



**HUME**  
M I N I S T R I E S

**REOPENING PLAN  
FOR CALIFORNIA LOCATIONS  
COVID-19 PREPAREDNESS AND RESPONSE**

Summer 2021

Rev. 20210713

**HUME LAKE**

64144 Hume Lake Rd.  
Hume, CA

**HUME SoCal**

32355 Green Valley Lake Rd.  
Green Valley Lake, CA

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## INTRODUCTION

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### RETURNING SAFELY TO OVERNIGHT SUMMER YOUTH CAMP

Youth and summer camps play an essential role in the lives of children, including supporting their social, emotional, and physical development. Camps provide opportunities for children to try new activities, develop relational and social skills, and be physically active.

At Hume Lake Christian Camps, we desire that each person coming into contact with this global ministry will accept Jesus Christ as their personal Savior, grow in their faith and Christian character development, establish the priorities of prayer, Bible study, and Christian fellowship while associating with a local church, devoting their lives in service to our Lord Jesus at home and abroad. In all of that, we will continue to emphasize ministries to youth.

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*“between April and October 2020, hospital emergency departments saw a rise in the share of total visits that were from kids for mental health needs.”<sup>1</sup>*

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This has been a challenging year for children and youth by every measure. Suicide, depression, and self-harm are on the rise. Children and students continue to suffer mentally, developmentally, and spiritually from the consequences of long-term isolation for over a year.

At Hume, we believe that providing youth camps in a typical year promotes positive self-esteem, emotional and spiritual well-being, and so much more. Hume Lake wants to be part of the solution to the crisis facing youth and children during this difficult season. And with appropriate modifications, what occurs at overnight youth camps can be a significant part of children and youth returning to a healthy, stable, and vibrant lifestyle. Finally, we are experiencing a groundswell of students, parents, and churches who want Hume to open this summer. Children and youth are in crisis, and they are asking for our help.

Hume Lake Christian Camps COVID-19 Preparedness and Response plan aims to provide guidance that fosters the overall health of children, adolescents, staff, and the communities that we serve. The plan is based on evidence that is currently available, input from our medical experts and will be monitored as new information or situations arise. We believe this well-informed document provides an exceptional safety framework when we open for overnight youth camps beginning June 2021 at both our California locations.

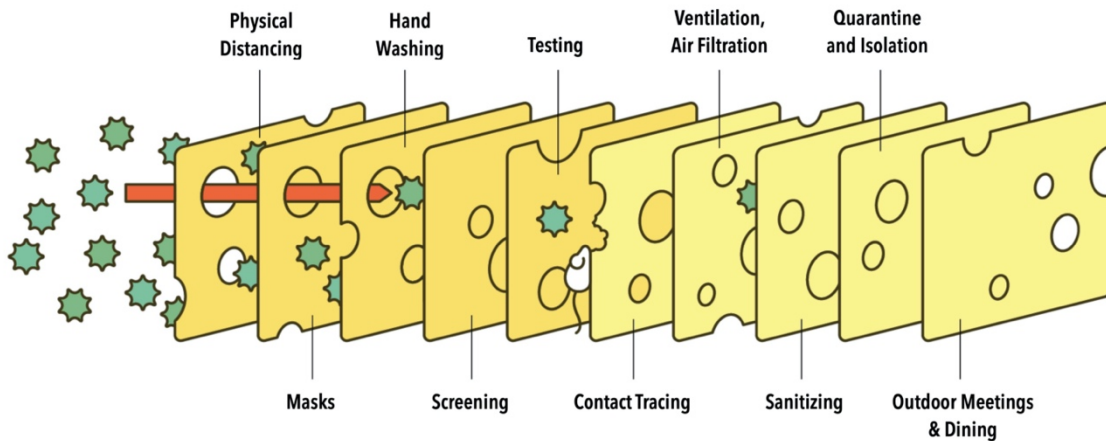
While every attempt has been made to provide accurate and up to date information, our plan is subject to change based on conditions and data.

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<sup>1</sup>“Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020” November 13, 2020 <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

## HUME MINISTRIES TOOLS FOR FIGHTING COVID-19

LAYERING AS MANY NPI'S (NON-PHARMACEUTICAL INTERVENTIONS) AS POSSIBLE



No single intervention is 100% effective. The "Swiss cheese Model" demonstrates that the more intervention we layer between individuals and the virus, the more effective we will be at mitigating the spread of the virus while accomplishing our mission through overnight camping.

Adapted from Ian M. Mackay (virologydownunder.com) and James T Reason. Illustration by Rose Wong



### The Swiss Cheese Model of Mitigation

In 1990, James Reason, PhD, introduced the "Swiss Cheese Model" for communicable disease mitigation that has been adopted to improve safety across many industries. In any work setting, there are inherent risks. Most of the time, these risks are never realized because safeguards are in place to prevent them. These safeguards are represented in his model as multiple layers of swiss cheese. However, every process has "holes" that, under the right circumstances, can line up and lead to an error, accident, or "hazard" as Reason described it.

Think of each tactic enacted as an extra layer of protection against the spread of the virus. Screening campers for symptoms is one layer. Screening campers for symptoms and adding thermal scanning is another layer. Adding social distancing is another layer. The more tactics — that are considered best practices — the more we can protect our campers and staff in an overnight camping context.

The COVID-19 pandemic requires multiple layers of protection to keep the overnight camping industry safe. These layers of "swiss cheese" serve as safeguards for our organization and our people. When used consistently and collectively, the holes (or weaknesses) in any single layer of protection will be offset by the strengths of another layer of intervention.

## 1. PREPARATION

### COMMUNICABLE DISEASE PLAN (CDP)

- HLCC has in place a detailed CDP that informs relevant aspects of the Plan. HLCC's Nurse Manager has developed the CDP in conjunction with HLCC's Advising Physician (see Appendix).

### POINT OF CONTACT

- HLCC's Nurse Manager is the lead responder to COVID-19 concerns. All staff and volunteers are made aware of how to contact during their various onboarding sessions. For Hume SoCal, individual nursing staff serve as onsite points of contact during camp sessions under the advisement of HLCC's Nurse Manager.

### HUME LAKE MEDICAL AND ADVISORY STAFF

Hume Lake Christian Camps employ a robust compliment of medical staff and advisors to help ensure a safe camping experience for everyone and we've been doing so long before the COVID-19 pandemic.

Hume Lake Fresno County	Hume So Cal/Green Valley Lake San Bernardino County
<b>On-Call Physicians</b> Licensed physicians used to supplement medical staff during various conferences.	<b>Camp Nurse</b> RN Holding current CA license and BLS Certifications.
<b>Camp Nurses</b> RN's holding current CA license and BLS certifications, nurse manager holds ALS certification.	<b>Nurse Interns</b> Current nursing school students who have completed pharmacology and at least one quarter of clinicals, BLS certified.
<b>Nurse Interns</b> Current nursing school students who have completed pharmacology and at least one quarter of clinicals, also BLS certified	
<b>Volunteer CA State Licensed Fire &amp; EMS Based on Property</b>	
<b>Nurse Manager - Melissa Wolf, RN, BSN<sup>1</sup></b>	
<b>Medical Director - Dr. Daniel Borgstadt, MD</b> American Board of Family Practice Develops and signs RN protocols for medical operations.	

<sup>1</sup> In residence at Hume Lake, provides oversight and direction for SoCal.

## 2. COMMUNICATION

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### CAMPER COMMUNICATION

- Current status of Hume's COVID response can be found at: [hume.org/health-announcements](https://hume.org/health-announcements)

#### Before Camp

- Campers will be sent pre-screening guidelines to check campers for symptoms 10 days leading up to their time at camp.
- Campers and counselors will be provided directions how to obtain an Antigen or a PCR test 72 hours before camp.
- Vaccinated campers with valid proof of completed vaccination at least two weeks prior to camp will not be required to have a negative test prior to camp.
- Those who have had COVID-19 in the past 90 days are exempt from testing requirements if they are able to submit lab results and more than 10 days have past since the positive result.

#### During Camp

- At the beginning of camp, staff members will train campers on behaviors and precautions they should abide by to prevent the spread of COVID-19, including:
  - How and when to effectively wash and sanitize hands
  - How to practice physical distancing in various settings (dining hall, activity spaces, cabins, etc.)
  - Face mask policy
  - Which symptoms to look out for and when to report them, and to whom
  - Coughing and sneezing etiquette

### PARENT COMMUNICATION

#### Before Camp

- Parents/legal guardians will be kept up to date on COVID-19 related to camp practices, policies, and procedures.
- Parents/legal guardians will be asked to sign a COVID informed consent allowing us to test symptomatic campers (see Appendix).
- We will report the number of confirmed positive cases to local health departments as required, as well as the camp's subsequent response.

#### During Camp

- In the event of a Potential Exposure:
  - We will immediately inform parents/legal guardians about any potential contact their children may have had with confirmed cases (see Appendix)
  - If a camper is experiencing symptoms of illness, including symptoms of COVID-19, they will be assessed by our medical staff.
  - If medical staff suspect a case of COVID-19, our staff will inform parents and test the camper per HLCC CDP. Pick-up from camp may be necessary.

- If necessary, the following will be communicated to parents:
  - The child has developed symptoms that require them to be isolated.
  - The child has tested positive for COVID-19.
  - The child was identified as having contact with a confirmed case.
- If the decision to dismiss or end camp early, we will communicate these plans with parents. Refer to the camp's Communicable Disease Plan (CDP) for further details (see Appendix).

## SIGNAGE

- Whenever possible we will post appropriate signage, including signage related to distancing, appropriate hand washing and sanitizing, proper wearing of masks, coughing etiquette, and identifiable symptoms of COVID-19.
- Whenever possible, where there will be the formation of lines, we will place appropriate signage for distancing on the ground.

## CONFIRMED OR SUSPECTED CASES

- In the event of confirmed or suspected cases, we will refer to our CDP (see Appendix).

## STAFF COMMUNICATION

### Before Camp

- Our staff will be regularly reminded about their roles and responsibilities related to COVID-19 safety through our organization's normal means of internal communication whenever possible.
- Seasonal staff and volunteers will be provided with necessary information and training materials both in advance and during a week-long orientation at each location.

### During Camp

- Appropriate ongoing information to reinforce standards will be provided whenever necessary.
- Our standard year-round staff guidelines for staff interaction and staff exposure protocols will be reinforced whenever possible (see Appendix).

### Vendor Communication

- Whenever possible, vendors will be informed that they are required to take precautions during deliveries, including maintaining physical distancing, and if symptoms associated with COVID-19 are evident, they are not to make deliveries whenever possible.

## 3. TRANSPORTATION

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### ARRIVALS

- We believe the safest camp experience starts and ends at home. Campers will be informed to make every effort to minimize interactions with the public 10 days prior to coming to camp and will recommend doing so after returning home.
- Care will be taken to minimize mixing of the public with campers, including parents dropping off campers without exiting their vehicles whenever possible.

- Check-in for church groups will be different and separate than for individuals being dropped off at camp whenever possible.
- At-risk groups, who are unvaccinated, will be strongly discouraged from being in a vehicle during drop-off and pick-up whenever possible.

## CLOSED COMMUNITY

- HLCC Camps will operate a closed community policy across all its locations. This means that in non-public facing areas, access will be open to registered guests only who have completed all safety checks.
- For our locations that integrate public access with camper's access, mitigation steps will be in place to limit campers and staff exposure to the public whenever possible.
- Summer Staff will be educated on the risks of traveling to and from the camp locations and the required safety protocols when returning to camp, including weekly randomized testing.
- Drop-in guests will not be permitted to visit camp without prior authorization.

## 4. SCREENING

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### PRE-SCREENING

#### Pre-Camp Health Self-Monitoring

- 10-Day Self-monitoring and the conducting pre-screening activities will be recommended such as:
  - Taking and recording their own temperature for 10 days before camp.
  - Self-screening for the presence of symptoms (fever of 100.4 °F or greater, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting, etc.) within the past two weeks.
  - Determining if the individual has been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19.
  - We will provide families with resources to self-monitor where parents can attest to self-monitoring.

### SCREEN TESTING

- Campers will be required to be tested for COVID-19 prior to arrival or provide valid proof of vaccination completed at least two weeks prior to arrival to camp.
- HLCC will accept the following negative tests only:
  - A valid PCR or Antigen test result from a professional testing location (Dr's office, Urgent Care, testing clinic, pharmacy, etc.)
  - *Self-Tests purchased over the counter will not be accepted.*
  - Valid tests must be completed no earlier than 72 hours before arrival to camp.
- If a camper or seasonal staff member is not able to get tested before arrival, they will be tested upon arrival before registration or employee onboarding can be complete. (See CDP for positive test result protocols).
- In addition, campers who have had COVID-19 in the past 90 days are exempt from testing requirements and must submit lab results along with documentation from a medical provider releasing them from quarantine.
- Cf. Hume's Testing Portal at: <https://hume.org/screening/>

### Random Staff Surveillance Testing

- A percentage of staff will be tested with a rapid antigen test weekly and/or rapid PCR at Hume Lake (See CDP for management of positive test result).

### Pre-Camp Symptom Response

- If a camper or staff member is flagged during the pre-screening process, HLCC will follow our communicable disease plan (CDP) to decide about attendance (see Appendix).

## INITIAL HEALTH SCREENING

- As per HLCC's CDP, all campers/Churches will be required to bring their Pre-Camp Screening Form and will be collected by a staff member upon arrival.
- For Church Groups:
  - The Health Screen Forms will need to be completed by a licensed health care provider (doctor, nurse, PA, NP) designated by the church group leader and must be completed no earlier than 24 hours before arrival to camp.
  - The designated health care provider will be responsible to make sure campers and counselors meet the health requirements to attend camp.
  - Any questions must be addressed by the health care provider with Hume Lake Nurse manager or Health Center support staff.
- For individuals (not attending camp with a group),
  - Their primary doctor/pediatrician or another licensed health care provider who is not an immediate family member must complete the health screen form no earlier than 24 hours before arrival to camp and must address any questions or concerns with the Hume Lake nurse manager or Health Center support staff.
- Arrival screening occurs at check-in and includes collection of Health Screen Forms and arrival temperature taking (See CDP for management of febrile campers or counselors).

## ONGOING SCREENING

### Daily Health Checks

- Daily temperature screenings will be conducted for both campers and staff members using Infrared Thermo Scanning Technology or noncontact forehead thermometers at each dining facility. (see Appendix).
- Hand thermometers will be used as a backup to Thermo Scanning technology.
- Temperatures of staff to be taken and recorded at the start of every shift.



Infrared Thermo Scanning technology.

- Daily, all campers and staff members will be screened for any of the following new or worsening signs or symptoms of possible COVID-19:
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Muscle or body aches
  - Headache
  - Sore throat
  - Loss of taste or smell
  - Nausea or Vomiting
  - Diarrhea
  - Known close contact with a person who is lab-confirmed to have COVID-19
  - Feeling feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit

## 5. INFECTION PREVENTION

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- At the beginning of camp, staff members will train campers on behaviors and precautions they should abide by to prevent the spread of COVID-19, including hand hygiene, physical distancing, and masks.

### HAND HYGIENE

- We will instruct and monitor campers and general staff when to wash or disinfect hands whenever possible.
- We will station dispensers of alcohol-based hand sanitizer containing at least 60% alcohol at the entrance to buildings or have campers wash their hands with soap and water prior to entry into dining rooms, retail, housing, and restrooms.

### Kitchen & Dining Staff

- We will actively apply existing best practices for food preparation consistent with local health departments current Food Service Safety Guidelines.
- While Coronavirus is not foodborne, foodservice workers will be required to wash hands before and after using gloves, before, during, and after preparing any food, after handling raw meat, poultry, seafood, and eggs, after touching garbage, after using the restrooms, after wiping counters or cleaning other surfaces with chemicals, after coughing, sneezing, or blowing their nose, and before and after breaks.

### Handwashing Standards

- CDC compliant instructions on how to wash hands will be posted and campers actively encourage handwashing whenever possible.

### Sanitizers

- Hand sanitizers that contain greater than 60% ethanol or greater than 70% isopropanol will be used whenever possible.

### PHYSICAL DISTANCING

- Whenever possible campers and staff inside retail outlets and standing in lines will be asked to keep a 6' distance from others.

## FACE COVERINGS/MASKS

- Campers will be told masks are required whenever they are indoors, except while eating and while in their assigned sleeping space.
- In the unlikely event of widespread COVID transmission, masks may be required more frequently.
- Everyone will be asked to provide their own masks while at camp. Masks will also be available for purchase at each location.
- Hume Lake recommends the use of tight fitting K95 or N95 disposable masks without air valves. Buff style masks or handkerchiefs are not appropriate masks.

## TRAINING

Qualified staff members will train campers and staff on behaviors and precautions they should abide by to prevent the spread of COVID-19, including:

- How and when to effectively wash and sanitize hands
- Face mask policy
- Which symptoms to look out for and when to report them, and to whom
- Coughing etiquette

## 6. RESPONSE MANAGEMENT

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### CAMPERS & COUNSELORS

- Patients with COVID-19 symptoms (per CDC symptom list) will be managed per the Health Center's CDP or per the medical direction of the doctor-on-call until the camper is able to get transportation home.
- If the camper or staff is tested for COVID-19 and the results are positive, the camper must return home to self-monitor and isolate per CDC's and our CDP guidelines for isolation/quarantine.
- If required by local municipalities, the appropriate County Health Department will be notified for further direction regarding isolating remaining campers/staff or notifying campers' parents and sending campers home early.
- If required by local municipalities camper's home county HD will also be notified of a positive case in their area.
- For more information, refer to HLCC's CDP (see Appendix).

### FULL-TIME STAFF

- Full-time staff confirmed or suspected COVID-19 transmission response will be asked to follow the Staff Exposure Protocols (see Appendix).

## CONTACT TRACING

We will employ Contact Tracing methodology as follows:

- Immediately identify and interview people with SARS CoV-2 infections and COVID-19.
- Support isolation of those who are infected
- Warn contacts of their exposure, assess their symptoms, and risk, and provide instructions for the next steps.
- Link those with symptoms to testing and care.
- Based on our current knowledge, a close contact is someone who was within 6 feet of an infected person for a total of 15 minutes or more, starting from 48 hours before symptom onset until the time the patient is isolated.

## ISOLATION

- If a staff member or camper is identified as having a potential or confirmed case of COVID-19, we will isolate the individual in a separate isolation room, as part of the camp's communicable disease plan (CDP).
- The Health Center will have three distinct areas for patient triage, treatment, and isolation:
  - An outdoor or indoor ventilated triage area where patients are screened for COVID-19 symptoms and tested for COVID-19 if exhibiting symptoms.
  - A room/area for the assessment and treatment of individuals who have had a negative rapid test in triage or who are not suspected to have COVID-19.
  - An outdoor or indoor ventilated area for the assessment and treatment of individuals exhibiting symptoms of COVID-19 and have had a positive rapid antigen test in triage or who have a high suspicion of COVID-19.
  - An isolation area for individuals scheduled to leave camp.

## INFECTED CAMPER RETRIEVAL

- If a camper or counselor tests positive for COVID-19, the camper's parents or guardian will be asked to pick up or arrange to have the camper picked up within 12 hours or less when the conditions allow.

## STAFF DISCHARGE FROM ISOLATION/QUARANTINE:

- Staff who had a positive COVID-19 test result with symptoms must isolate for 10 days from the onset of symptoms and be three days since their last fever, with improvement in their symptoms.
- The day after their 10-day isolation, they will meet with the Health Center nurse and receive a clearance to return to work.
- Close contacts of a positively confirmed COVID-19 patient may return to work if 7 days have passed since their last contact with the patient, and if they have tested negative on or after the 7<sup>th</sup> day.

## 7. USE OF COHORTS

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### CAMPER COHORTS

- We will manage smaller groups of campers by utilizing *Cabin Groups & Cohorts* whenever possible.

#### Cabin Groups

- Cabin Groups are residents of individual cabins.
- During eating, meeting, and sleeping, campers and staff will interact with their “cabin group” or within their cohort (camp team) whenever possible.

#### Cohorts

- A Cohort is defined as multiple cabin groups or “teams” (campers and counselors included).
- Cohorts will be designated at the beginning of each camp session and remain consistent for the entirety of the camp session.
- Recreation with extended close proximity interactions of multiple cohorts will be limited whenever possible.

### SUMMER STAFF

- Summer staff will be housed with other roommates whom they will share living spaces, including sleeping and showering, and housed by departments whenever possible.
- While outside their individual cohorts, summer staff will be asked to adhere to HLCC's safety standards for distancing indoors, face protection, and daily temperature and symptom checks.
- If positive COVID cases are confirmed in camp, we will perform randomized testing of staff.
- Hume Lake will utilize the Abbott BINAXNOW™ COVID-19 Antigen product and PCR testing. Hume SoCal will use the Abbott BINAXNOW™ COVID-19 Antigen product only.

## 8. HOUSING

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### CONFIGURATION

- Sleepers will be positioned head-to-toe or toe-to-toe to maximize distance between heads/faces.
- In bunk beds, counselors will ensure that we position the head of the camper in the top bunk opposite the position of the camper in the bottom bunk.
- Campers will be asked to sleep in same bunk all week of camp.

## BATHROOMS & SHOWERS

- Campers will be asked to avoid sharing common bathroom supplies (towels, soap, toothpaste, etc.). Campers need to bring their own bathroom supplies. Campers should keep personal items in their bag or tote and store their bag or tote in a designated area.
- We will post the hand-washing signage in bathrooms to remind campers and staff when and how to properly wash hands.
- We will ask counselors to monitor bathrooms to ensure campers are following hand-washing guidelines and using best practices.
- We will provide bathroom breaks between activities and will ensure that campers wash their hands properly afterward whenever possible.

## VENTILATION

- HVAC systems, internal fans, and operable windows will be kept functioning and operational to maintain good air circulation within the camp buildings throughout the season.
- General ventilation will be maximized by utilizing window and door openings. If windows must remain shut due to weather, insects, or safety conditions, we will maintain continuous operation of exhaust fans whenever possible.
- For HVAC filtration, we will utilize MERV-13™ filters or greater in high trafficked areas.
- We will also deploy Needlepoint Bipolar Ionization Technology™ in high trafficked areas (see Appendix).

# 9. GATHERINGS

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## LARGE GROUP GATHERINGS

- Large group gatherings will be held primarily in open-air spaces,
- Large group gatherings longer than 15 minutes may also be held indoors, with participants masked per current state guidelines for indoor gatherings.
- Leaders on stage may remove their face covering while addressing the group, provided they maintain a distance of at least 6 feet from any other person present.

# 10. FOOD SERVICE

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## OPERATIONS AND CONFIGURATION

- Our primary seating for meals will be outdoors whenever possible. Indoor dining space will operate at limited capacity.
- Stations will be made available for diners to wash their hands with soap and water prior to eating and/or station dispensers of alcohol-based hand sanitizer containing at least 60% alcohol at the entrance of the dining facility.
- The use of condiment dispensers will be discontinued, and we will offer condiment packets or small containers alongside the prepared meal.

## FOOD SERVICE STAFF

- Foodservice staff will be screened for COVID-19 symptoms at the start of every shift.
- Employees will be instructed to report any COVID-19 symptoms to their supervisors. If full-time employees report respiratory illness symptoms, we will instruct them to stay home. If seasonal staff report symptoms they will be instructed to go to the healthcare center for evaluation.
- If an employee reports COVID-19 symptoms during work, we will isolate or send them home immediately. We will subsequently clean and disinfect their workstation (which may include the entire kitchen) and consider employees within their vicinity potentially exposed.
- We will implement the next steps from the camp's communicable disease plan (CDP).
- If an employee is confirmed to have COVID-19, we will inform employees of their potential exposure while maintaining confidentiality. We will implement the next steps from the camp's CDP.
- Sick employees will be asked to stay home.
- Staff will wear appropriate PPE for food service workers.
- Staff will wash hands with soap and water for at least 20 seconds before and after work and breaks; after using the bathroom, blowing their nose, coughing, sneezing, or touching frequently touched surfaces; and before preparing food.

## FOOD PREPARATION

- Existing best practices for food preparation and storage apply according to individual counties and health departments (Coronavirus is not foodborne, but food service workers who are infected can transmit the virus to coworkers or diners).

## CLEANING AND DISINFECTION FOR FOOD CONTACT SURFACES

- Soap or detergent and water will be used to wash food contact surfaces (i.e., dishware, utensils, trays, food preparation surfaces, beverage equipment), then rinse after use.
- Food contact surfaces will be disinfected before food preparation and ensure any disinfectants used appear on EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 and are safe for food contact surfaces.
- Dishware and equipment will air dry; and we won't dry with towels.
- We will ensure that dishwasher machines are operating within the manufacturer's specifications and that appropriate water temperatures, detergents, and sanitizers are being used.

## CLEANING AND DISINFECTION FOR NON-FOOD CONTACT SURFACES

- Frequently touched non-food contact surfaces in the kitchen and dining area will be cleaned and disinfected at least daily.
- Dining areas will be cleaned and disinfected before and after each use.
- Non-food contact surfaces in kitchens and dining areas commonly touched surfaces (e.g., counters, tables, chairs, coffee pot handles) will be cleaned and disinfected daily.
- Commonly touched surfaces will be cleaned and disinfected before and after each use.
- Hard non-porous surfaces will be cleaned and disinfected using EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2.

## DINERS

- Campers will not be allowed to attend meals if they are sick or experiencing flu-like symptoms in which they will inform a counselor immediately and go to the camp health center.
- Washing of hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer containing at least 60% alcohol will be required upon entry to the dining area.
- Systems will be implemented that cause campers to avoid touching frequently touched surfaces such as handles, doorknobs, tables, and counters as much as possible.
- When retrieving food, staff will be asked to avoid touching items and putting them back.
- Campers will be asked to adhere to the following dining guidelines:
  - Sit with cabin at each meal.
  - Cover cough or sneeze with good cough and sneeze etiquette. If a tissue or napkin is used, throw it away, and wash your hands immediately. Avoid touching your eyes, nose, and mouth.

## 11. ACTIVITIES

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### OUTDOOR ACTIVITIES

- Camper activities will be primarily outdoors.
- Shared items and equipment (e.g., bows and arrows, sports equipment, oars, life jackets) will be properly cleaned and disinfected between use.

## 12. RETAIL & CONCESSIONS

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### OPERATIONS AND CONFIGURATION

- Store hours will be modified to provide adequate time for regular, thorough cleaning and product stocking, and stagger stocking so that associates are in different aisles whenever possible.
- Customer entrances and exits, and checkout stations will be equipped with proper sanitation products.
- Contactless payment systems will be made available across our retail locations wherever possible.
- Capacity management, masks, and distancing will be utilized whenever possible indoors.

### RETAIL & CONCESSIONS STAFF

- We will provide resources to promote workers' personal hygiene.
- We will provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or other workers entering the stores.

## 13. CLEANING

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### CLEANING FREQUENCY

- Disinfection that meets or exceeds CDC guidelines for disinfecting against the SARS-CoV-2 virus generally happens throughout the workday to help maintain a safe environment for our staff and guests.

### PRODUCTS

- The following products which have been tested by the EPA and are on the N-List as effective against the SARS-CoV-2 virus will be utilized:
  - Quat Stat SC®; EPA 6836-78
  - Clorox Healthcare®, EPA 56392-7
  - Lysol Disinfecting Wipes®; EPA 777-114

### SURFACES

Disinfectant procedures and protocol are to follow manufacturers' direction for the specific product used and include the following high touch areas.

- Doorknobs, push/pull bars, interior, and exterior.
- Hand and stair railing
- Countertops, desktops
- Restroom fixtures
- Soap dispensers/hand sanitizer dispensers
- Towel dispensers
- Guest room appliances
- Chairs/furniture

### DISINFECTING INTERVALS

- Common area restrooms: *3 times daily*
- Food facility restrooms: *3 times daily*
- Guest Lodging common areas: *2 times daily*
- Camper cabin restrooms: *daily*
- Camper Cabins: *Weekly*

### PPE FOR CLEANING STAFF

- All employees shall be equipped with appropriate PPE per CDC and EPA standards when entering any area for disinfection purposes including face masks, gloves and eye protection.
- N95 Respirators and eye protection or face shields will be worn when staff anticipate contact with or close proximity to confirmed or suspected COVID-19 cases or when cleaning and disinfecting areas known or suspected to have been in contact with confirmed or suspected COVID-19 cases.

### RESPONSE MANAGEMENT

- In the event of a camper or staff person becomes sick, areas used by the sick person will be sanitized before next use.
- When 24-hour waits for room cleaning are not possible.

## APPENDIX A — HUME LAKE CHRISTIAN CAMPS COMMUNICABLE DISEASE PLAN (CDP)

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### Disease Prevention

1. Every camper and staff member will submit a record of immunizations, including the date of last tetanus and COVID-19 shot. Campers and parents have the option to state they are not immunized for health reasons or personal beliefs.
2. Pre-arrival agreements with guests, campers, parents of campers, and staff direct that individuals arrive with NO communicable disease. Should such an illness present prior to arrival, the individual is to contact the Health Center Nurse Manager to set up an appropriate control plan to minimize the potential for contagion. This may include a delayed or cancelled camp arrival. The agreement also states that the camp reserves the right not to admit and to send home a person who arrives and who poses a communicable disease risk to others. A negative COVID-19 test result may be required prior to arrival.
3. Parents, group leaders, and staff are informed of camp's control measures should an outbreak occur, and the need arise to close the camp and that campers or staff may be sent home early. It is the responsibility of the parents to pick up their camper.
4. The Health Center staff pre-screens health history forms of campers and staff and identifies:
  - Campers/staff at greater risk for communicable illness because of pre-existing conditions.
  - Campers/staff who are inadequately immunized for reasonably foreseeable conditions, i.e., tetanus, influenza, SARS-CoV-2.
5. Staff are oriented to illness reducing strategies to be enforced in activities, the dining room, and during cabin time. These strategies include:
  - Physical distancing.
  - Wearing of face coverings if not able to be Physically distanced and if required by local health orders.
  - Hand washing especially prior to eating food or after touching face/mouth.
  - Coughing and sneezing into your sleeve, NOT your hand.
  - Personal supplies (e.g., hats, brushes, hair ties, contact solutions, lip balms, makeup) and drinking containers are never shared with others.
  - People sleep head-to-toe in cabins and tents, not nose-to-nose.
  - Staff are to notify their supervisor immediately when they experience signs/symptoms of communicable illness (especially kitchen or dining room staff that have gastrointestinal symptoms) or bring camper/guest who is experiencing signs/symptoms to Health Center for evaluation.
  - Health Center staff isolate individuals with questionable symptoms until communicable illness can be ruled out.
6. Arrival screening occurs at check-in and includes assessment for communicable illness and temperature is taken. If new arrival is found to have communicable illness and/or fever, in addition to appropriate care, they will be isolated, and parents/guardians will be called to bring their camper home.
7. Temperatures of campers to be taken every morning at breakfast prior to participation in activities.
8. Temperatures of staff to be taken and recorded by a supervisor at the start of every shift.
9. Health Center staff oriented to:
  - a) Recognizing signs/symptoms of communicable disease and to seek consultation with nurse manager and/or doctor-on-call if symptoms are questionable.
  - b) Procedure for Health Center management of communicable disease individuals and/or outbreak.
  - c) Health Center staff will be fit-tested for an N95 mask in case of need to manage patient.

## Communicable Disease Plan (CDP)

1. Notify camp directors & isolate and/or sanitize camps as needed.
2. Have EMTs notified to respond to the Health Center to help with patient management if there are more than can be contained in the Health Center treatment and isolation areas.
3. Each isolation area is to have a Health Center staff member or EMT equipped with:
  - Tracker, pencil & clipboard
  - Hand sanitizer
  - Water & cups
  - Gatorade
  - Saltines
  - Emesis bags
  - Thermometer(s)
  - Pulse oximeter
  - Blood pressure cuff
  - Bleach wipes
  - Gloves
  - PPE appropriate for the communicable disease in process (gowns, face shields, procedural or N95 masks)
  - Radio and/or phone
4. Patients with COVID-19 symptoms (per CDC symptom list) will be managed per the Health Center's protocols or per medical direction of the doctor-on-call. Campers with COVID-19 symptoms will be tested with rapid antigen testing and assessed and treated in the COVID-19 area. " If they have a positive COVID-19 test result or a high suspicion of a communicable disease, , they will be immediately sent home. Campers who are minors without transportation will wait for transport home in the isolation trailer designated for patients with COVID-19. Staff will be isolated at home or in designated COVID-19 isolation housing if they share a room. A minimal number of Health Center staff (RNs only - Nurse Interns will remain available to continue other HC operations including basic first aid and med dispensing) will be designated to care only for these patients for the day to minimize exposure to other patients being cared for by the Health Center. These designated HC staff will don PPE including N95 mask, gown, and face shield, when administering care. Patients will wear a procedural mask when others are in their room unless in respiratory distress. Patient will be sent via ambulance to a higher level of care if symptoms cannot be managed at camp.
5. If the camper or staff is tested for a communicable disease and results are positive, the camper must return home to self-monitor and isolate per CDC's guidelines for isolation/quarantine. The appropriate County Health Department will be notified and consulted for further direction regarding isolating remaining campers/staff or notifying camper's parents and sending campers home early. Camper's home county HD will also be notified of a positive case in their area.
6. Notify Support Services that more linen or rollaway beds may be needed. Let them know which areas are being used for isolation so they can be sanitized appropriately and frequently. Also notify them of the cabins that the infectious campers came from so that proper sanitation can be done there, including Support Services donning PPE to protect themselves against infection.
7. Call kitchen/G-store to request extra food/supplies (water, Gatorade, saltines, bananas)
8. Email/call Hume backup nurses to ask for help.
9. Notify parents of isolated campers, who test negative for COVID-19 but cannot return to camp until symptoms improve.
10. Do a daily review of camp processes to determine if plans remain supportive of needs. Adjust as needed, keeping a keen eye on the number of new cases, the number of current cases, and the number of recovered people. Look for connections among those who are getting ill; might some aspects of control have been overlooked?

11. Do a daily or morning/evening update with camp spokesperson or Public Information Officer and with personnel handling questions and phone calls from non-isolated camper's parents.
12. Maintain appropriate patient care records in CircuiTree or on paper medical log if camper is not registered electronically.
13. Update FCHD as needed. May need to fax tracker to FCHD 559-445-3535.
14. Ensure that Health Center staff, Support Services, and any staff that has contact with isolated campers and their cabins are monitoring their temperatures and symptoms at the beginning and end of each shift. If any become symptomatic, notify their supervisor and allow for isolation and self-monitoring until they are afebrile for 24 hours and a minimum of 10 days have elapsed since onset of symptoms.

### **Recovery and Mitigation**

1. After the illness event, appropriate camp staff should process the event with appropriate stakeholders utilizing event records. Evaluate both what went well with the Response Plan and what needs improvement; follow through with identified improvements.
2. Debrief individuals and each team that was assigned to each Health Center area. Allow 'down-time' as needed.
3. Evaluate and update Communicable Disease Response Plan as needed.

## APPENDIX B – YEAR-ROUND STAFF EXPOSURE PROTOCOLS

### HLCC Community COVID-19 Exposure Protocols

HLCC Employee or family member with:		Action to Be Taken by Employee or Family Member	Action to Be Taken By Medical/Nursing Staff
1	COVID-19 Symptoms as defined by the CDC: <i>Fever/chills, cough, sore throat, new loss of taste or smell, difficulty breathing, fatigue, muscle/body aches, congestion or runny nose, nausea/vomiting, diarrhea.</i>	Immediately isolates themselves and contacts HLCC Nurse Manager.	Discuss symptoms with employee to determine if testing and/or quarantine is needed. Provides help with symptom management.
		Employee notifies manager that they are not feeling well.	Provides employee with work excuse until COVID19 can be ruled out. Notifies HLCC COVID-19 taskforce.
		Isolates at home for up to 10 days until cleared to return by HLCC Nurse Manager. If COVID-19 is not suspected, other household members may continue to go to work and school but must adhere to social distancing and masking standards and must return home if any symptoms develop.	Nursing staff begins high level contact tracing process. Very close contacts may be notified of the potential exposure.
		Obtains COVID test as soon as possible if COVID-19 is suspected. Other household members must not go to work or school unless a negative test is obtained.	Provides isolation instructions and symptom management help.
		If COVID-19 test is positive, see Section 2 below, if test is negative, see Section 4 below.	Performs rapid COVID-19 antigen test or helps patient decide where to go for testing.
2	Diagnostic test Confirmed COVID-19 infection with or without symptoms.	Immediately isolates at home and Contacts HLCC Nurse Manager to discuss test findings	Reports test results to the health department, or reviews test results from the outside testing facility.
		Positive COVID-19 person will isolate for 10 days from symptom onset date or, if asymptomatic, for 10 days from testing/specimen collections date. Return to work requires clearance from HLCC Nurse Manager. If positive person lives with other household members who are close contacts, they will follow section 3 below.	Reviews test results and isolation/quarantine protocols with employee and household member(s) if applicable. Provides help with symptom management as needed and patient is encouraged to notify their primary physician for further orders. Confirms disinfection and cleaning protocols.
3	Close contact with a COVID-19 case.	Receives close contact notification and instructed to quarantine for 7 days from last exposure and must have negative COVID19 test result on or after day 7. Return to work requires clearance from HLCC Nurse Manager.	Completes contact tracing. Notifies close contacts of infections, determines risk and whether or not quarantines are required. (section 3 below).
		If symptoms develop, follow section 1 above. .	Notifies manager and HR that employee is excused from work unless they are able to work from home without having any contact with other Hume employees or guests.
4	Symptoms but NO or unknown COVID-19 exposure. They test negative for COVID-19 and a healthcare provider has diagnosed the employee with a different reason for the symptoms.	May return to work after 24 hours have passed without fever and symptoms have state improving. Return to work requires approval from HLCC Nurse Manager.	Provides education on quarantine orders and symptom tracking. Notifies manager and HR that the employee is excused from work unless they may work from home. .
			Reviews test results and quarantine protocols with employee and/or household of impacted individuals.
4			Collaborates with HLCC Consulting Physician or the on-call doctor to determine if symptoms are from a different medical diagnosis.
			Approves/denies return to work request. Notifies employee's manager and HR if they are not cleared to work.

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## APPENDIX B – YEAR-ROUND STAFF EXPOSURE PROTOCOLS CONT'D

### HLCC Community COVID-19 Exposure Protocols

Impact on others who were potentially exposed to someone who was in any of our camp locations and tested positive for COVID-19				
1	Residential HLCC Employee Tests Positive for COVID-19	Was social distancing maintained by employee AND Were masks were worn indoors at all times in the workplace while other staff were present?	Yes	Typically, only the employee and employee's household will be quarantined for 10 days at home. Asymptomatic household members quarantine 10 days after last symptomatic household member completes 10-day isolation. Household members are those who are considered to have had prolonged exposure due to living in close proximity to the infected individual.
			No	HLCC Nurse Manager will determine the number of employees impacted based on contact tracing interview with the employee for clarity on the nature of the possible exposure. In general, employees in close proximity to the infected employee (defined as <6' for >15mins) will be required to quarantine at home for 7 days (if able to be tested on or after day 7). If the close contact employee lives with other household members, the other family members do not need to quarantine unless the quarantined employee becomes symptomatic.
2	Residential HLCC Spouse or dependent child Tests Positive for COVID-19	Was social distancing maintained by family member & employee AND Were masks were worn at all times indoors by employee and family member in the community in proximity when other staff were present?	Yes	Typically, only the exposed employee or the exposed household will be quarantined for 10 days at home. Asymptomatic household members (who have had prolonged exposure due to living in close contact) quarantine 10 days after last symptomatic household member completes 10-day isolation.
			No	HLCC Nurse Manager will determine the number of community members impacted based on contact tracing interview with the individual for clarity on the nature of the possible exposure. In general, individuals in close proximity to the infected individual (defined as <6' for >15mins) will be required to quarantine at home for 7 days and must have a negative antigen or PCR test performed on or after day 7..
3	Residential HLCC Households Who <b>HOST</b> Visitors/Non HLCC Guests Where Guest Develops Symptoms or Tests Positive Within 48hrs of visit.	Was social distancing maintained by employee and/or household during entire visit AND Were masks were worn indoors at all times while in presence of guest(s) during entire visit?	Yes	No quarantine required for employee and/or household. If symptoms develop, notify Health Center.
			No	HLCC Nurse Manager will determine the number of community members impacted based on contact tracing interview with the individual for clarity on the nature of the possible exposure. In general, individuals in close proximity to the infected individual (defined as <6' for >15mins) will be required to quarantine at home for 7 days and must have a negative COVID19 test result. If employee and/or household develop COVID-19 symptoms during quarantine, they are presumed to be positive and will follow steps 1 and 2 above, unless the symptomatic person presents 2 negative tests taken no less than 24hrs apart, one of which must be a PCR molecular test.
4	Residential HLCC Households Who <b>VISIT</b> Non HLCC Individual(s) Where the non-HLCC Individual(s) Develops Symptoms or Tests Positive: Within 48 hours of visit Visit	Was social distancing maintained by employee and/or household during entire visit AND Were masks were worn indoors at all times while in presence of guest(s) during entire visit?	Yes	No quarantine required for employee and/or household.
			No	HLCC Nurse Manager will determine the number of community members impacted based on contact tracing interview with the individual for clarity on the nature the possible exposure. In general, individuals in close proximity to the infected individual (defined as <6' for >15mins) will be required to quarantine at home for 7 days and must have a negative COVID19 test result. If employee and/or household develop COVID-19 symptoms during quarantine, they are presumed to be positive and will follow steps 1 and 2 above, unless the symptomatic person presents 2 negative tests taken no less than 24hrs apart, one of which must be a PCR molecular test.

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## APPENDIX C — SAMPLE EXPOSURE LETTER TO PARENTS

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[Date]

Dear [FirstName]'s parent or guardian,

I am writing to inform you that [3] campers have recently tested positive for COVID-19 at our [location]. Under the guidance of our medical response team, the campers have been isolated and sent home to recover and seek appropriate medical attention.

In the leadup to the positive test results, the individuals were participating in normal camp activities. As such, they may have come in contact with other campers and staff. (Please understand that for privacy reasons, we are unable to share the individuals' names or other identifying information.)

Our first priority is protecting our campers and staff; therefore, we have taken several actions to assess and reduce potential spread. We initiated contact tracing by a team of trained professionals to identify people who may have been exposed to the positive campers, and those individuals are being isolated and monitored for symptoms. We have also performed targeted cleaning and disinfecting of the areas in which the positive individuals had recently been, in addition to our already-enhanced cleaning procedures. Temperature screening, the wearing of masks where appropriate, hand hygiene, coughing/sneezing etiquette, and other protective measures already in place will remain in effect for our campers' and staffs' protection.

At this point we are only aware of [#] positive cases, however, should more cases arise, we will continue to manage the situation in the manner referenced above.

Please do not hesitate to contact us at [info@hume.org](mailto:info@hume.org) if you have any questions or concerns.

Sincerely,

**Dathan Brown**  
Executive Director

## APPENDIX D — ADVANCED AIR PURIFICATION

# The POWER of IONS

GPS' NPBI technology cleans indoor air.

This patented technology produces a high concentration of positive and negative ions, delivering them to the space via the ventilation system. Within the air stream, ions attach to particles, where they combine, become larger and are more easily filtered from the air. When ions come in contact with pathogens, they disrupt the pathogens' surface proteins, rendering them inactive.

Studies have proven the ability of GPS technology to reduce infectivity of certain viruses by **90% or more\***



### WHAT IS AN ION?

An ion is a molecule or atom that is positively or negatively charged, meaning it must either gain or relinquish electrons in order to become neutral.

### CLEANER AIR, NATURALLY

Naturally occurring ions are everywhere in the outdoors, and they are constantly working to clean the air. Ions are created with energy from rushing water, crashing waves and even sunlight. GPS' NPBI technology generates ions without producing ozone or other harmful by-products, so you can bring outdoor freshness to the indoors.

\*Global Plasma Solutions (GPS) uses multiple data points to formulate performance validation statements. GPS technology is used in a wide range of applications across diverse environmental conditions. Since locations will vary, clients should evaluate their individual application and environmental conditions when making an assessment regarding the technology's potential benefits.  
The use of this technology is not intended to take the place of reasonable precautions to prevent the transmission of pathogens. It is important to comply with all applicable public health laws and guidelines issued by federal, state and local governments and health authorities as well as official guidance published by the Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov/coronavirus/2019-ncov/preventing-getting-sick/prevention.html>), including but not limited to social distancing, hand hygiene, cough etiquette and the use of face masks.

## The GPS advantage

Proven technology to fight pathogens.

### SENSITIVITY TESTING

A petri dish containing a pathogen is placed underneath a laboratory hood, then monitored to assess the pathogen's reactivity to NPBI over time. This controlled environment allows for comparison across different types of pathogens. Sensitivity testing is not a measure of pathogen inactivation in the air.

### SIMULATION TESTING

Simulation testing measures in-air inactivation of pathogens. Counts of an airborne pathogen are taken before and after aerosolizing that pathogen into a sealed, unoccupied laboratory environmental room installed with NPBI technology.

### SPECIALTY TESTING

Unoccupied laboratory test environments are designed to evaluate NPBI performance in conditions unique to particular industries or customers, and may include special circumstances such as higher than average ion concentrations. Review individual test results for details. The 2020 SARS-CoV-2 specialty testing conducted by Innovative Bioanalysis is not a measure of pathogen inactivation in the air.

Pathogen	Time in Chamber	Rate of Reduction	Test Agency
Norovirus <sup>1</sup>	30 minutes	93.5%	ATS Labs
Human Coronavirus 229E*	60 minutes	99.0%	Analytical Lab Group
Legionella	30 minutes	99.7%	EMSL
Clostridium Difficile	30 minutes	88.9%	EMSL

Pathogen	Time in Chamber	Rate of Reduction	Test Agency
Tuberculosis	60 minutes	69.1%	EMSL
MRSA	30 minutes	96.2%	EMSL
Staphylococcus	30 minutes	96.2%	EMSL
E. coli	15 minutes	99.7%	EMSL

Pathogen	Time in Chamber	Rate of Reduction	Test Agency
SARS-CoV-2**	30 minutes	99.8% <small>Inactivation rate measured on aluminum and other surfaces</small>	Innovative Bioanalysis

Please note that testing the reduction rate of SARS-CoV-2 with GPS' NPBI product is an evolving process and additional testing is anticipated to be conducted in the future. While this is not a surface disinfectant, this testing demonstrates a decrease in active virus on surfaces through particle aggregation.

<sup>1</sup> Surrogate for Norovirus, actual strain tested was Feline Calicivirus, ATCC VR-782, Strain F-9

\*Human Coronavirus 229E is not SARS-CoV-2

\*\*Not an FDA Cleared Air Purification System

Global Plasma Solutions (GPS) uses multiple data points to formulate performance validation statements. GPS technology is used in a wide range of applications across diverse environmental conditions. Since locations will vary, clients should evaluate their individual application and environmental conditions when making an assessment regarding the technology's potential benefits.

The use of this technology is not intended to take the place of reasonable precautions to prevent the transmission of pathogens. It is important to comply with all applicable public health laws and official guidance published by the Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov/coronavirus/2019-ncov/preventing-getting-sick/prevention.html>), including but not limited to social distancing, hand hygiene, cough etiquette and the use of face masks.

### GPS NEEDLEPOINT BIPOLAR IONIZATION VS. OTHERS

	GPS NPBI	Other BPI	Corona Discharge	HEPA Filters	Carbon Filters	Ultraviolet (UV)	UV-PCO
No Harmful By-Products	●			●	●		
Reduces Airborne Particles	●	●	●	●			
Tackles VOCs	●	●	●		●		●
Reduces Pathogens	●	●	●	●	●	●	●
Reduces Energy Cost	●	●	●				
Treats In-Room Air	●	●	●				
No Replacement Parts	●						
No Maintenance	●						
Simple To Install	●						
Low Total Cost	●	●					

## APPENDIX E — THERMO SCREENING TECHNOLOGY

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### Fever Detection System

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USING CUTTING-EDGE, MEDICAL-GRADE FEVER-DETECTION TECHNOLOGY, THE ICI-FMX 400 P FEVER DETECTION SYSTEM IS A PLUG-AND-PLAY SYSTEM WILL PROVIDE INSTANTANEOUS AND PRECISE TEMPERATURE SCANS OF GROUPS OR INDIVIDUALS ENTERING A FACILITY. FEVER DETECTION IS PERFORMED NON-INVASIVELY AND FROM UP TO 30 FEET AWAY FROM THE PERSON(S) BEING SCANNED.

## APPENDIX F — SAMPLE INFORMED CONSENT

### 2021 COVID-19 ADDENDUM FOR HUME LAKE CHRISTIAN CAMPS, INC.

#### INFORMED CONSENT FOR COVID-19 TESTING OF A MINOR

This ADDENDUM is a part of and incorporated into the HUME LAKE CHRISTIAN CAMPS, INC. ACTIVITIES PARTICIPATION, RELEASE, WAIVER & INDEMNITY AGREEMENT AND MEDICAL AND LIABILITY RELEASE previously executed for Hume Lake Christian Camps, Inc.

COVID-19 and its variants ("COVID-19") are highly contagious and are spread mainly from person-to-person, potentially through multiple pathways. Hume Lake Christian Camps, Inc. has put in place preventative measures to reduce the spread of Covid-19; however, Hume Lake Christian Camps, Inc. cannot guarantee that its participants or others, will not become infected with COVID-19.

#### Please read carefully the following informed consent:

1. I understand that risks associated with COVID-19 cannot be eliminated entirely. I also understand that although reasonable precautions are taken, participants may become infected with COVID-19. I also understand the health risks associated with COVID-19 infection including potential exposure to others.
2. I expressly agree to accept and assume all risks associated with COVID-19 related to myself and/or my child participating in the activities that occur at or around Hume Lake Christian Camps, Hume Lake, or at or about any of the Camp's off-site locations. I and/or my child have elected to participate in these activities despite the risks of COVID-19 and this decision is purely voluntary.
3. I acknowledge that Hume Lake Christian Camps is taking reasonable measures to prevent the transmission of COVID-19 consistent with applicable public health guidelines.
4. I understand that Hume Lake Christian Camps, Inc. reserves the right to conduct testing for exposure of COVID-19; the right to isolate, remove, quarantine, and/or dismiss my child for COVID-19 reasons; and to take all reasonable steps to maintain and protect the health and welfare of myself, my child, other guests, staff, and volunteers.
5. I understand that if my child and/or I are symptomatic, Hume Lake Christian Camps is authorized to conduct testing for exposure of COVID-19 through a Rapid Antigen Test utilizing an anterior nasal swab or a Polymerase Chain Reaction (PCR) Test as ordered by an authorized medical provider.
6. I acknowledge that minimally invasive sample collection methods, such as collection through an anterior nasal swab, can result in varying levels of discomfort during sample collection.
7. I acknowledge that, if my child and/or I receive a positive test result, I must ensure that my child/and or I abide by isolation and quarantine policies and all applicable federal, state, and/or local guidance on isolation and quarantine to avoid infecting others.
8. I understand that by signing this document and agreeing that my child and/or I shall undergo COVID-19 testing, that I am not creating a parenting and parent relationship with Hume Lake Christian Camps, Inc. I understand that Hume Lake Christian Camps, Inc. is not acting as a medical provider for my child and/or I. Testing does not replace treatment by a medical provider. I assume complete and full responsibility to take appropriate action with regards to the test results for my child and/or I. I agree I will seek medical advice, care, and treatment from a medical provider for my child and/or I to the extent such medical advice, care and treatment becomes necessary.
9. I understand that, as with any medical test, there is the potential for false positive or false negative test results to occur.

#### ACCEPTANCE

I, the undersigned, have been informed about the test purpose, procedures, and risks and have been given the opportunity to ask questions before I consent. I, on behalf of my child, voluntarily agree to testing for COVID-19.