strictly adhered to.
- If suspected or confirmed cases occur in **multiple groups** within the camp, then all camp operations will need to be suspended (see Closure section).
- **The ability to keep groups small and static can be helpful in identifying close contacts and may aid in determining if a facility wide closure is necessary.**

Note: Per the **Public Health Safety and Sanitation Program guidelines**, to the maximum extent possible, groups include the same children each day and that the same staff remain with the same group of children each day. Ideally, try to keep groupings developed on the first day intact throughout the duration of the camp session or season whichever is longer.

Outbreaks

Two or more laboratory confirmed¹ COVID-19 cases among students/attendees or staff with onsets² within a 14-day period, who are epidemiologically linked³, do not share a household, and were not identified during standard case investigation to be close contacts of each other in another setting.

¹ Detection of SARS-CoV-2 in a clinical specimen using diagnostic test (e.g., detection of RNA by a molecular amplification test, or detection of viral proteins by antigen tests).

² If onset date is unknown or case-patient is asymptomatic, specimen collection date should be used.

³ Health departments should verify that cases were present in the same setting during the same time period (e.g., same classroom, school event, school-based extracurricular activity, or school transportation); that the timing fits with likely timing of exposure; and that there is no other more likely source of exposure for identified cases (e.g., household or close contact to a confirmed case outside of educational setting) within the 14 days prior to onset date (if symptomatic) or specimen collection date (if asymptomatic or onset date is unknown).

Contact Tracing

Staff should help camp administration in identifying close contacts of positive COVID-19 cases. This should be done in conjunction with the LHD.

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.

A contact tracing team from the local health department or the NJDOH calls anyone who has tested positive for COVID-19. They ask the patient questions about their activities within a certain timeframe – to help identify anyone they have had close contact. Those contacts might include family members, caregivers, co-workers or health care providers.

Individuals who have recently had a close contact with a person with COVID-19 should [stay home and monitor their health](#).

Closure

- A camp may need to temporarily dismiss children and staff for 2-5 days, if a child or staff member attended camp before being confirmed as having COVID-19.
 - This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the camp, perform contact tracing and cleaning and disinfecting the facility.
 - Camp or camp administrators should follow CDC guidance on how to disinfect your building or camp if someone is sick.
 - If a sick child has been isolated in your camp, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
 - If COVID-19 is confirmed in a child or staff member:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas with an [EPA-registered product for use against SARS-CoV-2](#).
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.
- Camp administrators should work with the [local health officials](#) to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

Testing

- Until more evidence about protective immunity is available, serologic test results should not be used to make decisions:
 - Regarding the need for personal protective equipment
 - To discontinue social distancing measures
 - About grouping persons residing in or being admitted to congregate settings, such as camps, schools, dormitories, or correctional facilities
 - About returning persons to the workplace

COVID-19 Resources

[NJDOH Youth Camp Resources](#)

[CDC Childcare Schools and Youth Programs](#)

[CDC Schools and Day Camps](#)

[CDC Considerations for Youth Sports](#)

[American Camp Association - Camp Operations Guide Summer 2020](#)

[CDC COVID-19 Parks and Recreational Facilities](#)

[NJDOH COVID Information for Schools](#)

[CDC Cleaning and Disinfecting Your Facility](#)

[CDC Information on Cleaning School Buses](#)

[NJDOH General Guidelines for the Prevention and Control of Outbreaks in Camp Settings](#)

[Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19](#)