



Note: This guidance is no longer in effect. Most businesses now follow the [COVID-19 Prevention Emergency Temporary Standards](#). Visit the California Department of Public Health's [COVID-19 website](#) for the current COVID-19 public health guidance. This document is provided only for historical purposes.



COVID-19 INTERIM GUIDANCE: Day Camps

July 29, 2020

covid19.ca.gov



OVERVIEW

The following guidance is intended to help day camps formulate and implement plans for safe re-opening.

These recommendations depend on community monitoring to prevent COVID-19 from spreading. Communities with adequate surveillance and lower incidence and spread of COVID-19 may put in place the practices described below as part of a phased reopening. All decisions about following these recommendations should be made in collaboration with local health officials and other authorities, and should depend on the levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems, among other relevant factors.

Implementation of these guidelines should be tailored for each setting. Implementation requires training and support for staff and adequate consideration of camper and family needs.

The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA.¹ Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on its [Cal/OSHA Guidance on Requirements to Protect Workers from Coronavirus webpage](#).



1. General Measures

- Establish and continue communication with local and State authorities to determine current disease levels and control measures in your community. For example:
 - Review and refer to, if applicable, the relevant county variance documentation. Documentation can be found [here](#).
 - Consult with your county health officer, or designated staff, who are best positioned to monitor and provide advice on local conditions. A directory can be found [here](#).
 - Regularly review updated guidance from state agencies, including the [California Department of Public Health](#).
- Ensure external community organizations that use the facilities also follow this guidance.
- Develop a plan for the possibility of repeated closures when persons associated with the facility or in the community become ill with COVID-19.
- Establish a written, worksite-specific COVID-19 prevention plan at every facility, perform a comprehensive risk assessment of all work areas and work tasks, and designate a person at each school to implement the plan.
 - Identify contact information for the local health department where the school is located for communicating information about COVID-19 outbreaks among students or staff.
 - Incorporate the CDPH Guidance for the Use of Face Coverings, into the Work Site Specific Plan that includes a policy for handling exemptions.
 - Train and communicate with workers and worker representatives on the plan. Make the written plan available and accessible to workers and worker representatives.
 - Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.
 - Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.

- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with CDPH guidelines.
 - Identify individuals who have been in close contact (within six feet for 15 minutes or more) of an infected person and take steps to isolate COVID-19 positive person(s) and close contacts. See Section 10 for more detail.
 - Adhere to these guidelines. Failure to do so could result in workplace illnesses that may cause classrooms or the entire school to be temporarily closed or limited.
- 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 same local geographic area (e.g., 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., town, city or county).



• Promote Healthy Hygiene Practices

- Educate staff, campers and their families about when they should stay home and when they can return to camp. Actively encourage staff and campers who are sick or have recently had a close contact with a person with COVID-19 to stay home.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans and hand sanitizers with at least 60 percent ethyl alcohol for staff and campers who can safely use hand sanitizer. Employers must provide and ensure staff use face coverings and all required protective equipment.
- Teach and reinforce [washing hands](#), avoiding [contact with one's eyes, nose, and mouth](#), and [covering coughs and sneezes](#) among campers and staff.
 - Teach campers to use tissue to wipe their nose and to cough/sneeze inside a tissue or their elbow.
 - Campers and staff should wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing;

after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.

- Campers and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application.
- Staff should model and practice handwashing. For example, for younger campers, use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Campers and staff should use fragrance-free hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers.
- Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.
- Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
 - Isopropyl hand sanitizers are more toxic when ingested or absorbed in skin.
 - Do not use hand sanitizers that may contain [methanol](#) which can be hazardous when ingested or absorbed.
- Consider portable handwashing stations throughout a site to minimize movement and congregations in bathrooms to the extent practicable.
- Consider routines enabling camp staff and campers to regularly wash their hands at staggered intervals.
- Teach and reinforce use of face coverings.
- Face coverings must be used in accordance with CDPH guidelines unless a person is exempt as explained in the guidelines. Physical distancing alone is not sufficient to prevent disease transmission.
 - All camp staff must use face coverings unless Cal/OSHA standards require respiratory protection. In limited situations (i.e. communicating or assisting young children or those with special needs) a face shield can be used instead of a face covering as long as the wearer maintains physical distance from others, to the extent practicable. Staff must return to wearing a face covering when the face shield is not necessary.
 - Children aged 2 years and older should wear face coverings in accordance with CDPH guidelines, especially

when indoors or outdoors when a six-foot physical distance from others cannot be maintained.

- Face coverings should not be placed on children younger than 2 years old. A face covering should not be used by anyone who has trouble breathing, anyone who is unconscious or incapacitated, or anyone who is otherwise unable to remove the face covering without assistance.
- A face covering should be removed for meals, snacks, naptime, or outdoor recreation, or when it needs to be replaced. When a cloth face covering is temporarily removed, it should be placed in a clean paper bag (marked with the student's name and date) until it needs to be put on again.
- Camp staff and campers should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently.
- Information should be provided to all camp staff and campers on [proper use, removal and washing of face coverings](#).



3. Intensify Cleaning, Disinfection, and Ventilation

- Consider suspending or modifying use of site resources necessitating sharing or touching items. For example, consider suspending use of drinking fountains and instead encourage the use of reusable water bottles.
- Staff should [clean and disinfect](#) frequently touched surfaces at camp and on all transportation vehicles, such as buses or vans, at least daily, and, as practicable, frequently throughout the day by trained custodial staff.
- Frequently touched surfaces in the camp include, but are not limited to:
 - Door handles
 - Light switches
 - Sink handles
 - Bathroom surfaces
 - Tables
- Limit use of shared playground equipment in favor of physical activities that require less contact with surfaces.

- Limit sharing of objects and equipment, such as toys, games and art supplies, to the extent practicable. When sharing is allowed, clean and disinfect between uses.
- When choosing disinfecting products, use those approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved list "N"](#) and follow product instructions.
 - To [reduce the risk of asthma](#) and other health effects related to disinfecting, programs should select disinfectant products on list N with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program.
 - Avoid products that contain peroxyacetic (peracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
 - Follow label directions for appropriate dilution rates and contact times. Provide employees training on the [chemical hazards](#), proper ventilation, manufacturer's directions, and on Cal/OSHA requirements for safe use, and as required by the Healthy Schools Act, as applicable.
 - Custodial staff and other employees who clean and disinfect the facility site must be equipped with proper protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of children's reach and stored in a space with restricted access.
 - Establish a cleaning and disinfecting schedule in order to avoid both under- and over-use of cleaning products.
- Ensure safe and correct application of disinfectant and keep products away from campers.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where practicable. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in outside air. Replace and check air filters and filtration systems to ensure optimal air quality.
 - If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms) to persons using the

facility, consider alternatives. For example, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).

- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in classrooms, offices and other spaces.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that camp staff and campers remain at least 6 feet apart in lines and at other times (e.g., guides for creating “one-way routes” in hallways).
- Follow CDC's considerations for [Pools, Hot Tubs, and Water Playgrounds During COVID-19](#).



4. Implementing Distancing

ARRIVAL AND DEPARTURE

- Limit the number of persons in the camp to the number appropriate for maintaining physical distancing.
- If transport vehicles (e.g., buses) are used by the camp, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, face coverings, and physical distancing).
- Minimize contact between camp staff, campers and families at the beginning and end of the day.
- Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
- Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practicable.
- Open windows and maximize space between campers and the driver on transport vehicles where possible.
- Consider using privacy boards or clear screens.
- Ensure transport vehicles are equipped with extra unused face coverings for students who may have inadvertently failed to bring one.

RECREATIONAL SPACE

- Campers should remain in the same space and in groups as small and consistent as practicable. Keep the same campers and staff with each group and include campers from the same family in the same group, to the greatest extent practicable.
- Maximize space (minimum 6-foot separation) between seating, desks, and bedding. Consider ways to establish separation of campers through other means, for example, six feet between seats, partitions between seats, markings on floors to promote distancing, arranging seating in a way that minimizes face-to-face contact.
- Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.
- Staff should develop instructions for maximizing spacing and ways to minimize movement in both indoor and outdoor spaces that are easy for children to understand and are developmentally appropriate.
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Restrict communal activities where practicable. If this is not practicable, stagger use, properly space occupants, keep groups as small and consistent and disinfect in between uses.
- Limit gatherings, events and extracurricular activities to those that can maintain physical distancing and support proper hand hygiene.
- Use alternative spaces as needed, including regular use of outdoor space, weather permitting. For example, consider ways to maximize outside space, and the use of cafeterias and other spaces for use to permit physical distancing.
- Minimize congregate movement as much as practicable.

MEALS

- Have campers bring their own meals as feasible, and practice physical distancing when eating or within their smaller group, instead of in a communal dining hall or cafeteria. Ensure the [safety of children with food allergies](#).
- Use disposable food service items (e.g., utensils and plates). If disposable items are not feasible, 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.

- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils and ensure the safety of children with food allergies.
- Plan for physical distancing during employee lunch and breaks by staggering times, providing additional break space, or other ways for staff to physical distance. Hold meetings virtually, particularly where physical distancing is a challenge, if possible.



5. Limit Sharing

- Keep each camper's belongings separated and in individually labeled storage containers, cubbies or areas. Ensure belongings are taken home each day to be cleaned and disinfected.
- Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books and other games or learning aids as much as practicable. Where sharing occurs, clean and disinfect between uses.



6. Train All Staff and Families

- Train all camp staff and families in the following safety actions:
 - Enhanced sanitation practices
 - Physical distancing guidelines and their importance
 - [Proper use, removal and washing of cloth face coverings.](#)
 - Screening practices
 - COVID-19 specific [exclusion criteria](#)
- Consider conducting the training virtually, or, if in-person, ensure distancing is maintained.
- Designate a staff person (e.g., camp nurse or healthcare provider) to be responsible for responding to COVID-19 concerns. All camp staff and families should know who this person is and how to contact them.



7. Check for Signs and Symptoms

- Train staff, and educate campers and their families about when they should stay home and when they can return to camp. Actively encourage staff and campers who are sick or who have recently had [close contact](#) with a person with COVID-19 to stay home.
- Implement screening procedures for all staff and campers before they enter the facility.
 - Conduct visual wellness checks of all campers upon arrival and take campers' temperatures at the beginning of each day with a no-touch thermometer. If a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.) is the only type available, it should only be used when a fever is strongly suspected. Only the person being screened or someone from their household should use a thermometer requiring a touch-method. Thermometers must be properly cleaned and disinfected after each use, and protective sleeves should be used.
 - Ask all individuals about [COVID-19 symptoms](#) within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test.
 - Make available and encourage use of handwashing stations or hand sanitizer.
 - Document/track incidents of possible exposure and notify local health officials, staff and families immediately of any positive case of COVID-19 while maintaining confidentiality.
 - Exclude any child, parent, caregiver or staff showing symptoms of COVID-19. Staff should discuss with parent/caregiver and refer to the child's health history form and/or emergency card to identify if the child has a history of allergies, which would not be a reason to exclude.
- Monitor staff and campers throughout the day for signs of illness; send home campers and staff with a fever of 100.4 degrees or higher, cough or other [COVID-19 symptoms](#). Send persons to the appropriate medical facility rather than their home when necessary.



8. Plan for When a Staff Member, Child or Visitor Becomes Sick

- Work with camp staff, nurses and other healthcare providers to identify an isolation room or area to separate anyone who exhibits symptoms of COVID-19.
- Any campers or staff exhibiting symptoms should immediately be required to wear a face covering and be required to wait in an isolation area until they can be transported home or to a healthcare facility, as soon as practicable.
- Establish procedures for safely transporting anyone sick to home or a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Fatigue
 - Muscle pain
 - Headache
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - New loss of taste or smell
- For serious injury or illness, call 9-1-1 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).

- Notify local health officials, staff, and all families immediately of any positive case of COVID-19 while maintaining confidentiality as required by state and federal laws.
- Close off areas used by any sick person and do not use before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants using personal protective equipment and ventilation recommended for cleaning. Keep cleaning and disinfectant products away from children.
- Advise sick staff members and campers not to return until they have met CDC criteria to discontinue [home isolation](#), including 3 days with no fever, symptoms have improved and 10 days since symptoms first appeared.
- For areas with a large geographic distribution, consider restricting attendance to campers who live in the local geographic area and ask campers to avoid movement between camps when they are from a high transmission area.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines](#).
- Investigate the COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update protocols as needed to prevent further cases.
- Update protocols as needed to prevent further cases. See the CDPH guidelines, [Responding to COVID-19 in the Workplace](#), which are incorporated into this guidance and contain detailed recommendations for establishing a plan to identify cases, communicate with employees and other exposed persons, and conducting and assisting with contact tracing.



9. Maintain Healthy Operations

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- Monitor the types of illnesses and symptoms among your camp staff and campers to help isolate them promptly.
- Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Employees should know about who they are and how to contact them. The liaison should be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.

- Maintain communication systems that allow staff and families to self-report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality.



10. Considerations for Partial or Total Closures

- Check State and local orders and health department notices daily about transmission in the area or closures and adjust operations accordingly.
- When a camper or staff member tests positive for COVID-19 and has exposed others at the camp, implement the following steps:
 - In consultation with the local public health department, the appropriate camp official may consider if closure is warranted and length of time based on the risk level within the specific community as determined by the local public health officer.
 - Given standard guidance for isolation at home for at least 14 days after close contact, the facility or office where the patient was based will typically need to close temporarily as campers or staff isolate.
 - Additional close contacts at camp should also isolate at home.
 - Additional areas of the camp facility visited by the COVID-19 positive individual may also need to be closed temporarily for cleaning and disinfection.
 - Implement communication plans for camp closure to include outreach to campers, parents, staff and the community.
 - Maintain regular communications with the local public health department.

