



# RESTARTING MAINE'S ECONOMY

## COVID-19 Prevention Checklist Industry Guidance

The State of Maine has adopted a staged approach, supported by science, public health expertise and industry collaboration, to allow Maine businesses to safely open when the time is right. The plan is available at [www.maine.gov/covid19/restartingmaine](http://www.maine.gov/covid19/restartingmaine).

This is one of many industry guidance documents the State is preparing for businesses so they can be prepared to meet health guidelines and reopen safely. Please make sure you pair this document with the general guidance document that applies to all industries, which is available on [maine.gov/DECD](http://maine.gov/DECD).

Please note: This document may be updated as additional information and resources become available.

### Phase 2: Overnight Summer Camps *Released May 20, 2020*

It is important that overnight camps in Maine consider some key public health mitigation measures when planning operations this summer.

1. Keeping campers in consistent groups with limited mixing between groups throughout the camp program will help keep communicable diseases from spreading. This is the reason for smallest practicable group recommendations.
2. Camps should consider grouping campers by their sleeping group/bunk and consider this group similar to a family "household."
3. When 'households' come together, camp directors should minimize mixing and consider mitigation measures to decrease contact intensity including ventilation (outdoor activities), physical distancing between 'households' and use of facial coverings when physical distancing cannot be accomplished.
4. Single-session camps "sheltering in place" can consider larger group gatherings for dining and group programs, however, larger group gatherings, especially inside buildings, increase the potential of communicable disease spreading. Mitigation for these gatherings could include splitting large group sizes into smaller groups (by 'household'), outdoor programming, dining and programmatic changes to minimize mixing, strict physical distancing between 'households' and facial coverings when distancing cannot be accomplished.
5. Multiple-session camps should realize new cohorts of campers pose an increased risk of new communicable disease, and make plans to mitigate this risk including 'sheltering in place' for camp program duration, using smallest practicable groupings, outdoor programming, dining and programmatic changes to minimize mixing between 'households', strict physical distancing and facial coverings when distancing cannot occur.

6. There is not a testing strategy recommended for summer camp programs at this time. However, given the rapidly changing testing environment for COVID, camps are requested to continue to closely monitor this situation and Maine CDC recommendations.
7. To the extent possible, transportation to and from summer camps should be direct-to-camp and direct-to-home.
8. Out-of-state campers of multiple session camps with new cohorts of campers must quarantine for 14 days prior to camp attendance, and out-of-state staff of these programs must quarantine for 14 days prior to camper arrival. At single-session camps, staff must quarantine for 14 days prior to camper arrival, and it is recommended that out-of-state campers for these programs also consider quarantine.
9. Please be aware that camps will be subject to closure per CDC recommendations if there is an outbreak within the camp.

Camps are encouraged to review the [American Camp Association's operations guide](#) for more specific recommendations on running a camp for the 2020 season.

## A. General Operations

1. Single-session camps, defined as overnight summer camps that only have one round of campers per season, may be considered a single community for the purpose of abiding by the Governor's shelter in place order, regardless of camp size, as long as there is minimal movement of individuals in and out of the camp. The camp session must be greater than 2 weeks in length to fit this consideration.
2. For multi-session camps, defined as those with multiple rounds of campers per season:
  - a. The minimum duration of a camp session must be 2 weeks, and sessions should not overlap.
  - b. 1 week sessions are allowed only for camps attended by Maine children and staffed by Maine residents or out-of-state staff that has successfully completed quarantine.
  - c. Camps should either not allow out-of-state campers and staff or, if out-of-state campers and staff are admitted, they must quarantine for 14 days prior to arriving at the camp.
  - d. Camps must adhere to gathering size limits as established by the Governor's executive order.
3. Given the need for caution and ever-changing nature of international travel regulations, overnight camps should not host international campers or employ temporary international workers for the 2020 season.

## B. Health Screening/Surveillance

### a. Pre-Arrival & Arrival

1. Camp administrators may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide for screening children and CDC's [General Business FAQs](#) for screening staff.

2. Require parents to keep sick children home before arriving at camp and require staff to stay home if they are ill.
3. Pre-arrival Screening of Campers and Staff- Recommend use of a pre-arrival screening by having campers and staff complete a self-screening tool during a 7-10 day period prior to their arrival at camp and provide it to the camp during check-in procedures.
4. It is permissible for staff to arrive at camp prior to July 1, but must quarantine in place for 14 days before campers arrive.
5. Staff who are Maine residents do not need to quarantine for 14 days.
6. If international staff are allowed to travel to the US by federal or state mandates, any international staff must be screened upon arrival at camp and be quarantined for 14 days at camp prior to the arrival of campers.
7. Camps are strongly discouraged from admitting staff and campers who are symptomatic for COVID-19. Implement health screenings in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
8. Consider including specific questions regarding COVID-19 symptoms and temperature monitoring in the health screening process.
9. Health screening should be done upon arrival of staff and campers and throughout the camp experience at the discretion of the camp medical staff and in accordance with camp's Communicable Disease Plan.
10. If FDA-approved testing for viral RNA and/or antibodies is made available for camp staff and/or campers, and testing is recommended by CDC, such testing may provide additional information for health screening. At this time, health screenings do not involve such testing.

#### **11. Worker Health**

- a. Screen staff for symptoms of COVID and exposures to positive COVID. Staff will arrive at camp and remain at camp for the duration of a 14-day quarantine. Consider daily health screening of local workers. Consider minimizing or eliminating staff travel off camp facilities for the duration of the summer.

#### **12. Visitors (See also visitors, Parents & Field Trips)**

- a. Visitors will not be allowed on camp property during periods of group quarantine. Visitors will be limited to critical service providers for the duration of the camp session. Essential visitors must don facial coverings when in camp.

#### **b. End of Program**

1. Daily surveillance will continue through the end of camp. Campers or staff that develop possible COVID symptoms during this time will have increased surveillance and testing to determine COVID status prior to travel home. Camps should consider alternative travel options for campers who are demonstrating potential symptoms of COVID.

### **C. High Risk Populations**

1. Vulnerable or high-risk populations require special consideration for camping programs.
2. Camp directors should work with camper parents and primary care providers to determine if camp is a reasonably safe option for them.
3. Families of campers with high-risk individuals must consider COVID exposure risks if they send their child to camp and determine if safe.
4. Camp staff should consider whether they can work safely in camp if they have any of these conditions and camp directors should discuss potential risks for individuals with the following:
  - a. People 65 or older
  - b. People who live in a nursing home or long-term care facility
  - c. People of all ages with underlying medical conditions, particularly if not well controlled including:
    - i. People with chronic lung disease or moderate to severe asthma
    - ii. People who have serious heart conditions
    - iii. People who are immunocompromised: Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
    - iv. People with severe obesity (body mass index [BMI] of 40 or higher)
    - v. People with diabetes
    - vi. People with chronic kidney disease undergoing dialysis
    - vii. People with liver disease

#### **D. Physical Distancing, Group Size & Cohorting**

1. Camp administrators should ensure camp and staff are separated into “households” that remain consistent over the camp program. Consider programs that function by bunk and dining/activity “households” that are groups of bunks. The smallest practical group size should be considered. Mixing between “households” should be discouraged.
2. Limit “households” to the smallest practical group size based upon cabin arrangements. Sleeping areas should be arranged maximizing the space between campers/staff. If possible, divide larger cabins into smaller sleeping groups. Bedding should be arranged head-to-toe.
3. Space seating indoors and outdoors at least 6 feet apart between camper groups (for example, bunks or cabins).

4. If a dining hall is typically used, consider serving meals in smaller “households” rather than the entire camp at one time.
5. Dining and other group facilities should be cleaned between “household” uses.
6. Avoid buffet lines and consider serving individually plated or boxed meals. If meals are typically served family-style, counselor staff should plate each child’s meal to serve it so that multiple children are not using the same serving utensils.
7. Consider limiting large gatherings, events, and extracurricular activities to those that can maintain social distancing and support proper hand hygiene. Outdoor fields can be used for large gatherings with at least 6 feet maintained between camp groups. Manage communal use spaces, shared facilities, and playgrounds to avoid large gatherings; stagger times of use and disinfect in between use.

## E. Promote healthy hygiene practices

1. Teach and reinforce washing hands and covering coughs and sneezes among children and staff.
2. Teach and reinforce use of cloth face coverings among all staff. Face coverings are most essential in times when physical distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings.
3. Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trashcans.
4. In settings where physical distancing is not possible, children should wear face coverings when practicable and age, activity, and developmentally appropriate. See the [American Academy of Pediatrics website](#) for more information.
5. Post signs on how to stop the spread of COVID, properly wash hands, promote everyday protective measures, and properly wear a face covering.
6. Provide educational materials in advance to parents and guardians for sharing with children prior to camp and reinforce awareness at staff and camper orientation and periodically thereafter for all throughout the camp experience.
7. Face Coverings: When physical distancing is not possible, face coverings should be used. Additionally, dining staff should wear face coverings when preparing and serving food. It is not advisable for children to sleep with face coverings. It is acceptable for kitchen staff to wear face shields in lieu of masks when the kitchen or weather is warm.
8. Health Center: Health staff will wear face coverings when physical distancing cannot be maintained. PPE for health staff will be consistent with CDC guidelines for its use in suspected communicable disease including the consideration of N95, procedural masks and eye covering.
9. Facilities & Vendor Deliveries: Facilities staff and vendors will wear face coverings when physical distancing cannot be maintained and for the former when in camper living areas.

## F. Limit Sharing

1. Attempt to keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas. Avoid sharing clothing, personal care products, and belongings between campers and between staff.
2. Ensure adequate supplies to minimize sharing of high-touch materials assigned to a single camper (art supplies, sports equipment, etc.) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between uses.
3. Have pre-packaged boxes or individual bags of snacks to avoid sharing by campers and staff. Provide pre-plated meals for each camper and staff, where possible. Avoid sharing of foods and utensils by campers as in a buffet or serving line. Staff members should plate foods for campers when served family-style.

## G. Intensify cleaning, disinfection, and ventilation

1. Refer to the [CDC cleaning guidance](#) for general information.
2. Clean and disinfect frequently touched surfaces within the camp and on buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) and shared objects (for example, toys, games, art supplies) between uses.
3. Create processes for using bathrooms that encourage social distancing. Increase cleaning and disinfecting of bathrooms.
4. To clean and disinfect buses see guidance for [bus transit operators](#).
5. Ensure safe and correct application of disinfectants and keep products away from children.
6. 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.
7. Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.
8. Clean sinks and bottle filling stations frequently. Provide disposable cups for water fountains and refillable water jugs.
9. Ensure potable and process water plumbing systems are appropriately readied prior to camp in accord with CDC and local health department guidance to minimize the risk of diseases associated with waterborne pathogens.

## H. Programmatic Considerations

1. Camps should consider altering programmatic activities to reflect current recommendations for physical distancing & group size. When physical distancing is not possible, face coverings will be used.
2. Planning should include accommodations for inclement weather that could impact physical distancing of staff and campers.
3. Wilderness Activities: Camps with overnight wilderness trips will ensure that trip groups are consistent their camp cohort. Trips will be in small groups of no more than 10. Trips will be

done as a cohort and face coverings will be encouraged in the vehicle. Trips will minimize the number of campers in each tent.

4. Camp administrators should restrict arrival to camp and departure from camp to the greatest extent possible. Camps should consider having campers and staff with direct camper contact (for example, bunk counselors, activity and program leaders) remain on campgrounds for the duration of the camp session with exceptions to outside medical or other essential visits. Campers leaving camp and returning should wear cloth coverings and should not visit public areas such as restaurants and retail settings.
5. Arrangements should be made for retaining staff with direct camper contact on premises on days off.
6. If a camp only serves Maine children, staff may leave camp during days off as long as they remain in Maine, and they must be screened upon return to camp.
7. Visitors & Parents & Field Trips:
  - Restrict nonessential visitors, entertainers, volunteers, and activities involving outside groups.
  - Field trips, socials and intercamp games to public gathering and recreational places should be avoided. It may be possible to permit small groups to day travel to nearby recreational areas where interfacing with the external community is not expected. For example, taking campers for equestrian sessions, transporting cyclists to go mountain biking or campers traveling offsite for a canoe trip.
8. Dining schedules may be altered or staggered to adhere to the maximum group gathering guidelines. Alternatives to buffet-style serving, camps could consider serving meals "family style" to minimize movement and exposures in the dining facility.

## I. Pools and other aquatic activities

1. Pools must continue to follow Governor's current Executive Order regarding gathering size.
2. There is an increased risk of transmission in an indoor pool. Therefore:
  - a. Indoor pools are recommended to be limited to single swimming lanes.
  - b. Free/open swim times are not recommended for indoor pools at this time.
3. Keep swimming pools properly cleaned and disinfected. Proper operation, maintenance, and disinfection (with chlorine or bromine) of swimming pools should kill the virus that causes COVID-19.
4. Swimming pool directors must plan for cleaning and disinfection of items that are typically shared between individuals.
5. Face coverings should not be worn in the pool.
6. Physical distancing must be maintained to the extent possible in the pool, on the pool deck, in diving board areas, and seating areas.
7. Common touch surfaces such as hand rails, ladders, and diving platforms, should be cleaned and disinfected frequently.

8. Use of hot tubs, spas, water playgrounds, or water parks is not recommended at this time. While proper operation, maintenance, and disinfection (with chlorine or bromine) should kill COVID-19 in hot tubs, spas, water playgrounds, and water parks, you should not use these facilities within local, state, or national parks at this time because:
  - a. They are often crowded and could easily exceed recommended guidance for gatherings.
  - b. It can be challenging to keep surfaces clean and disinfected.
  - c. The virus can spread when people touch surfaces and then touch their unwashed hands to their eyes, nose, or mouth.
9. Swimming in the ocean, lakes and ponds is allowed. Physical distancing must be maintained on any beach areas.

## J. Camp activities

Not all regular camp activities may be appropriate when adhering to best practices to reduce the spread of COVID-19. Different activities carry different levels of risk based on contact intensity and duration, as well as the number of participants. COVID-19 is transmitted through respiratory droplets; therefore, activities that increase the spread of such droplets (e.g. singing or yelling in the close proximity of others) also carry increased risk. Camps are encouraged to focus on activities that require less group contact—this can include altering typical activities to reduce transmission risk. Resources such as the [Aspen Institute “Project Play” Return to Play Risk Assessment Tool](#) and the [American Camp Association’s “Camp Operations Guide”](#) can assist camp directors and counselors as they consider the risks of common activities and plan potential adjustments to increase the safety of camp activities.

## K. Transportation

1. Camps should, whenever possible, have direct-to-camp and direct-to-home transportation.
2. Camp directors are encouraged to arrange for camper and staff travel that minimize exposures outside the camp community. This could include charter buses or flights, direct-to-camp/direct-to-home transportation. Camps counselors should cohort campers upon arrival to the airport. Camp directors should remind out-of-state parents of Maine’s Governors Order to self-quarantine for 14 days if transportation to camp requires an overnight stay.
3. Create social distance between children on transport vans and buses where possible. Use face coverings, if unable to maintain social distancing.
4. Camp administrators should be aware of the infection potential of campers and staff traveling from high infection transmission areas and are advised to consider limits to participants from these areas and/or in accord with the State and local agency requirements for regional and interstate travel. If allowed, staff from these areas must quarantine in small groups (<10) for at least 14-days prior to arrival of campers or before introduction to camp and participate in pre-arrival screening.

## L. Communication with State and Local Public Health Authorities

1. Overnight camps will ensure timely and accurate reporting to the Maine CDC for all notifiable diseases and conditions, including COVID. Camp directors should ensure a single point of contact for communication and familiarize themselves with Maine CDC reporting protocols and contact methods.

## M. COVID and COVID-Like Illness Management

1. Campers and staff with potential COVID symptoms must be isolated, and management will determine camp category.
2. Health Centers:
  - a. Monitor Health Center logs to identify illness patterns.
  - b. Consider adjusting medication administration processes in the Health Center to promote social distancing.
  - c. Consider implementing a strategy for triaging individuals in the Health Center that promotes social distancing.
  - d. Train Health Center staff to follow camp communicable disease strategies: don/doff PPE, steps in Communicable Disease Plan (CDP), health screening activities, etc.
  - e. Create a system for camps to communicate with public health officials, nearby healthcare facilities, families, and other stakeholders. Children or staff worsening in their symptomatology should be referred to an external healthcare facility.
  - f. Create a communication system for staff and families to self-report symptoms and notification of exposures.
  - g. When a camper or staff is identified with potential COVID symptoms, this person will be isolated and quarantined from camp activities until COVID status can be determined.
  - h. Work with camp leaders and healthcare providers to identify an isolation area in camp to separate anyone who exhibits COVID-like symptoms. Follow the camp's Communicable Disease Plan (CDP) that includes guidelines for isolation and transportation of individuals to local healthcare facilities for testing, if necessary, and with the potential of return to home.
  - i. Camp healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
  - j. In the event of a confirmed case by viral PCR testing, notify State and local health officials as required, staff, and families in accord with the CDP while maintaining confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#). Per camp's communicable disease plan, identify campers and staff with potentially high intensity contact ('households') and increase surveillance or consider quarantine of these individuals.
  - k. Enhance health screening surveillance for close contacts within the camp group and limit interactions of this group with other groups.

- l. Clear and close off recent areas used by an ill camper/staff and do not use before cleaning and disinfection. Ensure [safe and correct application](#) of disinfectants by staff and keep disinfectant products away from children. Arrange for a deep cleaning of the camper's overnight area and the staff's workspace.
- m. Adjust camper and staff policies to reflect the need for a COVID-suspected or COVID-positive individual to be immediately isolated from the larger camp community.
- n. If camper or staff are confirmed positive for COVID-19, isolate according to your CDP, test when possible, and advise these staff members not to return until they have met [CDC criteria to discontinue home isolation](#).
- o. As part of the CDP, the camp can decide to isolate or send home those individuals exposed to a person with COVID-19 in order to self-monitor for symptoms, and follow [CDC guidance](#) for isolation, if symptoms develop.
- p. If camper or staff are confirmed positive for COVID-19, isolate according to your CDP, test when possible, and advise staff members not to return from camp isolation until they have met CDC criteria to discontinue isolation.