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COVID-19 Prevention Guidance for Certified Child Care, Youth Programs, and Camps

4/30/2021

This document provides guidance around the policies, practices, and strategies for youth-serving programs to promote health and safety while mitigating the risk of COVID-19 transmission to children, staff, and volunteers who are attending. This guidance applies to youth programs, including certified child care centers, youth enrichment programs, and school-age programs exempt from licensure. Examples include community education classes, YMCAs, school-age care programs operated by public and private schools, parks and recreation programs, Boys and Girls Clubs, art programs, camps, those operated by non-profits, and 21st Century Community Learning Centers.

Updates to this guidance include cohort group sizes, the inclusion of overnight camp guidance, and updated language related to planning and prevention measures.

Where this guidance does not apply

- Licensed child care centers and licensed family child care providers. Guidance for these programs is on <u>Stay Safe Guidance for Schools, Colleges, and Universities (staysafe.mn.gov/industry-guidance/schools.jsp)</u>.
- Organized youth sports activities and programs, unless the primary purpose of the program is to
 provide care or supervision to children or youth, and not to provide sports instruction or
 competition. Guidance for organized youth sports activities is available at Stay Safe Guidance for Organized Sports (staysafe.mn.gov/industry-guidance/organized-sports.jsp).
- Student support services and schools. For these services and settings, refer to the <u>Stay Safe</u>
 Guidance for Schools, Colleges, and Universities (staysafe.mn.gov/industry-guidance/schools.jsp).
- Camps for adults or camps used as a venue for events, such as weddings or family reunions, conferences, or retreats. Information for these can be found in the Stay Safe Guidance for Outdoor Recreation Entities (staysafe.mn.gov/industry-guidance/outdoor-recreation.jsp) and the Stay Safe Guidance for Entertainment Meeting Venues (staysafe.mn.gov/industry-guidance/entertainment.jsp).

Have a plan and prepare

While fewer children have gotten sick with COVID-19 compared with adults during the pandemic, children can be infected with the virus that causes COVID-19, get sick with COVID-19, spread the virus to others, and have severe outcomes. However, children are more likely to be asymptomatic or to have mild, non-specific symptoms; they are less likely than adults to have severe illness or die. Children with underlying medical conditions are at increased risk for severe illness from COVID-19.

Consistent use of the multiple prevention strategies described in this document can limit the spread of COVID-19.

Required

- Develop and implement a COVID-19 preparedness plan in accordance with state guidance. Plan templates are available at Stay Safe Guidance for All Business Entities (staysafe.mn.gov/industry-guidance/all-businesses.jsp). The COVID-19 preparedness plan must address the requirements in this document and any requirements in the COVID-19 Preparedness Plan Guidance: Requirements for All Businesses and Other Entities (dli.mn.gov/sites/default/files/pdf/COVID 19 preparedness plan requirements guidelines busine sses.pdf).
- Certified child care programs may also use the <u>COVID-19 Preparedness Plan Optional Template for Licensed and Certified Child Care Programs (mn.gov/dhs/assets/COVID-19-preparedness-plan-optional-template-for-licensed-and-certified-child-care tcm1053-436660.docx).
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- Identify a plan administrator who is responsible for COVID-19 issues and prevention measures.
- Ensure leave policies allow staff to isolate or quarantine when needed and communicate policies to staff.

Recommended

- Strongly encourage staff, including staff who are 16 and older, to be fully vaccinated (two weeks
 after completion of a two-dose or a one-dose series) prior to starting camp to reduce the risk of
 getting seriously ill from COVID-19, and help reduce risk of spreading COVID-19 to others.
- Communicate with families prior to sessions beginning to set expectations for program
 participation, including following mitigation strategies and attendance requirements related to
 illness, symptoms, exposure, and quarantine.
- Regularly communicate and educate participants and their families related to the preparedness plan
 and mitigation measures and acknowledge that strategies may change if the level of community
 transmission increases to the point where programming must be disrupted.
- Consider engaging program participants in developing communications or creative strategies to limit the spread of COVID-19 (e.g., develop a competition around creating new greetings, providing alternatives to hugs, or high-fives).

- Hold staff and volunteer meetings, trainings, etc. virtually or in a large enough space to accommodate social distancing.
- Have a staffing plan that is flexible enough to accommodate staff member or volunteer absences due to illness or quarantine for exposures. Avoid mixing or enlarging groups in the staffing plan.
- All programs should review sick and absentee policies to ensure they are supportive of participants staying home when sick or when in quarantine due to an exposure.
- All programs should consider how to manage and track vaccination status and past, lab-confirmed COVID-19 of staff, volunteers, and participants, for those appropriate.
- Consider ways to accommodate the needs of staff, volunteers, children, and families at risk for serious illness from COVID-19.
 - Honor requests of parents who may have concerns about their children attending the program due to underlying medical conditions of those in their home.
 - Effective April 15, 2021, working from home is strongly recommended, and businesses are strongly encouraged to allow employees to work from home when possible. Employers must provide reasonable accommodations as required under existing federal and state law. Employers are strongly encouraged to provide reasonable accommodations to employees with one or more members of their household who have underlying medical conditions and who are unable to be vaccinated.
 - The CDC lists underlying medical conditions that may increase the risk of serious COVID-19 for people of any age: <u>People with Certain Medical Conditions (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html</u>).
- Establish clear procedures with vendors to mitigate interaction with the program and camp community.
- After reviewing this guidance, programs and camp administrators can use <u>CDC's Guidance for Operating Youth and Summer Camps: Readiness and Planning Tool</u> (www.cdc.gov/coronavirus/2019-ncov/downloads/camp-planning-tool.pdf).
- Overnight camp programs: Contact local municipalities (or county government) near the camp
 location to ensure they are aware of the camp's activities and share your COVID-19 preparedness
 plan with them. Discuss plans for accessing COVID-19 testing for those who might need it.

Groups or cohorts

- Certified child care centers and other youth programs that are legally required by Minnesota Statutes, Minnesota Rules, or other relevant law to limit the size of a group must follow those legal requirements on group size.
- All other youth programs and camps must divide participants into groups or cohorts of no more than
 25 people indoors or 50 outdoors.

- More detail about establishing cohorts is available in the <u>CDC</u>: <u>Guidance for Operating Child Care Programs during COVID-19 (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html</u>).
- Designated cohorts must maintain at least 6 feet of distance between other groups or cohorts at all times, though more complete separation (e.g., physically separated rooms or areas) of different groups is strongly encouraged where possible.

Recommended

- Assign program staff to one cohort whenever feasible. Program directors, coaches, guest speakers, etc. who are not regular participants in a cohort can work with different cohorts as long as 6 feet of social distancing is maintained from all participants.
- Overnight camp programs: Establish and maintain cohorts based on participants sharing sleeping spaces.

Social distancing or physical distancing

Maintaining social or physical distance provides protection by reducing risk of exposure and limiting the number of close contacts when someone is infected with COVID-19. The terms "social distancing" or "physical distancing" mean keeping a safe space between yourself and other people. Given the current spread of highly infectious variant strains of SARS-CoV-2 in Minnesota and the likelihood that some instances of viral introduction will occur in camp settings, it is strongly recommended that all staff and participants maintain 6 feet of social distancing from others—even within their cohort—for all activities as an additional strategy to decrease the risk of transmission.

- Programs must establish policies and implement strategies to maintain social or physical distancing, indoors and outdoors, of:
 - At least 3 feet between all participants within a cohort.
 - Note: If less than 6 feet is maintained in these situations, it is more likely that greater numbers of staff and participants will be considered a close contact and required to quarantine if a staff member or participant develops COVID-19 symptoms or tests positive for COVID-19.
 - At least 6 feet between all participants and staff outside of their cohort.
 - At least 6 feet while eating and drinking, including among people within the same cohort.
 - At least 6 feet between participants and staff.
 - At least 6 feet between staff.
- Design the program to prevent staff, volunteers, or participants from different cohorts from congregating without effective social distancing (e.g., avoid communal areas and dining that bring together multiple cohorts without clear controls).

Overnight camp programs only: 3 to 6 feet of physical distancing is not required between participants in the same cohort that functions like a household (e.g., shared living arrangements and amenities for the duration of camp), though camps should create as much space between participants as possible. Participants must still maintain at least 6 feet of social distancing from participants, volunteers, and others outside of their cohort.

Minimize opportunities for mixing between cohorts

Required

Implement programming that refrains from intermixing cohorts. If intermixing of cohorts is
necessary, limit the number of cohorts that intermix, keep records of staff, volunteers, and
participants that intermix, and establish rules and controls that ensure separation between cohorts.

Recommended

- Stagger arrival and dismissal times.
 - Minimize crowding at drop-off and pickup times.
 - Designate times for families to arrive and consider staggering times if possible.
 - Whenever possible, participant pick-up and drop-off should occur outside.
 - Add visual cues or barriers to direct traffic flow and distancing.
 - Develop signage and processes to minimize interactions of families and participants who are not members of the same family.
- Consider dividing participant entry points rather than funneling all participants through the same entry space. These approaches can limit the amount of close contact between participants in hightraffic situations and times.
- If multiple cohorts are in the same area at the same time, establish separate areas that ensure separation between cohorts and have cohorts visit these areas in shifts so that they are not congregating.

Promote a safe program environment

- Nonessential visitors, volunteers, and activities involving external groups or organizations must be limited, to the extent feasible. In the event that external groups and partners participate in programming, they must receive guidance and training on the program's COVID-19 Preparedness Plan Requirements.
- Music and performance activities like choir, bands, theater, plays, etc. must follow <u>Music Activities</u> and <u>Performances During COVID-19</u> (www.health.state.mn.us/diseases/coronavirus/musicguide.pdf).

- Sports and other related activities must follow the <u>Stay Safe Guidance for Organized Sports</u> (staysafe.mn.gov/industry-guidance/organized-sports.jsp).
- Programs with access to a pool must follow the <u>COVID-19 Preparedness Plan Guidance:</u>
 Requirements for Public Pools (www.health.state.mn.us/diseases/coronavirus/poolreopen.pdf).

Recommended

- Bring in specialist staff or special programs (e.g., music, art, physical education) to individual program spaces rather than rotating different cohorts through a shared space that is not cleaned or adequately ventilated between cohorts.
- Outdoor activities are strongly recommended whenever feasible.
- Consider using visual aids (e.g., painter's tape, stickers) to illustrate traffic flow and appropriate spacing to support social distancing.
- Avoid shared or community supplies when possible.
 - If shared supplies are necessary, consider dedicating them to one cohort group when possible.
 - Community supplies are considered "high-touch" and should be cleaned frequently. Consider using designated bins for clean and used supplies.

Strategize mealtimes

Required

- Certified child care, youth programs, and camps must follow all of the food safety regulations appropriate to their setting.
- For programs or camps that have a kitchen, cafeteria, or other food services components licensed by MDH or a local health department, all food services workers must follow the COVID-19 <u>Preparedness Plan Requirements for Restaurants and Bars</u> (www.health.state.mn.us/diseases/coronavirus/safedining.pdf).
- Food service workers should evaluate their current space for food preparation and allow for at least 6 feet of separation from others while performing required tasks.
- Social distancing and separation between cohorts is required at mealtimes; refer to the social or physical distancing requirement section above and the section on minimizing opportunities for mixing between cohorts.

Recommended

• If space permits, food service workers should be assigned a repetitive task that will prevent them from having to move to another part of the kitchen or food prep area for additional kitchen supplies or other needs. MDH understands that this might not always be practical due to the size and logistics of the current kitchen workspace.

- Stagger mealtimes to minimize the number of people dining inside at one time. Where possible, limit dining to one cohort at a time, or physically separate cohorts to eliminate congregation of members from different cohorts.
- Clean and disinfect common surfaces between cohorts.
- Consider prepackaged, pre-plated, or "grab and go" meals. Ensure physical distancing, hand hygiene, and face coverings for those waiting in line.
- If meals must be served "family-style," be sure to address hand hygiene and the use of shared utensils. Consider appointing one person to serve food to participants.
- Weather permitting, serve meals outside.

Face coverings

- In general, as of July 25, 2020, people in Minnesota are required to wear a face covering in all public indoor spaces and indoor businesses, per Executive Order 20-81.
- The executive order's face covering requirement does not apply to children 5 years old and younger
 or those who are unable to tolerate wearing a face covering because of a medical condition, mental
 health condition, or disability.
- Children under age 2 years must not wear face coverings. Children between the ages of 2 and 5
 years old are not required to wear face coverings, but are encouraged to wear a face covering when
 in public if they can do so reliably (i.e., without frequently touching or removing the face covering).
- The executive order allows people who are indoors to temporarily remove face coverings in certain circumstances, provided that social distancing is maintained, including:
 - When eating or drinking.
 - Store masks in a space designated for each participant that is separate from others when
 not being worn (for example, in individual, labeled containers, bags, or cubbies) and they
 should put their mask back on when not eating or drinking.
 - When swimming or participating in another activity that involves submerging or soaking a face covering in water.
 - When communicating with a person who is deaf or hearing impaired or who has a disability, medical condition, or mental health condition that makes communication with a face covering difficult.
 - Best Practices for Masks: Considerations for People with Disabilities and Special Health Needs (www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf).
 - When performing, speaking in public, or playing an instrument that cannot be played with a face covering.

- When staff are working alone, including when alone in an office, a room, a cubicle with walls that are higher than face level, a vehicle, or an enclosed or separated work area.
- When sleeping or going to sleep.
- Participants and staff must follow these requirements even after they have been fully vaccinated (two doses in a two-dose series or one dose in a one-dose series).
- Set expectations that face coverings will be worn by participants and staff while at the program. For example:
 - Suggest that participants bring several face coverings with them each day. The program should consider keeping a supply in case they are needed.
 - Train and set expectations for staff to model wearing a face covering and washing their hands within the program community.

Recommended

 Given the current spread of highly infectious variant strains of SARS-CoV-2 in Minnesota and the likelihood that some instances of viral introduction will occur in camp settings, the use of face coverings is strongly recommended for all outdoor activities as an additional strategy to decrease the risk of transmission.

For more detailed guidance about the executive order's face covering requirements, recommendations, and exemptions, refer to the following resources:

- Masks and face coverings (www.health.state.mn.us/diseases/coronavirus/prevention.html#masks)
- <u>Face Covering Requirements and Recommendations</u>
 (www.health.state.mn.us/diseases/coronavirus/facecover.html)
- Best Practices for Masks: Considerations for People with Disabilities and Special Health Needs (www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf)
- Train all staff how to effectively use face coverings. Visit <u>CDC</u>: How to Wear Masks (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html).

Considerations for indoor air (ventilation)

• While ventilation is important for good indoor air quality, consider it as part of a larger effort to provide a healthy environment during the pandemic.

- COVID-19 spreads mainly between people who are in close contact with one another.
- When indoors, there is less airflow to disperse and dilute viral particles when exhaled, so the risk of spread of COVID-19 to another person nearby is higher than when outdoors.
- Improvements to indoor air alone will not stop the spread of COVID-19, but proper ventilation can help reduce the spread of the disease.
- Use ventilation considerations in conjunction with other actions, such as wearing a face covering, staying at least 6 feet away from others, frequent hand hygiene, and cleaning and disinfecting surfaces that are touched a lot.
- In general, bring in as much outdoor air as possible and appropriate to the indoor setting; ensure heating, ventilation, and air conditioning (HVAC) settings are maximizing ventilation; filter and clean the air in your program; and use exhaust fans in restrooms and kitchens.

Certified child care centers, youth programs, and camps should review the ventilation resources appropriate to their setting.

- Ventilation Guidance for Schools: COVID-19
 (www.health.state.mn.us/diseases/coronavirus/schools/vent.html)
- CDC: Ventilation in Schools and Childcare Programs (www.cdc.gov/coronavirus/2019ncov/community/schools-childcare/ventilation.html)
- CDC: Ventilation in Buildings (www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)

Hygiene practices

- Provide materials and trainings to ensure that staff, volunteers, and participants:
 - Wash hands often with soap and water for at least 20 seconds, especially after having been in a
 public place or after blowing your nose, coughing, or sneezing. If soap and water are not
 available, use a hand sanitizer that contains at least 60% alcohol.
 - Always cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues
 in the trash. If you do not have a tissue, cough or sneeze into your arm or elbow.
- Instruct staff, volunteers, and participants to wash hands upon arriving, before and after eating meals, before and after applying sunscreen, and when entering or leaving indoor spaces.
- Have hand sanitizer and tissues readily available for use by staff, volunteers, and participants.
- Display posters, use social media, email, or other means of communication to provide information about symptoms of COVID-19 and health etiquette expectations.

Recommended

- Have staff, volunteers, and participants wash hands or use hand sanitizer if they come into contact with or use shared amenities.
- Educate staff, volunteers, and participants on the importance of avoiding touching their faces throughout the day and washing their hands when they do.
- Ensure that participants do not share water bottles, food, or other items.
- For certified child care programs, follow current licensing standards regarding the use of reusable water bottles or cups.

Hygiene practices resources:

- Hand Hygiene (www.health.state.mn.us/people/handhygiene/index.html)
- Cover Your Cough (www.health.state.mn.us/people/cyc/index.html)
- Why Hand Hygiene is Important and When to Wash Your Hands (www.health.state.mn.us/people/handhygiene/why/index.html)
- CDC: When and How to Wash Your Hands (www.cdc.gov/handwashing/when-how-handwashing.html)
- CDC Handwashing: Health Promotion Materials (www.cdc.gov/handwashing/materials.html)

Cleaning and disinfection

The virus that causes COVID-19 is mainly spread by respiratory droplets. The virus can also be spread if you touch a surface contaminated with virus and then touch your eyes, nose or mouth, although this is not the primary way the virus spreads.

Routine cleaning and disinfecting are key to maintaining a safe environment for faculty, students, and staff. Cleaning removes dirt and most germs and is usually done with soap and water. Disinfecting kills most germs, depending on the type of chemical, and only when the chemical product is used as directed on the label.

- Certified child care centers, youth programs, and camps must follow all the appropriate cleaning and disinfection guidance required by their licensure, operating rules and standards, <u>Stay Safe Guidance</u> <u>for All Businesses Entities (staysafe.mn.gov/industry-guidance/all-businesses.jsp)</u>, and other programmatic requirements already in place.
- All programs and camps must have a planned schedule for cleaning and disinfection for all spaces used by participants and staff.

- Establish a daily schedule for routine environmental cleaning and disinfection of high-touch surfaces. High-touch surfaces include toys and games, doorknobs, light switches, sink handles, water fountains, restrooms, countertops, toilet training potties, desks, chairs, cubbies, keyboards, etc.
- Identify staff who will be responsible for handling antimicrobial products (sterilizers, disinfectants, and sanitizers) and provide initial and ongoing training, so staff understand and follow all product label directions and precautions appearing on or within) product containers.
- All cleaning or disinfecting products must be kept secure and out of the reach of children.
- Cleaning or disinfecting products should not be used near children, and staff should ensure that
 there is adequate ventilation when using these products to prevent children from inhaling toxic
 fumes. Some disinfectants can irritate the lungs, skin, and eyes or trigger asthma.

Recommended

- Schedule routine environmental cleaning when children and participants are not occupying the space.
- Use <u>EPA About List N: Disinfectants for Coronavirus (COVID-19) (www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0)</u>. All antimicrobial products (sterilizers, disinfectants, and sanitizers) that claim to prevent, destroy, repel, or mitigate a pest or the growth of unwanted organisms are pesticides and are required to be registered by the U.S. Environmental Protection Agency (EPA).

Cleaning and disinfecting resources:

- CDC: Suggestions for Youth and Summer Camps-Maintaining Healthy Environments (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html#anchor 1589933057835)
- CDC: Guidance for Child Care Programs that Remain Open-Clean and Disinfect (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#anchor 1612986010643
- CDC: Cleaning, Disinfection, and Hand Hygiene in Schools a Toolkit for School Administrators
 (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html)
- <u>COVID-19 Cleaning and Disinfecting Guidance for Institutes of Higher Education</u> (www.health.state.mn.us/diseases/coronavirus/schools/cleanihe.html)

Health screening and attendance

Required

- Follow the <u>COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs</u>
 (www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf) to determine when attendees
 and staff must stay home and when they may return.
 - Fully vaccinated people who have symptoms consistent with COVID-19 must follow the Decision
 Tree, isolate from others, and seek testing.
- Require attendees and staff to stay home if they have had close contact with a person with COVID-19, until they meet criteria for return, <u>Quarantine Guidance for COVID-19</u> (www.health.state.mn.us/diseases/coronavirus/quarguide.pdf).
- Child care, youth programs, and day or overnight camps must establish a process for screening children upon arrival.
 - Sample screening processes for children: <u>CDC</u>: <u>Guidance for Child Care Programs that Remain Open (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren).
 </u>
- Educate and communicate to attendees and families about the use of the <u>COVID-19 Decision Tree</u>
 for People in Schools, Youth, and Child Care Programs
 (www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf).
- Use the <u>COVID-19 Attendance Guide for Parents and Families</u>
 (www.health.state.mn.us/diseases/coronavirus/schools/attendance.pdf) to help educate and communicate with families about the various exclusions for attendance.

Recommended

- Programs should encourage parents to use a home screening tool to determine if the child or youth should be attending child care or program: <u>Home Screening Tool for COVID-19 Symptoms</u> (www.health.state.mn.us/diseases/coronavirus/schools/homescreen.pdf).
 - Use existing outreach systems to provide text and email reminders to staff and families to check for symptoms of household members in the morning and evening.

Overnight camp programs:

- If feasible, conduct daily health checks (for example, symptom checking) of staff and campers safely and respectfully, and in accordance with any applicable privacy laws and regulations.
- Consider asking parents to send a digital thermometer to camp with their child so they can take their own temperature each morning as part of a daily health screening.
- When camp staff are away from camp (for example, during days off), they should engage in low-risk activities and continue daily screening upon return. Refer to <u>CDC: Personal and Social Activities (www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/personal-social-activities.html).</u>

Isolating sick participants or staff

Required

- Create a plan for staff or participants who develop symptoms of COVID-19, which must include:
 - Immediate isolation of symptomatic people in a designated isolation space and sending the person home as soon as possible.
 - Notification of parents when child becomes ill.
 - Transportation home or to medical care if needed.
 - Limiting the number of staff who have face-to-face interactions with people who have symptoms.
 - Identification of one or two staff who will bring food and hydration (as needed) to the person while they are waiting to be picked up.
 - Means to ensure that symptomatic participants who are waiting to be picked up remain under the visual supervision of a staff member who is at least 6 feet away. Both the symptomatic participant and the supervising staff must wear a face covering or a surgical mask.
- Establish a dedicated space for children or staff who are experiencing symptoms. Distinguish this
 space from areas where health services will be delivered to those who are well and need routine
 types of care (e.g., medication administration or first aid).
 - Identify a bathroom or stall that could be used only by people who are sick.
 - All health care spaces must accommodate social distancing of at least 6 feet between multiple people, if needed.
 - Develop cleaning processes for the dedicated space between uses and ensure hygiene supplies
 are available, including a cloth mask or face covering, facial tissues, and alcohol-based hand
 sanitizer as needed.
- If the camp has a nurse or other health care provider, they must be provided and wear appropriate personal protective equipment, including N95 respirators, and follow standard and transmission-based precautions (CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic [ww.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html]) when caring for sick people. Visit CDC: Healthcare Workers: Information on COVID-19 (www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

For additional information, visit <u>Guidance for Delivering Direct Student Support Services: Staff</u>
Protective Equipment: (www.health.state.mn.us/diseases/coronavirus/schools/directsupport.pdf).

 Do not place face coverings or surgical masks on anyone who is unconscious or has trouble breathing, anyone who is incapacitated or otherwise unable to remove the face covering without

assistance, or anyone who cannot tolerate a face covering due to developmental, medical, or behavioral health needs.

Handling suspected or confirmed positive cases of COVID-19

Required

- Designate a staff person who will be responsible for responding to COVID-19 concerns and will help coordinate with local health authorities regarding positive COVID-19 cases. Ensure all families and staff know who this person is and how to contact them.
- Youth programs are required to submit a report to MDH when people (children, staff, volunteers) have received a positive test result for COVID-19, per <u>Infectious Disease Reporting</u> (<u>www.health.state.mn.us/diseases/reportable</u>). Programs may hear about a positive result from a staff member or parent or guardian before MDH is notified through our electronic lab reporting system.
- Report a positive test result by completing this form: COVID-19 Case Reporting Form for K-12 Schools, Childcares, Youth Camps, and Sports Programs (redcap.health.state.mn.us/redcap/surveys/?s=KKWLDH3ARC).
 - Youth programs do not need to submit a report for parents of a child in their care who have received a positive test result.
 - Follow the specific guidance in <u>What to Do When Notified of a Lab-Confirmed Case of COVID-19 in Child Care Settings or Youth Programs</u> (<u>www.health.state.mn.us/diseases/coronavirus/schools/casenotify.pdf</u>) for people who have tested positive for COVID-19 or those who are identified as close contacts and need to quarantine.
- For more information and guidance on quarantine timeframes, visit <u>Close Contacts and Tracing:</u>
 How long to keep away from others (quarantine)
 (www.health.state.mn.us/diseases/coronavirus/close.html#long).
- For more information about close contacts who are fully vaccinated, visit <u>About COVID-19 Vaccine</u>:
 For fully vaccinated people
 (www.health.state.mn.us/diseases/coronavirus/vaccine/basics.html#recs).

Transportation

When evaluating an exposure on program-provided transportation, refer to the transportation section of <u>Handling a Suspected or Confirmed Positive Case of COVID-19: Information for Schools</u> (www.health.state.mn.us/diseases/coronavirus/schools/casehandle.pdf), page 6.

Required

- Arrange seating to maintain 6 feet of distance between the driver and all riders.
- Systematically review and evaluate transportation capacity with the goal of creating as much space between riders as possible, recognizing that it is not always feasible to have 6 feet of social distancing. Consider reducing capacity or adding routes to allow for more physical space between riders.
- Assign and document seating for riders to assist with contact tracing when there is a person who is
 found to be infectious on the bus. Riders must remain seated in their assigned seat for the entire
 ride and, when applicable, roundtrip.
- All persons driving or riding in program transportation must wear a face covering.
- Removing a face covering even for a short period of time increases the risk of viral transmission
 when using transportation. Activities that require the removal of face coverings, such as eating or
 drinking, are not allowed while on transportation.
 - Make sure the vehicle is well ventilated.
 - Use natural ventilation (e.g., opening windows) to mix fresh outdoor air with indoor air. For example, natural ventilation can be accomplished by opening windows 1-2 inches on both sides of the vehicle to create cross ventilation. During unfavorable weather or temperature conditions, limit the number of windows open and use vehicle heating or cooling systems at full power in order to provide some cross ventilation while maintaining a tolerable temperature. Consider consultation with a specialist to inform specific strategies for maximizing cross ventilation under different conditions.
- Clean and disinfect transportation vehicles regularly, focusing on frequent cleaning of touched surfaces in the vehicle (e.g., surfaces near the driver's seat, hard seats, door handles, seat belt buckles, light and air controls, doors and windows, grab handles) between routes.

Recommended

- An extra supply of face coverings should be maintained in program transportation for riders who forget to bring their own.
- Encourage families to transport their children to camp or programs in private vehicles whenever feasible.
- Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- Provide hand sanitizer to support healthy hygiene behaviors on all transportation vehicles.
- Transportation operator owners and managers should adjust the ventilation so that the maximum amount of outdoor air is delivered to occupied spaces, such as operating the vehicle heating or cooling system at full power with recirculation off and increasing the efficiency of cabin air filters to MERV13, if possible.

• Consider using portable high efficiency particulate air (HEPA) filtration units to remove contaminants from the air in poorly ventilated areas.

Additional recommendations for overnight camp programs

Testing and vaccination

- If eligible, staff, volunteers, campers, and family members **should be fully vaccinated for COVID-19.** Ideally, wait two weeks after completing vaccination for COVID-19 before traveling to camp.
- Encourage staff and campers to limit their activities and maintain physical distancing from others in the 14 days before arriving at camps to avoid viral exposures.
- Ask staff and campers to conduct daily health checks for 14 days leading up to camp.
- Recommend testing of campers and staff who are not fully vaccinated, and consider asking them to provide proof of a negative viral test taken no more than 1-3 days before arriving at camp. Delay arrival for campers or staff with confirmed positive test results. When asking for and maintaining documentation of test results, make sure to protect camper privacy and comply with applicable federal and state law that governs camper data and privacy. Camps that are uncertain about their legal obligations are strongly encouraged to consult with legal counsel.
 - A negative COVID-19 test at one point in time does not mean a person will remain negative while participating in camp. A negative test result does not replace the need to wear face coverings, continue frequent handwashing, avoid touching the face, and practice social distancing. These are our best tools to help prevent the spread of illness.
- Work with your local public health agency to address situations where there may be delays in sending ill staff or campers home and plan for access to health care, COVID-19 testing, and transportation to a health care facility.
 - For camp programs lasting longer than one week, confirm there is adequate access to testing available if a staff or camper becomes ill with symptoms consistent with COVID-19. Have a plan in place for isolating campers and staff who are sick and test negative or those who test positive.
 - Should a camper of staff person test positive, have a plan in place to address the need to quarantine and test close contacts.
 - Additional testing may be recommended in some circumstances, in consultation with state or local public health, such as transmission of COVID-19 identified in camp, or if levels of COVID-19 are high in the local community.
- Recommend testing 3-5 days after returning home from camp for those who are unvaccinated.

Face coverings

 Suggest that campers bring several face coverings with them to camp. The camp should consider keeping a supply of face coverings in case they are needed.

- Train and set expectations for staff to model wearing a face covering and washing their hands within the camp community.
- Campers who share sleeping quarters need to wear a face covering only when awake, not while sleeping.

Lodging

- Designate cohorts of staff and campers based on those who share cabins, tents, or other lodging.
- Consider sleeping arrangements that allow campers to maintain 6 feet of distance while sleeping, as sleeping campers are not required to wear face coverings. For example, reduce the numbers of campers in the cabin or have campers sleep head-to-toe.
- Set up designated storage areas that allow each camper and staff to keep their belongings separate from others.
- Limit lodging access to only people who reside in that lodging.

Shared bathrooms

- Create showering schedules that limit the number of people using the showers at one time.
- Encourage campers and staff to bring their own toiletries from home to avoid using shared supplies.
- Post signs encouraging campers and staff to properly wash their hands.

Travel

- Consistent with state and federal guidance to limit the spread of COVID-19 and to protect our neighbors, Minnesotans are discouraged from unnecessary travel. Visit <u>Protect Yourself and Others:</u> <u>Traveling (www.health.state.mn.us/diseases/coronavirus/prevention.html#travel)</u> for more information and current recommendations.
- Parents should have a plan in place with the camp if their child becomes ill and needs to be sent home.

Additional resources

- American Academy of Pediatrics: Guidance for Families and Pediatricians on Camp Attendance During the COVID-19 Pandemic (services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-for-families-and-pediatricians-on-camp-attendance-during-the-covid-19-pandemic/)
- American Camp Association: Field Guide for Camps (www.acacamps.org/resourcelibrary/coronavirus/camp-business/camp-operations-guide-summer-2020)
- American Camp Association: Suggested Camp Supplies and Materials for 2020 Camp Season
 (www.acacamps.org/sites/default/files/resource_library/operations-guide/ehe-suggested-camp-supplies.pdf)

- CDC: Suggestions for Youth & Summer Camps (www.cdc.gov/coronavirus/2019ncov/community/schools-childcare/summer-camps.html)
- CDC: Schools and Child Care Programs (www.cdc.gov/coronavirus/2019ncov/community/schools-childcare/index.html)
- COVID-19 Response Child Care Information for Families and Providers (mn.gov/childcare/)
- Schools and Child Care: COVID-19
 (www.health.state.mn.us/diseases/coronavirus/schools/index.html)



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