

Ministry of Health

# COVID-19 Guidance: Summer Day Camps

Version 1 – June 1, 2020

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 orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the [Ministry of Health \(MOH\) COVID-19 website](#) regularly for updates to this document, 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.

**In order to support phased reopening of Ontario businesses, services and public spaces during the post-peak period of the COVID-19 pandemic, certain summer day camps are permitted to operate during the months of July and August 2020.**

**Overnight camps are prohibited from operating during the summer of 2020.**

Summer day camps are required to follow all existing worker health and safety requirements as outlined in the [Occupational Health and Safety Act](#) and its regulations, public health requirements as directed by the local medical officer of health, and other relevant requirements as outlined in policies and guidelines issued by the Ministry of Education and Ministry of Heritage, Sport, Tourism and Culture Industries. Plans must also be in place to respond should any staff, camp participant, or parents/guardians be exposed to or diagnosed with COVID-19.

## Requirements for Health and Safety

1. Ensure all current infection prevention and control practices are adhered to. This includes, but is not limited to:
  - Ensuring all toys and equipment used at the summer day camps are made of material that can be cleaned and disinfected (i.e., avoid plush toys, playdough) or are single use and are disposed of at the end of the day (e.g., craft supplies);
  - Minimizing the sharing and frequency of touching of objects, toys, equipment and surfaces, and other personal items;
  - Increasing the frequency (minimum twice a day) of cleaning and disinfecting objects, toys, equipment and frequently touched items;
  - Cleaning and disinfecting, at least twice a day, frequently touched surfaces. These surfaces are most likely to become contaminated, including doorknobs, water fountain/cooler knobs, light switches, toilet and faucet handles, electronic devices, and tabletops. Refer to PHO's [Environmental Cleaning fact sheet](#);
  - Only using cleaning and disinfectant products that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants may be used;
  - Checking expiry dates of cleaning and disinfectant products used and always following the manufacturer's instructions. Ensure that the product used are compatible with the item to be cleaned and disinfected;
  - Performing and promoting frequent, proper hand hygiene (including supervising or assisting camp participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub (ABHR) for children. Refer to PHO's [How to Wash Your Hands fact sheet](#); and,
  - Incorporating additional hand hygiene opportunities into the daily schedule. This may be needed in instances where toileting and assistance with activities of daily living are provided to camp participants.
2. Encourage physical distancing of at least 2 metres between camp participants, parents/guardians and staff by:
  - Spreading camp participants out into different areas;
  - Spreading furniture, camp equipment, and activity stations out into different areas;
  - Using visual cues (e.g., signs, posters, floor markings, etc.);
  - Staggering or alternating lunchtime and outdoor playtime to reduce number of individuals in lunch area;
  - Incorporating more individual activities or activities that encourage more

space between camp participants; and,

- Using telephone or video conferencing when possible for meetings between staff and parents/guardians.
3. Operate programs in consistent cohorts of no more than 10 individuals including both staff and camp participants who stay together throughout the duration of the program for minimum 7 days, with the following considerations:
- While close contact may be unavoidable between members of a cohort, physical distancing and general infection prevention and control practices should still be encouraged, where possible;
  - Face coverings (non-medical masks) should be used if physical distancing of at least 2-metres cannot be maintained between cohorts:
    - Face coverings may not be tolerated by everyone based on underlying health, behaviour issues or beliefs. Consideration should be given to mitigating any possible physical and psychological injuries that may inadvertently be caused by wearing a face covering (e.g., interfering with the ability to see or speak clearly, or becoming accidentally lodged in equipment the wearer is operating).
    - Face coverings should be changed if visibly soiled, damp, or damaged.
    - Education must be provided about the safe use, limitations and proper care (e.g., cleaning) of face coverings. See Ontario's [COVID-19 website](#) and [PHO's website](#) for additional information.
  - Cohorts cannot mix with other cohorts or be within in the same room/space at the same time, including pick-ups and drop-offs, mealtimes, playtime, outdoor activities, program spaces, tents, staff areas/rooms, etc.;
  - Programs that utilize a room/space that is shared by cohorts or has other user groups (e.g., programs in museums, community centres, etc.) must ensure the room/space is cleaned and disinfected before and after using the space. A cleaning log must be posted and used to track cleaning;
  - Each cohort should have designated equipment (e.g., balls, loose equipment) or clean and disinfect equipment between cohort uses;
  - Personal belongings brought to camp should be minimized. If brought to camp, personal items (e.g., backpack, clothing, towel, water bottles,

food, etc.) should be labeled and kept in an area designated for the individual's cohort and should not be handled by individuals from other cohorts;

- Camp participants should bring their own sun protection, and this should not be shared;
  - In shared outdoor space, cohorts must maintain a distance of at least 2 metres between groups and any other individuals outside of the cohort;
  - Play structures can only be used by one cohort at a time and must be cleaned and disinfected before and after use by each cohort; and,
  - Plans should be made to prevent mixing of cohorts in washrooms/changerooms and to frequently clean and disinfect shared surfaces in washrooms/changerooms.
4. Avoid getting close to faces of camp participants, where possible.
  5. Avoid singing activities indoors and ensure physical distancing for singing activities outdoors.
  6. Do not use water or sensory tables.
  7. Do not plan field trips and activities requiring group transportation.
  8. Aquatic activities (e.g., pool, lake, beach, splash pad, wading pool etc.) must adhere to regulated requirements as well as to municipal guidance and restrictions at the time of activity.
  9. Do not plan activities with exposures to animals or pets.
  10. Do not plan activities that involve camp participants in preparing or serving of food.
  11. If meals or snacks are provided by the program or brought by the camp participant:
    - Ensure camp participants and staff perform proper hand hygiene before and after eating;
    - Ensure each camp participant has their own drink bottle that is labeled, kept with them during the day, and not shared;
    - Fill water bottles rather than drink directly from the mouthpiece of water fountains;
    - Ensure each camp participant has their own individual meal or snack with no common food items (e.g., salt/pepper shaker, condiments);
    - Remove self-serving food items and open access dishware;
    - Multi-use utensils must be cleaned after each use;

- Reinforce “no food sharing” policies; and,
  - Physical distancing should be maintained while eating.
12. If the program includes naps, increase the distance between nap mats of cohorts to at least 2 metres, if possible. If space is tight, place camp participants head-to-toe or toe-to-toe and use temporary barriers, where possible. Linens must be laundered between camp participants.
  13. Pick-up and drop-off of camp of camp participants should happen outside the program setting unless it is determined that there is a need for the parent/guardian to enter the setting.
  14. Pick-up and drop-off procedures should support physical distancing and cohorting using strategies such as, but not limited to: avoiding group transportation, separate cohort entrances, having one designated parent/guardian pick-up and drop-off each camp participant, staggering entry, or limiting the numbers of people in entry areas.

## Screening

15. All individuals, including camp participants, parents/guardians, staff, and visitors must be screened including daily temperature checks either at home prior to arrival or upon arrival at program setting prior to entry. Deny entry to any individual who has any of the symptoms outlined in the [COVID-19 Reference Document for Symptoms](#) on the Ministry of Health's COVID-19 [website](#) or who has come in close contact with a person with symptoms of or confirmed COVID-19 in the past 14 days. Camp participants, in particular, should be monitored for atypical symptoms and signs of COVID-19.
16. Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at camp. If screening is done at the camp setting, screeners should take appropriate precautions when screening, including maintaining a distance of at least 2 metres (6 feet) from those being screened, being separated by a physical barrier (such as a plexiglass barrier), or wearing personal protective equipment (PPE) (i.e., surgical/procedure mask and eye protection (goggles or face shield)). Refer to [Public Health Ontario resources](#) for how to properly wear and take-off masks and eye protection.
17. Alcohol-based hand sanitizer containing at least 60% alcohol content should be placed at all screening stations and entrances to the program. Dispensers should not be in locations that can be accessed by young children.
18. Summer day camps requiring licensing under the [Child Care and Early Years Act, 2014](#), have a duty to report suspected or confirmed cases COVID-19 under the [Health Protection and Promotion Act](#). The program should contact their local public health unit

to report a camp participant suspected to have COVID-19. The local [public health unit](#) will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and camp participants.

19. Thermometers must not be used between camp participants/staff without single-use protective covers or disinfecting between use.
20. Do not permit camp participants who are ill to attend the program. Signs should be posted at screening stations and entrances to the program to remind staff, parents/guardians, and other visitors.
21. Programs must have protocols in place to notify parents/guardians if their camp participant begins to show symptoms of COVID-19 while in camp, including the need for immediate pick-up and an area to isolate the camp participant until pick-up.
22. Programs must keep daily records of anyone (e.g., camp participants, parent/guardian, staff and visitors) entering the program setting who stays for 15 minutes or longer. Records (e.g., name, contact information, time of arrival/departure, screening completion etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

## Management of Camp Participants with Suspected COVID-19

23. If a camp participant begins to experience symptoms of COVID-19 while attending day camp, it is recommended that:
  - Symptomatic camp participants be immediately separated from others in a supervised area until they can go home. In addition, where possible, anyone who is providing care to the camp participant should maintain a distance of at least 2 metres.
  - If a 2-metre distance cannot be maintained from the ill camp participant, advice from the local public health unit will be necessary to prevent/limit virus transmission to those providing care.
  - Contact the local public health unit to notify them of a potential case and seek advice regarding the information that should be shared with other parents/guardians of camp participants in the program.
  - While contacting the public health unit, at a minimum the camp participant and staff member should wear a surgical/procedure mask (if tolerated), and the staff member should also wear eye protection (goggles or face shield).



- Camp participants should be reminded of hand hygiene and respiratory etiquette while waiting to be picked-up.
- Tissues should be provided to the camp participant to support proper respiratory etiquette, along with proper disposal of the tissues.
- Environmental cleaning/disinfection of the space and items used by the camp should be conducted once the camp participant has been picked up. Items that cannot be cleaned and disinfected (e.g., paper, books, cardboard puzzles) should be removed from the program and stored in a sealed container for a minimum of 7 days.
- Camp participants with symptoms should be tested (see "Testing for COVID-19" section below for details).
- Other camp participants and staff who were present while a camp participant or staff member became ill should be identified as a close contact and further cohorted (i.e., grouped together) until they can be picked up by parents/guardians to self-isolate at home. The local public health unit will provide any further direction on testing and isolation of these close contacts.
- Camp participants or staff who have been exposed to a confirmed case of COVID-19 should be excluded from the program setting for 14 days.

## Testing for COVID-19

24. Symptomatic staff and camp participants should be referred for testing. Testing of asymptomatic persons should only be performed as directed by the local public health unit as part of case/contact and outbreak management. A list of symptoms, including atypical signs and symptoms, can be also be found in the [COVID-19 Reference Document for Symptoms](#) on the Ministry of Health's COVID-19 [website](#).

- Those who test negative for COVID-19 must be excluded from the program until 24 hours after symptom resolution. If a symptomatic person receives a negative result, a repeat test within 24-48 hours can be considered if clinical suspicion is high.
- Those who test positive for COVID-19 must be excluded from the program for 14 days after the onset of symptoms and clearance has been received from the local public health unit.

25. Day camps must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or camp participant as a confirmed COVID-19 outbreak in consultation with the local public health unit. Outbreaks should be declared in collaboration between the program and the local public health unit to ensure an outbreak number is provided.

26. Camp participants or staff who have been in contact with a suspected COVID-19 case should be monitored for symptoms and further cohorted (i.e., grouped together) until laboratory tests, if any, have been completed or until directed by the local public health unit.
27. Staff members and camp participants awaiting test results should be excluded from camp.

## Occupational Health & Safety

28. Employers must have written measures and procedures for staff safety, including for infection prevention and control. Detailed guidelines for COVID-19 are available on the Ministry of Health's [COVID-19 website](#).
29. If a staff member is diagnosed with COVID-19, the staff member must remain off work for 14 days following symptom onset and has received clearance from the local public health unit.
30. If a staff member is a close contact of an individual diagnosed with COVID-19, the staff member must remain off work for 14 days from last exposure.
31. The staff member should consult with the local public health unit to determine when they can return to work. Staff members should also report to their Employee Health/Occupational Health and Safety department prior to return to work.
32. If the staff member's illness is determined to be work-related, in accordance with the [Occupational Health and Safety Act](#) (OHSa) and its regulations, the employer must provide a written notice within four days of being advised that a staff member has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the staff member with respect to an occupational illness, including an occupational infection, to the:
  - Ministry of Labour, Training and Skills Development;
  - Joint health and safety committee (or health and safety representative); and
  - Trade union, if any.
33. Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.