

## 2022 FALLS CREEK YOUTH CAMP PRE-CAMP SCREENING & GROUP PARTICIPATION GUIDELINES

In response to our continued need to navigate our cultural landscape in light of the Covid-19 pandemic, we have a few protocols in place for those attending. These simple guidelines for participation are in line with what we are facing in and around our world every day. We thank you for adhering to and understanding the need for these guidelines in order to provide the best, healthiest camp environment possible. The guidelines included here are as follows:

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### PRE-CAMP HEALTH SCREENING GUIDELINES

Falls Creek Youth Camp group leaders agree to ask each participant to complete the health screening form included in this packet within 24 hours of leaving for camp.

**If participants answer yes to any of these questions, we require that they stay home and not attend Falls Creek Youth Camp.\***

Leaders, also, please encourage vulnerable individuals to consider whether they should attend the event or not.

Vulnerable individuals include:

- the elderly.
- the immune compromised.
- those with breathing issues (asthma, etc.).
- those with other health related considerations that might make them vulnerable to Covid-19.

In addition to pre-camp screening:

Group leaders will complete a daily health check with their group to monitor possible symptoms. Daily in-cabin health check forms will be provided on Monday of your camp week at on-site registration.

We encourage participants to wash their hands frequently and thoroughly throughout the day, use hand sanitizer, and observe physical distancing when possible. Also, please be mindful and considerate of other participant's comfort with social distance, shaking hands, fist bumps, elbow bumps, high fives, etc.

*\*If exposed, and showing no symptoms, participants may attend if fully vaccinated or if recovered from Covid-19 within 90 days of leaving for camp.*

**Let's work to help keep each other healthy!**

## GROUP LEADER COVID-19 EXPOSURE RESPONSE PLAN

In the case of a Covid-19 exposure while at camp, please follow these steps:

1. If any participant has symptom(s) of Covid-19 listed below, immediately remove them from participation in camp activities.
  - Fever over 100? Chills?
  - Cough or sore throat or cold/flu-like symptoms?  
(fatigue, muscle or body aches, headache, congestion, runny nose, nausea, vomiting, diarrhea)
  - Shortness of breath or difficulty breathing?
  - New loss of taste or smell?
2. Contact parents and consider the need for medical attention and/or a rapid test. Rapid testing may be sought off grounds or through a home testing-kit provided by the church.
3. If the rapid test result is positive, the individual must return home immediately.
4. If a rapid test is negative and an alternative diagnosis is provided, the participant may be allowed to return to participation in camp activities, if not contagious with another illness (strep, flu, etc.).
5. If the participant is unable to get a negative rapid test (by availability, willingness to test, or positive result), the participant must return home immediately.
6. The group leader will work to identify other participants exposed to Covid-positive participants.
  - Exposure is defined as being 6 feet or closer for 15 or more cumulative minutes in a 24-hour period.
  - Tracking exposure begins at 48 hours prior to the sign of their first symptom.
  - Begin to monitor these potentially exposed participants more closely.
7. An exposed participant is immediately removed from camp activities *if the symptomatic participant's rapid test comes back positive.\**
8. The group leader is responsible to report to camp leadership, using the **contact tracing report form**, when the symptomatic student goes home from a positive test and students leave due to exposure to the symptomatic participant.
9. Groups have the **option of either** performing contact tracing within their group and sending the appropriate individuals home **or** returning home with their entire group.

\*Exposed participants are not required to leave camp after an exposure to a Covid-positive individual as long as they do not develop symptoms and meet one of the following exemptions or both:

### VACCINATION:

- You are fully vaccinated ( $\geq 2$  weeks following second shot in a two-shot series or of one dose of a single-dose vaccine).

### RECENT PAST RECOVERED CASE OF COVID-19:

- People who have tested positive for Covid-19 within the past 3 months (90 days) and recovered.

NOTE: You must be able to show appropriate documentation at that time to qualify.

## FAQS

**1. Will masks/face coverings be required?**

No. At this time, masks/face-coverings are allowed and optional for Falls Creek Youth Camp according to personal preference. The Falls Creek Youth Camp Program Office will notify group leaders if this changes due to changing conditions.

**2. I was not around a Covid-19 positive person, but I was around someone who was a “close contact” to a positive case. Since I am a secondary exposure, do I have to skip or return home from camp?**

No. Only participants who were in close contact (6 feet or closer for 15 or more cumulative minutes in a 24-hour period) with a confirmed Covid-19 positive individual (and who do not meet the listed exceptions) will be asked either not to attend camp or to leave camp early.

**3. Is my group required to leave if we have a student or adult exhibit symptoms or test positive while at camp?**

No. Please refer to COVID-19 REPOSE portion (page 2) of this document.

**4. Will there be testing on grounds?**

No. Seek testing at a clinic off grounds or through a home testing kit (provided by each church) promptly with the onset of symptoms.

**5. Where do I obtain my daily in-cabin health check forms?**

Group leaders will receive copies (one for each day, Tue-Fri) at onsite registration on their week of camp.

**6. Are vaccinations required?**

No. Although vaccinations could prove beneficial in protection against exposure, they are not required for participation in Falls Creek Youth Camp weeks.

**7. How might we minimize the risk of exposure within our group?**

Consider altering group behavior to minimize close contact exposure opportunities in your group. For example:

- mitigate close person to person interaction.
- approach group activities in smaller “pods” (sleeping arrangements, small groups, meals, etc.).
- prohibit participants in your group from entering other cabins and other groups from your cabin.

**8. What other recommendations do you have?**

We suggest heightened attention to cleaning habits, personal hygiene, and distancing behaviors when possible.

**9. What will Falls Creek Youth Camp and Falls Creek Conference Center do?**

Falls Creek Youth Camp and Falls Creek Conference Center will alter some program elements, enhance facility cleaning procedures, provide courtesy sanitizer stations and masks, implement staff exposure response/quarantine guidelines and protocols, and inform groups of possible exposure to affected groups when possible as long as protocols are in place.



## FALLS CREEK YOUTH CAMP PRE-SCREENING COMPLIANCE

I, \_\_\_\_\_ (LEADER NAME), group leader for \_\_\_\_\_  
(CHURCH NAME), acknowledge I have:

- 1) Informed all students, parents, and adult participants of the risk of exposure to Covid-19 by participating in Falls Creek Youth Camp.
- 2) Received a health screening questionnaire from each participant (adult and student) attending with our group.

Church Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group Leader Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_, 2022



## CONTACT TRACING REPORT FORM

DATE: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_ Cabin Number: \_\_\_\_\_

Please check all that apply:

☐ A participant in our group presented as symptomatic for Covid-19 and tested positive for the virus.

☐ We sent the participant home according to established youth camp protocols.

Please indicate one of the following:

☐ We identified \_\_\_\_ (insert number) participants in our group who had close contact exposure\* with the symptomatic individual and

☐ We sent or will send these individuals home within 48 hours of their first exposure to the symptomatic participant.

**OR**

☐ We have chosen to leave camp with our entire group.

Please complete this form and submit to the Welcome Center or to the Youth Camp Program Office or complete the form at the following link:



*\*Exposure is defined as being 6 feet or closer for 15 or more cumulative minutes in a 24-hour period*



## FALLS CREEK YOUTH CAMP PARTICIPANT HEALTH QUESTIONNAIRE

*Participant: Complete this form and return to your leader before leaving for camp.*

*Group leaders: Bring health questionnaires to on-site registration for verification and submit a health questionnaire compliance form.*

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Church attending with: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

*(The answers below should reflect the health of the participant within 24 hours prior to leaving for camp.)*

Check the appropriate box for each section below.	YES	NO
Have you knowingly been exposed to or in close physical contact with anyone confirmed to have Covid-19 in the past 14 days (6 feet or closer for 15 or more cumulative minutes in a 24-hour period)?		
Do you feel sick?		
Have you or members of your household experienced any of the following in the past 14 days?  -Fever over 100? Chills? -Cough or sore throat or cold/flu-like symptoms? (fatigue, muscle or body aches, headache, congestion, runny nose, nausea, vomiting, diarrhea) -Shortness of breath or difficulty breathing? -New loss of taste or smell?		
Are you currently waiting on the results of a Covid-19 test?		

**If you answered yes to any of these questions, you may not attend Falls Creek Youth Camp.**

**If exposed, you may attend if you have been fully vaccinated or have recovered from Covid-19 in the last 90 days and have no symptoms.**

### COVID-19 UNDERSTANDING

- I confirm I have or my child has completed the above health questionnaire.
- I understand Covid-19 is an extremely contagious disease that can lead to serious health complications.
- I understand masks will be allowed, but not required at Falls Creek Youth Camp.
- I understand that senior citizens and those with underlying medical conditions can be especially vulnerable.
- I understand that Covid-19 testing will not be provided at Falls Creek Youth Camp.
- I understand Covid-19 vaccinations are not required for participation in Falls Creek Youth Camp.
- I understand that participants will be sent home if exposed to a symptomatic, Covid-19 positive participant.  
*Close contact exposure: being 6 feet or closer to the symptomatic participant for 15 or more cumulative minutes in a 24-hour period.*
- I understand that, in addition to heightened attention to cleaning habits, personal hygiene, and distancing behaviors, groups may perform daily temperature checks with participants.
- I understand there exists an inherent risk of exposure to Covid-19 in any public place where people are present. By attending Falls Creek Youth Camp or by sending my child, I voluntarily assume all risks related to exposure to Covid-19 and will make sure I or my child will help keep others healthy.
- I understand groups will perform a daily health check with participants.

Participant Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ (Parent or guardian if under 18 years of age)  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_