



New Jersey Department of Health COVID-19 Public Health Guidance for Camps

Updated June 10, 2021

As youth programs begin to convene, administrators should consider best ways to protect campers, staff, and communities, and prevent the spread of COVID-19 in line with the [New Jersey 2021 COVID-19 Youth Summer Camp Standards Guidelines](#).

This guidance document outlines public health recommendations for youth camps. These recommendations are subject to change as more information is learned about this novel virus. Please check the [NJDOH COVID-19 Information for Schools](#) page frequently for updated guidance.

This guidance is intended for all types of youth day camps with additional guidance provided for overnight camps organizations that provide summer day camps on school grounds should follow this guidance. Summer learning programs on school grounds should follow [NJDOH Recommendations for Local Health Departments for K-12 Schools](#) and CDC's [Operational Strategy for K-12 Schools through Phased Prevention](#). Some K-12 schools may also require the use of their COVID-19 prevention measures for organizations hosting summer day camps on school grounds.

CDC's School and Child Care Programs page provides various resources for recommendations for operating youth programs and camps. [CDC's Guidance for Operating Youth and Summer Camps During COVID-19](#) have been developed to supplement, not replace, any state or local health and safety laws, rules, and regulations with which camps must comply.

Regardless of the level of community transmission, camp programs should fully implement multiple [prevention strategies](#) to slow the spread of COVID-19. Key prevention strategies include:

- Getting vaccinated when eligible.
- Staying home if sick or having [symptoms of COVID-19](#).
- Universal and correct use of [well-fitted masks](#) that cover the nose and mouth.
- [Physical distancing, including cohorting](#).
- [Handwashing and covering coughs and sneezes](#).
- Engaging in outdoor activities whenever possible and increasing ventilation for indoor activities
- [Cleaning](#) and disinfecting when needed, to maintain healthy facilities.
- [Contact tracing](#) in combination with isolation and quarantine, in collaboration with the state, local, territorial, and tribal health departments.

Understanding that COVID-19 may impact certain areas of the state differently, NJDOH provides information on [COVID-19 transmission at the regional level](#), characterizing risk as low (green), moderate (yellow), high (orange), and very high (red). This information is posted online every week on the NJDOH CDS COVID-19 website and sent out via New Jersey Local Information Network and Communications System (NJLINCS) to public health and healthcare partners.

Communication

Camps should develop a management plan for infectious disease outbreaks including COVID-19. Staff and families should be informed of policies for ill staff and campers including isolation, exclusion and notification of positive cases or outbreaks.

Families should understand what actions they need to take should their child become symptomatic or be exposed to COVID-19 while participating in summer programming.

Designate a staff member to be responsible for responding to COVID-19 concerns. Communicate to staff members, the process for contacting the designee.

Establish relationships with local public health officials and identify points of contact.

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

Prepare for Reopening

- Strongly encourage vaccination for all eligible individuals.
- Modify camp activities to promote outdoor and other lower-risk activities.
- Review and update or develop your outbreak response/pandemic plan and share with stakeholders before an outbreak occurs.
- Establish procedures to ensure individuals who become sick at camp or arrive at camp sick are sent home as soon as possible.
- Prepare for the potential of closures or dismissals.
- Create emergency communication plan and maintain up to date contact information for everyone in your communication chain.
- Plan trainings to educate staff.
- Designate an individual to the enforce plan.
- Survey supply vendors to determine when supply chain and delivery system will be partially or fully operational.
- Continue to monitor current information from health officials.
- Have a backup staffing plan in case staff members become ill during the day.
- Continue to ensure that children are up to date on immunizations.

Preparing for Illness

- Daily reports of camper and staff attendance should be closely monitored.
- Designate an area or room away from others to isolate individuals who become ill while at camp.
 - Ensure there is enough space for multiple people placed at least 6 feet apart.
 - Ensure hygiene supplies are available, including mask, facial tissues, and alcohol-based hand rub.
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility.



- If circumstances require medical transport of someone displaying symptoms of COVID-19, the camp should advise the dispatcher or receiving health care facility that the person may have COVID-19.
- Be ready to follow CDC guidance on how to [disinfect your building or facility](#) if someone is sick.

When Illness Occurs

Campers and staff with COVID-19 symptoms should be placed away from others and asked to wear a mask until they can be sent home.

- Whenever possible, cover children's (age 2 and older) noses and mouths with a mask or cloth face covering.
- If a mask is not tolerated by the camper, staff should wear a mask and follow social distancing guidelines (6 ft. away).
- Individuals should be sent home and advised to follow [What to Do If You Are Sick](#).
- When an individual tests positive for COVID-19, the camp should immediately notify local health officials, staff and families of a case while maintaining confidentiality.
- Camps should be prepared to provide the following information when consulting public health:
 - The identity of the person with COVID-19 or probable COVID-19 (i.e. staff, camper, household contact).
 - The date the person with COVID-19 or probable COVID-19 was last at camp;
 - The date the person developed symptoms and/or tested positive.
 - Types of interactions the person may have had with other persons in the building or in other locations.
 - How long their interactions were with other persons in the camp.
 - If other persons in the camp have developed any symptoms; and
- Any other information to assist with the determination of next steps.
- Camp or camp administrators should follow CDC guidance on how to [disinfect your building](#) or camp if someone is sick.
- If a sick person has been isolated in the camp, clean and disinfect surfaces in the isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
 - Open outside doors and windows to increase air circulation in the areas.
 - Close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting.
 - Wait as long as possible (at least several hours) before you clean and disinfect
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas with an EPA-registered product for use against SARS-CoV-2.
 - If more than 3 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.

COVID-19 Symptoms

While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. [Early research](#) suggests that fewer children than adults with COVID-19 get a fever, cough, or shortness of breath. Few children with COVID-19 have had to be hospitalized. However, severe illness has been reported in children, most often in infants less than one year of age.

Some children have developed [multisystem inflammatory syndrome \(MIS-C\)](#). Currently, information about this syndrome is limited.

According to the CDC, children do not seem to be at higher risk for getting COVID-19. However, some people, including children with special health care needs, may be at higher risk. Those at increased risk include:

- [Older adults](#)
- People who have serious chronic [medical conditions](#) like:
 - Cancer
 - Chronic kidney disease
 - COPD
 - Immunocompromised state from solid organ transplant
 - Obesity (body mass index of 30 or higher)
 - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Sickle cell disease
 - Type 2 diabetes

Signs and symptoms of COVID-19 in children may be similar to those of common viral respiratory infections or other childhood illnesses. The overlap between COVID-19 symptoms and other common illnesses means that many people with symptoms of COVID-19 may actually be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. Individuals with COVID-19 have had a wide range of symptoms reported – ranging from mild to severe illness. There is not a single symptom that is uniquely predictive of a COVID-19 diagnosis so if suspected, a viral test is the only way to confirm that someone has a current COVID-19 infection. Symptoms may appear 2-14 days after exposure to the virus and include the following:

- Fever or chills;
- Cough;
- Shortness of breath or difficulty breathing;
- Fatigue;
- Muscle or body aches;
- Headache;
- New loss of taste or smell;
- Sore throat;
- Congestion or runny nose;
- Nausea or vomiting;

- Diarrhea.

Symptom Based Exclusion for Individuals with COVID-19 Compatible Symptoms:

Parents should not send children to camp when sick. Camp staff should have plans to isolate students with overt symptoms of any infectious disease that develop during the camp day. For camp settings, NJDOH recommends that students with the following symptoms be promptly isolated from others and excluded from camp:

- At least two of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; OR
- At least one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder.

For campers with chronic illness, only new symptoms or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.

Individuals who:	Should stay home and away from others until:
<p>Have symptoms of COVID-19 AND</p> <ul style="list-style-type: none"> • have tested positive (by PCR, rapid molecular or antigen testing) OR • have not been tested (i.e. monitoring for symptoms at home) * 	<ul style="list-style-type: none"> • At least 10 days have passed since their symptoms first appeared AND • They have had no fever for at least 24 hours (one full day without the use of medicine that reduces fever) AND • Symptoms have improved (e.g. cough, shortness of breath)
<p>Have NO symptoms and have tested positive</p>	<ul style="list-style-type: none"> • 10 days have passed from the collection date of their positive COVID-19 diagnostic test AND they have not developed symptoms.
<p>Have symptoms and have tested negative</p>	<p>24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve.</p>
<p>Are identified as a close contact of a case¹</p>	<ul style="list-style-type: none"> • Close contacts of a COVID-19 case should be excluded until the exclusion criteria for a close contact has been met even if the close contact tested negative.

¹ Fully vaccinated persons who have close contact with someone with COVID-19 do NOT need to quarantine if they meet all the criteria outlined on page 8.

Close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In certain situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed. These situations should occur rarely if schools are adhering to social distancing recommendations.

- If a case of COVID-19 infection occurs in **one defined group** (see note) within the camp, the ill person should be sent home.
 - Other staff and children in the group may be considered close contacts of that case and must be [excluded](#) from camp.
 - Parents/guardians and staff facility-wide should be informed of the situation.
 - The CDC guidance for cleaning and disinfection should be followed.
- Other groups within the camp can continue to function, with daily and vigilant screening for illness occurring and social distancing and personal and environmental hygiene measures strictly adhered to.
- If cases occur in **multiple groups** within the camp, then all camp operations may need to be suspended (see Closure section).
- **The ability to keep groups small and static can be helpful in identifying close contacts and may aid in determining if a facility wide closure is necessary.**

Note: Per the [New Jersey 2021 COVID-19 Youth Summer Camp Standards Guidelines](#), to the maximum extent possible, groups include the same children each day and that the same staff remain with the same group of children each day. Ideally, try to keep groupings developed on the first day intact throughout the duration of the camp session or season whichever is longer.

COVID-19 Illness, Exposure, and Test Result Scenarios

COVID-19 exclusion criteria for persons who have COVID-19 compatible symptoms or who test positive for COVID-19:

- Ill individuals with [COVID-19 compatible symptoms](#) who have not been tested or individuals who tested positive for COVID-19 should stay home until at least 10 days have passed since symptom onset and at least 24 hours have passed after resolution of fever without fever reducing medications and improvement in symptoms.
- **An alternate diagnosis (including a positive strep test or influenza swab) without a negative COVID-19 test is not acceptable for individuals who meet COVID-19 exclusion criteria to return to camp.**
- Persons who test positive for COVID-19, but who are asymptomatic should stay home for 10 days from the positive test result.

LHDs should provide guidance for camp exclusion based on the level of COVID-19 risk in their region.



COVID-19 exclusion criteria for close contacts:

CDC released guidance with options to shorten the [quarantine](#) time period for unvaccinated individuals following exposure to a confirmed positive case. While CDC and NJDOH continue to endorse 14 days as the preferred quarantine period – and thus the preferred exclusion period – it is recognized that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. Additional information is described in [NJDOH quarantine guidance](#).

In the camp setting, excluded unvaccinated individuals who are close contacts of staff or camps who tested positive for COVID-19 may be considered for a reduced exclusion period based on [COVID-19 Activity Levels](#):

High (orange) exposed close contacts should be excluded from camp for 14 days.

Moderate or Low (yellow or green) exposed close contacts should be excluded from camp for 10 days (or 7 days with negative test results collected at 5-7 days).

Camps serving medically complex or other high-risk individuals should use a 14-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts throughout all risk levels.

Camps Where not Everyone is Fully Vaccinated

Camp programs with any campers or staff who are not fully vaccinated should layer multiple prevention strategies to help protect the people who are not vaccinated, which includes all children under the age of 12 years, to slow the spread of the virus that causes COVID-19.

Key prevention strategies include:

- Promoting vaccination against COVID-19 for eligible staff, campers, and their family members
- Correctly and consistently using well-fitted masks that cover the nose and mouth
- Physical distancing, including cohorting (grouping children together to reduce potential exposures)
- Handwashing and covering coughs and sneezes
- Avoiding crowded and/or poorly ventilated indoor activities (for example, engaging in outdoor activities whenever possible and increasing ventilation for indoor activities)
- Routine cleaning to help maintain healthy facilities
- Staying home if sick or having any symptoms of COVID-19
- Getting tested for COVID-19 if having symptoms of COVID-19 or are unvaccinated and have been a close contact of someone with a confirmed case of COVID-19.
- Contact tracing in combination with isolation and quarantine, in collaboration with the state, local, territorial, and tribal health departments
- Screening testing
- People who are fully vaccinated should follow [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).

Camp programs should encourage people who are not fully vaccinated and those who might need extra precautions to wear a mask consistently and correctly:

- Indoor and outdoor mask requirements for unvaccinated campers and staff is outlined in [New Jersey 2021 COVID-19 Youth Summer Camp Standards Guidelines](#).
- No child under the age of 2 should wear a mask.

Camps Where Everyone is Fully Vaccinated

Staff and campers who are fully vaccinated do not need to wear masks at camp, except where required by [New Jersey 2021 COVID-19 Youth Summer Camp Standards Guidelines](#).

Physical distancing is not necessary for campers and staff who are fully vaccinated except as indicated in [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).

Camps should continue to:

- Facilitate health-promoting behaviors such as hand hygiene and respiratory etiquette to reduce the spread of infectious disease in general.
- Follow [cleaning, disinfecting](#), and [ventilation](#) recommendations, including:
- Routine cleaning of high-touch surfaces and shared objects.
- Maintaining airflow by opening windows, using air filters, and turning on fans.

People who are fully vaccinated do not need to undergo routine COVID-19 screening testing. If a fully vaccinated person is exposed to someone with COVID-19, they do not need to be tested for COVID-19 unless they are experiencing COVID-19 symptoms. Any person participating in camp activities who experiences [COVID-19 symptoms](#) should get a [COVID-19 test](#). Refer to CDC's [Interim Public Health Recommendations for Fully Vaccinated People](#) for more information.

Fully vaccinated persons who have close contact with someone with COVID-19 do NOT need to quarantine **if they meet all of the following criteria:**

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine), **AND**
- Have remained asymptomatic since the current COVID-19 exposure.

Overnight Camps

Before camp

- If eligible, staff, volunteers, campers, and family members **should get fully vaccinated for COVID-19**. Ideally, wait 2 weeks after completing vaccination for COVID-19 before traveling to camp.
- Campers and staff should follow the [New Jersey 2021 COVID-19 Youth Summer Camp Standards Guidelines](#) regarding travel and testing prior to camp arrival to reduce exposure to COVID-19.
- Delay arrival for campers or staff with confirmed positive test results.
 - CDC does not recommend getting tested again in the three months after a positive viral test if the person does not have symptoms of COVID-19. Campers and staff who have had a positive viral test in the 3 months prior to starting camp and have met the criteria to end isolation should have a letter from their healthcare provider documenting the positive test date and stating the individual is cleared to end isolation.

- Refer camp staff, campers, and their families to [CDC's Travel During COVID-19](#) page for more details about preparing to travel, including recommendations about staying safe during travel such as wearing a mask in public settings.

During camp

- Campers and staff should be screened for COVID-19 symptoms, and information pertaining to a known recent close contact with a confirmed COVID case should be assessed, prior to entering the camp (or before boarding camp transportation).
- Consider campers and staff who are staying together in a cabin, bunkhouse, or similar defined space a “household cohort.”
 - Household cohort members do not need to wear masks or physically distance when they are together without non-household cohort members nearby.
 - Unvaccinated staff should wear masks when within the cohort unless staff are part of the household cohort and sleep in the same space as campers.
- Screening testing can help to identify cases of COVID-19, prevent secondary transmission, and help with contact tracing. Screening testing is particularly valuable in areas with moderate, and high levels of community transmission.
- Youth camps should refer to [New Jersey 2021 COVID-19 Youth Summer Camp Standards Guidelines](#) for screening testing requirements. Additional information on testing and reporting see testing section.
- Conduct daily symptom checking to monitor the health and well-being of camp staff and campers during the camp session.
- Staff should clean and disinfect bathrooms regularly (e.g., in the morning and evening, after times of heavy use) using EPA-registered disinfectant.
- [Increase ventilation in buildings](#), such as cabins and dining halls to increase air exchange and air filtration. If possible, open windows (if safe to do so), use portable air cleaners, and improve building-wide filtration.
- When camp staff are away from camp (for example, during days off), they should engage in low-risk activities. Camps should consider having all staff do a screening test when returning after time spent away from camp. Camp staff who are fully vaccinated should follow CDC recommendations for guidance on activities when away from camp.
- Isolate staff or campers with symptoms immediately and refer them for viral testing. They should remain isolated until the test result is returned. Medical care should be provided as needed.
- If the test result is negative, the person should remain in isolation until his or her symptoms have improved according to existing camp policies (typically, 24 hours without fever and no use of fever-reducing medication).

- If the test result is positive, the person should remain in isolation for at least 10 days after symptom onset, **and** 24 hours without fever without use of fever-reducing medication, **and** other symptoms have improved.
- Camps should provide spaces for symptomatic and infected campers and staff to isolate on-site. Camps should also have procedures in place to help sick campers return home safely.
- Camp operators should notify the health department immediately following a positive test result, and work with health officials to identify close contacts.
- Close contacts include everyone in the infected person’s household cohort and anyone else who was within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period. The definition of a close contact applies regardless of whether either person was wearing a mask.
- If campers or staff receive a positive test result for COVID-19, all unvaccinated members of the household cohort (unit or cabin) should be quarantined as a cohort and referred for testing.
 - [Fully vaccinated](#) asymptomatic people within the household cohort should still be referred for testing, but can refrain from quarantine per CDC’s [guidance for fully vaccinated people in congregate settings](#).
 - They should still monitor for [symptoms of COVID-19](#) for 14 days following an exposure.
 - If they experience symptoms, they should isolate themselves from others and be clinically evaluated for COVID-19, including testing, if indicated.
- All other close contacts outside of the household cohort should [quarantine](#).
 - [Fully vaccinated](#) asymptomatic people can refrain from quarantine but should continue to monitor symptoms for 14 days following exposure.
- Camp operators should work with the health department to identify any other close contacts of the camper who received the positive result.
- Monitor people in quarantine for symptoms. If symptoms develop, refer for testing and provide medical care as needed.
 - If a positive test result is returned, the individual should be isolated and follow recommendations for discontinuing isolation (10 days since symptom onset, and 24 hours fever-free without medication, and all other symptoms resolved).
- People who are fully vaccinated with no symptoms for COVID-19 and are close contacts or were previously diagnosed with COVID-19 within the last three months and have no new symptoms, do not need to quarantine or be tested.
- If a person becomes sick and needs to be transported, establish procedures for safely transporting them.
 - If you are calling an ambulance or bringing someone to a healthcare facility, try to call first to alert them that the person may have COVID-19.

- Take steps to ensure any external community organizations that share the camp facilities follow these considerations.

After camp

Camp staff and campers who are not fully vaccinated should get tested with a viral test 3–5 days after traveling home from camp **AND** stay home and self-quarantine for a full 7 days after travel. Refer to [CDC’s Travel During COVID-19](#) website for more information about what to do after traveling home from camp. [Fully vaccinated people](#) should follow current guidance for domestic travel do not need to be tested or self-quarantine after camp unless they are experiencing symptoms.

Outbreaks

Two or more laboratory confirmed² COVID-19 cases among campers or staff with onsets³ within a 14-day period, who are epidemiologically linked⁴, do not share a household (home residence), and were not identified during standard case investigation to be close contacts of each other in another setting.

Contact Tracing

Staff should help camp administration in identifying close contacts of positive COVID-19 cases. This should be done in conjunction with the LHD.

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.

A contact tracing team from the local health department or the NJDOH calls anyone who has tested positive for COVID-19. They ask the patient questions about their activities within a certain timeframe – to help identify anyone they have had close contact. Those contacts might include family members, caregivers, co-workers or health care providers.

Individuals who have recently had a close contact with a person with COVID-19 should [stay home and monitor their health](#).

Closure

A camp may need to temporarily dismiss children and staff for 2-5 days if a child or staff member attended camp before being confirmed as having COVID-19.

This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the camp, perform contact tracing and cleaning and disinfecting the facility.

² Detection of SARS-CoV-2 in a clinical specimen using diagnostic test (e.g., detection of RNA by a molecular amplification test, or detection of viral proteins by antigen tests).

³ If onset date is unknown or case-patient is asymptomatic, specimen collection date should be used.

⁴ Health departments should verify that cases were present in the same setting during the same time period (e.g., same cohort, event, activity, or transportation); that the timing fits with likely timing of exposure; and that there is no other more likely source of exposure for identified cases (e.g., household or close contact to a confirmed case outside of camp setting) within the 14 days prior to onset date (if symptomatic) or specimen collection date (if asymptomatic or onset date is unknown).



Camp administrators should work with the [local health officials](#) to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

Testing and Reporting

Camps should establish partnerships with community providers who offer testing, or refer staff and campers for screening testing. Screening testing is particularly valuable in areas with moderate, substantial, and high levels of community transmission.

Weekly screening testing of unvaccinated staff who may oversee multiple cohorts of campers over the summer will help identify those who are asymptomatic and do not have known, suspected, or reported exposure of the virus that causes COVID-19 and prevent further transmission. More information on screening testing in overnight camps is provided in the Additional Guidance for Overnight Camps section of <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>.

Testing requirements for overnight camps are outlined in the [New Jersey 2021 COVID-19 Youth Summer Camp Standards Guidelines](#).

- Fully vaccinated asymptomatic people can refrain from routine screening testing.
- Camps and/or testing contractors must have a mechanism to report all testing results as required by the NJDOH.
- If testing is performed in a laboratory or if the camp contracts for testing services, positive and negative results must be electronically reported by the laboratory/contractor to NJDOH.

COVID-19 Resources

[NJDOH Youth Camp Resources](#)

[NJDOH COVID Information for Schools](#)

[CDC Childcare Schools and Youth Programs](#)

[CDC Considerations for Youth Sports](#)

[American Camp Association](#)

[CDC COVID-19 Parks and Recreational Facilities](#)

[CDC Cleaning and Disinfecting Your Facility](#)

[CDC Information on Cleaning School Buses](#)

[NJDOH General Guidelines for the Prevention and Control of Outbreaks in Camp Settings](#)

[Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19](#)

[Guidance for Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders](#)