



Novel Coronavirus (COVID-19)
Alameda County Public Health Department
Guidance and FAQ for Camps and Youth Extracurricular Programs
June 12, 2020

This document provides guidance for operating day camps and youth extracurricular programs, including private and public camps, children’s activity centers, church programs, sports camps, etc. Camps and youth extracurricular programs are an essential service to ensure children are receiving education, recreation, and enrichment activities while they are on a summer break from school. ACPHD wants to balance allowing these essential activities and services with the protection of staff and children, and thus recommends the following guidance outlined below.

This document answers questions about the following topics:

- ✓ **COVID-19 Overview**
- ✓ **Alameda County Shelter in Place Order**
- ✓ **Physical Distancing**
- ✓ **Infection Control**
- ✓ **What to do when there is a confirmed positive COVID-19 case in the camp or youth extracurricular program**

COVID-19 Overview

COVID-19 is a respiratory illness caused by a novel (new) virus, and we are learning more about it every day. There is currently no vaccine to protect against COVID-19. At this point, the best way to prevent infection is to minimize potential exposure to the virus that causes it. Reducing the spread of the virus through everyday practices is the best way to keep people healthy. More information on COVID-19 is available at www.cdc.gov/coronavirus/2019-ncov

The virus that causes COVID-19 is called “novel” because it has never before been seen in human beings. The full name of the virus is SARS-CoV-2. The illness caused by it is known as COVID-19. The first known case of COVID-19 was seen in Wuhan, China at the end of 2019.

Symptoms of COVID-19 include the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache

For more information, please contact Lisa Erickson, Alameda County Public Health at lisa.erickson@acgov.org



- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

More information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

COVID-19 Transmission

COVID-19 is thought to be spread from person to person by respiratory droplets. Respiratory droplets transmitting this virus are produced mainly by coughing or sneezing, but it is likely that laughing, singing, or even talking may produce similar droplets.

Larger droplets usually fall within three feet, smaller droplets within six feet – but tiny droplet nuclei might travel farther in some circumstances. For this reason, we are recommending a minimum of six feet be maintained between people as much as feasible, recognizing that in childcare, educational, and recreational program settings, especially with young children, this may not be possible. Farther away is better. The shorter duration of interaction is also better. The risk of transmission is lower outside than indoors.

Because infectious droplets may fall onto surfaces, we can pick them up on our hands and introduce them into the respiratory tract by touching our eyes, nose, or mouth with unwashed hands. While this is not thought to be the primary way the virus spreads, we recommend frequent handwashing and frequent cleaning and disinfection of high-touch surfaces.

Limiting the number of contacts outside the household is another way of minimizing the spread of disease in a community, and often these social networks are referred to as a social “bubble.” Under strict Shelter-at-Home orders, social bubbles are intended to be limited to individual household units as much as possible. As public health progresses to the gradual lifting of restrictions, the bubble can “expand” in slow increments, such as allowing children to mix in small groups with the guidelines below.

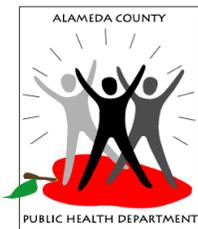
Alameda County Health Officer Shelter in Place (SIP) Order

The Alameda County Health Officer issued two Health Officer Orders on June 5, 2020, and shared the [County’s Reopening Plan](#), which shows the anticipated sequencing of allowed activities in the coming weeks and months.

How does the SIP impact the families we serve?

- Childcare and camps are permitted for **ALL** children, not just children of essential workers.

For more information, please contact Lisa Erickson, Alameda County Public Health at lisa.erickson@acgov.org



- People/families may engage in one camp and/or youth extracurricular activity for three weeks. In other words, **if children participate in a one-week camp with your organization, they are not permitted to participate in another separate one-week camp with your organization or another organization within a three week period.**

How does the SIP impact our camp or youth extracurricular program operations?

To the extent possible, operations must comply with the following conditions:

1. They must be carried out in stable groups/bubble of 12 or fewer children (“stable” means that the same 12 or fewer children are in the same group each day).
2. Children shall not change from one group to another. We strongly encourage the group/bubble to remain stable for at least three weeks. In other words, children should not change groups from week to week.
3. If more than one group of children is at one facility, each group/bubble shall be in a separate room. Groups shall not mix with each other.
4. Providers or educators shall remain solely with one group/bubble of children.

Stable Bubbles

Why are bubbles and/or stable groups in camps and youth extracurricular programs important?

As our County’s SIP loosens and children venture out from their homes, the idea is to enter camps and youth programs with the least exposure to the smallest number of people as possible. This is why the public health department is recommending children stay with a stable bubble of up to 12 children and consistent staff. If caregivers and children frequently move from group to group, the risk of transmission increases, as they are exposed to more children from various households. Additionally, if there is a positive case of COVID-19 in the program, contact tracing becomes more difficult when there are larger numbers of staff and children co-mingling.

Physical Distancing

Physical distancing is deliberately increasing the physical space between people to avoid spreading illness. A distance of at least six feet is needed to prevent the spread of COVID-19.

The following recommendations should be followed to the extent possible given the age of the children and nature of the camp activities.

How do I design my space to promote physical distancing?

- As stated above, limit the number of children to no more than 12 children in a room or space
- Re-engineer rooms or spaces to put six feet between children’s activity stations, tables, and chairs.

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lisa.erickson@acgov.org



- Involve children in developing social distancing plans using chalk and materials – such as pool noodles and yarn – to create personal space areas.
- Involve children in developing signs, which can be used as reminders to social distance.
- Involve older children in developing social distancing space plans to practice their applied math skills.
- Ensure you have ample space in restrooms and monitor the number of children able to use restrooms to allow for physical distancing.

Can we use partitions to separate our classroom spaces?

Facilities that have large rooms can organize the space to practice proper distancing for the groups. This can include using dividers, book shelves, and staggering activities, as well as using outdoor classrooms. Proper ventilation is important and having access to fresh air. Opening windows is highly recommended.

For very large spaces like gyms and ice rinks, you might also consider a 10-12 feet buffer zone in between groups.

Do children have to maintain 6 feet physical distancing when they are in their classroom/bubble or group?

It is difficult for children to physical distance from one another and youth activities can limit the possibility of staying 6 feet apart. This is another reason why the bubble concept is so important. We expect that children will not be able to physical distance all of the time so remaining in a stable group to prevent as much co-mingling of people as possible and decreasing the possibility of the virus spreading is how we are able to manage group activities more safely.

How do I plan camp activities to promote physical distancing?

- Eliminate all-camp gatherings like campfires and sing-alongs, and other activities that bring large groups of children close together.
- Alternatively, keep small groups of children together for storytelling, and games.
- Stagger activities so no two groups are in the same place at the same time.
- Encourage individual activities like painting, crafts, and building with blocks, Legos, and other materials.
- Involve the children in developing reminder signs for hand washing, covering coughs and sneezes, or to stay six feet apart.
- Create field games or outdoor activities where you can provide wider spacing opportunities.
- Sports with shared equipment or physical contact, like soccer, basketball, baseballs, softball, and tennis, can only be played within the same stable group of children, and equipment should be cleaned daily at minimum.

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- Swimming is permitted as long it occurs with the same stable group of children. The number of groups will be limited by the ability to keep the groups at least six feet apart from each other within a pool or body of water.
- Spend as much time and do as many activities outdoors as possible.

How do plan mealtime to promote physical distancing?

- Discontinue buffet-style food options and offer pre-packaged foods when possible.
- Stagger mealtimes to increase personal space and avoid mixing of groups.
- Set up a tent or two when weather prevents eating outside and designate separate spaces for groups of children to eat.
- Avoid sharing tables whenever possible, and clean tables in between groups.

Infection & Administrative Control

Arrival and Departure

- Stagger arrival and/or dismissal times. These approaches can limit the amount of close contact between students in high-traffic situations and times.
- Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities unless they can remain stable within one group.
- Establish procedures for drop-off and pick-up to maintain physical distancing. Consider moving the sign-in station outside the facility. Provide hand sanitizer or handwashing facilities to use before and after families sign in and out. Do not share pens. Ask parents to bring their own pens when signing children in and out. If check-in is electronic, clean and disinfect the screens or keyboards frequently.
- Implement drop off services to avoid parents coming into the camp or recreation facility.

Planning for Staff Training and Absenteeism

- Plan for absenteeism of staff and children.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
- Determine what level of absenteeism will disrupt continuity of programming.

Create a communications plan for the families you serve

- Include strategies for sharing information with staff, children, and their families.
- Include information about steps being taken by the camp or program facility to prepare, and how additional information will be shared.
- Share resources with the school or camp community to help families understand how to prevent spread and when to keep children home.

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- Any communication to children and families should include information that helps them make safe, informed decisions and educates them on how to remain healthy.
- Children and families should avoid close contact with those who are sick.
- Encourage families to talk to children about simple, but effective prevention tips, such as covering coughs and sneezes with a tissue or sleeve (not hands), wearing face coverings when around others, and washing hands frequently

Distribute the following fact sheets and resources to children (where age-appropriate), their families, and staff:

- General CDC fact sheets to help staff and students' families understand COVID-19 and the steps they can take to protect themselves:
 - [What you should know about COVID-19 to protect yourself and others](#)
 - [Prevent the spread of COVID-19 if you are sick](#)
 - [Stop the spread of germs – help prevent the spread of respiratory viruses like COVID-19](#)

Health Screening

- Screen children and staff for fever or cough daily, before entering the program.
- Children or staff who are sick with other illnesses that meet the usual exclusion criteria should also stay home.
- If a staff member or child shows signs of respiratory illness (a new cough, complaints of sore throat, or shortness of breath), a fever of 100°F or above, they should enter a separate room, or be safely isolated with a staff member, and be sent home as soon as possible.
- Seek medical care immediately if symptoms, such as a high fever or difficulty breathing, become more severe.

Stay Home when Sick

- Staff and children should stay home when they are sick.
- If a child or a staff member has a new cough or other illness symptoms, they should not come to school even if they have no fever. It is not uncommon for people, including children, with COVID-19 to have cough without fever, especially early in the course of illness.
- Encourage staff and families to get tested for COVID-19 if they are sick

When is it safe to return to camp or my youth extracurricular activity?

Ill children or staff should not return to work or program until:

- a. Their respiratory symptoms are improving
- b. They have had no fever for 72 hours without the use of fever-reducing medicines, and
- c. At least ten days have passed since illness onset.

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Hygiene

Adapted from: <https://campnurse.org/wp-content/uploads/2020/03/COVID-19-Webinar-Questions.pdf>

- Children and staff should wash hands with soap and water or use alcohol-based hand sanitizer containing at least 60% alcohol (if hands are not visibly dirty) before and after eating, drinking, touching eyes/nose/mouth, toileting or diapering, and physical contact with each other. Keep soap dispensers filled. For more information click here: [Handwashing: Make it Really Effective](#)
- Children and staff should cover coughs with a sleeve or tissue. Keep tissues and “no touch” trash cans close by.
- We know humans (especially children) appreciate touch and we are relational beings. Consider how we might encourage elbow bumps, or “fist bumps from afar”.
- Children will use touch since nonverbal communication is 80% of our messaging. Think about ways to encourage handwashing or hand sanitizer after touch and make it part of the fun experience.

Do staff and children need to wear masks?

Staff are required to wear face coverings, and children in a camp and/or youth extracurricular activity are strongly encouraged to wear [face coverings](#) unless they cannot tolerate wearing one. The use of face coverings in children under the age of 12 must be subject to adult supervision.

How do I wash my face covering?

Face coverings should be washed frequently with detergent and hot water and dried on a hot cycle. Ideally, wash your face covering after each use, and have a dedicated laundry bag or bin. Make sure the covering is comfortable – you don’t want to have to keep adjusting the mask, which means touching your face. Always wash your hands, or use hand sanitizer, before AND after touching your face or face coverings.

When children are engaging in rigorous physical activity do they need to wear a mask?

They do not need to wear a mask while they are engaging in rigorous physical activity within their stable bubble.

What are the recommended cleaning and disinfecting practices?

The Center for Disease Control (CDC) recommends the following practices:

- Facilities should develop a schedule for cleaning and disinfecting. An example can be found here: <https://nrckids.org/files/appendix/AppendixK.pdf>
- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily

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cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- Use all cleaning products according to the directions on the label. For disinfection, most common [EPA-registered](#), fragrance-free household disinfectants should be effective.
- If possible, provide EPA-registered disposable wipes to staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on [disinfection for community settings](#).

What to do when there is a confirmed positive COVID-19 case in the camp or educational/recreational program

1. If you are made aware of a confirmed COVID-19 case before the public health department, please immediately contact Lisa Erickson, Schools and Childcare Liaison at ACPHD, lisa.erickson@acgov.org; (510) 775-4485, or the ACPHD Acute Communicable Disease Control program at 510-267-3250.
2. If you cannot reach anyone from ACPHD in a timely manner, consider dismissal of children and most staff until ACPHD can work with the program to determine appropriate next steps, including cleaning and disinfection of the facility, and whether an extended dismissal duration is needed to investigate and stop or slow further spread of COVID-19. ACPHD recommendations for the scope and duration of dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.
3. Lisa Erickson will provide guidance and will answer any questions you may have about the ACPHD COVID-19 contact investigation process and can serve as a liaison between Alameda County Public Health Department investigation and the program.
4. Administrators will be asked to help identify adults or children who may have had contact within **six feet of the ill individual for more than 15 minutes during the time period between two days prior to when the individual's symptoms appeared and the last time the individual attended the camp, educational or recreational facility**. Regardless of how long the facility remains closed, close contacts should home-quarantine for 14 days from the last date of close contact. If any of them develop a fever, cough or shortness of breath while in quarantine, they should contact their health care provider to seek evaluation and testing, and follow the return to work/camp/program guidance outlined above.

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5. If you determine there is a need to communicate this information to families in your camp or program community, prepare a letter. Please e-mail lisa.erickson@acgov.org to request a letter template.

6. When developing your communication, be mindful of:
 - Confidentiality when releasing details about the case. Balancing that with transparency is critical.
 - Avoiding messages that stigmatize a site or group of people.

Additional Resources and Information:

For additional Alameda County guidance around childcare and schools on issues visit
<http://www.acphd.org/2019-ncov/resources/childcare-schools-colleges.aspx>

American Camp Association https://www.acacamps.org/resource-library/coronavirus-information-camps?utm_source=homepage&utm_medium=click&utm_term=coronavirus

Association of Camp Nursing https://campnurse.org/wp-content/uploads/2020/04/COVID-19-FAQs_april20.pdf
<https://campnurse.org/education-and-resources/covid-19-considerations-for-camp/>

Centers for Disease Control Suggestions for Youth and Summer Camps
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

California Departments of Public Health and Social Services Community Care Licensing Division and the State of California Department of Industrial Relations COVID-19 Updated Guidance: Child Care Programs and Providers
<https://covid19.ca.gov/pdf/guidance-childcare.pdf>

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