Interim Guidance for Overnight Camp Settings
Effective March 7, 2022

Guidelines for Conducting Business: Any scenario in which people gather poses a risk for COVID-19 transmission. Though studies conducted early in the pandemic suggested children and teens appeared less likely to acquire and spread COVID-19 than adults, the Centers for Disease Control indicates that more recent studies have found their rates of infection to be comparable to, and in some settings higher than, the rates of infection in adults.

As camps, sports events, and schools have resumed in-person operations, outbreaks in such settings indicate children and teens can also transmit COVID-19 to others. Compared to adults, children and teens who contract COVID-19 are more commonly asymptomatic or likely to have mild symptoms and less likely to experience severe outcomes such as hospitalization or death. However, while less likely, some children can experience severe illness, hospitalization, and death for children with underlying health conditions and children from minority groups being at increased risk of hospitalizations. In addition, younger people can still spread COVID-19 to people of higher risk of severe illness, even if they are asymptomatic or have mild symptoms.

Transmission and Symptoms of COVID-19:
COVID-19 is mostly spread by exposure to infectious virus in respiratory fluids that are released when people talk, cough, or sneeze, and particularly when they sing. People in close proximity may inhale virus particles, resulting in virus transmission from one person to another. While it is possible to contract COVID-19 from a surface that has the virus on it and then touching your mouth, nose, or eyes, risk from this route of transmission is thought to be low.

Symptoms may appear 2-14 days after exposure to the virus. People with COVID-19 have reported a wide range of specific and non-specific symptoms of COVID-19.

People with these symptoms may have COVID-19 (but this list does not include all possible symptoms):

- Fever* or chills
- New cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Headache
- Nausea or vomiting
- Diarrhea

People with COVID-19 report a wide range of symptoms from no symptoms and mild to severe illness. Even people with no or mild symptoms can spread the virus. Children with COVID-19 may not initially present with fever and cough as often as adult patients.
Fever is defined as a measured temperature of 100.4 °F or greater.

Facilities are expected to make every effort to meet all guidance in this document. Specific actions should be tailored to each overnight camp.

**Vaccination**

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are up-to-date on all recommended vaccines against COVID-19 are at lower risk of symptomatic or severe illness, including hospitalization or death. A growing body of evidence suggests that people who are up-to-date on all recommended vaccines against COVID-19 are also less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not up-to-date on all recommended vaccines against COVID-19.

It is recommended that overnight camps:

- Require employees to report vaccination status.
- Require employees who are unvaccinated, or do not disclose vaccine status, to participate in screening/testing programs.
- Provide information regarding vaccination and encourage all eligible campers, counselors and staff to Find Your Spot, Take Your Shot and get a COVID-19 vaccine.
- Ask campers and staff who are not fully vaccinated to provide proof of a negative viral test taken no more than 1–3 days before arriving at camp. Delay arrival for campers or staff with confirmed positive test results.

**Masks**

As we emerge from the latest surge, the COVID-19 landscape looks different today than it did two years ago or even two months ago. NCDHHS has continued to adapt its response to the pandemic based on the phase of the pandemic, emerging science, and evidence to best protect North Carolinians. We are learning more about the virus and now have a wider array of effective tools to reduce risk to people.

- Vaccines and boosters are widely available and help protect against severe illness, hospitalization, and death.
- People who are up to date on vaccines have much lower risk of serve illness and death from COVID-19 compared with unvaccinated people.
- Immunity in the population is increasing.
- Treatment is available for those at higher risk of severe disease.
- Our trends are decreasing, lowering risk of infection and improving hospital capacity.

People who are up to date on vaccines have much lower risk of severe illness and death from COVID-19 compared with unvaccinated people. When making decisions about community prevention strategies and individual preventive behaviors in addition to vaccination (including mask use), people should consider the data trends in the county. Layered prevention strategies — like staying up to date on vaccines, screening testing, ventilation and wearing masks — can help limit severe disease and reduce the potential for strain on the healthcare system.

NCDHHS no longer recommends universal mask requirements in low-risk settings.

It is recommended that overnight:
Campers/staff must wear a mask for at least 10 days after symptom onset or testing positive for COVID-19, unless a mask use exemption applies.

- Campers/staff should wear a mask for 10 days following an exposure to a person with COVID-19, unless a mask use exemption applies.
- Campers/staff who are at high risk for severe disease, are unvaccinated or are not up to date on vaccines, should wear a mask in indoor settings.
- Support campers and staff who choose to wear a mask.
- Provide masks to those campers or staff if they need them.
- Share guidance and information with teachers, staff, students, and families on the proper use, choice of, wearing, removal, and cleaning of masks, such as CDC’s Guide to Masks. Visit NCDHHS’ COVID-19 response site for more information about masks, and to access sign templates that are available in English and Spanish.

Monitoring Campers and Staff for Symptoms and Managing Cases and Exposures

People with COVID-19 have reported a wide range of specific and non-specific symptoms of COVID-19. Adults should be encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath. More information on how to monitor for symptoms is available from the CDC.

Overnight camps should:

- Immediately isolate sick campers and staff away from others.
- Refer individuals to diagnostic testing who have symptoms of COVID-19 or disclose recent known close contact to a person with COVID-19.
- If a camper or staff member has been diagnosed with COVID-19 or is presumed positive by a medical professional due to symptoms, the camper or staff member should be isolated away from other campers and staff until they meet the CDC criteria for release from isolation:
  - It has been five days since the date the positive specimen was collected (with the date of collection being day 0) for those without symptoms OR
  - It has been at least 5 days after the first day of symptoms; AND
  - It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND
  - Other symptoms of COVID-19 are improving
- Immediately inform your local health department if a camper or staff member is diagnosed with COVID-19.

It is recommended that overnight camps:

- Educate staff, campers, and their families about the signs and symptoms of COVID-19.
- Work with camp administrators, nurses, and other health care providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms or tests positive. If the camp has a nurse or other health care provider, they should follow CDC’s Standard and Transmission-Based Precautions when caring for sick people. Increased air quality measures should be used in these rooms. Consider providing portable HEPA fan/filtration systems in these areas.
- While waiting with a symptomatic camper who is under supervision in an isolation area, have a caregiver stay with the camper. If possible, allow for air flow throughout the room where the camper is waiting by opening windows or doors to the outside. The caregiver should remain as far away as safely possible from the camper (preferably 6 feet or more) while maintaining visual supervision. The caregiver must wear a cloth face covering or a surgical mask. If the camper is over the age of two (2) and can tolerate a face covering, they should also wear a cloth face covering or a surgical mask.
- Afterwards the area must be properly cleaned and disinfected:
  - Close off all areas used by the sick person and do not use these areas until after cleaning
and disinfecting.

- Wait as long as possible (at least several hours) before cleaning and disinfecting.
- Open windows to increase air circulation in the area.
- Campers and staff should not be in rooms that are being cleaned.
- Use an EPA-registered disinfectant that is effective against coronaviruses. Clean all areas used by the sick person, focusing especially on frequently touched surfaces such as doorknobs, light switches, countertops, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.
- Cleaning staff should follow all CDC recommendations regarding Personal Protective Equipment (PPE), hand hygiene and cleaning.
- Ensure safe and correct storage of cleaning and disinfection products, including storing them securely away from campers.

- Staff and campers who have had close contact with a person with COVID-19 should wear a well-fitting mask when around others for 10 days after exposure and get tested upon notification and five days after exposure. Exclusion from camp is not required for exposed campers or staff who remain asymptomatic. Those who develop symptoms after exposure should be tested and follow CDC guidance for isolation.
- Identify options to notify families when a camper is identified as having been in close contact with a person with COVID-19 in a camp setting.
- For camp sessions that last at least one week, screening testing should be done 3–5 days after arrival at camp in accordance with CDC travel guidance. Fully vaccinated, asymptomatic people who are up-to-date with vaccinations, including boosters (if eligible) without an exposure can refrain from routine screening testing.

- For questions about antigen testing, please email NCDHHS_Antigen@dhhs.nc.gov
- Notify the family when a camper has had close contact with a person with COVID-19.
- Support symptomatic or COVID-19 diagnosed staff to stay home as appropriate with flexible sick leave and paid leave policies.
- Develop plans for backfilling positions of employees on sick leave and consider cross-training to allow for change of staff duties.

### Cleaning and Hygiene

**Overnight camps should:**

- Clean surfaces once a day, prioritizing high-touch surfaces. If there has been a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean and disinfect the space using an EPA-approved disinfectant for SARS-CoV-2 (the virus that causes COVID-19).

It is recommended that overnight camps:

- Support healthy hygiene by providing supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and school aged campers who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.
- Provide alcohol-based hand sanitizer (with at least 60% alcohol) at the entrance to cabins, cafeterias, and other high-volume areas when available. Systematically and frequently check and refill hand sanitizer stations; and provide soap and hand drying materials at sinks.
- Teach and reinforce hand hygiene for adults and campers such as washing hands frequently with soap and water for at least 20 seconds (about as long as it takes to sing “Happy Birthday” twice).
- Monitor to ensure both campers and staff are washing hands correctly. In addition to usual handwashing, everyone should wash hands:
  - Before and after eating meals and snacks,
Before and after any activities,
After blowing noses, coughing, or sneezing or when in contact with body fluids,
After using the restroom.

☐ Stagger bathroom breaks during activities so single cabin cohorts are using restrooms during the same break period.

☐ Provide training for campers and staff about hand hygiene, physical distancing, and cough/sneeze etiquette:
  o Encourage staff and campers to cover coughs and sneeze into their elbows, or to cover with a tissue.
  o Encourage staff and campers to avoid touching eyes, nose, and mouth.
  o Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

Ventilation

It is recommended that overnight camps:

☐ Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.

☐ Consider ventilation system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in the school. Obtain consultation from experienced Heating, Ventilation, and Air Conditioning (HVAC) professionals when considering changes to HVAC systems and equipment. Some of the recommendations below are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations During the COVID-19 Pandemic. Review additional ASHRAE guidelines for schools and universities for further information on ventilation recommendations for different types of buildings and building readiness for occupancy. Not all steps are applicable for all scenarios.

☐ Improvement steps may include some or all the following activities:
  o Increase outdoor air ventilation, using caution in highly polluted areas.
  o When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
  o Use fans to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into room via other open windows and doors without generating strong room air currents).
  o Decrease occupancy in areas where outdoor ventilation cannot be increased.
  o Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
  o Increase total airflow supply to occupied spaces, when possible.
  o Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
  o Further open minimum outdoor air dampers to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.

☐ Improve central air filtration:
  o Increase air filtration to as high as possible without significantly diminishing design airflow.
  o Inspect filter housing and racks to ensure appropriate filter fit and check for ways to
minimize filter bypass
- Check filters to ensure they are within service life and appropriately installed.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after the camp building is occupied.
- Ensure restroom exhaust fans are functional and operating at full capacity when the camp building is occupied.
- Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Use portable high-efficiency particulate air (HEPA) fan/ filtration systems to help enhance air cleaning (especially in higher risk areas)
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas such as the nurse’s office).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited.
- Ventilation considerations are also important on camp transportation.

**Additional Resources**
- NC DHHS: [North Carolina COVID-19](https://www.ncdhhs.gov/covid-19)
- CDC: [Coping with Stress](https://www.cdc.gov/coronavirus/2019-ncov/prepare/stress.html)
- EPA: [Disinfectants for Use Against SARS-CoV-2](https://www.epa.gov/covid-19/disinfectants-use-against-sars-cov-2)

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Staying apart brings us together. Protect your family and neighbors.

#StayStrongNC

Learn more at nc.gov/covid19