

Ministry of Health

# COVID-19 Safety Guidelines for: Overnight Camps

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This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice.

In the event of any conflict between this guidance document and any legislation or orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the legislation, order, or directive prevails.

This guidance provides advice for overnight camps that operated in a manner consistent with the safety guideline for COVID-19 for overnight camps produced by the Office of the CMOH in accordance with subsection 21(2) of Schedule 2 of [O. Reg. 263/20](#) (Rules for Areas in Step 2) and subsection 19(2) of Schedule 2 of [O. Reg. 364/20](#) (Rules for Areas at Step 3) made under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) (ROA). Hereby referred to as the ROA regulations.

- Please check the [Ministry of Health \(MOH\) COVID-19 website](#) regularly for updates to this document, [COVID-19 Reference Document for Symptoms](#), mental health resources, and other information.
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives. Applicable guidelines for the various Steps can be found in [Roadmap to Reopen](#) developed by the Government of Ontario.
- Please visit the [provincial COVID-19 website](#) and the [resources to prevent COVID-19 in the workplace](#) regularly for current information and additional resources to help stop the spread.
- Additional resources for camps accredited by the Ontario Camps Association and outdoor education centres may be available from the [Ontario Camps Association's COVID-19 Resources and Standards updates](#).

This guidance applies to:

- Overnight camps that provide supervised overnight accommodation for children; and,
- Outdoor Education Centres (OECs) that operate overnight camps within overnight camp facilities as part of their program, or independently, by using their own or rented facilities, wilderness areas, or other destinations.

Camps and staff must be familiar with and comply with all applicable legislation including [O. Reg. 503/17: Recreational Camps](#) made under the [Health Protection and Promotion Act](#) (HPPA), and legislation or regulations related to health and safety such as those in the [Occupational Health and Safety Act](#) (OHSA) and its regulations or in any regulation made under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) (ROA).

Camps must also comply with any applicable municipal by-laws, section 22 orders issued by local Medical Officers of Health under the HPPA, any applicable public health advice, recommendations and instructions of the local Medical Officer of Health, and any other applicable instructions, policies or guidelines issued by the Government of Ontario.

Under the ROA regulations persons responsible for a business that is open are required to prepare and make available a safety plan in accordance with the regulations. Employers are encouraged to use the Ontario guide to Develop your [COVID-19 Workplace Safety Plan](#) to make plans and put controls into place to help make the operation safer for everyone.

Safety plans must:

- Describe the measures and procedures that have been implemented or will be implemented in the business to reduce the risk of transmission of COVID-19;
- Describe how the requirements of the ROA regulations will be implemented in the business, including by screening, physical distancing, non-medical masks or face coverings, cleaning and disinfecting of surfaces and objects and the wearing of personal protective equipment (PPE), and preventing and controlling crowding;
- Be in writing and be made available to any person for review on request; and,
- Be posted in a conspicuous place where it is most likely to come to the attention of individuals working in or attending the business.

## Definitions

Overnight camps and outdoor education centres vary considerably in their size, whom they serve and how they operate. For the purposes of this document, the following definitions are provided:

- “Campers” are considered to be participants of any camp program, supervised by the camp staff and/or in conjunction with staff or teacher chaperones of a group (e.g., school group) attending the camp.
- “Staff” may work directly with campers, serving various capacities (e.g., cabin counsellors, activity instructors, support worker), and also include administration staff, supervisors, drivers, kitchen, and maintenance staff.
- A “cohort” is a group of campers, and the staff assigned to them, who stay together for the duration of their time at the camp and who typically share sleeping quarters (e.g., cabins, tents) and/or those who function similarly to a household.
- A “staff cohort” is a group of staff who are outside of a camper cohort and share common routines or accommodations (e.g., senior staff, kitchen staff, maintenance staff). These staff must follow public health measures when interacting with other cohorts.
- An “established cohort” is a group of campers and/or staff who have been a cohort for at least 14 days without any new individuals added or any ill individuals during the 14-day period.
- An “unestablished cohort” is a group of campers and/or staff who have not been together as a cohort for 14 days.

## Prior to Camp Opening

As per section 10 of [O. Reg. 503/17: Recreational Camps](#), all recreational camps as defined in O. Reg. 503/17 are required to develop and submit a camp safety plan in writing to the local Medical Officer of Health or public health inspector before opening or operating the camp in accordance with the regulation.

The COVID-19 Safety Plan may be submitted to the local public health unit as part of the camp safety plan and must include the requirements detailed above. The COVID-19 Safety

Plan must be developed prior to the arrival of staff and campers.

## Pre-arrival to Camp

1. Campers and staff should limit their exposures (i.e., reduce the chances of becoming infected by limiting contact with individuals outside of their immediate household) to the greatest extent possible 14 days prior to arrival to camp. Operators of camps should request that campers and staff provide the camp with a written attestation indicating they have taken all reasonable measures to limit their exposures for the 14 days prior to their arrival.
2. Anyone travelling from outside of Canada must follow federal and provincial requirements and guidelines for quarantining, screening, and testing prior to camp. Refer to [COVID-19 testing](#), the federal [Quarantine Act](#), and [federal travel guidelines](#).
  - For further clarity, staff or campers travelling from outside of Canada cannot quarantine at the camp.
3. Staff and campers should also follow all additional measures and policies required by the camp.
4. Campers or staff who are symptomatic prior to camp and are unable to arrive on the scheduled day, may enter the camp if they:
  - have proof of a negative PCR COVID-19 test conducted within 72 hours of the arrival to camp;
  - are free of symptoms for at least 24 hours;
  - have not been directed by public health to self-isolate; and
  - have had no contact with a confirmed case of COVID-19 in the last 14 days.
5. The government of Ontario encourages all Ontarians, including campers and staff, who are eligible for a COVID-19 vaccination to be vaccinated.

NOTE: The ministry has made asymptomatic pre-camp PCR testing available at participating pharmacies for campers and staff for the camp season (summer 2021).

## Arrival at Camp

6. Anyone entering the camp (campers, staff, parents/guardians, contractors, deliveries, etc.) must be actively screened upon arrival, at a clearly identified location, with the

exception of first responders, who should, in emergency situations, be permitted entry without screening. Anyone who is ill and/or does not successfully complete the screening must not be permitted to enter the camp.

7. Camps may use the following tools for screening campers and staff or visitors: [COVID-19 School and Child Care Screening](#). Further information on COVID-19 symptoms is outlined in the [COVID-19 Reference Document for Symptoms](#).
8. Camps must keep daily records, including contact information, of anyone entering the camp. Records must be kept up-to-date and available to facilitate contact tracing in the event of a probable or confirmed COVID-19 case or outbreak.
9. Pick-up and drop-off of campers should happen outside of the camp or within a designated and isolated area within the campgrounds to facilitate drop-off and screening. Parents/guardians should not enter the camp or go beyond the designated drop-off/pick up area unless it is determined that there is a need, and if so, they must be actively screened and protective measures should be taken including wearing a mask (medical or non-medical), performing hand hygiene, and physical distancing.

NOTE: The [ministry](#) is aware of the potential benefit of COVID-19 point-of-care antigen testing in high-risk congregate settings where repeat testing of asymptomatic individuals, in conjunction with other infection prevention and control measures, may quickly identify individuals with COVID-19. As such, the ministry has made point-of-care antigen testing available for use for camps during the first 14 days while cohorts are becoming established or in instances where campers and staff return to camp after a short period of time outside of the camp (e.g., COVID-19 vaccination appointment).

## General Requirements for Operators of Overnight Camps

### General Health and Safety Requirements

10. Visitors should be limited to essential services (e.g., deliveries, contractors, repair, government inspections), must be actively screened, wear a mask (medical or non-medical), perform hand hygiene, and maintain a minimum 2-metre physical distance from others while in the camp.
11. Camps should limit to the greatest extent possible, travel from camp to the surrounding

communities by both campers and staff.

- Individuals who do leave the camp must adhere to public health measures, such as physical distancing, hand hygiene, and wearing a mask (medical or non-medical) when off camp property.
12. Expedition-based programs must adhere to public health measures to the extent that is reasonable in a wilderness setting. Expedition-based programs should be designed for individual cohorts or established cohorts.

### **Cleaning and Disinfecting**

13. Clean and disinfect frequently touched surfaces at least twice daily with special attention paid to those surfaces that are most likely to become contaminated including doorknobs, water fountain/cooler knobs, light switches, toilet and faucet handles, electronic devices, and tabletops. Refer to Public Health Ontario's (PHO) factsheet on [Cleaning and Disinfecting for Public Settings](#).
14. Ensure all reusable equipment is properly cleaned and disinfected between use.
15. Limit the sharing of equipment and objects where possible, or they should be cleaned and disinfected between use. Campers should clean their hands before and after use of shared items that cannot be properly cleaned and disinfected (e.g., craft supplies, life jackets).
16. Only use disinfectant products that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants may be used. Please see Health Canada's [list of hard-surface disinfectants and hand sanitizers with evidence for use against COVID-19](#) and PHO's [Cleaning and Disinfection for Public Settings](#) for more information.
17. Check expiry dates of cleaning and disinfectant products used and always follow the manufacturer's instructions for application method, contact time, and PPE required during use. Ensure that the products used are compatible with the item to be cleaned and/or disinfected.
18. Bag laundry at point of use. Handle laundry with minimum agitation. Launder items in a washing machine using the highest temperature setting available with regular laundry detergent followed by a thorough drying.

## Hand and Respiratory Hygiene

19. Perform and promote frequent, proper hand hygiene (including supervising or assisting campers with hand hygiene). Refer to PHO's [How to Wash Your Hands](#) fact sheet for more information.
20. Educate staff and campers on proper hand hygiene and ensure that each camper and staff member performs hand hygiene often throughout the day including before and after eating, using shared equipment (e.g., balls, loose equipment, climbing harnesses and climbing facilities, lifejackets), activities, after toileting, blowing their nose, and before touching their faces.
21. Educate staff and campers on proper respiratory hygiene and ensure each camper and staff member follows appropriate respiratory hygiene, such as avoiding touching their face and/or mask and coughing/sneezing into their elbow, sleeve, or tissue.
22. Adapt hygiene (hand and respiratory) and disinfection practices on wilderness expeditions appropriately for the wilderness setting (e.g., using alcohol-based hand sanitizer when hands are not visibly soiled).
23. Ensure alcohol-based hand rub with 60% to 90% alcohol concentration is available throughout the camp to promote frequent hand hygiene when access to washrooms (water/soap) is not feasible.
24. Ensure staff have an established process and schedule for monitoring and replenishing hand hygiene supplies.

## Physical Distancing

25. Ensure physical distancing is practiced and masks (medical or non-medical) are used by any visitors permitted to enter the camp.
26. Ensure physical distancing between cohorts by:
  - Choosing or modifying activities to minimize physical contact;
  - Spreading campers and/or cohorts into different areas. Exceptions may be made where safety limits the ability to distance (e.g., emergency drills, first aid, severe weather) or for those with special needs;
  - Spreading equipment, furniture, and activity stations out into different areas to allow for more space;

- Using visual cues (e.g., signs, posters, floor/ground markings) while considering the requirements of [Accessibility for Ontarians with Disabilities Act](#) (AODA);
- Staggering or alternating common routines such as showering/bathing, mealtimes, aquatic and other activities to reduce the number of individuals in common areas where physical distancing may not be possible;
- Incorporating more individual activities or activities that encourage more space between campers and/or cohorts;
- Using telephone or video conferencing when possible for meetings between staff and parents/guardians (e.g., Visitor's Day); and,
- Consider staffing ratios and staff expertise that may be needed to support campers with special needs. Physical distancing may be more challenging to achieve for campers who have communication issues, behaviour challenges, or require physical assistance. Given this, appropriate use of PPE, hand hygiene, and physical distancing when possible is recommended.

## Cohorting

27. Operate programs in consistent cohorts (including staff members) who stay together throughout the duration of the program with the following considerations:

- Cohorts should be organized and sized in manner that ensures staff/camper ratios as described by [O. Reg. 503/17: Recreational Camps](#) made under the HPPA and where applicable, the [Child Care and Early Years Act, 2014](#). Cohort limits should be reflective of the size of the cabin/tent or sleeping arrangements. For example, a cabin with 10 beds would be a cohort of 8 campers, plus the 2 staff member(s) assigned to that cohort;
- The number of campers and staff within each cohort can vary to facilitate common grouping arrangements (e.g., according to age groups, leadership training programs, campers with special needs, length of stay);
- Campers staying for multiple, overlapping sessions should be cohorted together. Campers that are new or only staying for one session should be cohorted together to avoid mixing of cohorts;
- If a camper requires a support worker or other additional personal



assistance, the support or other person providing personal assistance does not need to be included in the cohort count, but the individual must stay with the cohort and must follow all policies and protocols for staff (e.g., PPE, screening);

- Cohorts must not to mix (i.e., be within close contact with one another) with other cohorts both indoors and outdoors without proper public health measures (e.g., masking and or physical distancing) in place until 14 days within the camp have elapsed;
- After 14 days, without any new individuals added, without any exposures to others outside of the cohort, or without any illnesses, the cohort is considered an “established cohort” and is able to mix with other established cohorts without physical distancing outdoors. Established cohorts should continue to follow other public health measures such as hand hygiene and cleaning and disinfecting;
- Multi-session camp programs that receive new campers or staff must form a new cohort. New cohorts must follow public health measures (e.g., masking, physical distancing);
- Physical distancing of at least 2-metres should be maintained between unestablished cohorts and other individuals outside of the cohort;
- Limit having multiple cohorts simultaneously sharing indoor spaces by staggering cohorts at different times. Where this is not possible, cohorts should physically distance and wear masks (medical or non-medical);
- Personal belongings brought to camp should not be shared between individuals. Personal items (e.g., pillow, clothing, towel, water bottle, toiletries) should be labeled or clearly identifiable and kept in the individual's designated cohort area; and,
- Stagger the use of washrooms, change rooms, shower and laundry facilities by cohorts.

### **Accommodations and Indoor Spaces**

28. Living accommodations (cabin, tent, or bedroom) must be shared only amongst members of a single cohort.

29. Where buildings have individual bedrooms and shared spaces with other cohorts, masks (medical or non-medical) must be worn in common spaces with other cohorts.
- The entire building may become an established cohort after 14 days have elapsed provided there are no new individuals added within the 14 days.
30. The use of indoor or outdoor spaces where physical distancing cannot be maintained between unestablished cohorts should be avoided to the extent possible.
31. Ventilation should be optimized by using screen doors and windows, etc.
32. Fans should not oscillate and should be encouraged to encourage ventilation. Ceiling fans are acceptable.
33. For wilderness travel using tent accommodations camps should ensure hand hygiene occurs before setting up or taking down a tent or similar temporary structures, and that ventilation is optimized, and the tent/temporary structure must only be shared among a cohort or established cohort.

### **Eating and Drinking**

34. Drinking water fountains should only be used with a cup or water bottle.
- Post signage at the drinking water fountain advising campers and staff to avoid placing their mouth on the spout or allowing their water bottle/cup to come in contact with the spout.
  - Hand hygiene should be performed before and after using a drinking water fountain that is not automatic. Hand sanitizer should be easily accessible for use.
35. When food service is being provided to campers and/or staff, ensure the following:
- Campers and staff perform proper hand hygiene before and after eating;
  - Campers and staff within a cohort only eat together and are distanced from all other cohorts and campers/staff not in their cohort;
  - Tables must be spaced at a minimum of 2-metres apart to ensure campers/staff of different cohorts are physically distanced while seated at tables;
  - Eating outdoors is encouraged. While eating indoors, stagger mealtimes between cohorts, where possible;
  - Self-serve buffets are not permitted;
  - Food service for campers and/or staff is conducted by staff-assisted buffet service (ensuring adequate physical distancing); established cohorts may receive

staff-serviced buffet or eat together using 'family style' with shared platters at the table;

- Common food service items (e.g., serving utensils, food platters, condiments) can be shared within a cohort, but not between cohorts unless cleaned and disinfected between use;
- Utensils and other items (e.g., plates, cups, condiments) are kept and dispensed in such a manner to prevent contamination;
- Cleaning and disinfection procedures are followed for surfaces and all items used in the food-service chain;
- Masks (medical or non-medical) should be worn within indoor dining areas, unless eating or drinking (i.e., campers should leave their masks on until they start to eat/drink);
- People working in the kitchen or otherwise doing food preparation must follow guidance for [Restaurant and food services health and safety during COVID-19](#); and,
- Wilderness expedition-based programs should adhere to the guidelines as described above, with adapted routines for wilderness settings.

## Masking

36. Education must be provided for the safe use, limitations, and proper care (e.g., cleaning), including disposal of masks (medical and non-medical). Refer to the [provincial COVID-19 website](#) or PHO's [factsheet on masks for source control](#) for more information about masks.

37. Masks must be worn by staff and campers indoors, unless the individual:

- Has a medical condition that inhibits their ability to wear a mask or face covering;
- Is unable to put on or remove their mask or face covering without the assistance of another person;
- Is being accommodated in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005*;
- Is being reasonably accommodated in accordance with the *Human Rights Code*;
- Is only with their own cohort or there is adequate ventilation and physical distancing between cohorts;

- Is eating or drinking;
- Is in their own accommodation (with their cohort);
- Is at their desk or workspace (for staff); or,
- There is a barrier in place (for staff)

38. Masks are not required in outdoor spaces; however, unestablished cohorts should maintain at least a 2-metre physical distance from other unestablished cohorts.

39. Non-medical masks should be assigned to individuals and are not to be shared even after laundering. Ideally wash non-medical masks after each use in a washing machine using the highest temperature setting available with regular detergent. If laundering facilities are not available, masks may be washed in a sink using hot soapy water followed by a thorough drying. The sink should be cleaned and disinfected before and after each use.

40. Staff are expected to wear a mask (medical or non-medical) if they are with a camper outside of their cohort during routine or emergent situations (e.g., driving a camper to a medical clinic). In instances where there is close contact (less than 2m) indoors with an unmasked individual, a medical mask and eye protection (e.g., goggles, face shield) is required.

- Masks are not needed when urgent actions are required to support child safety.

41. Where physical distancing cannot be maintained from individuals who are exempt from wearing a mask (sensory issues, the lack of ability to independently put on or take off their own mask, and/or a physical or developmental challenge), medical masks and eye protection (e.g., goggles, face shield) are to be worn by the staff member and/or support-worker who are not part of the individual's cohort.

42. Appropriate PPE (i.e., medical mask, gloves, eye protection) is required for staff in instances where assistance with activities of daily living (e.g., feeding, toileting) are provided to campers.

43. Masks should be avoided if undue risk may occur (e.g., interfering with communication or with the specific activity), or if breathing is difficult during extremely hot weather conditions. In these instances, physical distancing must be maintained between cohorts.

44. Campers and staff should change masks when visibly soiled, damp, or damaged.

45. Expedition-based programs must adhere to physical distancing and masking as described throughout this guidance.

## Transportation

46. Limit trips to the extent possible outside of the camp to avoid increasing the risk of exposure to others.

Where travel outside of camps occurs:

47. Camps should, to the greatest extent possible, have direct-to-camp and direct-to-home transportation and limit or eliminate contact with the general community while travelling to and from camp.

48. Transportation of campers or staff may occur by private transport or use of buses for large numbers of campers or staff. The following measures should be followed:

- Transportation should be organized by cohorts or established cohorts;
- Mass transportation by chartered school or coach buses of non-cohorted campers or staff to overnight camps, OECs, or wilderness settings may be considered in addition to private or family-transport, provided public health measures are followed (e.g., masking, physical distance where possible, hand hygiene);
- All passengers must properly clean their hands prior to boarding;
- Masks (medical or non-medical) must be worn if campers and staff are traveling with individuals outside of their cohort;
- For chartered bus transport, a seating plan of all passengers including the date of travel is required and must be maintained for all transportation for the purpose of contact tracing;
- Ensure ventilation or adequate air-exchange while in transit (e.g., open windows/roof hatches) when possible;
- To the extent possible, physical distancing measures should be implemented between cohorts in busses as outlined in [Government of Canada Transportation](#) document;
- Where the driver/operator is not a part of the cohort or where physical barriers don't exist, the seats directly behind them must be left vacant. The

driver/operator must adhere to the transportation company's safety plan and wear a mask (medical or non-medical) if it does not impede in the operation of the vehicle;

- Campers and staff must be actively screened prior to boarding chartered bus transportation. Staff/campers should not be permitted to board the bus if they have symptoms or otherwise don't pass screening;
- Personal belongings and baggage should be handled by the owner, or by a designate using appropriate public health measures (e.g., hand hygiene before and after handling);
- If parents/guardians are dropping off/picking up campers or staff directly at the source/destination of transportation, parents/guardians should wear a non-medical mask and maintain a physical distance of 2-metres from other campers, staff, or parents/guardians; and,
- Operators of group transportation must ensure that the vehicle is cleaned and disinfected with approved disinfectant products after each use including high touch surfaces (e.g., seats, seatbelts, door handles, arm rests).

### **Activity Considerations:**

49. Outdoor programming is encouraged as much as possible.

50. Physical distancing should be practiced for outdoor activities where multiple cohorts are present.

51. A contingency plan should be in place for outdoor activities that may be cancelled due to poor weather conditions (e.g., avoid contingencies that might require multiple cohorts to seek refuge in a cramped space).

52. Restrict program activities involving food preparation to a single cohort at a time with non-medical masks recommended during food preparation. Refer to the "Meals" section for additional information.

53. Stagger the use between cohorts of indoor rooms/spaces. Ensure the rooms/spaces are cleaned and disinfected before and after use.

54. Avoid vigorous or heavy exertion physical activities indoors.

55. Activities that involve singing or the playing of brass or wind instruments must be:

- Indoors with only campers of the same cohort or established cohort with physical distance of at least 2 metres and adequate ventilation; or,
- Outdoors with physical distancing of at least 2 metres.

56. Camps with aquatic activities (e.g., pool, lake, splash pad) must adhere to the applicable requirements in [O. Reg 503/17: Recreational Camps](#) and [Regulation 565: Public Pools](#) made under the HPPA as well as municipal or local guidance and restrictions in place at the time of activity. Refer to the Lifesaving Society for more information on [reopening pools and waterfronts](#).

57. Overnight camps where campers participate in sports and recreational fitness activities must adhere to applicable requirement set out in subsection 19(7) of Schedule 2 of O. Reg. 263/20 and subsection 16(1) of Schedule 2 of O. Reg. 364/20 regardless of the setting in which the overnight camp activities are taking place.

- In Step 3 of the Roadmap to Reopen, low contact sports and recreational fitness activities are permitted indoors. Masking is not required indoors for these sports/activities if with individuals of a cohort or if distancing can be maintained.
- High contact sports and recreational fitness activities are permitted outdoors.

### **Wilderness Expeditions:**

58. Wilderness expeditions should only take place with a single cohort.

59. Camps with wilderness expeditions that originate at an overnight camp or a pre-determined location and travel as a cohort must:

- Ensure pre-trip screening is undertaken and documented for all staff and campers;
- Be comprised of a single cohort. Staff or trip leaders who are outside of the cohort must adhere to public health measures, including separate sheltering;
- Ensure accommodation in tents or shelters follow the public health measures for cohorts, as described above;
- Ensure there is an understanding of the public health situation and respective requirements in the communities/regions the expedition may travel to;
- Consider issuing individual equipment if possible (e.g., canoe packs/barrels) and when not possible, clean before and after use;

- Ensure proper hygiene practices and use of appropriate masks for food preparation; and,
- When route planning, consider evacuation service capacity levels and expedition area(s) that allow for easier access in the event of an emergency.

### Regular Health Monitoring

60. Active daily screening of campers and staff for [COVID-19 symptoms](#) should be performed and records maintained, with appropriate follow-up assessment and isolation if deemed required by on-site medical/health staff. If medical/health professionals are not on site, consultation with trained medical/health professionals is advised to establish consistent decision-making when distinguishing between symptoms that may be similar to COVID-19 symptoms and other symptoms of upper-respiratory tract infections or allergies.
- Campers should be made aware, in age-appropriate and non-stigmatizing language, how to identify symptoms of COVID-19 and should be instructed to speak to a staff member immediately if they feel ill.
61. Medical/health staff or delegates at camps should be aware of documented seasonal allergies or pre-existing conditions that are not COVID-19 related (e.g., chronic runny nose, congestion, migraines) before determining subsequent assessment, isolation of the individual and/or testing for suspected COVID-19 cases.
62. Refer to “Management of Ill Individuals with Symptoms of COVID-19” section below for anyone with symptoms of COVID-19.

## Management of Individuals with Symptoms of COVID-19

63. Camps should have a written plan in place for staff and campers who become ill that includes procedures for obtaining COVID-19 testing in accordance with the [COVID-19 Provincial Testing Guidance](#).
64. If a camper or staff member begins to experience symptoms of COVID-19 while at camp:



- The ill individual must be immediately separated and isolated in a designated space for probable COVID-19 cases that is separate from the regular health centre/first aid facility, for further assessment and until they can go home or be placed in suitable isolation at the overnight camp, pending advice of the [local public health unit](#) and the parents/guardians (where appropriate);
- Anyone providing care to an individual with COVID-19 symptoms must use appropriate droplet and contact precautions, including a medical mask, eye protection (e.g., face shield or goggles), and gown, and where possible, maintain a distance of at least 2 metres;
- The ill individual must wear a medical mask if tolerated, and be reminded about frequent hand hygiene and respiratory etiquette;
- Whenever possible, arrange for a medical/health professional to perform or assist with COVID-19 assessments, ensuring that appropriate public health measures (e.g., PPE) are followed;
- Ill individuals, without an alternative diagnosis should be directed to be tested according to the [Provincial Testing Guidance](#):
  - Symptomatic staff and campers should follow the advice of the [COVID-19 School and Child Care Screening](#) where appropriate and contact their health care provider where needed. They may also complete the [COVID-19 self-assessment](#) for further direction on testing recommendations.
  - If a camper or staff member receives a negative test result for COVID-19, isolation from others at the camp is advised until they do not have a fever, their symptoms have been improving for at least 24 hours, and they have been directed by the local public health unit or their health care provider to end self-isolation.
- Confirmed or probable cases of COVID-19 should not stay at the camp for their self-isolation period;
- In wilderness settings, campers or staff that are required to have close contact with an individual with COVID-19 symptoms, must wear a medical mask and eye protection, and staff should isolate the individual from the group where feasible.

- Expedition based programs should work with their wilderness medical protocols, medical advisor, local public health unit, and families, where appropriate to determine an appropriate course of action.
- The isolation space and any other areas of the camp where the ill individual was staying should be cleaned and disinfected once the camper or staff leaves camp and/or their accommodations;
- The [COVID-19 guidance: school outbreak management](#) may be used as a basis for determining next steps; and,
- Consultation with the local public health unit is required.

65. If an ill staff member cannot return home, they must be placed in a suitable isolation space and if one is not available, suitable arrangements for off-site isolation must be made. For more information on the clearance of cases and contacts, please refer to the [Quick Reference Public Health Guidance on Testing and Clearance](#) document.

## Management of Contacts of Individuals with Symptoms of COVID-19

66. Camps should have a written plan in place for management of close contacts of staff and campers who become ill with symptoms of COVID-19.

67. If an ill individual has symptoms of COVID-19, their cohort should self-isolate until test results are available for the symptomatic individual. The isolated cohort should not come within 2 metres of any other campers, staff, or visitors.

68. If the symptomatic individual tests positive for COVID-19 (i.e., a confirmed case), all campers and/or staff in their cohort and/or any other close contacts should be tested for COVID-19 and should be separated and isolated in a designated space that is separate from the health centre/first aid facility until they can be transported home/to an off-site location for their self-isolation or other next steps as may be determined in consultation with the local public health unit. Camps must follow directions of the local public health unit regarding the management of symptomatic campers, staff, and any other close contacts.

## Reporting

69. Camps must report probable or confirmed cases of COVID-19 to their [local public health unit](#) to support case management and contact tracing. The [local public health unit](#) will provide specific advice on testing and outbreak management procedures.
70. For guidance on the ability for campers and staff who tested positive but are cleared from isolation to return to camp, camps should consult the [Quick Reference Public Health Guidance on Testing and Clearance](#) document, consult with the local public health unit, and refer to any additional requirements set out by the camp.

## Outbreak Management

71. A written outbreak management plan must be included within the camp's safety plan.
72. An outbreak is declared by the local medical officer of health or their designate.
73. A **confirmed outbreak** in a camp is defined as two or more lab-confirmed COVID-19 cases in campers and/or staff (or other visitors) in a camp with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the camp. Some examples of reasonably having acquired infection at camp include:
- No obvious source of infection outside of the camp setting; or
  - Known exposure in the camp setting.
74. All cases of COVID-19 should be investigated and managed according to the [Public Health Management of Cases and Contacts of COVID-19 in Ontario](#).
75. Once an outbreak has been declared, the [local public health unit](#) may make recommendations on testing and provide guidance on outbreak control measures.

### Testing during an Outbreak

76. In the event an outbreak of COVID-19 is declared at a camp, operators must consult with the local public health unit to determine whether all campers and staff should be offered PCR testing for COVID-19.

## Control Measures

77. Control measures are any actions or activities that can be used to help prevent, eliminate, or reduce a hazard. These may include, but are not limited to:

- Defining the outbreak area (i.e., affected cohorts or entire camp);
- Undertaking enhanced cleaning and disinfecting practices;
- Modifications to programming; and,
- Isolating the affected cohorts from other staff and campers.

## Camp Dismissal

78. The decision to close a camp due to an outbreak of COVID-19 should be considered if campers and/or staff in two or more cohorts test positive for COVID-19 and could have reasonably acquired their infection in the camp within a 14-day period or at the advice of the local medical officer of health,

79. Camp dismissal may also be considered for operational reasons (e.g., if there is insufficient staffing to support the remaining cohorts).

## Declaring the Outbreak Over

80. The local medical officer of health or their designate is responsible for declaring the outbreak over.

## Occupational Health & Safety

81. The [Occupational Health and Safety Act \(OHSA\)](#) requires employers to take every precaution reasonable in the circumstances for the protection of a worker. This requirement applies to all Ontario workplaces at all times and includes the need to put control measures in place to protect workers from infectious disease hazards such as COVID-19.

82. All workplace parties (e.g., employers, staff members, camp leaders) have statutory responsibilities related to health and safety in the workplace.

83. Important elements of occupational health and safety during COVID-19 include:

- Ensuring that a physical distance of at least 2-metres between the worker and other individuals is maintained, or that a non-permeable physical barrier is in

place, where possible.

- Using masks (medical or non-medical) as source control. This involves having workers, and visitors wear a mask or face covering to protect those around them. Source control masking should not be used as a substitute for physical distancing - both of these control measures lower risk and should be used together.
- Even with other controls in place, including physical distancing and source control masking, there may be situations where personal protective equipment (PPE) will be required.
- When workers are performing tasks that require them to work within 2-metres of another person outside of their cohort without a barrier (e.g., Plexiglas, partition) then PPE is needed.

84. The employer must determine what PPE is required and ensure that it is worn by workers. To protect workers against COVID-19 in non-health care workplaces, PPE likely includes a medical mask as well as eye protection (e.g., goggles, face shield).

85. A training program to support the safe implementation of recommended precautions must be provided to all workers. It is the employer's responsibility to ensure all workers are instructed and trained on the safe use, limitations, proper maintenance and storage of supplies and equipment, including but not limited to: alcohol-based hand rub with 60-90% alcohol concentration; PPE; and cleaning supplies and equipment.

86. Employers should have written policies and procedures in place that support worker safety including for infection prevention and control, as well as addressing COVID-19 in the workplace.

87. A camp's joint health and safety committee (JHSC) or health and safety representatives should play a role in reviewing and revising health and safety policies with the employer.

88. If workers are unwell or are aware that they have been in close contact with someone who is confirmed as having COVID-19, they should notify their manager or supervisor, and should not come to work. They should also be encouraged to get tested.

[Information about assessment centres can be found here](#). If they have questions related to COVID-19, they should contact their primary care provider or Telehealth Ontario ( [1-866-797-0000](tel:1-866-797-0000)) or visit Ontario's [COVID-19 website](#).

89. If a worker is confirmed by the local public health unit as a “close contact” of an individual who has tested positive for COVID-19, the employer and worker:

- Must follow advice from the [local public health unit](#).
- Should follow the camp's policies and procedures.

90. If COVID-19 is suspected or confirmed in a worker:

- The worker must remain in [self-isolation](#) and follow the directions of the [local public health unit](#).
- The duration of the self-isolation period for the worker will be determined by the local public health unit based on their risk assessment and [provincial guidelines](#).
- Negative clearance tests prior to return to work are not required or recommended.

91. If an employer is advised that a worker has tested positive for COVID-19 due to an exposure at the workplace or if a claim has been filed with the Workplace Safety and Insurance Board (WSIB), the employer must give notice in writing within four days to the:

- Ministry of Labour, Training and Skills Development;
- Workplace's joint health and safety committee (or health and safety representative); and
- Worker's trade union, if any.

92. The employer must report any instances of occupationally acquired infection to the WSIB within 72 hours of receiving notification of the illness, where applicable.

93. The employer does not need to determine where a case was acquired. If it's reported as an occupational illness, the case must be reported.