

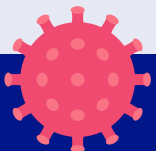
COVID-19 (Coronavirus)



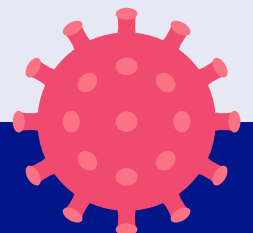
Guidance for Summer Day Camps and Afterschool Programmes



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Government of Bermuda's website coronavirus.gov.bm*



GOVERNMENT OF BERMUDA
Ministry of Health



4th June 2020

Guidance for Summer Day Camps and Afterschool Programmes

What is this guidance for?

This guidance is for Camp Directors, staff and parents. It includes advice on how to make Camps safer, reducing the risk of spreading COVID-19 and providing a safer environment for those on site, their families, and the wider Bermuda population.

The guidance is informed by our own Ministry of Health and international organizations such as the Centre for Disease Control, World Health Organization, and Public Health England.

How to use this guidance:

- If you are a parent, this guidance will tell you what the government is recommending Camp organizers consider to help limit the risks of COVID-19 transmission. The measures that can be put in place will vary according to the type and location of the camp. If you have concerns you will need to check with those organizing the camp you are interested in.
- If you are a Camp Director, this guidance includes a lot of advice and ideas to help you plan delivery of a safer camp. Key points include:
 - Safer access to and from the site/s including drop-off and pick-up
 - Ensuring there are no symptomatic people on site, who may have COVID-19
 - Safer child to staff ratios with physical distancing
 - Choosing activities that limit the risk of COVID-19 transmission or can be adjusted to do so
 - Having a robust plan to provide physical and emotional support if needed

What is COVID-19?

COVID-19 is an infectious disease that can result in acute respiratory illness. The virus is spread by small droplets when an infected person coughs, sneezes, or exhales. It may also be possible for a person to contract COVID-19 by touching contaminated surfaces and then touching their own mouth, nose, or eyes. Data has shown that the majority of people with COVID-19 develop a mild illness, which may include fever, cough, or shortness of breath. Children and young adults may also display milder symptoms. It is possible to contract COVID-19 from an individual who is asymptomatic, although the risk is low. For more information and resources related to COVID-19, visit <https://www.gov.bm/coronavirus>.

Parent Pick up/Drop off

Organizations are required to develop a plan to safely collect and hand-off children at the start and end of each day. The following guidelines have been provided to assist with this process:

- Clearly signpost the flow of traffic and identify designated parking areas, with clear directions for drop-off and pick-up.
- Stagger or alternate drop-off and pick-up times if necessary, to manage numbers.
- All drop-offs and pick-ups should be conducted outside of the facility, or at a designated space at the entrance. Parents/guardians will not enter the building.
- Consider back-up plans if it is likely to rain or be windy.
- Manage lines/cues for entry into the facility by ensuring parents are adhering to distancing guidelines and maintaining an acceptable distance of 2-metres (6-feet), using markers where practicable.
- Sign-in procedures should be completed by staff.
- Hand sanitizing (for adults) or hand washing stations (for children) should be set up at the entryway for use by all children and essential adults entering the facility.
- Writing utensils should not be shared when signing in/documenting attendance etc. ensure people know to bring their own pens.
- If check-in procedures are electronic, provide alcohol wipes or hand sanitizer and frequently clean the screens or keyboards.

Eligibility/Screenings

Children and staff may only enter the programme if they are healthy, have not been exposed to an individual demonstrating COVID-19 symptoms, and are **not** under public health ordinance to be quarantined or self-isolated.

- Conduct a risk assessment of staff to determine level of risk and capacity to provide service. Staff who are older and/or have health conditions may be more at risk – see appendix 1 below for an example of a risk assessment tool that may be useful.
- All staff/parents/caregivers should be aware of signs and symptoms of COVID-19, including fever (equal to or greater than 38 degrees Celsius/100.4 degrees Fahrenheit), cough, muscle aches and fatigue, difficulty breathing, sore throat, headache, diarrhea, vomiting, and sudden loss of smell and taste.
- Parents/guardians/staff should be instructed to check their child's temperature daily. Staff should also be keeping a daily log of their own temperature.
- Staff/children with any of the above signs and symptoms should stay home from symptom onset and seek medical attention immediately. When in doubt, have parents consult the child's doctor for guidance.
- Designate an area outside the main entrance to conduct health screenings. The floor area will be clearly marked to specify the 6 feet physical distancing between staff conducting screening and the person being screened.
- Staff should not be asked to administer fever reducing medications. This is a clear sign that a child should not be in school.

- Post signage in visible areas and communicate the conditions for entry with staff and parents.
- Suspend all non-essential visitor access to the facility. E.g. deliveries (unless curbside pickups), volunteers

Child to Staff Ratios

Supervision levels will remain a priority for the safety of children.

- Group sizes should not exceed 10 for children in rooms measuring approximately 20'x25'. More children can be accommodated in a larger room, providing each child is separated by 6 feet.
- Use a 1:10 ratio ensuring one adult to ten children.
- Ensure classrooms have space for each child to maintain 2-metre (6ft) social distancing.
- To reduce risk, keep children in same groups with same staff member throughout the duration of the programme: Children will not be mixed from one group to another.
- In smaller facilities, ratios will need to be further reduced to accommodate the 2-metre (6-ft) requirement per child.
- Unnecessary furniture may be removed to create additional space.

Sick Policy

Provide copies of sick policies to parents and staff for signature. Post emergency contact lists and speak with parents about securing alternative care in the event the child is sick and unable to attend the programme or there is an emergency which requires temporary closure. Children and staff who become ill while at the facility should be sent home immediately and directed to the <https://www.gov.bm/coronavirus> website for more information about COVID-19. An isolation area or room should be designated to accommodate sick children as they await their pick-ups (*please see "Isolation Room" protocols listed at the end of this document*). This [flyer](#) may be posted in a visible location for all visitors to remind them that they should not visit if unwell. Please see the [Outbreak Plan at Appendix 2](#) for more information.

Staff Absenteeism

Managing staff absenteeism due to illness may be a daily challenge.

- Establish protocols for sick staff, document and distribute expectations to all staff.
- Timely notification of sick staff will allow for relief coverage in a timely manner.
- Identify and have available vetted relief staff to assist, as needed.

Auxiliary Staff

Programmes that provide additional services from private vendors for Karate, Gymnastics, Dance, Music etc. should be aware that the movement of persons from one facility to another poses challenges to containing the spread of the virus.

- Consider using remote platforms, such as Zoom, for the continuation of these classes.
- Alternatively, these services should be halted at this time.

Therapeutic Services

Programmes where children receive individualized therapy from an Allied Health Professional such as SLP, OT, and PT services will need to confirm with therapists how service delivery will be modified to maintain health and safety guidelines.

Supplies and Equipment

Keep an inventory of your current supply of protective gloves, masks, and cleaning products.

- Face coverings/masks are not recommended for children due to improper use resulting in increased risk of transmission.
- Staff may wear cloth face coverings/masks while providing care. Please refer to the [DOs and Don'ts of wearing a face mask](#).
- Gloves are currently not recommended unless proper glove use techniques are also used. Proper glove use requires washing hands before and after using gloves.
- Washing hands and the use of hand sanitizer is preferable
- Supplies should also be accessible to staff in designated areas such as but not limited to the isolation room

People at Increased Risk for Serious Complications of COVID-19

Some persons may be at higher risk of serious complications following infection of Covid-19. Those who are extremely vulnerable include individuals who have underlying health conditions, including those with compromised immune systems or respiratory conditions. This could include staff, children, or parents. Such individuals should minimize face to face contact. They should not be encouraged to provide care or visit your facility. Please review the following [vulnerable persons shielding guidance](#).

Physical Distancing

- Self-contained classrooms should have no more than one group per class. Additionally, the group should not exceed the 1:10 ratio (see “Child to Staff Ratio”) and must also adhere to the physical distancing mandate. Smaller classrooms unable to comfortably distance the 10 children and 1 adult must reduce their ratios to comply with the 6ft’ requirement.
- Facilities with open floor plans such as assembly halls, may host more than one group of 10. However, groups are to be separated and clearly defined to avoid mixing and combining. The number of groups will be determined by the required space each child must have. The space requirement is per two arm’s lengths or 2-metres (6ft).
- Use of playgrounds should follow current government guidance, including physical distancing and, where practicable, cleaning of shared equipment
- Use room dividers to keep groups apart and clearly define spaces
- Minimize time spent standing in lines. Place visual markers on the floor to cue children
- Increase the distance between children during table time and craft activities.
- Plan activities that do not require close physical contact between multiple children.
- Suspend programme events such as performances, where the appropriate distance of 2-metres (6ft or two arms lengths) between persons can’t be maintained.
- Weather permitting, use outdoor spaces to increase distancing/spacing during group activities.
- Facilities with elevators are to limit usage to no more than two adults at a time and children must be accompanied by an adult.
- Facilities with limited space and disproportionate enrollment will need to refuse acceptance or consider alternative scheduling.
- Where feasible, facilities can provide half-day programs by splitting children into two groups to attend morning or afternoon sessions.
- Additionally, facilities can choose to provide alternating days for attendance such as: Monday/Wednesday/Half-Day Fridays (Group 1) and Tuesday/Thursday/Half-day Friday (Group 2)

Minimizing risk of spreading germs during activities

- Suspend communal sensory play activities (e.g., water table, playdough).
- Reinforce "no sharing" practices of food, water bottles, or personal items/toys and belongings.
- Personal items should be clearly labelled with each child's name.
- Suspend activities that permit the mixing of children from different care groups.
- Include individualized activities to decrease the sharing of materials between children.
- Stagger mealtimes and bathroom breaks to ensure adequate spacing.
- Stagger outdoor play times and use of indoor activity spaces.
- Open windows to allow better circulation of air.
- Utilise individual wipeable yoga mats to assist younger children in understanding the boundaries of their play space.
- Mats should be sanitized at the end of the day and allowed to dry before being stored. Mats be stored in a stacking fashion until needed again
- Where possible, limit item sharing by using pre-planned individualized activities stored in Ziploc bags, shoeboxes, or baskets for use by one child. These items can be wiped down/or washed and rotated.
- Minimize the potential for the spread of germs in the programme space by temporarily removing toys and objects that are not easily washable (e.g., plush toys, bean bag chairs made of fabric, floor mats and rugs).
- If items are being shared, increase cleaning protocols between usages by setting up a washing station for used materials needing to be cleaned prior to reassignment.
- Where shared hands-on teaching materials can't be avoided, they should be cleaned at frequent intervals. Soap and water is the first step. Some items should then be sanitized.
- For younger children, develop creative ways to track hand washing and reward for frequent/timely hand washing (e.g., Facilities can use an ink stamp to be placed on the back of a child's hands. By the end of day, the faded ink can be celebrated).
- Children should bring their own packed lunch from home.
- Eliminate family-style meals or have employees (not children) handle utensils and serve food to reduce the spread of germs.
- If physical distancing cannot be maintained (e.g., providing direct care to special needs, anxious, or inconsolable children), staff should wear mask and gloves.
- Staff and children with long hair should wear it netted or tied back.
- Staff should be encouraged to wear a long-sleeved, button down, or oversized shirt over the top of their clothing to reduce contamination during activities.
- The outer clothing should be changed if it becomes contaminated with bodily fluids (e.g., saliva, nasal discharge, and spit up) from the child.
- Children with special needs and developmental delays may require a change of clothing in the event of accidents.
- Exercise caution with young children and children with moderate to severe developmental delays. Ensure that they have the capacity to manipulate masks

appropriately to reduce risks of suffocation. Anyone who cannot adjust their own mask should not use one.

- Place any contaminated clothing in a plastic bag and send home to be laundered and returned.
- Wash hands after holding/consoling a child. Also wash any bare skin that the child may have touched (such as the neck, face, or arms).

Plan for absenteeism/sick leave or further temporary closures by opting to provide continued access to fun activities. Options for children who are homebound can include the following:

- Prepare shoebox activities to send to homebound children.
- Set up a digital station, using relevant social media platforms, to encourage children to check-in with their peers and to allow for inclusion of homebound children in planned activities (e.g., Group exercise, Simon Says).
- Use of online/e-learning strategies.
- Assigning staff to plan for and conduct remote daily or weekly follow ups.
- Additional tips, activities, and resources may be found online. An example of such activities has been formulated by the [Children's Hospital of Orange County in California](#).

Social-Emotional Well-being

More than ever it's increasingly important to maintain high levels of routine, responsivity, and nurturing for children. Children and adults have been significantly impacted by the closure of schools, change in routines, and drastic social adjustments. As a result, it is common to see an increase in problematic behaviours, anxiety, and depression. As many mood-related concerns typically present in behavioural disruptions in child-populations, symptoms may include: anger/irritability, frustration, crying, sadness, and limit testing. Below are some ways to address these concerns:

- Directly address questions and concerns using children's books, online video content from safe websites, and simple explanations.
- Recognize that "All Behaviour is Communication." Therefore, parents and staff should seek to understand the underlying cause/triggers of the behaviours in order to provide an appropriate response.
- Provide a safe and comfortable place for children who need a quiet space to decompress, meditate, listen to music, look at books, colour etc.
- Use the opportunity to focus on community helpers by highlighting the service men and women and the jobs they do for the community (e.g., nurses, doctors, grocers, police etc.).
- Most importantly, provide information in an honest, age-appropriate manner.
- Decrease access to contact points by using cloth face coverings and gloves to wipe tears or noses.
- Once the child has calmed, it will be important to wash hands or anywhere touched by a child's tears, etc.

[Type here]

- Additional guidance is available from the [World Health Organization \(WHO\)](#) and can be found at the following website.
- Find an excellent resource for all staff [here](#)
- Lastly, it is important to note that children take their cues from their adult caregivers. Therefore, the emotional well-being of your parents and staff is pertinent. The following guidance related to well-being [during COVID-19](#) has been provided by the Bermuda Government.

Transportation and Field Trips

Summer is prime time for campers to take field trips around the community. However, use of facility mini vans or private mini buses to transport children for pick-up/drop-off services and/or field trips should not be permitted unless physical distancing guidelines can be maintained.

- Use increased trips to transport smaller groups ensuring the appropriate supervision at the starting point, as well as at the drop-off point, until all children have safely arrived.
- Ensure that children are closely supervised to ensure that they are not in contact with individuals outside of their group.
- Ensure adequate staff is present to cover the logistics of travel.
- Do an inventory of interesting sites within walking distance of the facility and plan related learning activities.

Hygiene Practices

- All staff and children should wash hands with soap and water upon entering the facility (including returning from outdoor play), before and after meals, and after bathroom breaks for at least 20-seconds. The use of a timer is advised. Plan for refilling if tank water is used.
- Ensure that the building's tank water has been treated before the start of the camp, as stagnant water (especially during the COVID-19, when very few buildings were occupied) should neither be consumed nor used for hand-washing.
- If soap and water are unavailable, hand sanitizer with at least 60% ethanol may be used.
- Provide additional hand sanitizer stations (e.g., wall mounted hand sanitizer dispensers and hand moisturizing lotion) in supervised areas.
- Teach children to cover their cough or sneeze into a tissue or sleeve. Immediately throw the tissue in the garbage and wash your hands.
- Teach children to avoid touching their face, nose, and mouth with unwashed hands.
- Operators should monitor hand hygiene supplies to ensure adequate amounts of liquid soap, paper towel, hand sanitizer, tissues, and waste receptacles lined with plastic bags.
- Please note that reusable hand towels are not advised. Ensure supplies of single-use paper towel, hand soap, and hand sanitizer are always stocked and available.

Environmental Cleaning, Disinfection, and Disposal

- Secure and dispose of trash daily.
- Provide lined, preferably covered and foot operated, waste receptacles for safe disposal of waste. Additional information may be found [here](#).
- Facilities and materials should be cleaned and sanitized *daily* using the approved cleaning products or a professional cleaning company.
- Cleaning products should be labelled and safely stored away from children.
- Gloves should be accessible to staff for routine cleaning of materials and frequently touched surfaces (FTS).
- Plastic bags should be provided for soiled personal items and sent home. This may be particularly handy for children who are younger or have developmental delays.
- Increase cleaning of frequently touched surfaces (FTS) to include toys, computers, digital devices, counters, tables, desks, chairs, railings, light switches, door knobs, cabinets, and closet handles.
- Use alcohol wipes to clean keyboards and electronics after use.
- Rotate the materials and/or utensils that are out at any one time so that they can be adequately cleaned and sanitized.
- Post a visible cleaning roster to communicate cleaning intervals for staff to address, materials to be included, and who is responsible.
- General cleaning intervals should include cleaning prior to opening, before and after meals, anytime materials have been placed inside a child's mouth, and at closing.
- All materials and surfaces are to be cleaned and disinfected daily.

Appropriate cleaning and disinfection protocols may be accessed:

[Cleaning and Disinfection without Known or Suspected Cases](#) or at

[CDC Cleaning and Disinfecting Schools](#)

Online training on Infection Control is available [here](#).

Isolation Room Protocols

Ensure your isolation room is equipped to accommodate children needing to be separated and under supervision until a parent collects them. Clean and disinfect the area immediately after the child with symptoms has been sent home. Gloves and masks should be available for use in this space. Please refer to the guidance for the [use of face masks](#).

Outbreak Response Plan

Camp Leaders/Directors are required to identify an Outbreak Response Team. The team should consist of 2-4 people which may include a combination of leadership and staff. Please refer to the attached Outbreak Response Guidance in [Appendix 2](#) below for the details to be included in your plan.

Confirmed Cases of Covid-19

In the event of a confirmed case of the virus in your Centre, **IMMEDIATE** notification to the Epidemiology and Surveillance Unit, as well as the Child Care Regulation Programme is required. At that time, you will be advised of next steps for your programme. Please refer to for [cleaning protocols](#).

As this situation continues to evolve, any updates related to these guidelines will be communicated once new information becomes available. We recognize that you play a vital role in the care and protection of children and seek to provide adequate guidelines with minimal disruptions to your programme(s). That said, as we have a wider responsibility to help contain the spread of COVID-19, we thank you for your cooperation and continued efforts to adhere to these safety guidelines.

Appendix 1: Risk Assessment

This is an example of a risk assessment tool used by doctors to advise what precautions they should take. Cross referencing a member of staff's age and/or health conditions against the type of contact they are likely to have will give a recommended course of action.

		Risk of Death from SARS-CoV-2		
		Low Younger age without high-risk condition	Medium Middle age or younger age with high-risk condition	High Older age or middle age with high-risk condition
Occupational Risk of Contracting SARS-CoV-2	High Contact with people known to have coronavirus	A	B	C
	Medium Contact with people with uncertain coronavirus status	A	A	B
	Low Work from home or strict physical distancing	A	A	A

A: Instruct the patient to wear a mask outside the home, practice recommended hand hygiene, and use PPE as directed.

B: Discuss individual risks and opportunities to mitigate exposure and to consider stopping work. Counsel patient to take all precautions outlined in A.

C: Counsel patient on high risk of continuing to work and to consider stopping work. Counsel patient to take all precautions outlined in A.

	<ul style="list-style-type: none"> • For disinfection most common EPA-approved household disinfectants should be effective. <p>Return from Isolation/Quarantine and/or Child Care facility closure:</p> <ul style="list-style-type: none"> • Centre Response Teams should follow guidance from ESU officials to determine when it is safe for students and staff to return to the child care facility. • In addition, children and staff who share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when it is safe to return to the camp. 	<ul style="list-style-type: none"> • In response to a child care facility wide closure, Response team to assess facility and notify Staff and Parents of start date. 	<p>Within 24 hours of closure</p>
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