Carolina Soccer Camp
COVID-19 Health and Safety Protocols

Screening

Pre-Screening

Pre-Screening of staff and participants (self-monitoring for 14 days). All staff and campers are asked to do the following:

a. Take and record their own temperatures for 14 days prior to camp.

b. Self-screening for COVID-19 symptoms: fever of 100.4 F or greater, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, etc., within 2 weeks of attending camp.

c. Report to the camp if they have any of the symptoms included in (b.)

\*If staff or participants are flagged during the pre-screening process, the program will follow our communicable disease plan (CDP) or applicable childcare standards set by the American Academy of Pediatrics, or Association of Camp Nursing (ACN) to make a decision about admittance.

Initial Health Screening at Camp Check-in

Initial Health Screening will be like those considered during the pre-screening process. The ACN's Health Screening form will be incorporated in the process. As more medical information evolves, the content of the screening form will be updated with additional information and questions. The results of the initial health screening will determine if an individual is permitted to enter or if they require additional screening and evaluation. Our athletic trainers will be checking the following items as part of the camp check-in process:

a. Determine if the camper took and recorded thier own temperatures for 14 days prior to camp.

b. Determine if the camper did self-screening for COVID-19 symptoms: fever of 100.4 F or greater, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, etc., within 2 weeks of attending camp.

c. Determine if, within the past two weeks, the camper has traveled nationally or internationally.

d. Determine if the camper has been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19.

Ongoing Screening Process Everyday at the First Session of Camp

Ongoing Screening Process will be performed every day when staff reports and when parents drop off the participants:

a. Determine if the camper did self-screening for COVID-19 symptoms: cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, etc., within 2 weeks of attending camp.

b. A temperature check using an appropriate thermometer.

NOTE: Currently, COVID-19 specific testing is not a part of the screening process.

If camper or staff is suspected to have COVID-19 based on this assessment, a face mask or cloth face covering will be provided for the individual. Symptomatic individuals will be isolated by separating at least 6 feet. The area for individuals with symptoms will be at least 6 feet away from other areas of the health center or in a separate room. Staff will wear a face mask, a face shield or other eye protection, disposable gloves, and a disposable gown while monitoring symptomatic minors who have a suspected case of COVID-19 until a parent/guardian can pick up the child for care. If the child is in distress, 911 will be contacted.

Response and Management of Case(s) or Probable Case(s)

If a staff member or camper is identified as having a potential or confirmed case of COVID-19, the individual will be isolated in a location previously identified as part of the camp’s communicable disease plan (CDP). Protocols outlined in the CDP and the following will be considered:

If a camper or staff member warrants further clinical evaluation, arrangements will be made to do so in compliance with UNC-CH protocols.

If camper or staff member does not require immediate clinical evaluation, and if CDP calls for the individual to return home, isolate the individual until appropriate return to home transportation can be arranged.

Clean the person’s areas of contact according to CDP and procedures outlined in ACA Field Guide.

Contact tracing will be carried out by trained staff in conjunction with UNC-CH, public health staff, community health workers, trained volunteers, and the local health department.

Drop-Off, Intake and Pick-Up Procedures

Drop Off

A drop off schedule in which groups of campers are to be dropped off at camp during staggered timeframes will be implemented.

The specific length and number of timeframes and numbers of drop offs per timeframe will vary based on the number of campers and configuration of the drop off area, etc.; aimed to reduce density and physical interaction of individuals at any given time in the drop off area.

Communications will be sent to parents/guardians that assign each their child’s drop off time window. The purpose of the window will be explained as well as consequences for not complying.

The time parents/guardians take saying goodbye will be limited to allow for the continual flow of traffic by having them say goodbye close to or inside their vehicles.

Physical distance will be maintained with other parents/guardians and participants and parents will wear a cloth face mask when exiting the vehicle.

It will be communicated to parents/guardians the one parent-one child drop off policy, including encouraging individuals who are at high risk for severe illness to avoid dropping off and picking up their children.

Posters and signage from CDC and other approved health agencies will be posted at the drop off location. These will include COVID-19 information and symptoms, handwashing, cough etiquette, spread prevention and physical distancing.

Intake

Participants and staff will wash hands with soap and water for 20 seconds or use alcohol-based hand sanitizer containing at least 60% alcohol upon entry to the drop off area.

If campers are being dropped off at central meeting locations and transported to camp, initial health screening of campers will be performed at the drop off location before they board buses or vans. Otherwise, the initial health screening will be performed upon arrival to camp.

Participants will be greeted by staff who will perform initial health screenings outside as they arrive.

Upon arrival to program site, disinfecting wipes will be distributed to participants and if age appropriate directed to disinfect their personal items or provide trained staff to do so.

Activities

Parents, guardians, and non-essential visitors will be restricted from entering camp. One parent-one child protocols will be used for drop-off/pick-up and screening.

The program will be organized into the smallest practical group sizes and to the extent possible keep groups consistent throughout the camp program. Group sizes will comply with state and/or local requirements for proper staff to camper ratios and minimum staffing requirements.

The program will organize participants and counselors into “households” that do most group activities together or within subgroups.

Campers and staff will wear cloth face coverings during indoor activities when maintaining physical distancing is not feasible due severe weather and area limitations.

For all activities, groups will remain small and maintain safe ratios outlined by ACA and the UNC-CH Protection of Minors on Campus Policy.

Ensure campers and staff practice proper hand hygiene.

All shared items and equipment (e.g., balls, cones, pinneys) will be properly cleaned and disinfected between use per UNC-CH and CDC guidelines. o Shared equipment will be limited to items that can be effectively cleaned.

The use of personal refillable water bottles will be encouraged. Otherwise, participants will use disposable cups. Spigots will be disinfected between uses.

Efforts to maintain physical distancing will not impact existing camp safety protocols (e.g., first aid, cardiopulmonary resuscitation [CPR], one-on-one interaction between staff and campers, swimming “buddy systems,” etc.).

If emergency care is needed and physical distancing cannot be maintained, then normal program procedures will be followed and will consider guidance for first responders and victims from CDC, National Safety Council, and American Red Cross.

Personal Protective Equipment (PPE) for Staff

Necessary PPE will be kept near workstations in the camp where they will be used.

Respirators (e.g., N95 Respirators) require annual medical clearance, training, and fit testing per the U.S. Occupational Safety and Health Administration (OSHA), therefore they will not be used unless standards are met.

Face masks will be readily provided by the camp and worn by counselors and staff whenever interacting with others inside and outside their groups at a distance closer than six feet.

Staff will be provided training on the different types of PPE that are needed for specific tasks and the reasons they are necessary; this will lead to more effective use and conservation of PPE.

N95 Respirators and eye protection or face shields will be worn when staff anticipate contact with or close proximity to confirmed or suspected COVID-19 cases or when cleaning and disinfecting areas known or suspected to have been in contact with confirmed or suspected COVID-19 cases.

Face masks, while not technically PPE, will be worn by: o Staff whenever interacting with others closer than six feet for extended periods, i.e., greater than 15 minutes, as well as other times to the extent possible.

Staff will wear cloth masks when interacting with outside vendors or outside community members.

Disposable gloves will be worn by:

o Staff when anticipating contact with confirmed or suspected COVID-19 cases or when handling belongings known to have been in contact with confirmed or suspected cases.

o Staff will wear gloves when handling any incoming belongings or equipment prior to disinfection.