

COVID-19 Guidance for Overnight Group Summer Camps and Similar Activities

Summary of April 5, 2022 Changes

- Transition of previous COVID-19 Requirements in place by the Governor to current public health recommendations from the Washington State Department of Health (DOH).
- This guidance is informed by the latest science and data, including resources from the Centers for Disease Control and Prevention (CDC).

Included in this Guidance

- Overnight group camps.
- All other activities substantially similar in operation.

Not included in this Guidance

- Outdoor recreation.

Requirements and Recommendations

For Camp Operators

Adopt a written COVID-19 procedure at least as strict as the [requirements of the Washington State Department of Labor & Industries \(L&I\)](#) and in accordance with [Washington State Department of Health \(DOH\) guidance for businesses and any public health orders in place by the Local Health Jurisdiction \(LHJ\)](#). Businesses are **required** to comply with [L&I guidance, requirements, and policies](#). Businesses and organizations may set policies that are more protective than state and local requirements, but they cannot be less protective.

Designate a site-specific COVID-19 supervisor to monitor and enforce the COVID-19 safety plan. A copy of the plan must be available at all locations and available for inspection by state and local authorities.

Monitor [COVID-19 Community Levels](#) and adhere to all relevant public health guidance and requirements, including that of the local or tribal health jurisdiction.

Workplace Health and Safety Requirements

All employers have a general obligation to maintain a safe and healthy workplace in accordance with state and federal laws and safety and health rules for a variety of workplace hazards. Employers must specifically ensure operations follow the main [L&I COVID-19 requirements](#) to protect workers.

Guidelines for Overnight Group Summer Camps and Similar Activities

Individuals at Higher Risk and Those with Disabilities

It is important for individuals at [higher risk of becoming severely ill](#) from SAR-CoV-2 infection to consult with their health care provider when considering how to participate in camps and similar activities. General preventive measures for COVID-19 include vaccination, wearing a mask, avoiding crowded or poorly ventilated spaces, and practicing hand hygiene.

Camp operators should refer to the [CDC guidance for Direct Service Providers for people with disabilities](#) for information on serving children or youth with disabilities. Employers may also refer to L&I's [FAQ for Protecting High Risk Workers](#).

Pre-Arrival

All campers and staff are recommended to do both of the following before arriving at camp:

- Be [up to date with COVID-19 vaccinations](#), AND
- Receive a negative COVID-19 test no more than 72 hours prior to arrival at camp.

If resources permit, it is recommended a rapid antigen test be performed on all campers and staff upon arrival. This may include over the counter tests or self-tests conducted at home. Please refer to the [DOH guidance for establishments using self-tests](#) for information on the options for how self-tests can be administered, verified, and reported by an establishment.

Verification of vaccination or test results is recommended.

- Documentation of COVID-19 vaccination should be an official record, such as COVID-19 vaccination record card, documentation from a health care provider electronic health record or state Immunization Information System.
- Documentation of COVID-19 test result may take many forms depending on who administers the test. If conducted at a community test site or health care provider, a printed or electronic result may be provided. If a self-test is conducted, operators may request a photo of the test result or use an [attestation form](#).

Vaccination

It is recommended camp operators establish policies for campers and staff with exemptions for vaccinations, as well as children currently ineligible for vaccinations (for information who is eligible for vaccines, visit [CDC's page on vaccine eligibility](#)). These could include requiring testing prior to arriving at camp or when staff have been off-site for a designated period of time and/or have done activities that increase risk of exposure.

Masks

Facial coverings/masks will no longer be required for campers and staff. Camps may choose to require masks, however, and no camper or staff should be discouraged from wearing a mask if they choose to do so. Any person who chooses to wear a mask should be supported in doing so.

- Masks are recommended for public health protection in certain circumstances, such as:
 - Exposure to someone with COVID-19.

- Symptoms consistent with COVID-19.
- Spending time in crowded indoor settings where physical distancing is not possible.
- Individuals with increased risk for severe COVID-19, e.g., medically fragile campers, immunocompromised individuals.
- Staff caring for campers with disabilities that prevent them from wearing face coverings.
- Masks may be required by local order or operator policy for public health protection in certain circumstances, such as:
 - A camper or staff who has tested positive for COVID-19, has completed 5 days of isolation, is returning to camp activities after their symptoms have improved AND they are without fever for 24 hours without the use of fever-reducing medications. These individuals may be required to wear a well-fitting mask for days 6-10 OR have a negative antigen test after the 5th day of isolation so as not to wear a mask.
 - If there is an outbreak or cluster of cases at the camp.
 - If there is a surge or high community level of disease.
 - In designated healthcare settings.
- [L&I requirements](#) to protect worker safety still apply. Employers cannot prevent employees from wearing a face mask if they choose ([SB 5254](#)).

Ventilation

Camps should use measures to improve ventilation indoors whenever possible. Focus on potentially higher risk settings, like where large groups are gathered together (e.g., meal times) or where activities of increased aerosolization are performed (e.g., singing or shouting, playing brass or woodwind instruments). Move higher risk activities outdoors when feasible.

To improve ventilation indoors, consider the following:

- Upgrading filters to MERV 13 if the system can handle the air resistance.
- Bringing in as much outside air as possible – through the HVAC or by opening windows and doors.
- Cooling fans may be used. They should blow away from people. If there are ceiling fans, reverse the flow direction to draw air upward or turn them off.
- Portable HEPA air cleaners can provide increased filtration in rooms with poorer ventilation or in isolation areas. Choose HEPA air cleaners certified by the California Air Resources Board to not emit dangerous levels of ozone. Do not use ozone generators, electrostatic precipitators and ionizers, negative ion air purifiers, etc. because they can produce harmful by-products. Do not use personal air purifiers.
- For more information and options related to ventilation, see [DOH's Ventilation and Air Quality for Reducing Transmission of COVID-19](#), [CDC's guidance for improving ventilation and increasing filtration in schools](#), and the [Association for Heating, Ventilating and Air-Conditioning Engineers \(ASHRAE\) guidance on ventilation during COVID-19](#).

Exclusion of Ill Individuals

Any camper or staff who reports or exhibits COVID-19-like symptoms should immediately be isolated from others and wear a well-fitted mask. If camps have testing resources, the individual should be tested for COVID-19, preferably with an antigen test, following [CDC guidance for antigen tests in community settings](#). If on-site testing resources are not available, the individual should be referred for testing. Coordination with local public health may facilitate identification of testing resources. A [list of local health jurisdiction \(LHJ\) contacts](#) can be found on the DOH website.

Isolation

It is recommended camp operators establish a policy on how to address campers or staff who test positive while at camp, irrespective of their vaccination status. This policy could require the individual to return home for the entirety of the 10-day isolation period* OR a camper or staff could return to camp after **5 full days** of isolation IF:

- Their symptoms have improved, or they are asymptomatic; AND
- They are without a fever for the past 24 hours without use of fever-reducing medications.

AND IF returning to camp days 6-10, the individual is **strongly recommended** to:

- Wear a well-fitted mask during days 6-10 of their isolation period, consistent with CDC guidance, OR
- Test negative with an antigen or at-home test any day after day 5 before returning without a mask. Testing beyond day 10 is not necessary.

**The isolation period is 10 full days from the start of symptoms or the date of positive test. See [Calculating Your Isolation Period](#) for additional information.*

If the individual is not able to wear a well-fitted mask or face shield with a drape, and does not test negative, they are **strongly recommended** to continue isolating through the end of their isolation period. See also the [What to do if a Person is Symptomatic](#) flowchart as a reference.

Exposure Notification

Camp operators should have a process in place to notify individuals, groups of individuals, and families if campers were potentially exposed to COVID-19. It is recommended individuals known to be at higher risk, or are immunocompromised or medically fragile, be directly notified. Staff must be notified of potential exposure in accordance with L&I requirements ([WAC 296-62-600](#) and [FAQ](#)).

Regardless of vaccination status, campers and staff who were potentially exposed to COVID-19 are recommended to:

- Monitor for symptoms, AND
- Consider wearing a well-fitted mask (if age-appropriate) for 10 days after the last date of exposure, especially during activities like high-risk indoor sports, performing arts, etc., AND

- Get tested 3-5 days after their last exposure. Molecular (PCR/NAAT), antigen, and at-home tests are acceptable. If they test positive, they must isolate.
- For individuals who have been recently infected (within the past 90 days), antigen testing should be performed as PCR results may remain persistently positive and not be indicative of a new, active infection.

See also the [What to do if You Receive an Exposure Notification](#) flowchart as a reference.

Exposed campers and staff may continue to take part in camp, as long as they are not symptomatic. If an exposed camper or staff develops symptoms, they should immediately isolate per the camp's policy and follow protocols.

Responding to COVID-19 Cases and Working with Public Health

It is recommended camp operators develop policies on addressing COVID-19 clusters and/or outbreaks. Cooperation with public health in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19 is required ([WAC 246-101-425](#) and [Governor's Proclamation 20-25.13](#)).

- In order to assist with contact tracing in the event of a possible exposure, keep a roster of staff, campers, and visitors in attendance at camp overall and at individual activities, including transportation if individuals were transported anywhere together. Records should include contact information for all individuals.
- Records to assist with contact tracing must be kept on file for 28 days after each camp session.
- In order to assist with case investigation and contact tracing, be prepared to provide local health jurisdictions with information for all campers and staff with COVID-19. This information about campers and staff may include, but is not limited to:
 - Name
 - Date of birth
 - Role (camper, staff)
 - Parent or guardian name
 - Phone number (or phone number of parent or guardian)
 - Home address
 - Sleeping location and areas visited at the camp
 - Dates of camp attendance
 - Type of COVID-19 test
 - Date of positive test
 - Date of symptom onset
 - Medical conditions
 - Preferred language spoken
 - Information about any close contacts of the camper or staff with COVID-19

Hand Hygiene and Respiratory Etiquette

Encourage frequent handwashing and good respiratory etiquette to prevent contracting and

spreading infectious diseases, including COVID-19. Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, and no-touch/foot-pedal trash cans. Ensure that staff practice proper handwashing and respiratory etiquette.

Cleaning and Disinfection

Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, drinking fountains, and restrooms. In general, cleaning once a day is enough to sufficiently remove potential virus that may be on surfaces. Sanitizers and disinfectants must be EPA registered anti-microbial pesticides. If they are not EPA registered, they are not an appropriate product. For COVID-19, choose a disinfectant registered for use against the [SARS-CoV-2 virus](#). When possible, choose safer fragrance-free disinfectants and sanitizers. Hydrogen peroxide or alcohol-based products are safer for human health and are better products for those who suffer from asthma. Find more information about cleaning, disinfecting, and choosing safer cleaning and disinfection products on the [Safe Cleaning and Disinfection Guidance for Public Spaces](#).

Transportation

Vehicles should enhance ventilation by opening windows and vents as possible. Increased physical distancing should be considered as feasible.

Visitors

It is recommended camp operators establish policies for visitors that could include, but not be limited to:

- Ensuring they are [up to date](#) with COVID-19 vaccinations.
- Having a documented negative COVID-19 test no more than 72 hours prior to visiting.
- Wearing a [well-fitting mask](#) when around campers and staff indoors.

Staff Returning from Time Away

It is recommended camp operators establish policies for staff that reduce the risk of transmission of COVID-19 upon return following time away from camp. These could include, for example, required antigen testing upon return to camp after being away overnight, following at-home testing package instructions, especially if in or returning from areas of high [COVID-19 Community Levels](#).

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves

some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share only accurate information to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions? Call our COVID-19 Information hotline: **1-800-525-0127**

Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and [observed state holidays](#), 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.