



## Novel Coronavirus (COVID-19) Alameda County Public Health Department Guidance for Camps and Educational/Recreational Programs: May 11, 2020

This document provides guidance for operating day camps and educational/recreational programs that provide care for children age five and older whose parents or caregivers are allowed to work outside of their homes during the COVID-19 pandemic. This FAQ provides Alameda County Public Health Department (ACPHD) guidance and orders for private and public camps, children’s activity centers, church programs, etc. Camps and educational/recreational 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 pertaining to the following topics:**

- ✓ **COVID-19 Overview**
- ✓ **California Stay at Home Order**
- ✓ **Infection Control through Social Distancing**
- ✓ **Additional Infection Control Measures**
- ✓ **What to do when there is a confirmed positive COVID-19 case in the camp or educational/recreational 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. Minimizing 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](http://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 case of COVID-19 was seen in Wuhan, China at the end of 2019.

### **Symptoms of COVID-19 include the following:**

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell



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 possible 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. Shorter duration of interaction is better. 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 main 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 gradual lifting of restrictions, the bubble can “expand” in slow increments, such as allowing children to mix in small groups with the guidelines below.

Childcare, camps and educational/recreational programs are allowed to provide services that enable owners, employees, volunteers, and contractors for Essential Businesses or Essential Governmental Functions and others allowed to work under the most current Health Officer [order](#). List of **Essential Workers** can be found [here](#). Children of owners, employees, volunteers, and contractors who are not exempt under this Order currently may not attend childcare, camps and recreational/educational programs.

### California Stay at Home Order

On March 19<sup>th</sup>, California issued a Stay at Home Order. This order differs from the local Alameda County Orders (described below) since it does not have an end date. **Childcare, camps, and educational/recreational programs will need to adhere to the State’s Order to serve ONLY essential sectors until the order is lifted.** For more information, see California Stay at Home Order FAQ [here](#).

### Alameda County Shelter in Place Order

To slow and decrease the spread of COVID-19, Alameda County joined Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara counties and the City of Berkeley in issuing a legal order directing their respective residents to shelter at home. The order limits activity, travel, and business functions to only the most essential needs. Governor Newsom issued a similar



statewide order on March 19, 2020. Both Orders remain in effect in Alameda County, with the local order prevailing in areas where it is more restrictive than the order issued by the State. For more information, see Shelter in Place Order FAQ [here](#).

### **Order Extension**

The Alameda County Order Extension beginning on **May 4, 2020** extends the shelter in place requirements until **May 31, 2020** at 11:59 p.m. The following activities may resume as long as physical distancing and industry-specific requirements are followed:

- All construction projects that follow the Construction Project Safety Protocols included with the order;
- All real estate transactions, with restrictions on open houses and limited tours;
- Childcare, camps and educational/recreational programs that provide care for children of people who are allowed to work outside of their homes;
- Outdoor businesses such as nurseries, landscaping, and agriculture that normally operated outdoors prior to the shelter in place orders; and
- Use of certain outdoor recreational facilities, such as skate parks, golf courses, and athletic fields.
- See [FAQs](#) for most up to date information on allowable activities.

Essential and minimum business operations, as defined in the order, may continue.

All businesses operating in the County must update or create a Social Distancing Protocol to reflect new requirements specified in the order.

### **Shelter in Place Order/Camps and Educational or Recreational Institutions**

Childcare establishments, summer camps, and other educational or recreational institutions or programs providing care or supervision for children of all ages that enable owners, employees, volunteers, and contractors for Essential Businesses, Essential Governmental Functions, Outdoor Businesses, or Minimum Basic Operations to work are allowed. List of Essential Workers can be found [here](#).

The programs listed above may also serve vulnerable populations, including:

- Children who are receiving child protective services or who have been deemed to be at risk of abuse, neglect, or exploitation.
- Children eligible through the Emergency Child Care Bridge Program for Foster Children.
- Families experiencing homelessness as defined in Section 11434(a)(2) of Title 42 of the *United States Code*, known as the *McKinney-Vento Homeless Assistance Act*.
- Children of domestic violence survivors.
- Families with children with disabilities or special health care needs whose individualized education programs (IEP) and/or individual family support plans (IFSP) include ELC services.

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

1. They must be carried out in stable groups of 12 or fewer children (“stable” means that the same 12 or fewer children are in the same group each day). \* Note: The Alameda County Shelter in Place Order specifies a group size of 12. However, if a childcare establishment is licensed by the

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California Community Care Licensing Division (CCCL), they recommend a group size of 10. The Alameda County Public Health Department is also recommending the smaller (more restrictive) group size for CCCL licensed facilities.

2. Children shall not change from one group to another. The group should remain stable for at least four 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 shall be in a separate room. Groups shall not mix with each other.
4. Providers or educators shall remain solely with one group of children.

**For additional guidance around childcare facilities on issues such as infection control, visit**

<http://www.acphd.org/2019-ncov/resources/childcare-schools-colleges.aspx>

In addition, facilities must follow standard guidelines to prevent spread of infection, such as social distancing when it is feasible in a childcare setting, more intensive infection control measures – such as health screenings, more frequent handwashing, and surface cleaning.

### **Infection Control through Social Distancing**

Social distancing is deliberately increasing the physical space between people to avoid spreading illness. A distance of at least six feet is required 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.

#### **Physical Space Design for Distancing with Educational Activities**

- As stated above, limit the number of children to no more than 12 children in a room or space (unless licensed by CCCL and then ACPHD recommends the smaller more restrictive size of 10). This will minimize cross-contagion and promote distancing between children.
- Re-engineer rooms or spaces to put six feet between children's activity stations, tables, and chairs.
- 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 social distancing.

#### **Camp Activities**

- Eliminate all-camp gatherings like campfires and sing-alongs, and other activities that bring large groups of children close together.
- Alternatively, bring small groups of children together for singing, 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.

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- 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 to 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.
- 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 within a pool or body of water.
- Do as many activities outdoors as possible.

### **Mealtime**

- 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.
- Avoid sharing tables whenever possible, and clean tables in between groups.

## **Additional Infection Control Measures**

### **Daily Operation Modifications:**

- 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.
- 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.
- Any communication to children and families should include information that helps them make safe, informed decisions and educates them on how to remain healthy.

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- 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.

### **When It's Safe to Return to Camp or Educational/Recreational Program**

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.

### **Personal Hygiene Practices**

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](#)

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- 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.
- **Staff should wear a [cloth face covering](#) over their nose and mouth.** Children attending child care or educational/recreational programs, should wear cloth face coverings to reduce the risk for transmission if the parent and provider determine they can reliably wear, remove, and handle masks following CDC guidance throughout the day, but children under 12 are not required to wear cloth face coverings. A cloth face covering is not intended to protect the wearer, but may prevent the spread of virus from the wearer to others. This would be especially important if someone is infected but does not have symptoms. Medical masks and N-95 respirators are still reserved for healthcare workers and other first responders, as recommended by current CDC guidance. Acceptable face coverings can be made of a variety of cloth materials, be factory-made or handsewn, or can be improvised using bandanas, scarves, t-shirts, sweatshirts or towels. 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.
- Consider making cloth face coverings with the children as a camp craft activity.

### **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 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. Guidance is available for the selection of appropriate for childcare settings. [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV20\\_19.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV20_19.aspx)

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- 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 public health department, please immediately contact Lisa Erickson, Schools and Childcare Liaison at ACPHD, [lisa.erickson@acgov.org](mailto: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 (e.g., a single school, multiple schools, the full district) 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. Close contacts are currently defined as household members, intimate partners, home caregivers, and those who have spent prolonged, close face-to-face contact with the case during their infectious period. For that last category, the information is obtained by interviewing the case (or in the case of a young child, the parent/guardian), or other caregiver(s).
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 ten minutes during the time period between two days prior to when the individual's symptoms appeared and the last time the individual attended the childcare, 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 and follow the return to work/camp/program guidance outlined above.
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](mailto: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.

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**Alameda County Health Care Services Agency  
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- Tailoring information/messaging for different audiences -messages to those at impacted sites may differ somewhat from public messages.
- Avoiding messages that stigmatize a site or group of people.

### **Additional Information:**

**American Camp Association** [https://www.acacamps.org/resource-library/coronavirus-information-camps?utm\\_source=homepage&utm\\_medium=click&utm\\_term=coronavirus](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/wp-content/uploads/2020/04/COVID-19-FAQs_april20.pdf)  
<https://campnurse.org/education-and-resources/covid-19-considerations-for-camp/>

**World Health Organization (WHO)** <https://www.who.int/health-topics/coronavirus>

**Centers for Disease Control and Prevention (CDC) Guidance for Childcare Programs that Remain Open**  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

**Centers for Disease Control and Prevention (CDC)** <https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>

**Centers for Disease Control: Caring for Children** <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children.html>

**California Department of Public Health (CDPH)**  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>

**California Department of Industrial Relations Division of Occupational Safety & Health Publications Unit** <https://www.dir.ca.gov/dosh/Coronavirus/COVID-19-Infection-Prevention-in-Childcare-Programs-Guidance.pdf>

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