



**Effective Date:** June 28, 2021

## Summer and Youth Programs Reopening Public Health Recommendations and Requirements

**Applicability:** This document applies to youth programs, as defined below.

Youth program operators must comply with all requirements in this document. Youth programs operators are not required, but are encouraged to, comply with the recommendations in this document, which represent best practices to support health and safety in youth programs during the COVID-19 pandemic.

This document does not apply to:

- School-based programs for school-age children that are not required to be licensed by the Office of Child Care. These programs should refer to the [Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year](#).
- Licensed, recorded, or emergency [child care programs](#)
- License-exempt child care for children through 12 years of age when parents are onsite. These programs should refer to the [Child Care Provider COVID-19 Requirements and Recommendations](#).
- Overnight camps programs that serve adults and families—those programs may review and use these recommendations as applicable, but should also refer to CDC guidance on [How to Protect Yourself & Others](#) and [Daily Activities](#).

**Definitions:** For purposes of these recommendations, the following definitions apply:

- “Clean” or “Cleaning” means the use of soap or detergents and water on surfaces to reduce or remove germs from surfaces.
- “Child care” means a licensed or Emergency Child Care program caring for children 6 weeks of age or older but under 13 years of age, including those operated by political subdivisions or governmental agencies.
- “Close contact” means those persons who were within six (6) feet of a confirmed case of COVID-19 for a cumulative 15 minutes over a 24-hour period.
- “Cohort” means a stable group of people who stay together consistently, with minimal interaction with other groups.
- “COVID-19 symptoms” means any or all of the following:
  - Primary symptoms: cough, fever (temperature of 100.4°F or higher) or chills, shortness of breath, difficulty breathing and new loss of taste or smell

- Other common symptoms: muscle pain, headache, sore throat, diarrhea, nausea, vomiting, new nasal congestion, and runny nose.
- “Day camp” means a defined setting or facility that youth (K–12) attend for an established period of time, leaving at the end of the program day, which may or may not be licensed under [ORS Chapter 446](#).
- “Disinfect” or “Disinfecting” means the use of disinfectants following cleaning to kill germs that may remain on surfaces after cleaning.
- “Enrichment programs” mean programs that provide care for school-age children (K–12), primarily for a single enrichment activity for eight hours or less a week.
- “Household cohort” is a stable group of campers and staff who stay overnight together in a cabin, bunkhouse, tent, or similar defined space.
- “Outdoor” means any open-air space including any space which may have a temporary or fixed cover (e.g., awning or roof) and at least fifty percent of the square footage of its sides open for airflow such that open sides are not adjacent to each other.
- “Overnight camp” means a youth program with youth staying overnight at accommodations on site, which may or may not be licensed under [ORS Chapter 446](#).
- “Sanitize” or “Sanitizing” means the cleaning required by applicable local and state food sanitation requirements.
- “Susceptible” has the meaning given that term in OAR 333-019-0010.
- “Youth programs” means:
  - Day camps;
  - Summer camps;
  - Overnight camps;
  - Enrichment programs serving children 0 to 18 years of age.
  - Programs operated by political subdivisions or governmental entities that offer programming only for middle school-age children ages 11 years and older;
  - Any enrolled gathering of children from primarily ages 13 to 18 years for a defined period of daytime hours with teen or adult supervision. These gatherings can include children as young as age 11, provided they are part of a mixed-age cohort.

## General

### Youth programs operators are required to:

- If licensed by Oregon Health Authority (OHA) or the Local Public Health Authority (LPHA) under ORS Chapter 446, comply with requirements for Organizational Camps in [Oregon Administrative Rules \(OAR\) 333, Division 30](#).
- Ensure that potable and process water plumbing systems are appropriately readied prior to the start of the program in accordance with [Centers for Disease Control and Prevention \(CDC\)](#), [OHA](#) and [LPHA](#) guidance to minimize the risk of diseases associated

with waterborne pathogens. If the program is served by a seasonal public water system, follow [OHA guidance for start-up of seasonal water systems](#).

- Comply with the mandatory child and abuse reporting requirements under ORS 419B.005, and include training for staff to recognize and report suspected child abuse and neglect. Staff can report any suspected child abuse by calling 1-855-503-SAFE (7233). Additional resources can be found through the [Early Learning Division](#) and [Oregon Department of Education](#).

## Communicable disease plans

### Youth programs operators are required to:

- Have a written communicable disease management plan that complies with the rules adopted by the Oregon Health Authority in OAR 333, Division 19, that includes:
  - A protocol to notify the [Local Public Health Authority](#) (LPHA) of any confirmed COVID-19 cases among children or staff;
  - A protocol for exclusion of individuals with COVID-19 or susceptible to COVID-19 consistent with Oregon Health Authority rules in OAR 333, Division 19;
  - A protocol to end program activities if cases warrant or if recommended by OHA or the LPHA;
  - A process for keeping daily logs and record-keeping to assist state or local public health authorities with contact tracing, consistent with Oregon Health Authority rules in OAR 333, Division 19; and
  - A designated COVID-19 Point of Contact to facilitate communication, maintain healthy operations, and respond to COVID-19 questions from state or local public health authorities, state or local regulatory agencies, families and staff. All staff and families should be provided the contact information for the COVID-19 Point of Contact.

## Contact tracing

### Youth programs operators are required to:

- For contact tracing purposes, log the following, in accordance with rules adopted by the Oregon Health Authority under OAR 333, Division 19:
  - Adult name(s) completing drop-off and pick-up;
  - Youth names, arrival and departure date and times;
  - Name of any staff or person coming in contact with youth, arrival and departure date and times;
  - If transportation is provided by the program: names of all riders and their contact information.

## Exclusion and notification

Youth programs operators should attempt to verify COVID-19 vaccination status in order to apply any exclusion protocols that are specific to vaccinated individuals. If an operator is not aware of an individual's vaccination status, they should assume the individual is unvaccinated and follow general exclusion protocols.

### Youth programs operators are required to:

- Exclude from the program any child or staff member who tests positive for COVID-19, regardless of vaccination status, for the time period specified in the rules adopted by the Oregon Health Authority under OAR 333, Division 19, in accordance with rules adopted by the Authority. Exclude from the program any child or staff member who is susceptible and who is exposed to COVID-19, for the time period specified in the rules adopted by the Oregon Health Authority, in accordance with the rules adopted by the Authority.
- Inform all families, staff, and individuals who enter the child care program that they should not enter if they are unvaccinated and have been exposed to a COVID-19 case.
- Notify the local public health authority immediately if anyone who has been on the premises of the program is diagnosed with COVID-19.
- Communicate, in coordination with local public health authority, with all families and other individuals who have been on the premises of the program in the past 14 days about a confirmed case of COVID-19.

### Youth programs operators are encouraged to:

- Exclude from the program any youth or staff member, regardless of vaccination status, if they exhibit COVID-19 symptoms including new loss of taste or smell, fever, new cough, or shortness of breath in the last 10 days.
- Exclusion from the program should be for 10 days after onset of symptoms and 24 hours after both fever and cough resolve, without the use of a fever reducing medication. Programs should consult with the Local Public Health Authority for additional guidance.
  - The 10-day exclusion period can be shortened:
    - ◆ If an individual with symptoms of COVID-19 tests negative at any time during the 10-day period. They can return to the child care program 24 hours after resolution of cough and fever without the use of fever-reducing medication.
    - ◆ If an individual's only symptom is fever and is advised by a medical professional they can return to the child care program.
    - ◆ Documentation from the medical professional is recommended. The person should be fever-free for at least 24 hours.
    - ◆ A youth who has received routine childhood vaccinations in the last 48 hours can return to care at the direction of a medical professional once they are fever-free. Documentation of vaccination from the medical professional is recommended.

- Monitor for symptoms anyone who comes into the program who is known to have had a household member with symptoms of COVID-19. The ill household member should be strongly encouraged to get tested. An unvaccinated staff member or child who is a close contact of an individual with presumptive or confirmed COVID-19 may be required to be excluded in accordance with Oregon Health Authority rules.
- Follow these recommendations for individuals who are experiencing COVID-19 symptoms but who have received their COVID-19 vaccine within the past three days:
  - If the individual has symptoms of fatigue, chills, muscle ache, joint pain, or redness – these are likely vaccine side effects. If no fever is present, the individual may work or attend the program if they feel well enough to work. If fever is present, staff members should stay home until 24 hours fever-free.
  - If the individual’s only symptom is fever, the individual should stay home until 24 hours fever-free. If the fever does not improve in two days, the individual should see a health care provider and consider getting tested for COVID-19 as they may have been exposed prior to vaccination.
  - If the individual has symptoms that include cough, shortness of breath, or loss of taste or smell, they should be excluded consistent with the recommendations above.
- When not all youth and staff are fully vaccinated, implement layers of prevention strategies to increase protection for those who are not vaccinated and slow the spread of the virus that causes COVID-19. Prevention strategies include:
  - Promote vaccination for eligible staff, youths and their family members
  - Hand hygiene, covering coughs and sneezes
  - Maintain a healthy environment
    - ◆ Ventilation
    - ◆ Limiting shared objects
    - ◆ Routine cleaning
  - Screening and testing
  - Face masks and face coverings
  - Isolation, quarantine, and contact tracing
  - Physical distancing and cohorting

## Screening for symptoms and testing

Note: see *Screening and testing for overnight camps* section below for additional recommendations

### Youth programs operators are encouraged to:

- Ensure all youth and staff verify that they are symptom free and have not had any known exposure to individuals diagnosed with COVID-19.

- Strongly encourage parents or caregivers to monitor their children daily at home for signs of infectious illnesses, including COVID-19, and keep youth with signs or symptoms of infectious illness home when sick and/or seek medical care.
- Direct and routinely remind staff members to self-screen for signs or symptoms of infectious illness, including COVID-19, daily.
- Separate a youth or staff member from others if they exhibit or develop a new cough, fever, shortness of breath or other primary symptoms of COVID-19 during the day/class session and send them home as soon as possible.
  - While waiting for a sick youth to be picked up, a staff member should stay with the youth in an area away from others. The caregiver should wear a face covering and should remain as far away as safely possible from the youth (preferably at least six (6) feet), while remaining in the same room or outdoor area.
- Consider flexible sick-leave and absentee policies that allow staff to stay home while sick.
- Report to and work with the LPHA on cleaning and possible need for closure if anyone who has entered the program facility is diagnosed with COVID-19.
- Encourage all unvaccinated staff to participate in free weekly screening testing through COVID-19 Testing in Oregon’s Camp Staff. To register for this federally funded program, staff complete an enrollment survey [here](#). Staff are not required to disclose their vaccination status to participate.
  - All youth program staff without symptoms and without known exposure are eligible.
  - [Screening testing](#) can identify COVID-19 in people who are asymptomatic or pre-symptomatic and reduce the risk of secondary transmission.
  - Screening testing can be particularly helpful between program sessions when cohorts change, for staff who engage with multiple cohorts, and when staff return to overnight camp after spending time away.
- Staff who develop symptoms of COVID-19 should obtain diagnostic testing.
- Promote vaccination against COVID-19 for all eligible staffers, youth and family members. There is increasing evidence that people who are fully vaccinated are significantly less likely to develop symptomatic or asymptomatic infection and transmit COVID-19 to others. Current evidence suggests that vaccination may be more protective against the virus that causes COVID-19 and its new variants than having had COVID-19 in the past.
  - More infectious [variants](#) of the SARS-CoV2 virus are prevalent in Oregon. These variants spread more readily and could result in more people becoming infected with COVID-19. Vigilance with infection prevention measures may limit the impact of these variants. Vaccination also reduces the spread of these variants.

## Hand hygiene

**Youth programs operators are encouraged to:**

- Provide hand sanitizer, handwashing facilities, tissues and garbage receptacles that are easily accessible to both youth and staff.
- Require all persons in the program to frequently wash their hands with soap and water for at least 20 seconds (e.g., after using the restroom, before and after meals, after coming inside, after sneezing, blowing the nose or coughing).
  - Hand sanitizer containing at least 60% alcohol may be used as an alternative to handwashing, except before and after eating, preparing or serving food and after using the restroom. If soap and water is not available (e.g., backcountry camp), alcohol-based hand sanitizer may be used; however, every effort should be made to facilitate soap and water handwashing.
- Ensure all youth and staff wash hands with soap and water prior to eating. In limited circumstances (e.g., backcountry camps) where use of soap and water is not possible because of lack of running water, use hand sanitizer containing at least 60% alcohol.
- Remind staff and youth often to:
  - Cover coughs and sneezes, even when wearing a mask, with a tissue or elbow;
  - Throw any used tissue away immediately into a garbage receptacle; and
  - Clean hands after covering coughs and sneezes, and after throwing away used tissues.

## Ventilation

### Youth programs operators are encouraged to:

- Ensure that ventilation systems (e.g., HVAC) operate properly. Increase circulation of outdoor air as much as possible by opening windows and doors, using fans and employing other methods. See [OHA Indoor air considerations for COVID-19 for smaller spaces](#) and [CDC ventilation recommendations](#).
  - Do not open windows and doors if doing so poses a safety or health risk to people using the facility (for example, allowing pollen or smoke in, which may be unhealthful for people with asthma or breathing problems).

## Face masks and face coverings

### Youth programs operators are encouraged to:

- When indoors, require all adults to wear a face covering unless they are vaccinated.
- When indoors, require youth in grades kindergarten and up to wear a face covering unless:
  - They have a verified medical condition or disability that prevents them from safely wearing a face covering;
  - They are unable to remove the face covering independently;
  - They are sleeping, eating, or drinking;

- They are participating in distance learning and are physically distanced from others.
- If a youth removes a face covering, or demonstrates a need to remove the face covering for a short period of time:
  - Supervise the youth to maintain physical distancing while the face covering is removed;
  - Show the youth how to effectively wear a face covering;
  - Guide the youth to re-engage in safely wearing a face covering;
  - Don't discipline the youth for the inability to wear a face covering.
  - Always ensure children younger than two (2) years do not wear a face covering.
- Face coverings should be washed daily or a new one worn daily. If a face shield is used, it should be wiped down with disinfectant at the end of the day after use. Disposable face coverings or face shields should be worn only once.
  - Wash hands after touching or removing a mask. When placing a mask back on after a meal or break, keep the same side facing out. See CDC guidance on [How to Store and Wash Masks](#) and [remove masks correctly](#).
- When youth or staff are playing a brass or woodwind instrument, consider increasing physical distancing (to greater than six (6) feet) between individuals or moving the activity outdoors.
- Provide a face covering to youth and staff who do not have access to a face covering or forget to bring one.

## Physical distancing and cohorting

*\*Note: Although stable group restrictions have been lifted, it is important to remember that if a COVID-19 positive case occurs, everyone that had exposure should quarantine in accordance with state and local public health authority guidelines. This is why it is so important to minimize contact with people from other groups as much as possible. For additional information, including best practice recommendations, please refer to the [CDC guidance for cohorting and physical distancing for camps](#).*

### Youth programs operators are encouraged to:

- Keep adults and youth in the same groups as much as possible.
- Direct staff and youth from different groups to practice physical distancing.
- Minimize interaction with individuals from other groups.
- Maximize outdoor activities, including contracted services and group activities.

The nature of group gatherings poses risks for spreading COVID-19. Youth and staff at higher risk of severe COVID-19 illness are strongly recommended not to attend youth programs. Refer to the [CDC's information on people at increased risk](#) for severe illness.



## Cleaning and disinfection

### Youth programs operators are encouraged to:

- Frequently clean high-touch surfaces (for example, shared equipment, stationary climbing frames, door handles, drinking fountains and transport vehicles).
  - Ensure high-touch surfaces and items are cleaned between uses by different cohorts
- Clean restrooms daily, prioritizing high-touch surfaces like stall handles, doorknobs, sink handles, and faucets.
- Disinfecting surfaces after cleaning is recommended if [certain conditions apply](#), such as the space having been occupied by an individual with COVID-19. Use disinfectants that are included on the [Environmental Protection Agency \(EPA\) approved list](#) for the SARS-CoV-2 virus that causes COVID-19.
  - Establishment operators may consider following the disinfection practices recommended by the [Pediatric Environmental Health Safety Units](#).
- Routinely clean outdoor play structures (disinfection is not needed). Shared equipment should be cleaned and/or disinfected in accordance with [CDC guidance](#).
- Avoid use of items (for example, soft or plush toys or pillows) that are not easily cleaned.

## Food service

### Youth programs operators are required to:

- If licensed as an Organizational Camp by OHA or the LPHA under ORS Chapter 446, comply with requirements for food service in [Oregon Administrative Rule 333-030-0095](#).

### Youth programs operators are encouraged to:

- Eliminate the practice of youth serving themselves from communal platters in the manner of family-style meals. Have one staff member serve everyone from communal dishes.
- Closely supervise all mealtimes to prevent youth from sharing and/or touching each other's food.
- Discontinue use of drinking fountains except for filling other containers such as water bottles.
- Directly supervise activities or lessons that involve food handling to minimize contamination. Shared materials should be limited and sanitized between uses.

## Field trips/transportation

If taking field trips, it is safer for youth and staff who are not fully vaccinated to visit outdoor locations away from other people (for example, hiking trips and visits to beaches or lakes). If taking trips to indoor locations, youth and staff who are not fully vaccinated should stay within

their cohort, wear a mask, and maintain physical distance of at least 6 feet from anyone outside of the cohort.

#### **Youth programs operators are encouraged to:**

- Document the names of youth in each cohort(s) and names of associated staff, including driver, date and time of trip, and vehicle number/license.
- Refer to [CDC Guidance on Operating Youth Camps](#).
- Maximize fresh air flow in vehicles to the extent possible by opening windows and using fresh (non-recirculated) air settings on ventilation systems.

## **Overnight camps**

### **Additional recommendations for programs that operate overnight camps**

- Operators of overnight camps are encouraged to: If tents are used:
  - Ensure users are from the same household cohort.
  - Minimize the number of campers in each tent.
  - Maximize ventilation by opening vents or screens, as feasible.
- Encourage eligible staff, campers, volunteers and family members to **get fully vaccinated for COVID-19**.
- Request that unvaccinated camp staff, campers and their families quarantine for the 14 days prior to arrival at camp by physical distancing, wearing a mask when not at home, avoiding unnecessary travel and refraining from indoor social gatherings with people outside of their households.
- Consider having youth and staff who have direct contact with youth (for example, bunk counselors, activity and program leaders) remain on site for the duration of the camp session with exceptions to attend outside medical or other essential visits.
- Create household cohorts for those campers and staff who share cabins, bunkhouses, tents, etc.
  - It is reasonable to allow household cohorts, including unvaccinated campers and staff, to interact without masks or physical distancing when in cabins or away from other camp cohorts, particularly if other prevention strategies are implemented.
  - Support campers and staff who prefer to wear masks
- Remind those who leave camp to follow all state and local COVID-19 mitigation guidelines to minimize their risk of exposure.

### **Screening and testing for overnight camps**

#### **Youth programs operators are encouraged to:**

- Consider requesting campers and staff who are not fully vaccinated obtain a COVID viral test not more than 3 days before they arrive at camp. A PCR test is preferred; however, an antigen test is acceptable.
  - Camps may opt into **Voluntary Overnight Camp Arrival Screening** to support testing of campers and staff who are unable to obtain a screening test prior to arrival. To register for this federally funded program, overnight camps may contact [schooltesting.covid@dhsosha.state.or.us](mailto:schooltesting.covid@dhsosha.state.or.us).
- Screen youth for symptoms daily and comply with your communicable disease plan and recommendations in this document for any youth who has signs or symptoms of infectious illness, including COVID-19.
- Encourage all unvaccinated staff complete a screening test when returning to camp after being away from the camp for a period of overnight or longer. For example, unvaccinated staff that leave camp for a night to attend to a medical issue or family emergency are encouraged to complete a screen test upon their return.
- Encourage all unvaccinated staff to participate in free weekly screening testing through COVID-19 Testing in Oregon's Camp. To register for this federally funded program, staff complete an enrollment survey [here](#). Staff are not required to disclose their vaccination status to participate.
- Opt-in to [COVID-19 Testing in Oregon's K–12 Schools](#) diagnostic testing program. This program offers free BinaxNOW point-of-care testing resources and is appropriate for staff or campers who develop symptoms while at camp. This successful K–12 program has been expanded to offer this access to overnight camps.
- Have an identified isolation room or area to separate anyone who exhibits COVID-like [symptoms](#). If the camp has a healthcare provider, they should be provided and wear appropriate personal protective equipment, including N95 respirators, and use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
- Ask camp staff and campers who are not fully vaccinated to 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.

### **Additional resources:**

- [ELD's Child Care and Early Education Resources](#)
- [CDC Guidance for Operating Youth Camps](#)
- [American Camp Association's Field Guide for Implementation of CDC Guidelines](#)
- [Association of Camp Nurses – Communicable Disease Management Template](#)
- [Food Sanitation Rules - Tools for Operators](#)
- [CDC Guidance: Cleaning and Disinfecting Your Facility](#)
- [ODE's Ready Schools, Safe Learners Guidance for Schools](#)

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or [COVID19.LanguageAccess@dhsoha.state.or.us](mailto:COVID19.LanguageAccess@dhsoha.state.or.us)