

ENVIRONMENTAL SCAN

(ARCHIVED) COVID-19 Evidence and Guidance Related to Youth Day and Overnight Summer Camps

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Key Points

- Overnight camps that successfully isolated Coronavirus Disease 2019 (COVID-19) cases and prevented secondary transmission implemented the following measures: pre-arrival quarantine, pre- and post-arrival testing, symptom screening, cohorting, use of face coverings, physical distancing, enhanced hygiene measures, cleaning and disinfecting, and maximal outdoor programming.
- Overnight camps that resulted in COVID-19 outbreaks often relied on testing and had limited use of other prevention measures such as large cohort sizes, close sleeping arrangements, limited mask use, no physical distancing and close contact between cohorts.
- The grey literature identified a number of measures recommended for day camps: hand hygiene, face masks, physical distancing, cohorting, adequate ventilation, minimizing singing, reduced travel and transportation, staggering meal times and pick-up and drop off, limiting visitors, daily screening, increased disinfection/sanitization, isolation/quarantine protocols and promoting respiratory etiquette.
- Recommendations for overnight camps are similar to those for day camps; however, they include specific additional recommendations for distancing in sleeping accommodations, suggestions for cohorting of campers based on sleeping accommodation arrangements, and longer isolation protocols for a camper with COVID-like symptoms who cannot be immediately picked up.

Purpose and Scope

The purpose of this document is to describe the literature regarding COVID-19 transmission, outbreaks and guidance regarding public health measures to mitigate transmission of COVID-19 at youth day and overnight summer camps. Evidence and guidance pertaining to overnight camps was specifically of interest.

Background

While children generally appear to have mild illness from COVID-19, they have been shown to contribute to viral transmission.^{1,2} Summer camps, and in particular overnight camps, pose a risk for transmission because they involve close contact and shared living quarters (i.e. a congregate setting), as well as activities that may be higher risk for COVID-19 transmission such as singing.³ Numerous COVID-19 outbreaks have been reported in these settings.⁴⁻⁶ Therefore, it is important to understand the factors that contribute to increased transmission in this setting and effective preventive measures, in order to determine whether such settings can be operated safely in the context of the ongoing COVID-19 pandemic in Ontario.

In the summer of 2020 Ontario prohibited the operations of overnight summer camps; however, day camps were permitted with implementation of infection prevention and control measures such as frequent disinfection, hand-washing, physical distancing, cohorting, screening and use of masks when physical distancing could not be maintained.⁷

In this environmental scan, evidence, case studies and guidance regarding COVID-19 transmission and prevention in camp settings for youth (i.e., 18 years or younger) was examined.

Methods

For a focused evidence review, a search was conducted by Public Health Ontario (PHO) Library Services on February 5, 2021 using the MEDLINE database. An additional search for pre-prints was conducted on February 8, 2021 using the NIH COVID-19 Portfolio (Preprints) database. Search terms included but were not limited to COVID-19/coronavirus/SARS-CoV2 and camp/camper/cabin. The full search strategy is available upon request. Peer-reviewed English language articles that examined evidence or guidance related to COVID-19 and summer camps were included. A single reviewer screened titles, abstracts and full texts and extracted the data.

A rapid jurisdictional scan of outbreak reports and guidance documents related to summer camps was conducted on February 8, 2021 using three search strategies per search engine which included terms such as camp/sleep-away/overnight/wilderness retreat/outbreak. Records were obtained through online searches using Google.ca and Google Custom Search Engines for Canadian health departments and agencies, United States (US) state government websites, and international public health resources with a date limiter of January 1, 2019 to present. The first 100 results of each search were screened for relevance.

Findings

Evidence Review

The library search identified 184 articles (135 peer-reviewed, 49 pre-prints), of which five were included and summarized. One additional article was identified through the grey literature search.⁶ Of note, the majority of articles identified by the search were on overnight camps with few articles identified on day camps. Four articles described case studies of youth overnight camps and the public health measures used to successfully⁸ or unsuccessfully⁴⁻⁶ control COVID-19 transmission in these settings.⁶ One article described the feasibility and acceptability of self-testing at camp⁹ and the remaining article described public health measures implemented by summer horseback riding camps.¹⁰ Each of the five articles are summarised in turn below.

EXAMPLE OF FOUR CAMPS IN MAINE SUCCESSFULLY PREVENTING OUTBREAKS

A grey literature report by Blaisdell et al. described four Maine overnight camps that were described as successful in identifying and isolating three asymptomatic COVID-19 cases and preventing secondary transmission through the use of multilayered prevention and mitigation strategies.⁸ Camps sessions ranged from 44 to 62 days. The specific age group for the camp was not described. During the summer of 2020, four overnight camps in Maine implemented several non-pharmaceutical interventions (NPIs) to prevent and mitigate the transmission of COVID-19, including pre-arrival quarantine, pre- and post-arrival testing and symptom screening, cohorting, use of face coverings, physical distancing, enhanced hygiene measures, cleaning and disinfecting, and maximal outdoor programming. These camps required attendees to be tested for COVID-19 approximately five to seven days prior to arrival. Those who tested positive delayed their arrival to camp; they arrived at camp after isolating for 10 days and once any symptoms had resolved. One week after camp arrival attendees were tested again and three asymptomatic cases were identified. These individuals were isolated as were their close contacts and no secondary transmission occurred. Additionally, all camps quarantined attendees by cohort for 14 days after camp arrival, regardless of testing or screening results.

Other prevention measures that were implemented at these camps included: mandatory face masks, enhanced cleaning and disinfection, maximizing outdoor programming, staggering dining periods or dining outdoors, using single-use products (e.g., cutlery, condiments), cohort-specific programming, staggering/assigning bathroom use by cohorts, and limiting sports offered to those that allowed for physical distancing. Cohorts were created based on living quarters or age, and ranged in size from five to 44 attendees. If interacting outside the cohort within 14 days of arrival, attendees were required to wear face coverings and maintain a physical distance of six feet. Additionally, campers and staff members were screened daily by health staff for COVID-19 symptoms and their temperature was checked. This screening identified 12 attendees with symptoms who were isolated, and their cohorts were quarantined while awaiting test results. All 12 isolated attendees received negative results. It was also recommended that travel to camp was direct to camp in a family vehicle. Those who rode on a bus were required to wear face coverings, with physical distancing monitored by staff members. Overall, the authors concluded that multilayered use of public health interventions allowed camps to quickly identify campers or staff members with COVID-19 and successfully prevent transmission. It is important to note that these camps did not rely solely on testing to prevent transmission.

Caveat: This article was part of an investigation into political interference (to block or change the scientific findings) of MMWR publications. The investigation concluded no interference.¹¹

OUTBREAK IN OVERNIGHT CAMP IN GEORGIA

Two reports by Szablewski et al. describe a large outbreak of COVID-19 that occurred at a three week sleep-away youth camp (ages 6 to 19) in Georgia.^{4,5} The authors conducted a retrospective cohort study among campers and staff to determine the extent of the outbreak and assess factors contributing to transmission.⁵ The attack rate was 56% (351/627 were infected), with an instantaneous reproduction number of 10 on the first day of camp.⁵ Analyses indicated that 12 cases were infected prior to arriving at the camp and 339 became infected at the camp.⁵ Among cases with available symptom information (n=288), 16% of cases were asymptomatic.⁵ The camp required a negative Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) nucleic acid amplification or antigen test within 12 days of arrival (rationale for choice of 12 day time period not provided).

Cabins ranged from one to 26 occupants (median occupancy of 24).⁵ Despite cohorting, 88% of attendees reported direct or close contact with people outside their cabins (e.g., hugging or kissing, or close contact activities, such as playing indoor sports or traveling in vehicles).⁵ Additionally, only 9% of attendees reported wearing masks at all times (5% of campers and 15% of staff).⁵

These studies demonstrate that measures adopted by the camp were not sufficient to prevent an outbreak of COVID-19 in this camp setting.⁴ The authors concluded that the relatively large cohorts sleeping in the same cabin and engaging in regular singing and cheering likely contributed to transmission.⁴ It was also suggested that testing should not be used as the sole mitigation measure; instead they recommend testing in combination with pre-arrival quarantine, routine symptom monitoring with appropriate isolation and quarantine, cohorting, physical distancing, mask-wearing, and enhanced disinfection and hand hygiene.⁵

OUTBREAK IN OVERNIGHT SUMMER SCHOOL RETREAT IN WISCONSIN

One grey literature report by Pray et al. described a COVID-19 outbreak at a boys' overnight summer high school retreat in Wisconsin.⁶ The approximately one month-long retreat included 152 high school-aged boys, counsellors, and staff members from 21 states and two other countries. All attendees were required to provide documentation of either a positive serologic test result within the past three months or a negative reverse transcription-polymerase chain reaction (RT-PCR) tests result for SARS-CoV-2 within seven days before travel. They were also required to self-quarantine within their households for seven days before travel, and to wear masks during travel. However, an assessment of self-quarantine adherence, effectiveness or enforcement was not provided.

During the retreat, students and counsellors were not required to wear masks or physically distance. Classes were held in outdoor pavilions with approximately 20 students per class seated less than six feet apart at tables. The 127 students slept in dormitories (four to six per room) and yurts (eight per room), organized by grade. Beds in dormitory rooms and yurts were tightly spaced with three to four sets of bunks in each, with shared bathrooms and common areas. On the first day of the retreat, one student experienced COVID-19 symptoms and was later confirmed to be positive. He was isolated in a private room and 11 of his close contacts were quarantined together in a separate dormitory. Several days later, six of 11 close contacts of the original patient and 18 additional students with unknown exposure histories reported new onset of mild COVID-19 symptoms. Testing confirmed that by the end of the retreat, 116 (76%) of attendees had been infected. The authors suggest that a full 14-day pre-arrival quarantine might have prevented introduction of SARS-CoV-2 in this setting. As well, cohorting of attendees for 14 days after arrival might have permitted early containment of the outbreak. They also suggest that mask use, enhanced hygiene and disinfection practices, and maximal outdoor programming are necessary to prevent COVID-19 outbreaks in these settings.

Other Studies

ACCEPTABILITY AND FEASIBILITY OF SELF-COLLECTED TESTING AT CAMP

Cooch et al. conducted a cohort study examining whether supervised, serial, self-collected, non-nasopharyngeal testing in summer camp settings would be acceptable and feasible.⁹ The study included campers ages 5 to 14 years from two day camps. They collected samples at two time points: within the first three and last two days of the camp session. The authors concluded that supervised, self-collected serial anterior nasal and saliva-based SARS-CoV-2 testing was acceptable, with successful repeated participation.

PUBLIC HEALTH MEASURES AT HORSEBACK RIDING CAMPS

Merkies et al. described protocols that were implemented at horseback riding camps.¹⁰ They reported that riding camps implemented the following measures: smaller lesson groups, disinfecting high traffic areas, disinfecting tack, wearing masks inside the barn, scheduling rides and limiting access. They also cancelled overnight and lunch programs and set cohorts so children stay with one counsellor and group the entire day.

Jurisdictional Scan

Sources captured by the grey literature website searches are summarized below according to their application to day or overnight camp guidance. The majority of guidance identified by the search was developed prior to second waves in these regions and before the emergence of more transmissible COVID-19 variants of concern.¹²⁻¹⁴ Therefore, contextual elements that may relate to knowledge and rates at the time of the guidance publication likely represent differences compared to newer guidance documents. A list of guidance documents from various jurisdictions is included in Appendix A.

Below are some examples of common public health measures reported in identified guidance documents. The list is not exhaustive of all measures that are recommended to be in place.

DAY CAMPS

SCREENING/SYMPTOM MONITORING

Nearly all guidance documents required COVID-19 screening in some form. Many required active daily screening for COVID-19 symptoms.^{7,15-20} Additionally, campers and staff were required to have temperature checks or be screened for fever prior to being permitted into the camp.^{16,21-23} However, one report specifically mentioned that temperature checks and detailed screening or requiring COVID-19 testing are not required or recommended.²⁴ Screening questions included: (1) COVID-19 symptoms in the past 14 days, (2) positive COVID-19 test in the past 14 days, and/or (3) close or proximate contact with confirmed or suspected COVID 19 case in the past 14 days.²⁵

Basic approaches to screening included the individual conducting screening maintaining a six foot distance while asking questions,^{26,27} and wearing appropriate protection including at minimum a face mask (but can also include a gown, shield and gloves).^{25,28} One document described that families can take and document their child's temperature at home before dropping their child off at camp.²⁷ Others recommended that screening may be performed remotely where possible (e.g. by telephone or electronic survey), before the child arrives at camp.^{25,28} For children/campers arriving to a program via bus transportation and for employees who provide supervision on the bus, screening was required prior to boarding the bus, where feasible.^{25,28}

ISOLATION/QUARANTINE

Isolation and/or quarantine guidance described management of symptomatic individuals, cases and contacts. Staff or camp attendees with a confirmed case of COVID-19 generally were not return to camp until they had met the guidance for home isolation (three days without symptoms and 10 days since symptom onset).^{16,21,22,24-28} Given that the standard guidance for isolation at home is at least 14 days after close contact, when an attendee or staff member tested positive for COVID-19 and exposed others at the camp, the facility or office may need to close temporarily as campers or staff isolate.²¹

Guidance described how an ill child or staff was managed. For example, facilities should have an identified space to isolate sick or symptomatic individuals, ideally with a separate washroom and adequate ventilation, where staff or attendees exhibiting symptoms of COVID-19 should immediately isolate (in addition to their contacts who are also required to isolate, separate from the symptomatic individual).^{16,21-30} Symptomatic staff and attendees who are being isolated at the camp should be removed from the premises as soon as possible (attendees should ideally be immediately picked up by a parent or guardian).^{16,21-30}

PHYSICAL DISTANCING AND COHORTING

Most jurisdictions had a physical distancing requirement. Many required campers and staff to maintain two metres physical distancing whenever possible.^{7,17-20,31-33} Others simply mentioned that physical distancing should be encouraged by parents/guardians and staff.²⁴ Some specified that physical distancing should be encouraged in both indoor and outdoor spaces. One guidance document specifically mentioned plans to allow for physical distancing of staff by staggering break times or providing additional break space.²¹ Reducing contact between campers was also described through programming changes that modified times of use for shared areas.^{30,34}

Several guidance documents recommended cohorting, which refers to the separation of attendees into small groups with dedicated staff to ensure they remain with the same group for every day of camp attendance, and to limit mixing between cohorts.^{7,16-20,24-27,30,35} Many documents also recommended the modification of procedures for drop-off and pickup that support separate groupings of attendees to the greatest extent possible (e.g., separate group entrances, limit pick-up/drop-off to one parent/guardian, staggered pick-up/drop-off times).^{16,24,26,27} Camps may also consider the staggered use of communal spaces (e.g., playground, lunchroom, washroom),^{28,31} and the use temporary dividers, where possible, to ensure groups do not mix.²²

When cohorted groups were required to be in closer proximity, a source noted that there should be efforts to reduce mixing and adhere to ventilation and masking recommendations.³⁰

VENTILATION

Many guidance documents recommended ensuring ventilation systems are operating properly (including heating, ventilation and air-conditioning systems),^{16,23,27,33} and to increase circulation of outdoor air as much as possible; for example, by opening windows and doors,^{16,26,27} and using fans (blowing away from people),^{26,33} particularly when in vehicles.^{28,32} Several sources suggested installation and/or use of portable high-efficiency air cleaners; however, details on recommended situations for use were not described.^{21,31} There were also general recommendations to spend more time outdoors.

MEALS

Many strategies were described to reduce the risk of SARS-CoV-2 transmission during meal time. These include using single service items (cutlery and condiments),^{16,21,27,35} spacing out meal times,^{25,28,35} and eating meals in segregated groups (cabins, classrooms, outdoors).^{16,21,23,25-28,35} It was also suggested, if feasible, to have campers bring their own meals.^{16,21,23} Communal dining was generally not recommended in the sources identified.^{16,21,23} It was suggested to separate tables with seating at least six feet apart from other tables, as feasible.^{25,28} If food was offered at an event, pre-packaged boxes or bags for each attendee were suggested, instead of a buffet or family-style meal.^{16,21,26} Day camp providers were recommended to wear gloves while serving food.²² Cleaning of table surfaces before and after each group eats was described.²⁶

TRAVEL/TRANSPORTATION/FIELD TRIPS

Many guidance documents recommended avoiding unnecessary travel including activities and events such as field trips or excursions.^{22-24,26,27,29,30} If transportation needed to occur, the following measures were described: physically spacing campers on school buses (e.g., seat children one child per row, skip rows) when possible,^{21,25,26,28,36} frequently disinfecting vehicles,^{21,26} ensuring all riders wear masks,^{21,23,25,26,28} and opening windows and hatches to increase ventilation.^{21,25,28}

DROP OFF/PICK UP/VISITORS

Modifying agendas such as staggering pick-up and drop-off times of attendees to avoid large groups from congregating was generally recommended.^{7,16,18-23,25-28} Pick-up and drop-offs were encouraged to occur outside the facility if possible.^{24,29,35,36} Physical distancing was encouraged and monitored among staff and parents/guardians and between parents/guardians.^{22,24-28} Some guidance documents recommended having the same parent/guardian pick up the child each day.^{22,26,27} Other recommendations include: requiring parents/guardians to wear masks at pick-up/drop off,²² using hand sanitizer before and after signing in/out,²⁶ parents/guardians should bring their own pen,²⁶ and if sign-in is electronic, alcohol wipes should be used on screens.²⁶ If possible, a single employee operated child pick-up and drop-off, and escorting all children to and from the car.^{22,25}

Non-essential visitors, volunteers and external groups should be limited to the greatest extent possible.^{16,21-23,25,27-29} Where necessary, all visitors and non-camp staff (e.g., delivery services) should be screened, and their contact with campers and staff restricted.³⁵

SINGING

Few guidance documents included recommendations regarding singing. Among those that did, four recommended avoiding singing as it was considered a high-risk activity.^{24,30,31} One guidance document prohibited band and choir camps from operating.³⁵ Others recommended that singing activities take place outdoors and that individuals maintain at least 15 feet of separation if possible.²⁹

No other specific recommendations for other types of camp activities were noted in the identified guidance.

MASKS

Some jurisdictions required both campers and staff to wear face coverings when physical distancing of six feet could not be maintained and/or assigned groups could not be maintained.^{15,23} Others required masks for indoor activities, in common spaces and on transportation, but not when physically distanced outside,^{18,33} (with the exception of children in Grade three or lower).¹⁸ Some recommended mask use for both campers and staff^{21,35} (with the exception of those younger than five^{26,27,32} or ten years^{36,35}), while others described mask use for staff with no mention of mask use for campers.²² Others had no specific mention of mask requirements.¹⁷ One jurisdiction specified that face masks should not be worn while in the water.²⁸

CLEANING AND DISINFECTION

Many guidance documents for day camps recommended that all shared/common objects (e.g., toys) and areas (e.g., drinking fountains, washrooms) be sanitized between uses, using disinfectant approved by Health Canada, Environmental Protection Agency or other oversight body.^{7,16-19,21-25,28,37} Sharing of objects should be discouraged where possible,^{26,27} and objects that cannot be disinfected (e.g., soft toys, clothing, puppets) should be disposed of or discouraged from use.^{25,26} Programs described taking increased precautions to disinfect all areas accessed by symptomatic persons or cases, and should close the camp for 24 hours if possible.^{22,24,26,27,30} Training should be provided to staff on proper techniques and materials for cleaning and disinfection.³⁶

HAND HYGIENE

In general, all guidance documents recommended hand hygiene practices. Overall, they recommended that hand hygiene be performed frequently,^{7,17-20,25,26,36} and that campers and staff are trained in proper hand-washing techniques (e.g., washing hands for 20 seconds).^{33,37} Documents also recommended that hand-washing and/or sanitizing stations be provided in numerous areas around the camp,^{21,23,28,29,35,36} but that hand-sanitizing should not replace hand-washing.^{15,16} Hand sanitizers should contain at least 60% alcohol.^{16,21,28,29} It was recommended that campers and staff wash or disinfect their hands in the following situations: when entering a cabin or dining area, after touching a frequently touched surface, after using the restroom, after sneezing/coughing or blowing your nose, after using common items such as sports equipment, after eating meals and between program activities, when arriving at camp and before leaving at the end of the day.^{27,34} Hand hygiene alternatives should be made available for camp programs that do not occur at a serviced facility.³²

RESPIRATORY ETIQUETTE

Several guidance documents for day camps outlined respiratory etiquette for attendees and staff. These measures included instructing attendees and staff to: cough or sneeze into a sleeve or tissue, refrain from touching their face with unwashed hands, and refrain from sharing food, drink, or utensils.^{7,16,18-21,24,25,27,30,33} Camps should make tissues available so that attendees and staff can practice proper respiratory etiquette,⁷ and tissues should be disposed of immediately followed by a thorough washing of the staff or attendees' hands.¹⁶ Some guides recommended that staff regularly instruct attendees on how to safely cough and/or sneeze while in the presence of other attendees and staff members.^{7,16,21,30}

OVERNIGHT CAMPS

While some provinces, including British Columbia and Ontario, explicitly prohibited overnight camps in 2020, there were regions in the US that allowed overnight camps to operate under additional COVID-19 precautions in summer 2020.^{7,20,29,31,33,35,36,38} Day camp measures apply to overnight camps, but overnight camps uniquely must arrange for safe sleeping arrangements for campers, and in some cases, also for staff. Sleeping arrangements are highlighted and other notable differences are summarized.

SLEEPING ARRANGEMENTS

Recommendations for sleeping arrangements included spacing beds such that sleeping arrangements allow for at least six feet of space between campers' heads, or use of barriers where this is not possible.^{16,29,31-33,35,36} Bunk beds could be used if using a head-to-toe arrangement to ensure spacing.^{33,35,36}

Campers were recommended to be cohorted by their sleeping group and treated like a 'household' in one guidance document.^{30,31,34,36} In more strict guidance, individuals from different households are not allowed to reside in the same sleeping accommodation until a lower transmission risk phase is reached for the state.³⁸

Open windows with fans being used were recommended by one set of guidance for improving ventilation in cabins.³⁶

OTHER NOTABLE DIFFERENCES FOR OVERNIGHT CAMPS

Prior to arrival at camp, some guidance sources recommended self-quarantine of camper and staff for up to 14 days, and one recommended having a COVID-19 test conducted within four days prior to being admitted to camp.^{30,32,35} This guidance source also notes that camps that require attendees to both self-quarantine for 14 days before arrival at camp and also have a COVID-19 polymerase chain reaction (PCR) test performed within four days prior to camp starting, will not require campers and staff to wear masks.³⁵

Guidance recommended that screening be required for all individuals who may enter the camp.^{30,35,36} Daily screening is conducted after admission.^{30,32,35,36} Cohorting considerations still apply as in day camps; however, flexibility is afforded to group sizes and mixing if a camp is organized around a single group of campers for a season and there are no new campers introduced to a program over time that could pose a new reservoir of disease.³⁰

To accommodate parents/guardians who may not be able to pick up symptomatic children (e.g., symptoms identified at night), it is recommended that plans be in place to accommodate isolation of a camper.³²

At camps where masks were required, an exception was provided in one guidance document that masks were not required while sleeping or bathing.³⁵ In a different guidance document, sleeping accommodations were required to be private and not shared for mask requirements to be waived, yet the same guidance does not recommend masks to be worn while sleeping.³¹ In one set of recommendations, camps that require self-quarantine and PCR testing as a condition of admission to camp are then exempt from masking requirements.³⁵

Similar to day camps, staggering bathroom breaks, meal breaks, and shower times were recommended.³⁵

Hand hygiene alternatives should be made available for overnight camp programs that do not occur at a serviced facility.³²

Implications for Practice

- The decision to operate youth day and overnight summer camps in Ontario in 2021 should carefully consider the current epidemiology of COVID-19, including local prevalence and circulation of COVID-19 variants of concern with increased transmissibility, the risk for increased spread through inter-regional travel for camp attendees travelling from areas of high COVID-19 prevalence to regions of lower prevalence, as well as the potential benefits for the physical, mental and social health of campers.
 - Camp operation should be in alignment with provincial guidance for the region and province at the time and be flexible to changing epidemiology and public health recommendations.
- COVID-19 vaccines are not currently authorized for individuals younger than 16 years of age³⁹ and are therefore not an option to reduce the risk for most camp attendees, but campers and staff in relevant age groups should be encouraged, and potentially required (with valid exemptions), to be immunized if vaccines become available.
- Campers who participate in multiple cohorts (e.g. attending multiple day camps, switching between different day/overnight camps or schools in operation) pose an additional risk of COVID-19 spread through mixing of different cohorts.
- COVID-19 testing before and during camp operation should recognize the feasibility of testing in Ontario at the time including accessibility of testing, acceptability of testing methods and turnaround time for test results.
- Requirements for campers to quarantine at home prior to attending overnight camps should consider the feasibility and equity aspects of home quarantine.

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Appendix A: List of Resources

Canada

- Government of Nova Scotia, [COVID-19 Return to Day Camp Guidelines](#)¹⁸
- BC Centre for Disease Control, [COVID-19 Public Health Guidance for Summer Day Camp Settings](#)²⁰
- Government of Newfoundland and Labrador, [Guidance for Summer Day Camps](#)¹⁹
- Government of Saskatchewan, [Child and Youth Day Camp Guidelines](#)²⁴
- Ontario Ministry of Health, [COVID-19 Guidance: Summer Day Camps](#)⁷
- Ontario Camp Association, [Summer 2020 Information](#)⁴⁰

Australia

- Government of Western Australia, Department of Sport and Cultural Industries, [Recreation camps](#)³⁷

United States (US)

- US Centers for Disease Control (CDC), [Suggestions for Youth and Summer Camps](#)¹⁶
- American Camp Association, [COVID-19 – Resource Center for Camps](#)³⁴
- Government of Delaware, [Governor Carney Releases Guidance on Summer Camp, Summer School Programs](#)¹⁵
- Ohio Department of Health, [Youth Day Camps](#)²²
- California Department of Public Health, [COVID-19 Interim Guidance Day Camps](#)²¹
- North Carolina Department of Health and Human Services, [Interim Guidance for Day Camp or Program Settings Serving Children and Teens](#)²⁷
- North Carolina Department of Health and Human Services, [Interim Guidance for Overnight Camp Settings](#)³²
- New York Department of Health, [Interim COVID 19 Guidance for Child Care and Day Camp Programs During the COVID-19 Public Health Emergency](#)²⁵
- Government of New York, [Child Care and Day Camp Program Guidelines](#)²⁸
- Washington State, Department of Health, [Child Care, Youth Development, and Day Camps During the COVID-19 Outbreak](#)²⁶

- Government of Washington, [Inslee announces clarification to restaurant guidance, new summer camp](#)³⁸
- Texas Health and Human Services, [Youth Camp Program](#)³⁶
- Government of Texas, [Checklist for Resident/Overnight Youth Camp Operators and Staff](#)⁴¹
- Minnesota department of Health, [COVID-19 Prevention Guidance for Overnight Youth Camps](#)³¹
- Arkansas Department of Health, [Directive Regarding Summer Residential Camps](#)³⁵
- Government of Maine, [COVID-19 Prevention Checklist Industry Guidance](#)³⁰
- Government of Michigan, [Guidelines for Camp Operations During COVID-19](#)³³
- New Jersey Department of Health, [New Jersey COVID-19 Youth Summer Camp Standards](#)²³
- Government of Tennessee, [Youth Camps Guidelines](#)²⁹

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