3.0 SUGGESTED INTERIM GUIDANCE ON SCREENING AND INITIAL RESPONSE FOR CAMPERS AND STAFF AT RESIDENTIAL OR DAY CAMP (INTERIM 5/15/20)

The following outlines three screening phases that can be used by camp healthcare staff to identify campers and staff members that might have a respiratory infection or might require additional consideration before admittance to or continued participation in camp. Although not every camper or staff member who has respiratory infection symptoms will have COVID-19, using a screening process may be helpful in identifying those who may need medical care or who may not be cleared to enter camp. This guidance can be added to a camp’s existing health screening process. The three phases of screening include pre-screening, initial screening, and ongoing screening. It is important to be aware that state and local regulations may provide additional requirements on these processes.

PRE-SCREENING

Offering pre-screening before campers and staff head to camp will give insight into each individual’s health status prior to arrival.

If a camp decides to require pre-screening of campers (with the assistance of parents/guardians) and staff members, they should self-monitor for 14 days and conduct pre-screening activities such as:

- Taking and recording their own temperature for 14 days before camp (refer to the individual instructions provided with the thermometer).
- Self-screening for the presence of symptoms (fever of 100.4 °F or greater, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting, etc.) within the past two weeks.
- Determining if, within the past two weeks, the individual has traveled nationally or internationally.
- Determining if the individual has been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19.

If a camper or staff member is flagged during the pre-screening process, the camp would need to follow their communicable disease plan (CDP) or, for day programs without a CDP, applicable childcare standards to make a decision about admittance. The camp should consider sharing their CDP in advance of camp opening with local health departments.

Additional information related to pre-screening and CDP is provided at the Association of Camp Nursing website:


Example Screening Form for Opening Day (Gaslin, 2020) [https://campnurse.org/wp-content/uploads/2020/03/Health-Screening-Form-2020.pdf]

Pre-Screening Tool: Available at https://campnurse.org/

**INITIAL HEALTH SCREENING**

The initial health screening should be incorporated into the existing screenings suggested by ACA Health Standard HW.6 upon the arrival of campers and staff at camp. The questions asked will be similar to those considered during the pre-screening process. The Association of Camp Nursing (ACN) provides an example of a health screening form at the link above. As medical information evolves on COVID-19 in children, the content of the screening form may be updated with additional information and questions. The results of this initial health screening will determine if an individual is permitted to enter camp or if they require additional screening and evaluation.

**ONGOING SCREENING**

Ongoing screening should be conducted by camps on an as-determined basis (e.g., daily, weekly, or more frequently). Consider increased screening frequency during initial days of camp, when there is turnover of camp sessions/staff, when monitoring for potential exposures, or daily for day camps.

**Suggested Ongoing Screening Procedure**

Each camp may decide which activities they will perform for ongoing assessments. These activities may be the same as the initial assessment or camps may develop their own set of standardized questions and procedures that seem appropriate for their population. A sample process is outlined below.

2. Next, check the temperature of the individual according to camp processes using an appropriate thermometer of choice. Refer to the original instructions provided with the
thermometer. Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each camper or staff member.

3. If camper or staff is suspected to have COVID-19 based on this assessment, place a face mask or cloth face covering on the individual. Isolate individual by separating symptomatic individuals by at least 6 feet. The area for individuals with symptoms should be at least 6 feet away from other areas of the health center or in a separate room. Health staff should wear an N95 respirator (for aerosol generating procedures) or face mask, a face shield or other eye protection, disposable gloves, and a disposable gown (if conducting aerosol generating procedures) while working with individuals who have a suspected case of COVID-19.

4. Notify camp management, parents/guardians, and appropriate healthcare providers in accordance with guidance from your local health officials, following the camp’s CDP.

5. Follow the CDP for next steps on management of the individual. For example, refer to the Response Planning and Response Initiation sections of the ACN CDP for case management of suspect or probable case(s).

NOTE: At this time, COVID-19 specific testing is not part of the screening process.

**Response and Management of Case(s) or Probable Case(s)**

If a staff member or camper is identified as having a potential or confirmed case of COVID-19, isolate the individual in a location previously identified as part of the camp’s communicable disease plan (CDP). Follow protocols outlined in the CDP and consider the following:

- Consider if a camper or staff member warrants further clinical evaluation, and if so, make arrangements to do so, either in-person or via telehealth.
- If camper or staff member does not require immediate clinical evaluation, and if CDP calls for the individual to return home, isolate the individual until appropriate return to home transportation can be arranged.
- If camper or staff member does not require immediate clinical evaluation, and if CDP calls for isolation of individual within the camp facility (e.g., overnight camps):
  - Make arrangements with camp administration and counselors to have the person’s belongings moved,
  - Clean the person’s sleeping areas according to CDP and procedures outlined in Chapter 6 Cleaning and Disinfection of the Field Guide.
  - Consider testing options and notification of State and local officials.

It is crucial to carry out “contact tracing” immediately to determine the potential or confirmed case’s contacts with other campers or staff members over the previous two or more days.
Assessing and informing those with potential exposure is a fundamental control strategy for minimizing spread within a group or camp population. CDC defines close contact as interactions within 6 feet for more than 15 minutes. Contact tracing should be carried out by trained staff (e.g., public health staff, community health workers, trained volunteers) in conjunction with the local health department. However, camp health staff can utilize general principles of contact tracing to begin closely monitoring other potentially exposed individuals. For day and overnight camps, campers and staff within the “household” of the index case should have enhanced surveillance for symptoms and camps should consider mitigation measures including minimizing this group’s exposures to other “households” or groups. This could include separate programing (shadow camp), dining, and wash times. Day camps may consider asking an exposed “household” to remain home until confirmation of diagnosis can be made, and if positive, remain home until the “household” is determined cleared of infectious risk.

The link below provides CDC basic principles of contact tracing to reduce the spread of COVID-19 transmission. The Field Guide will be updated as CDC provides any additional detailed guidance for the potential guidance for contact tracing within the camp setting.

CDC. COVID-19 Contact Tracing Training: Guidance, Resources, and Sample Training Plan

Key CDC suggestions for contact tracing include:

- Always follow established core principles of contact tracing.
- Conduct contact tracing with only trained staff or trained volunteers. Training should be conducted prior to the start of camp.
- Identify contacts quickly and ensure they do not interact with other campers or staff members.
- Communicate with local and state health officials and all camp stakeholders.
- **Best Practice**: Implement data management and technology tools to assist in case investigations, contact tracing, and contact follow-up and monitoring.
- Monitor key components of contact tracing programs and improve performance as needed.

Awareness-level training in contact tracing is available from Johns Hopkins University. Information is available at this link: https://www.coursera.org/promo/covid-19-contact-tracing

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