COVID19 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: Day Camps and Summer Recreation Programs**

*Released: May 20, 2020*

**A. Promote healthy hygiene practices**

1. Teach and reinforce washing hands and covering coughs and sneezes among campers 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 campers who can safely use hand sanitizer), tissues, and no-touch trashcans.

4. In settings where physical distancing is not possible, campers should wear face coverings when practicable and age, activity, and developmentally appropriate. See the [American Academy of Pediatrics website](https://www.aap.org) for more information.

5. Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

6. Provide educational materials in advance to families for sharing with campers prior to camp and reinforce awareness at staff and camper orientation and periodically thereafter for all throughout the camp experience.

**B. High Risk Populations**
1. Vulnerable or high-risk populations require special consideration for day programs.

2. Parents of campers should work with their primary care provider and the camp director 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 camper to camp and determine if attendance at camp is safe.

4. Camp directors should follow the CDC requirements that special high-risk and vulnerable populations should continue to shelter in place through Phase 2.

5. 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:
   - People 65 or older
   - People who live in a nursing home or long-term care facility
   - People of all ages with underlying medical conditions, particularly if not well-controlled including:
     - People with chronic lung disease or moderate to severe asthma
     - People who have serious heart conditions
     - 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
     - People with severe obesity (body mass index [BMI] of 40 or higher)
     - People with diabetes
     - People with chronic kidney disease undergoing dialysis
     - People with liver disease

C. Ensure social distancing

1. Camp directors should ensure camp and staff are separated into small groups that remain as consistent as possible over a camper’s time in the program. Consider programs that function by group and dining/activity groups that are groups of groups.
   a. The camp must adhere to gathering size limits as established by the Governor’s executive order. When gathering size limits are raised, the smallest practical group size should still be utilized.
   b. For instance, if gather size limits are 50, then a total of 50 campers and staff can come together as a larger group of smaller consistent groups.
   c. Mixing between smaller groups should be discouraged, and when larger groups gather as a collection of smaller groups, physical distancing should be used between groups, and if physical distancing is not possible, face coverings should be used (if age and developmentally appropriate).
2. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing and support proper hand hygiene.

3. At this time, campers from out of state are required to quarantine for 14 days prior to camp attendance.

4. Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.

5. Space all seating to at least six feet apart.

6. Consider use of ground markings and other cueing tools to help campers maintain physical distancing in group settings.

7. Close communal use spaces such as dining rooms and playgrounds if possible; otherwise stagger use and disinfect in between use.

8. If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms.

9. No shared food utensils or self-service food or drink areas.

10. Day camps should assess their meal plans and consider campers bringing their own lunches this season. When camps use kitchen facilities for serving meals, create processes for service and clearing that minimize shared contact. For example, campers can bus their own trays and dishes if possible.

11. Access to vending machines should be limited due to the challenge of ongoing cleaning and disinfection of common touch surfaces.

12. Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible. Encourage car-line drop-off and pick-up systems and single-family vehicles. Discourage carpooling and parents entering the camp area. Create distance of 6 feet between campers on buses, if possible. Use face coverings if unable to maintain physical distancing.

13. Camp directors will alter programmatic activities to reflect current recommendations for physical distancing and group size. When physical distancing is not possible, face coverings should be used.

14. Field trips to public gathering places and recreational places should be avoided. It may be possible to permit small groups to day travel to nearby recreational areas where interaction with the external community is not expected. If day camps choose to plan field trips, consider the risk of transportation and minimize contact intensity through physical distancing, face coverings, and traveling with small, consistent groups.

15. Planning should include accommodations for inclement weather that could impact physical distancing of staff and campers.

D. Limit sharing

1. Keep camper and staff member belongings separated from others’ and in individually labeled containers, cubbies, or areas. All personal items must be labeled with owner’s name.
2. Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of campers at a time and clean and disinfect between use.

3. If food is offered to campers, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.

4. Avoid sharing electronic devices, toys, books, and other games or learning aids.

5. Minimize what a camper brings to camp from home.

E. 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 campers.

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.

F. Train all staff

1. Train all staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that physical distancing is maintained.

G. Monitoring and Preparing

1. Check for signs and symptoms of COVID-19 among staff and campers

2. Implement screenings safely and respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality must be maintained.

3. Camp directors may use examples of screening methods in CDC’s Supplemental Guidance for Child Care Programs that Remain Open as a guide for screening campers and CDC’s Interim Guidance for Businesses and Employers on screening staff.

4. Require staff to stay home if they are sick.
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5. Require parents to keep sick campers home.

H. Plan for when a staff, camper, or visitor becomes sick

1. Work with camp directors, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. Camp nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people.

2. Establish procedures to safely and promptly transport anyone sick home or to a healthcare facility.

3. Notify local and state health officials immediately of a possible case and work with them regarding appropriate communications with families while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).

4. Close off areas used by someone who tested positive for COVID-19 and do not use before cleaning and disinfection. Ensure safe and correct application of disinfectants and keep disinfectant products away from campers.

5. Advise sick staff members and camper families not to return until they have met CDC criteria to discontinue home isolation. Campers and staff should be evaluated by a medical provider and prior to returning obtain a physician’s note saying they are safe to return to camp.

6. Inform those exposed to a person with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.

I. Maintain healthy operations

1. Implement flexible sick leave policies and practices, if feasible.

2. Monitor absenteeism and have a roster of trained back-up staff.

3. Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.

4. Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.

J. Closing

1. Check State and local health department notices daily about transmission in the area and adjust operations accordingly.

2. In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a short time (1-2 days) for cleaning and disinfection.

K. Pools and other aquatic activities
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1. There is an increased risk of transmission in an indoor pool. Therefore, indoor pools are recommended to be limited to single swimming lanes.

2. Pools must continue to follow Governor’s current Executive Order regarding gathering size.

3. Free/open swim times are not recommended for indoor pools at this time.

4. 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.

5. Swimming pool directors must plan for cleaning and disinfection of items that are typically shared between individuals.

6. Face coverings should not be worn in the pool.

7. Physical distancing must be maintained to the extent possible in the pool, on the pool deck, in diving board areas, and seating areas.

8. Common touch surfaces such as hand rails, ladders, and diving platforms, should be cleaned and disinfected frequently.

9. 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.

10. Swimming in the ocean, lakes and ponds is allowed. Physical distancing must be maintained on any beach areas.

L. 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.