

The American Academy of Pediatrics (AAP) promotes what is in the best interest of children and supports pediatricians as they consider the evolving effects of the novel coronavirus disease 2019 (COVID-19) pandemic. As pediatricians address the overall health and safety of children and families, it is essential for them to discuss with parents the importance of promoting healthy child development despite the challenges and impacts of the COVID-19 pandemic. This guidance is intended for use by pediatricians and families as they make informed decisions on sending children to overnight/sleep away or day camp this summer.

What are the benefits of camp for children?

{Excerpt from "Improving Health and Safety at Camp" policy statement}

When there is a successful match between a camp's philosophy, practices, and methods and a child's developmental, experiential, and temperamental readiness, abilities, and nature, the camp experience has been proven to have a lasting effect on psychosocial development, with positive effects on self-esteem, peer relationships, independence, leadership, values, and willingness to try new things. Camps can also offer an opportunity to overcome a lack of connection with the natural environment, which has been associated with decreased rates of depression, attention disorders, and obesity.

In light of the unprecedented COVID-19 pandemic, children have missed out on the many of the social, emotional, intellectual, and developmental benefits of school attendance. During the summer, it is important that children begin to reestablish connections with their friends, peers, and non-parental adults in an environment that supports their development while also consistently practicing the recommended principles to limit the spread of COVID-19, including social distancing, density reduction, cloth face coverings, hand hygiene, and awareness of surfaces. The group camp environment can be a challenging place to maintain these principles.

What is expected of children while at camp in the face of COVID-19 pandemic?

Children attending camp may have concerns about being away from their homes and engaging face-to-face after a lengthy time at home. Some children may be fearful to be at camp or may be unsure what is expected of them in a new environment. As children reestablish in-person

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connections with other children and adults outside of their family, they must be taught how to maintain physical distance, perform proper hand hygiene, and wear a cloth face covering as feasible. Feasibility needs to be considered when establishing camp policies and procedures. Camp directors must consider developmentally appropriate ways to encourage physical distancing and cloth face coverings. If not developmentally feasible, camp directors must adhere to CDC guidance for maintaining healthy environments and operations while at camp. Children under age 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

Camps should encourage children to be physically active outdoors if possible but must be aware that for children, it may be a challenge to maintain recommended physical distancing without very frequent reminders. Additionally, camps should incorporate recommended COVID-19 mitigation strategies into the normal camp daily routine. Camps will need to balance providing an enriching developmentally appropriate camp experience while also seeking to reduce the risk of COVID-19 exposure to the greatest extent possible.

Can all children benefit from going to camp?

For some children who are at risk of severe illness from COVID-19, their health care provider may recommend they not attend camp. Families should discuss with their child's health care provider whether camp is appropriate for the child on the basis of the medical history.

Camps should be prepared to address the physical and emotional needs of all children, including children with special health care needs. Camp directors should seek to meet the needs of all children to promote equity, diversity, inclusion, and appropriate health-related safeguards to limit the spread of COVID-19.

Camp directors can refer to the AAP policy statement "Improving Health and Safety at Camp" for information on how to address a variety of health-related issues.

How should camps address the needs of children with special health care needs?

Children with special health care needs or disabilities, like all children, should have the opportunity to attend camp and greatly benefit from an enriching camp experience. Designing camp activities to be inclusive of children of all abilities is vital for all children to benefit from

camp. As a group, children with special health care needs should not be excluded from the camp experience.

Some children with special health care needs or disabilities may need specific accommodations for camps to be inclusive and supportive during the COVID-19 pandemic. Camp directors must understand the specific health care needs of each camper and should do so on a case-by-case basis by directly contacting both pediatricians and families to work collaboratively to identify and craft accommodations, if needed. Additionally, camp directors can work with families and pediatricians to consider and utilize existing plans, such as Individualized Family Service plans, Individualized Education Programs, or emergency plans, for guidance in their shared efforts to understand, design, and implement any specific accommodations that may be needed so that children with special health care needs can be kids and enjoy camps!

Camps should ensure that camp health care providers have specialized training in children's health. Consider having a counselor or staff member with training in children's mental health, given the increased level of emotional stress that may be seen during this time. Camps for special populations may need additional planning in consultation with medical directors, pediatricians/relevant care team members, and families. Camp directors must create appropriate policies and procedures and work in cooperation with local health care providers, families, and facilities to ensure off-site support is in place (eg, hospitals, police department, and fire department).

How will children be kept safe while at camp? What guidance will be used?

All camps should have a plan for what to do if a camper or camp staff member becomes ill for any reason or ill with symptoms consistent with COVID-19. Camps should follow all required local or state health department policy and requirements regarding communication and reporting of suspected COVID-19 cases and know the availability of COVID-19 testing if included in the camp's COVID-19 response plan. All camps (day and overnight) should follow established COVID-19 mitigation and response guidelines from the resources below:

- American Camp Association (ACA) Field Guide
- CDC camp guidance and decision tree
- CDC <u>Activities and Initiatives Supporting the COVID-19 Response and the President's</u> Plan for Opening America Up Again

Implementing the guidelines above is important to keeping the spread of COVID-19 from camps and in communities. The guidance is intended to reduce, but may not eliminate, the likelihood of a COVID-19 outbreak at a camp. Camps are a setting where social distancing may be challenging, resulting in the potential for outbreaks of COVID-19 as well as other common pathogens in children especially in congregate settings. When providing guidance to camp programs, pediatricians should consider the potential for outbreaks, both within the camp and when the campers return home. Also of concern is the sharp decrease in childhood vaccination rates. Pediatricians should make certain that potential campers are up-to-date on childhood vaccines. COVID-19 in children is often mild or asymptomatic and does not appear to be significantly riskier to children in general than many other common viral infections, even considering the newly described Multisystem Inflammatory Syndrome in Children (given its rarity). If the steps necessary to prevent the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) are judged by the camp directors as too antithetical to the camp experience of shared exploration and experience, camps may elect to not open in the summer of 2020 as experts work toward the development of a safe and effective coronavirus vaccine.

Should children have a COVID-19 test before attending camp?

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the child is not going to subsequently develop COVID-19. Stated another way, a camper who is negative for COVID-19 on the first day of camp may not remain negative throughout the camp session.

If a camper or a camp staff member has a known exposure to COVID-19 (eg, a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/ or camp exclusion or camp closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision making. CDC guidance regarding antibody testing for COVID-19 is that serologic test results should not be used to make

decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Serologic test results should not be used to make decisions about returning people to the workplace. Also, the CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. Although not specifically stated, the AAP recommends this guidance should be applied to camp settings as well. Interpretation of testing results should be done with attention to the sensitivity and specificity of the type of test and an understanding of the limitations of testing.

Testing for SARS-CoV-2 is not a panacea for camp openings. Regardless of whether a camp establishes a process for testing campers and staff as they come to camp or during the camp session, camps should have a policy regarding symptom screening and what to do if a camper or staff member becomes sick with COVID-19 symptoms. This should include plans to remove a SARS-CoV-2-infected camper or staff member from the camp, to evaluate the health of other campers and staff remaining on site, and if necessary, to close the camp if an outbreak is detected.

¹American Camp Association. Directions: Youth Outcomes of the Camp Experience. Available at: https://www.acacamps.org/sites/default/files/resource_library/report-directions-youth-development-outcomes.pdf. Accessed May 26, 2020

²Louv R. Last Child in the Woods. Chapel Hill, NC: Algonquin Books; 2005

Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

Additional Information

COVID-19 Planning Considerations: Return to In-person Education in Schools AAP News COVID-19 Articles

Guidance Related to Childcare During COVID-19