



**Camp Lurecrest
Communicable Disease Plan
May 2021**

Motto – A Week Can Change a Life

Mission – To love God, love others, and make disciples of Jesus Christ through camping ministries.

Vision – By God’s grace and for His glory, Camp Lurecrest Ministries will, through organizational excellence and faithful stewardship of God’s resources, proclaim the gospel of God’s grace and make disciples of Jesus Christ who obey the Great Commandment and the Great Commission.

I. Reasons for Opening Summer Camp During COVID-19 Pandemic

- Reopening will be consistent with applicable state and local orders and CDC and American Camping Association suggested guidelines.
- Camp Lurecrest is ready to protect children and employees at higher risk for severe illness.
- Camp Lurecrest is able to screen children and employees upon arrival for symptoms and history of exposure.
- Camp Lurecrest will enhance and adjust current health and hygiene practices along with disinfection processes to meet CDC recommendations.
- Camp Lurecrest is able to trace and respond to symptoms of sickness quickly and ensure proper follow-up with campers.
- Camp Lurecrest will provide a careful approach to reintroducing socialization in a closely monitored outdoor setting.

II. Overview:

This plan has been prepared in alignment with the ACA Field Guide for Camps on Implementation of CDC Guidance¹ and the North Carolina Interim Guidance for Overnight Camp Settings². Although COVID-19 seems to be a novel disease, managing communicable diseases in a camp setting has always required good public health practices, and as such current Camp Lurecrest policies and practices already align with many of the best practices given by the ACA and CDC.

The outbreak of H1N1 influenza in 2009 brought many lessons that can be applied to the COVID-19 pandemic. H1N1 disproportionately affected school-age children (in contrast to COVID-19) and camp sessions were held before a vaccine became available in the fall. Instead of a vaccine, camps and schools relied on Nonpharmaceutical interventions (NPIs) such as hygiene measures and physical distancing. Much like the H1N1 outbreak, the CDC’s Interim Guidance for Schools and Day Camps includes the following primary strategies:

- 1. Restricting campers and staff to regions with similar levels of community spread and in the same phases of reopening*
- 2. Safety actions to implement NPIs*
- 3. Health Monitoring*
- 4. Community surveillance and response to COVID-19 positive persons*

¹ [Field Guide for Camps on Implementation of CDC Guidance](#), ACA and YMCA of the USA

² [Interim Guidance for Overnight Camp Settings](#), NCDHHS



Additionally, the ACA guidelines recommend the use of activity cohorts. These cohorts mitigate potential spread and make it possible to track exposure if an outbreak occurs.

Apart from these primary strategies, special attention must be given to the fact that many of the facilities at Camp Lurecrest are open-air, reducing the viral load. Outdoor activities are, by their nature, much less of a risk because "...the huge volume of air outdoors compared to air indoors also helps to dilute the concentration of microbes and reduce the level of exposure."³ As Professor Erin Bromage of UMass Dartmouth wrote, "The effects of sunlight, heat, and humidity on viral survival all serve to minimize the risk to everyone when outside."⁴


A summary of strategies can be found here ([click to expand](#))


Camp Lurecrest & COVID-19


Risk Mitigation


<div style="text-align: center;">  <p>Risk Mitigation #1 Cohorts & Distancing</p> </div> <p>Camper cabins make up a cohort and will interact primarily within that cohort. They will remain physically distant from all other cohorts while indoors.</p>	<div style="text-align: center;">  <p>Risk Mitigation #2: Indoor / Outdoor Activities</p> </div> <p>Because outdoor air reduces the viral load, people can interact within 6 ft for no more than 15 minutes at a time.</p>
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Strategies for Reducing Potential Infections

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1. Increased cleaning and disinfecting procedures throughout camp
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2. Nonpharmaceutical interventions (distancing when indoors, handwashing, contact tracing, etc)
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3. Facility changes (indoor reconfiguration)
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4. Masks will be required during camp-wide gatherings where distancing is not possible

Management of Symptomatic Cases

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1. Health screening and monitoring (temperatures upon arrival and daily in cabins)
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2. Communicable disease plan activated when someone is symptomatic
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3. Contact tracing and notification if infection occurs

III. Prevention

A. Pre-Camp

1. Communication

- a) Parents will receive information related to pre-camp testing/ vaccination responsibilities via email and this information will be available on the CLM website.
- b) Updates and relevant information relating to COVID-19 will be accessible on the Camp Lurecrest website.

³ [Outdoor Environments and Human Pathogens in Air](#), Environhealth, NIH

⁴ [The Risks - Know Them - Avoid Them](#), Erin Bromage

2. Pre-Camp Testing Requirement/ Vaccination
 - a) Parents/ guardians will be expected to complete required testing for their camper prior to camp drop off. Parents must show proof of
 - (1) Negative COVID-19 Test within 5 days of arriving to camp,
 - (2) Positive COVID-19 Antibodies Test within 5 days of arriving to camp, or
 - (3) Proof of Vaccination
 - b) The Camper Check-in form will be required and submitted upon camp check-in.
 - c) Campers who do not submit the Camper Check-in form along with the appropriate test/vaccine documentation will not be admitted to camp on arrival day.
3. Masking and Screening
 - a) Leading up to camp parents are advised to follow North Carolina and CDC guidelines for reducing the spread of COVID-19.
 - b) Campers who opt to ride the bus will be required to wear face masks during the bus ride to camp.
4. Facilities Preparation
 - a) Camp Lurecrest will follow the ACA Field Guide for Camps on Implementation of CDC Guidance for one month, two week, one week, and day before opening guidelines.
 - b) All HVAC systems and components will be inspected and tested to ensure proper function and proper ventilation.
 - c) Air purifying HEPA filters will be added to the camp infirmary.
 - d) Signage

CDC signs will be placed in all cabins, staff housing, and public buildings on camp stressing the importance of physical distancing when possible and the need for handwashing, according to ACA best practices.
 - e) Hand Sanitizing stations

In order to facilitate hand sanitization, pump hand sanitizers are installed throughout the camp including at the entrance to every cabin.
 - f) Entrance to the camp will be controlled by an electronic gate in order to screen individuals coming on the campground.
5. Policy and Procedure Introduction and Awareness

Before camp, information about policies and procedures will be made available via a FAQ page on the website, in parent emails, and in videos. Upon arrival, campers will receive orientation that includes a reinforcement of guidelines.
6. Staff Arrival

Before arrival, staff will follow similar steps to campers, completing a Pre-test Check-in form. All staff will have the opportunity to receive the vaccine from Rutherford County Health Department on-site.
7. Staff Training

In addition to CPR, First Aid, and Ministry Safe Training, all staff will be specifically trained in 3 areas:

 - a) Cleaning and Disinfecting Procedures

In program areas, cabins, and dining hall, as well as the schedules and records for those cleaning processes.
 - b) Non-Pharmaceutical Interventions (NPI)

Physical distancing, use of cohorts, handwashing
 - c) The CDP and symptom reporting

What to do if you or a camper falls ill.

These 3 areas will be covered in training sessions, be printed as part of the summer staff manual, and staff will be tested on CDP training like they are tested on CPR and EAP training.

B. During Camp

1. Camper Arrival

Before arrival, parents will be notified that they will be unable to escort their campers into their cabins. Staff will wear masks during camper arrival. Campers will be greeted and a health screening will be performed that includes taking their temperature and collecting their health screening forms. Parents & family will remain outside the cabin as staff members help campers unload luggage and go to their cabins.

2. Cleaning Processes and Cleaning Audits

Each area of camp has unique cleaning procedures (who and when), but all will follow the two-stage “cleaning and disinfecting” guidelines set forth by ACA based on the CDC guidance.⁵ Many existing Camp Lurecrest procedures already fall within the guidelines, but the frequency of cleaning will increase according to ACA best practices.

3. Concentric Circles of Interaction and Group Cohorts

Because Camp Lurecrest is a cabin-centric camp, group cohorts and concentric circles of interaction are already built into the structure of the camp program. The concentric circles allow for contact in the case of an outbreak.

For summer 2021, guidelines are as follows:

- Each cohort consists of a cabin and their assigned counselors
- Cohorts, when indoors at the dining hall⁶, will be spaced 6 feet from other cohorts to maintain physical distancing.

4. Cabins

Current cabin and camper expectations and practices align with the ACA suggestions, so we will continue to enforce the following practices in cabins:

a) Personal Items

All campers are required to bring their own toiletries, bedding, and towels. Campers are not allowed to share any of these items and are required to store them separately from other camper items. No personal items are allowed to be left in shower stalls or on counters. We recommend campers bring a tote, plastic bag, or shower caddy to store toiletries, and that all personal items are labeled.

b) Sleeping arrangements

All campers bring their own linens to camp, eliminating the danger of cross-contamination. Campers are not allowed to share beds with one another or be on anyone else’s bed, including their counselor’s bed. In cabins, campers are organized to sleep head-to-toe, which increases the distance between them as they sleep. The majority of the cabins are open-air, and if weather permits the windows will remain open while sleeping to allow for air to flow freely.

c) Bathrooms

Paper towels, not fabric towels, are used for handwashing in cabin bathrooms, and open-lid trash cans are used to allow for easier discarding of items. Most bathrooms do not have doors and those that do will remain open to limit touching of door handles.

⁵ See ACA 6.0; See also [CDC and EPA Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes](#)

⁶ The dining hall is the only facility at camp where cabin cohorts will be indoors for an extended period of time together. Each cabin will sit in the same area and campers will be assigned a chair for the duration of camp.

d) Cleaning

Cabin cleanliness is an area of particular emphasis at Camp Lurecrest, and daily cabin cleaning (Tidy Bowl) by campers and staff will continue to take place in the morning. During this time, campers will make sure their personal items are contained with the rest of their belongings. Additionally, counselors will ensure high-touch areas (light switches, sinks, toilets) are cleaned more frequently, with the final cleaning coming at night before bed.

e) Temperature checks

In addition to general monitoring of camper health, counselors will be responsible for taking camper temperatures daily.

5. Outside vs. Inside Protocols

COVID-19 is a virus that is transmitted via respiration, primarily through respiratory droplets, which often do not travel more than 6 feet before dropping.⁷ Most of these heavier respiratory droplets come as a result of sneezing or coughing, which is why teaching proper practices for covering sneezing and coughing is important. There are many sources that explain the importance of distancing when indoors⁸, but when the amount of outdoor air or air flow is increased, the viral load is reduced. A May 15, 2020 article in the New York Times explains:

“Pandemic life is safer outdoors, in part, because even a light wind will quickly dilute the virus. If a person nearby is sick, the wind will scatter the virus, potentially exposing nearby people but in far smaller quantities, which are less likely to be harmful.”⁹

The ACA guidelines state “Holding activities outdoors as much as possible is recommended.” All protocols listed above and below take these differences into consideration.

6. Masks

Each campers will be instructed to bring at least 3-4 face masks to camp. Additional face coverings can be purchased in the Ranch House.

- Masks are not required within cohort interactions

- Masks are not required outdoors unless in camp-wide activities where physical distancing is not possible, such as chapel, in accordance with Governor Cooper’s Executive Order #209¹⁰.

- Masks will be required indoors when around other co-horts. This includes the dining hall when not sitting at their table, shopping in the Ranch House, and in the infirmary.

7. Activities

All shared equipment will be cleaned and disinfected between uses, as well as at the end of every camp session. Most activities are cabin-centric and are limited to one cohort. Activities that involve more than one cabin are outdoors and are generally distanced.

8. Aquatics Activities

While COVID-19 is not a water-borne illness, it is necessary for campers and staff to continue to take precautions when at aquatics activities. High touch areas and shared equipment, including life jackets, will be cleaned between uses, and the pool area will be cleaned daily by lifeguards.

⁷ [COVID-19 Transmission Dynamics](#), American Society of Microbiology

⁸ [The Risks - Know Them - Avoid Them](#), Professor Erin Bromage

⁹ [What We Know About Your Chances of Catching the Virus Outdoors](#), NYT

¹⁰ [North Carolina Executive Order #209](#), State of North Carolina

9. Large Group Adjustments

a) Dining Hall

In the dining hall, all service staff and food preparation staff will wear masks and gloves while interacting with campers. All cabin cohorts will be seated together 6 feet apart from other cabins, and campers will be assigned a chair for the duration of their camp session. Additionally, the amount of time spent in the dining hall is limited to 30 minutes per meal, which reduces the risk of infection.¹¹

In the dining hall, the following changes will be implemented:

- Servers will wear fabric masks and sanitize common spaces between groups. Campers already do not serve themselves in the dining hall, so there are no shared utensils.
- Coffee dispensers for staff use only will be sanitized on a regular basis.
- Condiments will be sanitized between cabin groups.
- Everyone is required to sanitize their hands directly prior to entering the dining hall.

b) Chapel

Cabins will come in one at a time, sanitizing hands and come to their assigned seats. Everyone will be required to wear masks during chapel.

c) Free-Time

All free time activities are outdoors, and campers will be encouraged to keep their close contact with campers from other cabins to under 15 minutes.

d) Ranch House

Masks will be required inside the Ranch House when other cohorts are present.

10. Health Center Expectations

a) Nurses will submit to same pre testing process as campers and staff

b) Nurses station will be equipped with HEPA filter Air purifier.

c) *Because nurses are interacting closely with many of the campers especially when they feel ill, they are at higher risk of transmission and therefore must be masked.*

- Within 6 feet of a camper, nurses are required to wear N-95 masks for direct patient care indoors and outdoors
- Masks can be off when they are outside and not providing direct patient care

11. Supplies

-Keep on-hand one week's backup supply of PPE & cleaning supplies (220 masks, 5 boxes of gloves, 10 gallons of bleach)

IV. Symptom and Risk Related Intervention

A. When to Send Campers Home

1. If campers temperature exceeds 100.4 F: campers will be isolated from their cabin until pick-up, parents will be called for immediate pick-up, cabin will have an additional temperature check in place.
2. Symptomatic Camper: If a camper comes to the nurses station presenting other COVID-19 symptoms (i.e. coughing, shortness of breath, body aches, change in smell or taste, change in appetite, or generally not feeling well) the camper will be evaluated by nursing staff and parents/ guardians will be called. If symptoms persist the camper will go home under advisement of nursing staff.

¹¹ Successful Infection = Exposure to Virus x Time. "But with general breathing, 20 viral particles minute into the environment, even if every virus ended up in your lungs (which is very unlikely), you would need 1000 viral particles divided by 20 per minute = 50 minutes." [The Risks - Know Them - Avoid Them](#) by Erin Bromage

B. Confirmed Communicable disease.

1. If a camper is thought to have a communicable disease the parents and guardians will be contacted for pick-up and to take them to a medical facility. If a communicable disease diagnosis is made, identify symptoms and illness as soon as possible, consult with the Camp Director, Nurse Coordinator & provide ongoing updates.
2. Identify key health services support needs: Staffing, isolation arrangements, supplies, prevention of cross-contamination, care for staff & campers, medication management, documentation.
3. Exposure groups are limited to housing and only exposed camper families will be contacted.
4. Facilities: Hospitality team will deep clean and sanitize the room and ensure all items for diagnosed campers are removed.

C. Symptomatic Staff Member

1. Staff members that are not feeling well will go into a self admitted on-camp isolation.
2. If staff have a fever of 100.4 they will be moved into complete isolation from campers until they are symptom free.
3. If symptoms persist they will be moved off site and seek medical diagnosis.

D. Tracing

1. If a camper, staff member, or volunteer has COVID-19 like-symptoms, we will increase symptom monitoring for those in closest contact with the patient:
 - a) Cohort
 - b) Housing (if applicable)
 - c) Job teams (if applicable)

E. External Risks

1. Vendors

Vendors will be required to wear masks while on campus. All staff who interact with outside vendors will wear masks as well. Outside vendors are never within 6 feet of campers.

2. Arrival Day Issues

a) Camper Check-In form Incompletions

A camper must have completed the check-in form and pre-testing guidelines to be admitted to camp.

b) Fever Upon Arrival

If a camper has a confirmed fever of over 100.4 upon arrival, they will not be allowed to attend under fever free for 72 hours.

V. Outbreak Response

- A. Outbreak Indicators: An outbreak consists of 3 or more persons with the same symptoms within a 24-hour period.
- B. Containment and Isolation: Parents and Guardians will be critical in the containment process. Campers will be isolated until their arrival and they will transport their camper to their home or medical facility. Staff will be assessed over a 72 hour period along with campers.
- C. Communication plans: Camp will report any outbreak to the Health Department immediately and follow directions. The Camp Director is spokesperson for families, media, public health dept, insurance, unaffected campers/staff, collect/save documentation of communication.
- D. Tracing: Using cohorts to identify camper interactions and check all campers temperature and have nursing staff complete an assessment.

VI. Recovery

- A. Camper Reintegration: Once campers are cleared by Nurses, contact families about potential risk and monitor campers while reintegrating with cohorts.
- B. Cleaning Reset for Camp: Camp staff will return camp to a deep clean level and a complete cleaning audit will be conducted camp wide before the return to normal procedures.
- C. A risk assessment will be conducted by the Camp Director and Nurses to adjust any processes.