
Association of
Jewish Camp
Operators

Meir Frischman
Director Emeritus

Shimon Newmark
Director

May 10, 2020

Honorable Governor Andrew Cuomo
Governor of New York State
NYS State Capitol Building
Albany, NY 12224

Re: NYS Residential Summer Camps 2020

Dear Governor Cuomo,

Summer camp is more than just the opportunity to provide children with a safe, fun environment. The camp experience enriches our children on a fundamental level, giving them a supportive environment in which they build valuable life skills. New York has a rich summer camp tradition that goes back over a century, with thousands of children enjoying rich, fulfilling experiences in camps nestled in the Catskills and other upstate communities

The Association of Jewish Camp Operators has represented the interests of the broad array of Orthodox Jewish Camps for the past three decades. In an effort to ensure the safety and well-being of our campers this summer, we are pleased to enclose protocols, which are concise and practical, created by an experienced group of camp directors, **reviewed and approved by an esteemed group of physicians and health policy professionals** - medical professionals with first-hand experience with the local COVID-19 contagion, as well as the operations of summer camps.

These protocols **address the main concerns** of confronting the COVID19 pandemic – to mitigate the spread of the virus, avoid overloading local hospitals and to maintain the health of the children and staff, all accomplished with the understanding that social distancing will not work well in a camp setting

As indicated by the CDC and panels of medical doctors, children under the age of 20 show a lower rate of infection, a lower rate of transmission, fewer hospitalizations (0.1%,) and a very low number of admissions to the ICU. In addition, with robust pre-camp testing and in-camp monitoring, an overnight camp is the safest place for campers and staff. Clearly, **campers are uniquely able to lock down and maintain a highly controlled environment** where exposure to unscreened individuals and material are eliminated.

Under normal circumstances, the recreational and educational benefits of summer camps have been recognized in all segments of society. Today, in unusual circumstances, the benefits of summer camp are even more paramount, especially for **the children of essential workers and front-line workers**.

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MEMBER CAMPS

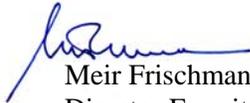
Agudath Israel Camp Division	Camp Beth Jacob	Camp Chayl Miriam	Camp Kibbutz Hamesivtov	Camp Ohr Shraga	Camp Stolin
Camp Achim	Camp Bnei Shiimon Yisroel	Camp Darkei Emunah	Camp Kolos	Camp Raninu	Camp Sva Rotzohn
Camp Adas	Camp Bnos	Camp Dina	Camp Lehava	Camp Rav Tuv	Camp Toldos Yakov Yosef
Camp Adas Yereim	Camp Bnos Belz	Camp Dora Golding	Camp Maarava	Camp Rayim	Camp Toldos Yosef
Camp Agudah	Camp Bnos Naaleh	Camp Emunah	Camp Malka	Camp Romimu	Camp Toras Chesed
Camp Agudah Midwest	Camp Bnos Ruach Chaim	Camp Gan Yisroel	Camp Mikdash Melech	Camp Seviva	Camp Toras Chaim Tashbar
Camp Agudah Toronto	Camp Bnos Sanz	Camp Ger	Camp Mogen Avraham	Camp Shalva	Camp UTA
Camp Ahavas Yisroel Viznitz	Camp Bnos Skwere	Camp Gila	Camp Morris	Camp Shearith Hapletah	Camp Viznitz
Camp Arugath Habosem	Camp Bnos Yakov	Camp HASC	Camp Munk	Camp Simcha	Camp Yedidos
Camp Bais Esther	Camp Bonim	Camp Horim	Camp Naaleh	Camp Silver Lake	Camp Yeshiva Chasan Sofer
Camp Bais Yaakov	Camp Boyan	Camp Kavunas Halev	Camp Nu Yu Chalet Vim	Camp Simcha	Camp Yesh. Tifereth Yisroel
Camp Beisainu	Camp Chaviva	Camp Kehilath Yakov	Camp Ohel Baruch	Camp Skwere	
Camp Belz	Camp Chayei Sura	Camp Keren Shlomo	Camp Ohr Hedvah	Camp Sternberg	

Opening camps will also dramatically strengthen the mental and emotional health of our children who have spent months cooped up at home with limited opportunities for healthy recreation, socialization, and exercise. Additionally, by isolating the camper population away from the high-density city streets, **we will actually assist in stopping the spread of the disease.**

We are requesting that camps should be exempt from the Phase One, Two and Three steps, because overnight camps are segregated facilities where the residents can be isolated together as a single household unit.

Thank you for your outstanding leadership during these challenging times. We look forward to working with you to create a memorable and healthy summer for the campers of New York.

Sincerely,



Meir Frischman
Director Emeritus



Shimon Newmark
Director



Shlomo Pfeiffer
Member
Executive Board

COVID-19 Health and Safety Plan

Recommended Protocols for NYS Overnight Summer Camps

*Providing Safe and Healthy Environments for
Campers and Staff to Protect Them From the
COVID-19 Pandemic*

*Association of Jewish Camp Operators
May 10, 2020*

Reviewed and approved by:

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- *Dr. Glenn S Hammer, MD, Infectious Disease, Assistant Clinical Professor, **Mount Sinai Hospital***
- *Dr. Shmuel Shoham, M.D. Associate Professor of Medicine Infection Management in Compromised Hosts, Infections in Organ Transplants, Infectious Disease, **Johns Hopkins Hospital***
- *Dr. Jeffrey P. Henderson, MD, PhD Associate Professor of Medicine and Molecular Microbiology, **Washington University School of Medicine Division of Infectious Diseases***

Medical Board:

- *Dr. Moshe Lazar, DO FAAP, Pediatric Associates of Brooklyn*
- *Dr. Seth Kurtz, MD FAAP, Quality Health Care*
- *Dr. Alan Werzberger, MD FAAP, Best Healthcare*

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Introduction

Summer camp is an essential part of a child's growth, offering a healthy, fun and structured opportunity for learning and personal growth. For nearly a century, New York's summer camps have made an invaluable contribution to the health and well-being of many hundreds of thousands of children.

As the State of New York moves past the worst of the COVID-19 pandemic, summer camps must now prepare special measures to ensure the availability of a healthy, summer camp experience that reasonably mitigates the exposure of campers and staff to COVID-19.

The mitigation of these risks will be accomplished by strict compliance with the current regulations of the NYS Sanitary Code and Children Camp Code, Part 7, Sub 7-2. Camp administrators and staff must be rigorously trained in the above, as well as in new elective measures detailed in this document, with the ultimate goal of diminishing risk of exposure to COVID-19.

The guidelines herein are according to the current data, and are valid only so long as the number of cases in New York continue to decline.

Training

Camp administration shall train all staff members in the protocols outlined in this document, as well as the relevant NYS Department of Health and CDC guidelines regarding COVID-19. Training shall take place long enough prior to the commencement of camp to allow staff to properly understand and prepare for their duties.

Testing

Although the presence of COVID-19 antibodies are not proven to demonstrate immunity, current evidence-based literature suggests that persons with such antibodies are unlikely to get COVID -19 in the near future¹. Therefore, all campers and staff will be required to undergo testing, as follows:

¹ Based on the pathophysiology of other known viruses, infectious disease researchers expect that antibodies will neutralize COVID-19. This study provides evidence that COVID-19 individuals who recover acquire protective immunity: <https://us19.campaign-archive.com/?u=cf98149bee3f299584374540a&id=d53772e4a9>

Antibody testing gives camp medical staff an enhanced knowledge for managing any potential outbreak. If a camper has fever and the camp medical staff knows that he was antibody positive, the medical staff will look for other reasons for his fever.

Sufficient EUA approved antibody tests will be available by mid to late May.

Campers & Staff to Age 22:

1. Campers and Staff must test positive in June for COVID-19 antibodies via an EUA-approved test administered by a physician.
2. Campers and Staff who test negative for antibodies must also test negative for COVID-19 via PCR test administered by a physician 14 days before the start of camp.
3. After testing negative for COVID-19, campers and staff must remain isolated at home (no visitors) until the commencement of camp.
4. Any campers or staff members with a medical history that places them at high risk if exposed to COVID-19, or requiring chronic immunosuppressive therapy will not be allowed to attend camp.

Staff Ages 23 – 49:

1. Staff must test positive in June for COVID-19 antibodies via an EUA-approved test administered by a physician.
2. Staff who test negative for antibodies must also test negative for COVID-19 via PCR test administered by a physician 14 days before the start of camp.
3. After testing negative for COVID-19, staff must remain isolated at home (no visitors) until the commencement of camp.

4. Staff members with a medical history that places them at high risk if exposed to COVID-19, or requiring chronic immunosuppressive therapy will not be allowed to attend camp.

Staff Age 50+:

1. Staff must test positive in June for quantitative IGG antibodies via qualified lab.
2. Any staff members with a medical history that places them at high risk if exposed to COVID-19, or requiring chronic immunosuppressive therapy will not be allowed to work at the camp.

Health Director

Camps shall have a Health Director on-site while camp is in session.

The Health Director must maintain a log of all COVID-19-related incidents, including appearance of symptoms, mitigation efforts and contact tracing reports. These records will be available on-site and in the administrative offices of camp, and be available to the relevant County and State health authorities upon demand.

Camp infirmary will be fully stocked with PPE in the case of infection for all medical staff.

Reporting Requirements

In the event that a camper or staff member is diagnosed with COVID-19, the Health Director will provide documentation on the case and the mitigation measures taken by the camp within 24 hours to the local County Health Department, both by phone and in writing.

Segregation Area

Each camp shall have a designated area, physically situated at least 10 feet away from the general population, where individuals displaying COVID-19 symptoms will be held while awaiting testing or removal from camp.

Pre-Camp Monitoring

1. 14 days before the commencement of camp, all campers and staff must be monitored for symptoms of COVID-19.
2. Before boarding the buses for departure to camp, campers and staff will be screened for symptoms.

In-Camp Monitoring

1. While camp is in session, campers and staff will be screened for symptoms via questionnaire and temperature check by the nurse every 72 hours.
2. Results for each camper's routine monitoring will be logged by camp staff.

As indicated by the CDC, COVID-19 Symptoms, are:

- Cough
- Shortness of breath/difficulty breathing

Or two of the following symptoms:

- Fever
- Chills
- Tremors
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Sanitization

Aggressive measures shall be taken throughout the session to mitigate the risk of COVID-19 transmission. These measures shall include:

1. Sanitizer will be available for camper and staff use at designated locations throughout the campgrounds. Signage will be posted throughout the camp regarding requirements of hand sanitization.
2. Campers and staff shall follow CDC hand-washing guidelines: before and after preparing or serving food, or treating a cut or wound; after using the toilet; after touching an animal, animal food or waste; and after touching garbage.
3. Sanitization of all commonly touched surfaces, including playground equipment, door handles, water system fixtures, sports equipment, etc., numerous times daily.
4. Avoid or eliminate, where possible, the use of all commonly touched equipment or items that cannot be easily cleaned and sanitized.

5. Training of relevant staff in proper use, application and safe storage of disinfectants and cleaning equipment.
6. Ensure that all offices, bunkhouses etc. are properly ventilated; increase the circulation of outdoor air throughout all structures through the use of fans, and by opening windows and doors whenever this poses no safety or health risks to campers.

Pools

According to the CDC, there is no evidence that the virus that causes COVID-19 can be spread to people through the water in pools, hot tubs, spas, or water play areas. Proper operation and maintenance (including disinfection with chlorine and bromine) of these facilities should inactivate the virus in the water.

As an additional measure, the COVID-19 director will supervise and oversee the pool maintenance for proper chlorine level and follow the interim guidance for disinfecting around the pool.

Field Trips & Travel

There will be no field trips. Because of the risk of contagion off camp grounds, no off-site activities will be planned, unless the risk of

exposure to COVID-19 has so diminished that the State of New York has entered the later phases of reopening.

On-Site Day Camps

The same facility will not be used simultaneously for overnight and day camp. Because of the risk of contagion of campers coming from off grounds, any overnight camp that has a day camp program will cancel the day camp program, unless the risk of exposure to COVID-19 has so diminished that the State of New York has entered the later phases of reopening.

Deliveries

Guards will man entry points to campgrounds at all times, and prevent all access to the site. Guards will wear masks and gloves when accepting deliveries or packages.

Bulk deliveries will only be accepted once delivery drivers have donned masks and gloves. Drivers will drop deliveries in designated safe receiving areas and will not be permitted to enter any facility or to have any interaction with staff.

Visiting Guidelines

There are no approved visiting hours and no visitors to camp will be admitted.

A parent or guardian who must remove their child from camp for any reason will be kept off-site while the child and their belongings are brought out. In order to prevent possible transmission of COVID-19, once the child has been placed in the care of their parent or guardian, they have been dismissed from camp and can no longer be readmitted.

Treatment

1. Any camper or staff member showing symptoms associated with COVID-19 will be immediately isolated in the designated holding area and will be subject to PCR test for COVID-19 administered by a physician.
2. The Health Director shall oversee the segregation of relevant groups from the general population and monitor for appearance of symptoms for a period of 14 days. Should additional campers or

staff members show symptoms in this time period, the Health Director will arrange for COVID-19 testing for those segregated.

3. The Health Director will arrange for the transfer of infected campers to the care of their parents/guardians, to be returned home, or to emergency services in the unlikely event of an acute medical emergency.

Medical Attention

Camp Administrators will make necessary arrangements to ensure that common non-acute emergencies (x-rays, stitches, etc.) can be directed to pre-designated medical professionals and practices and routed away from local hospitals.

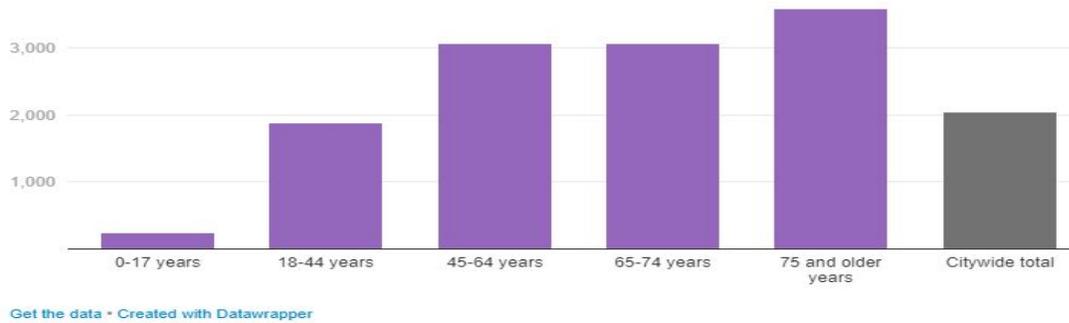
Conclusion

Summer camps represent environments that are uniquely easy to lock down and segregate from the community at-large. When the additional precautions outlined in this document are taken, the risk of COVID-19 infection to campers and staff is greatly diminished.

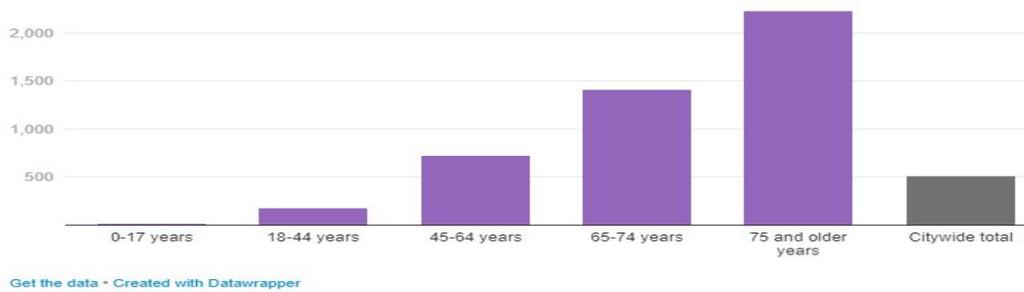
The need for summer camp, paramount under normal circumstances, is doubly important today. The children of New York have suffered through a historically difficult period, having been quarantined in their homes (those in the Five Boroughs confined to very small living spaces) and bereft of social interaction and healthy recreation. The physical, mental and emotional strain of months of lockdown has been immense--but can be safely remedied through access to summer camp.

Study²

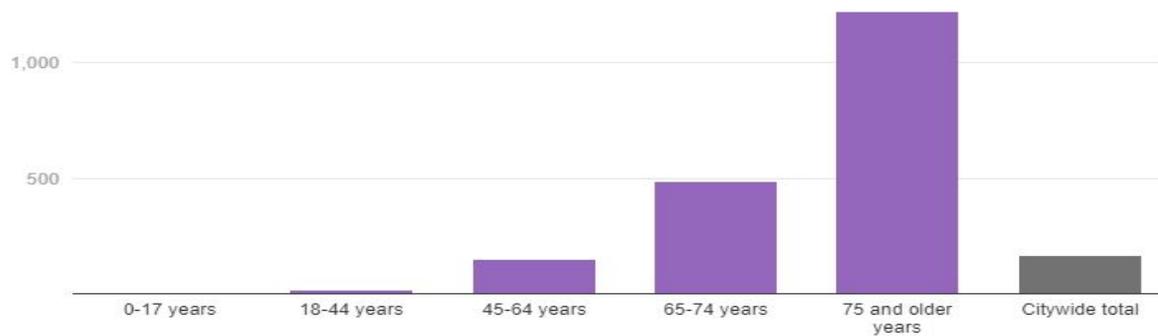
Cases Rate by age



Hospitalization rate by age

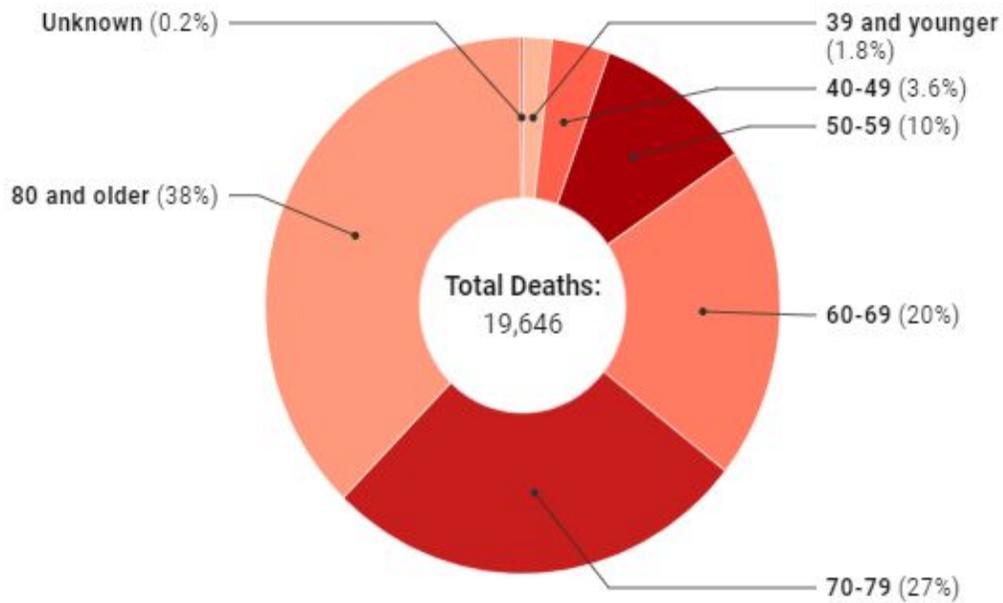


Death rate by age



²Using date form <https://www1.nyc.gov/site/doh/covid/covid-19-data.page>

NY coronavirus deaths by age



Last update: 1 p.m. 5/5

Chart: syracuse.com • Source: [NYS Dept. of Health](#) • [Get the data](#) • Created with [Datawrapper](#)

CDC Hospitalization rate for age 5-17 is 0.1%

