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
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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 day 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 and boosters against COVID-19 are at lower risk of symptomatic or severe illness, including hospitalization or death.

It is strongly recommended that day camps:

☐ 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 first day of camp. Choice of viral tests can include laboratory-based PCR and antigen, point-of-care rapid PCR or antigen test, or at-home antigen test. Delay arrival for campers or staff with confirmed positive test results.

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. Staff and campers 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.

Day camps and programs 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 go home and isolate until they meet the CDC criteria for release from isolation:
  o 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
  o It has been at least 5 days after the first day of symptoms; AND
  o It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND
  o 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 day camps and programs serving children and teens:

☐ Camps should establish partnerships with community providers who offer testing, or refer staff and campers for screening testing. Screening testing is particularly valuable in areas with moderate, substantial, and high levels of community transmission.
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- For questions about antigen testing please email NCDHHS_Antigen@dhhs.nc.gov.

- Weekly screening testing of unvaccinated staff who may oversee multiple cohorts of campers over the summer will help identify those who are asymptomatic and do not have known, suspected, or reported exposure of the virus that causes COVID-19 and prevent further transmission.

- Do not let individuals enter the camp if:
  - They have tested positive for COVID-19;
  - They are showing the following COVID-19 symptoms (fever, chills, shortness of breath, difficulty breathing, new cough, or new loss of taste or smell);
  - However, fully vaccinated staff or campers with no COVID-like symptoms do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19. They should get tested 3-5 days after exposure and wear a mask until they receive a negative test result. If they are experiencing symptoms, they should be clinically evaluated for COVID-19 and tested for COVID-19, if indicated.

- Educate staff, campers, and their families about the signs and symptoms of COVID-19 and when people should stay home and when they can return to the day camp or program facility.

- Develop plans for backfilling positions of employees on sick leave and consider cross-training to allow for changes of staff duties.

- Support staff to stay at home as appropriate with flexible sick leave and paid leave policies.

- Notify the family when a camper has had close contact with a person with COVID-19.

### 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 severe 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:

- 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, wear a mask in indoor settings.
- Camps support campers and staff who choose to wear a mask.
- Camps provide masks to those campers who need them (including on buses), such as campers who forgot to bring their mask or whose families are unable to afford them.
- Camps 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.

Cleaning and Hygiene

Day camps and programs serving children and teens 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 day camps and programs serving children and teens:

- Support healthy hygiene by providing supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older campers who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings, and no-touch/foot pedal trash cans.
- Provide alcohol-based hand sanitizer with 60% alcohol at every entrance, exit, in cafeteria, and each classroom if supplies are available.
- Teach and reinforce hand hygiene guidance for adults and children 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:
  - Upon arrival in the morning
  - Before and after eating meals and snacks
  - After blowing noses, coughing, or sneezing or when in contact with body fluids
  - After using the restroom
- Encourage staff and campers to cover coughs and sneeze into their elbows, or to cover with a tissue. Encourage staff and campers to avoid touching eyes, nose, and mouth. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- Incorporate frequent handwashing and sanitation breaks into camp activities.
- Hand sanitizing products with 60 percent alcohol may be used in lieu of handwashing when outdoors if
hands are washed upon returning indoors.

- Routinely check and refill/replace hand sanitizer at entries, soap, and paper towels in bathrooms.
- Discourage sharing of items that are difficult to clean, sanitize, or disinfect. (Children’s books are not considered a high risk for transmission and do not need additional cleaning or disinfection.)

**Ventilation**

It is **recommended** that day 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:
  - Increase outdoor air ventilation, using caution in highly polluted areas.
  - 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.
  - 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).
  - Decrease occupancy in areas where outdoor ventilation cannot be increased.
  - Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
  - Increase total airflow supply to occupied spaces, when possible.
  - Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
  - 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:
  - Increase air filtration to as high as possible without significantly diminishing design airflow.
  - 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
• CDC: Activities and Gatherings
• CDC: Cleaning and Disinfecting Your Facility
• CDC: Coping with Stress
• EPA: Disinfectants for Use Against SARS-CoV-2