



COVID-19 Medical Protocols and Practices | YMCA OF THE TRIANGLE OVERNIGHT CAMP PROGRAM

Ensuring safe fall programs will require a partnership among all of us. Our top priority is to keep our participants, families, and staff safe. In light of our current reality, we have elevated our medical protocols and practices using recommendations from the Centers for Disease Control and Prevention (CDC), American Camp Association (ACA), North Carolina State Health and Human Services, Pamlico County Health Department, and Wake County Health Department and with guidance from our Camp Medical Advisory Committee. As always, we will continue to monitor guidance from the CDC and the State of North Carolina. We recognize that COVID-19 guidelines will change as the landscape changes, and will adapt our programming and protocols accordingly.

14-Day Temperature Check

Start date of temperature check/symptom screening: Day _____ Month: _____

Day	14	13	12	11	10	9	8
Fever is 100.4 and greater Symptoms of COVID: Fever, Chills, Shortness of breath/difficulty breathing, loss of taste/smell and new cough.	Fever Present YES____ NO____	Fever Present YES____ NO____	Fever Present YES____ NO____	Fever Present YES____ NO____	Fever Present YES____ NO____	Fever Present YES____ NO____	Fever Present YES____ NO____
	Symptoms Present YES____ NO____	Symptoms Present YES____ NO	Symptoms Present YES____ NO	Symptoms Present YES____ NO	Symptoms Present YES____ NO	Symptoms Present YES____ NO	Symptoms Present YES____ NO
Day	7	6	5	4	3	2	1

Fever is 100.4 and greater	Fever Present	Fever Present	Fever Present	Fever Present	Fever Present	Fever Present	Fever Present
Symptoms of COVID:	YES____ NO____	YES____ NO____	YES____ NO____	YES____ NO____	YES____ NO____	YES____ NO____	YES____ NO____
Fever, Chills, Shortness of breath/difficulty breathing, loss of taste/smell and new cough.	Symptoms Present YES____ NO	Symptoms Present YES____ NO	Symptoms Present YES____ NO	Symptoms Present YES____ NO	Symptoms Present YES____ NO	Symptoms Present YES____ NO	Symptoms Present YES____ NO

Pre-Screening Assessment:

Have you in the last 14 days:

1. Been diagnosed with, or quarantined in relation to, COVID-19 or living in the same household as a person with symptomatic laboratory-confirmed COVID-19?
2. Experienced, or been around anyone experiencing, any symptoms of COVID-19?
3. Had any reason to believe you have COVID-19?
4. Traveled to/from CDC countries with widespread ongoing transmission with travel restrictions?
5. Returned from a cruise ship or river cruise voyage?

If you answer yes to any of these questions, or record a temperature of 100.4 or greater, please call Camp Sea Gull and Camp Seafarer at 252-249-1212 for further guidance.

Participant Name: _____

Program Name : _____

Parent Signature: _____

Date: _____

Your signature indicates that you have completed this health screening 14 days prior to camp and to the best of our ability. We understand that arriving to Camp healthy is vital to a healthy camp experience for all campers, staff and the community.