

Recreational Camps and Programs

Health and Safety Standards for Reopening

Recreational Camps and Programs must comply with MA state or local requirements or orders in response to COVID-19. Licensed Recreational Camps must comply with 105 CMR 430.000: *Minimum Standards for Recreational Camps for Children: State Sanitary Code Chapter IV*.

This document outlines both requirements and suggested guidelines and is effective **May 29, 2021**. These guidelines include important mitigation strategies that limit the spread of the COVID-19 virus. While not required, camps and programs should carefully consider the benefits of these mitigation strategies in designing their summer programs. Children under 12 are currently unable to receive the COVID-19 vaccine. The Department of Public Health (DPH) strongly recommends that programs continue to limit group sizes and be aware of the risks of larger cohorts when campers and staff are not fully vaccinated. By maintaining smaller cohorts, programs will reduce the number of individuals who may need to quarantine should a COVID-19 case be identified.

Per [CDC guidance](#), fully vaccinated individuals do not need to wear a mask indoors or outdoors, do not need to socially distance while at camp, and do not need to quarantine after exposure to COVID-19 unless symptoms develop.

Definitions

Fully Vaccinated: an individual is fully vaccinated 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

Recreational Camp: any program required to be licensed as a Recreational Camp for Children under 105 CMR 430.

Recreational Program: any municipal or recreational youth programs not traditionally licensed as camps or as childcare facilities.

Residential Camp: as defined in 105 CMR 430.020.

Overnight Program: any municipal or recreational youth programs not traditionally licensed as camps or as childcare facilities that offer overnight programs.

Staff: includes Staff and Volunteers as defined in 105 CMR 430.020.

Health Care Consultant: as defined in 105 CMR 430.159.

Health Care Supervisor: as defined in 105 CMR 430.020.

Staffing and Operations

Mandates:

- Ensure adequate staffing to supervise sick campers and to accommodate cleaning requirements.
 - **Licensed Rec. Camps** must have at least two Health Care Supervisors present at all times.
- Update plans to address new health and safety requirements associated with COVID-19 and provide parents with information on the policies for preventing and responding to COVID-19.

- **Licensed Rec. Camps** must include COVID-19 plans in Staff Training and Orientation and provide these plans in writing in or in addition to the written camp Health Care Policy and other relevant procedures (105 CMR 430.159).
- Provide campers with an orientation at the start of session to review COVID-19 protocols, encourage and educate on reporting of symptoms and not coming to camp if sick, and how to request a replacement mask if needed.
- Documentation collected (screening documentation, surveillance and medically necessary COVID-19 testing results, previous positive test results) must be maintained in a confidential manner and recorded in campers/staff health files in accordance 105 CMR 430.150; 155-156.

Advised Best Practices:

- Camps should congregate unvaccinated staff/campers in a way that allows for 3 feet of distancing between masked individuals indoors. Social distance should be maintained during indoor meals. Limit or promote activities to those that can maintain social distancing.
- Make enrollment capacity decisions based on the ability to maintain three feet of distance between unvaccinated individuals in all camp buildings where campers/staff are anticipated to be during the day and in temporary emergency shelter locations.
- Non-essential visitors, who are not vaccinated, (including parents or other individuals with no essential purpose for coming onsite) should be limited to the maximum extent possible. Essential visitors could include, for example, instructors, vendors, parents picking up children, LBOH/DPH, or accreditation members.
- Designate a senior staff person responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Review medical information submitted by parents and reach out to parents of high-risk children to discuss whether additional protections are necessary, and what supports can be offered to best protect their child.
- Develop a tested communication system with parents, children at the camp, all staff, facility and/or grounds management, and emergency medical services. Obtain parents' or guardians' email addresses and home, work, and mobile phone numbers so that staff can reach them at any time.
- Have a plan for handling camp/program closings and staff absences and promote the importance of staff not coming to work if they are sick.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods, unless doing so creates a hazard.
- Ensure water systems and features (e.g., cooling systems) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.
- Camps should encourage eligible staff and campers to be vaccinated for COVID-19 prior to attending camp.

Cohorting

Mandate:

- **Licensed Recreational Camps** must maintain the camper to counselor ratios in 105 CMR 430.101.

Advised Best Practices:

- Unvaccinated camp staff and campers should be cohorted into “pods” or “households” that remain consistent. The smallest practical group size should be considered.
- Staff should be assigned to the same cohort for the duration of the program session. Staff should not float between cohorts, unless needed to provide supervision of specialized activities or to provide breaks for other staff.
- Camps may have multiple cohorts of campers and counselors in the same area, but should maintain 3 feet of distance between cohorts. In order to maintain distance, camps should:
 - Ensure campers/staff belongings are stored in a manner to prevent groups congregating.
 - Stagger use of communal spaces, such as game rooms and recreation halls, to reduce congregating and clean in between uses.
 - Develop safe pickup/drop off procedures to maintain physical distancing and prevent the mixing of campers. These procedures should be explained to parents prior to the first drop off.
 - Develop a plan for safe vendor deliveries, if applicable.

Hygiene and Handwashing

Advised Best Practices:

- Implement proper hand hygiene practices and frequency for both staff and campers including handwashing when necessary, including but not limited to: arrival at camp, before and after meals, after bathroom use, after coughing/sneezing, and after contact with bodily fluids or surfaces that may be contaminated.
- Campers and staff should be instructed to go to the nearest handwashing/hand hygiene station upon entry.
- Adequate handwashing facilities with soap, water, trash receptacle, and paper towels should be readily accessible to all campers and staff with handwashing instructions posted near every handwashing sink.
- Hand sanitizer with at least 60% alcohol may be used at times when handwashing is not available if:
 - Appropriate to the ages of children and children are instructed on proper use;
 - Campers have written parent/guardian permission to use;
 - Products stored securely; and
 - Used under the supervision of staff.
- Drinking containers must never be shared.
- Post signage throughout the camp environment on signs/symptoms of COVID-19 and the importance of social distancing, mask use, and proper hand hygiene.

Personal Protective Equipment (PPE) and Face Masks/Coverings

Advised Best Practices:

- Staff must wear appropriate gloves during food preparation and any screening activities that require contact.
- Staff and campers should wear face masks/coverings as advised by the Governor’s most recent [advisory](#).
- Masking is not required for campers when outside including in the act of playing sports and other activities.

- Masks and cloth face coverings should be routinely washed or replaced, depending on the frequency of use consistent with [CDC Guidance](#).
- Masks/face coverings should be provided by the camper/parent, but camps should have a sufficient supply of reusable or disposable masks to provide to campers or staff when requested.
- Staff may schedule times and locations for mask breaks, which should be outdoors if possible, or with windows open. During this time, ensure 6 feet of distance is maintained between all individuals.

Screening and Monitoring

Mandates:

- **Licensed Rec. Camps:** Staff conducting COVID-19 screenings must be trained by the camp's Health Care Consultant.
- COVID-19 vaccination should be noted with other immunization records.

Advised Best Practices:

- Screening: Checking for symptoms each morning by families and caregivers is critical and will serve as the primary screening mechanism for COVID-19 symptoms. Camps should provide information to families in their primary language to support them in conducting symptom checks and families should not send their children to camp if they exhibit COVID-19 symptoms.
 - Screening procedures are not required at the point of entry to the camp. However, camp staff should observe students throughout the day and refer students who may be symptomatic to the camp healthcare point of contact.
 - Temperature checks are not recommended as screening for all students due to the high likelihood of potential false positive and false negative results
- Staff should actively monitor children throughout the day for symptoms of any kind. Camps/programs must have a non-contact or temporal thermometer on site to check temperatures.
- Keep track of individuals that staff and campers interact with during the course of the day in the potential case of exposure.

Isolation and Quarantine

Mandates:

- In the event that a camper/staff tests positive for COVID-19 or is identified as a close contact, they must isolate or quarantine until they have met the requirements for discontinuing [isolation or quarantine](#). Vaccinated individuals who are exposed to COVID-19 do not need to quarantine.
 - **Licensed Rec. Camps:** Camp Health Care Consultants, Healthcare Supervisors and healthcare staff may follow current [Return to Work Guidance](#) for Healthcare Workers.
- **Licensed Rec. Camps** must notify the MDPH Community Sanitation Program and local board of health on the Recreational Camp Injury and Reporting form as soon as possible, but no later than 48 hours after notification of the positive case.
- Designate a separate space to isolate individuals with COVID-19 symptoms. (105 CMR 430.157, .161)

- Symptomatic campers/staff must be isolated immediately and supervised at all times by dedicated staff member(s). Others may not enter the isolation space without PPE appropriate for the care setting.
- If a symptomatic individual tests negative, they may return to activities after their symptoms have improved, and have been without fever for at least 24 hours without the use of fever reducing medications.
- Camps/programs must work with the local board of health or the Community Tracing Collaborative to help identify and notify close contacts and for guidance on quarantine requirements.

Advised Best Practices:

- Develop a plan for identifying, isolating, and discharging symptomatic children and staff.
- Have procedures for contacting parents of children in isolation immediately, criteria for seeking medical assistance, transportation for a child/staff who has developed symptoms related to COVID-19 and who rely on camp transportation, procedures for mitigation of transmission until the sick individual can safely leave the premises, and capacity to immediately notify the local board of health.
- Have contingency plans for arranging for transportation for a sick camper, in the case that parents/guardians are unable to pick up their children, and for staff, in case they are unable to transport themselves.
- While all camps/programs must designate an isolation room or space, camps/programs must prepare for the possibility of needing to isolate multiple individuals. If possible, camps/programs must create multiple, separate isolation rooms or spaces so symptomatic individuals can also physically distance from each other. A private or separate bathroom and separate exit from the building/area should be made available for use by sick individuals only.

Cleaning, Disinfecting and Sanitizing

Mandates:

- Cleaning and disinfection of shared sports equipment shall be in accordance with [CDC Guidance](#).
- Camps/programs must comply with applicable OSHA standards (29 CFR 1910) and 105 CMR 480.000 (Minimum Requirement for the Management of Medical and Biological Waste) to ensure proper disposal of regulated medical waste.

Advised Best Practices:

- Develop a plan in accordance with [CDC Guidance](#) for camp/program cleaning, disinfecting, and sanitizing practices and frequency. Clean surfaces first and use EPA-registered disinfectants and sanitizers for use against COVID-19, as appropriate. Follow the manufacturer's instructions for application, including contact and dry-times, and proper ventilation. Do not spray chemicals around children.
- All sanitizing and disinfecting solutions should be labeled properly to identify the contents, stored in a locked closet or compartment, and stored separately from food items.
- If a camp/program suspects a camper or staff member was present at the camp/program while infectious in the past 24 hours, close off and increase ventilation to the area(s) and clean and/or disinfect area(s) in accordance with [CDC Guidelines on Cleaning and Disinfecting Your Facility](#). Camps/programs must plan for availability of alternative space while areas are out of use.

- Camps/programs shall follow CDC infection control guidelines designed to protect individuals from exposure to diseases spread by blood, bodily fluids, or excretions that may spread infectious disease.

Transportation and Travel

Advised Best Practices:

- Planned trips to surrounding areas and recreational facilities are permitted.
 - While off-site, camps/programs must comply with applicable face covering requirements and must plan for how they will isolate a camper/staff who develops symptoms and arrange for separate transportation to seek medical care from the off-site location.
- Cohorts should be maintained to the extent possible during all transportation and travel.

Food Service and Safety

Advised Best Practices:

- When possible, snacks and meals should be brought from home, be pre-packaged, or ready to serve in individual portions. Where this is not feasible, staff must prepare and serve meals. No family style or self-service (buffet) meals should be permitted
- Extra meal shifts may be necessary.
- Increase ventilation by keeping windows open when possible.
- Kitchen staff should maintain a checklist indicating completion of routine cleaning/sanitizing of kitchen and dining areas.
- Avoid all food contact surfaces when using disinfectants.

Additional Guidance for Certain Activities

- All musical/theater activities should be conducted in accordance with DESE's [Guidance for Courses Requiring Additional Safety Considerations for Fall 2020](#). Multiple cohorts may participate in these activities if separation between each cohort is maintained in accordance with DESE guidance.
- If using offsite pools or beaches, camps/programs should reserve their own dedicated time slot, if feasible, to prevent interaction with other camps and the general public.

Guidance Only Applicable to Residential Camps and Overnight Programs

Staffing and Operations

Advised Best Practices:

- When possible, staff should remain on-site for the duration of the camp/program session.
- Campers should remain on-site for the duration of their session, with the exception of planned field trips within the cohort and to seek medical treatment.
- Multiple session camps should be aware that new campers pose an increased risk of new

- communicable disease and should make plans to mitigate this risk for the camp program duration.
- Staggered arrival to ensure that there is minimum overlap with campers and their families and so that individuals can complete modified quarantine pending test results (see below).

Testing

Mandates, if testing is administered by the camp:

- The Health Care Consultant (HCC) must review and approve testing policies and procedures which must be added to the camp's healthcare policies. Parent/guardian consent is required to conduct routine or medically indicated testing on minors at camp/program.
- Residential Camps/Programs must comply with all reporting requirements. COVID-19 is a notifiable disease and results **must** be reported to the Massachusetts Department of Public Health within 24 hours.
 - Camps/Programs must work with DPH and local boards of health to ensure that all individual test results (positive and negative) are reported in an approved manner and include all appropriate demographic and close contact information.

Advised Best Practices:

- Symptomatic Testing:** Residential Camps and Programs should have a symptomatic testing plan that ensures all symptomatic campers and staff are able to be tested promptly for COVID-19. If no on-site testing is available, transportation to and from testing location must minimize staff exposure to the symptomatic individual.
- Arrival Testing:** If camps would like to allow for no mask use by unvaccinated individuals indoors, then the following requirements should be met:
 - All unvaccinated campers and staff should be tested upon their initial arrival or after travelling off-site (other than for planned field trips and medical care where COVID-19 protocols were followed) using either a PCR or BinaxNow test.
 - Until results of all tests are received, all campers should be in "modified quarantine" where campers and staff must stay in the smallest groups possible and are required to mask and socially distance when indoors except during sleep.
 - If any testing during this period returns a positive result, follow isolation and quarantine guidance.
 - Cohorting is strongly recommended if an overnight camp plans to conduct arrival testing and not use masks indoors.
- Parent/guardian consent is required to conduct routine or medically indicated testing on minors at camp/program.
- If consent for testing is not granted, residential camps/programs may prohibit a camper from attending camp.
- All campers and staff should obtain a negative PCR test within 72 hours of coming to camp. If unable to produce results upon arrival at camp, individual(s) should quarantine from all other campers and staff until result from PCR test are received.
 - Staff and campers who are fully vaccinated are exempt from a negative PCR test within 72 hours of coming to camp.
 - Individuals who have tested positive within the last 90 days, have been cleared from isolation, and can provide lab results do not need to meet Arrival Testing requirements.

- **Surveillance Testing:** For camp sessions that last at least one week, campers and staff should be tested 3–5 days after arrival at camp. Camps with longer sessions should consider regular surveillance testing for campers and staff. Fully vaccinated asymptomatic people without an exposure can refrain from routine testing.

Isolation and Quarantine

Mandates:

- Parents or guardians of a camper in isolation or quarantine must be notified immediately.
- If a camper or staff must isolate due to positive test results or quarantine due to COVID-19 exposure, they may complete their isolation and quarantine requirements at the camp/program.
- Establish space(s), including separate bathrooms, for isolation and/or quarantine of:
 - Individuals that did not provide PCR test results for a test 72 hours prior to arrival;
 - Symptomatic individuals awaiting results;
 - Close contacts of positive individuals until they have met the requirements for discontinuing quarantine; and
 - Positive individuals.

Sleeping Arrangements

Mandates:

- Bed spacing and sleeping arrangements shall comply with requirements in 105 CMR 430.470 and 105 CMR 430.458.

Advised Best Practices:

- Increase ventilation by keeping windows open when possible.
- Face coverings do not need to worn by unvaccinated individuals within the cabin if arrival testing requirements are met.
- Face coverings should not be worn while sleeping.
- Unvaccinated visitors indoors from another cohort should wear a mask.

Cleaning, Disinfecting and Sanitizing

Mandate:

- Laundry services shall be provided in accordance with 105 CMR 430. Laundering shall be done in accordance with [CDC Guidance](#).

Advised Best Practices:

- Showers and bathroom areas, sleeping areas, bed surfaces and any shared items should be cleaned and disinfected in accordance with [CDC Guidance](#).
- Mattresses or mattress covers, and cots or cot covers should be cleaned or laundered regularly, and must be cleaned and disinfected prior to use in next camping session in accordance with [CDC Guidance](#) for soft (porous) surfaces.

Transportation and Travel

Advised Best Practices:

- Develop a policy for campers and staff arrival and departure from camp that limits the use of public transportation and exposure to the general population.
- Off-site travel is strongly discouraged. If off-site travel is offered, campers and staff must maintain distancing between cohorts, if cohorts are being used.