



**CISV International**  
Building global friendship

# COVID SAFE PROGRAMMES AND EVENTS PROCEDURES FOR 2022

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## Programme and Event delivery in 2022

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Following the re-introduction of International programmes in December 2021, 2022 will hopefully see a large number of NAs and PAs returning to deliver programmes and events. Although globally, many countries have lifted many Covid restrictions, as an international organisation, we need to exercise caution and ensure that the risk control measures we have in place continue to accommodate the needs of hosts and visitors from many countries.

As scientists increase their knowledge about Covid, we must continue to err on the side of caution with respect to the potential of a new variant being discovered. The most physically impacting variant has been the Delta, however Omicron was more prevalent and easily spread. As Omicron gave much milder symptoms, we must be cautious not to assume that future variants would continue to be milder. Scientifically, Delta and Omicron stemmed from two different parts of the Covid family tree one did not develop from the other. Therefore, it is very difficult to predict future variants, either when they might happen or how severe they may be.

We therefore need to plan for the current existence of Covid, exercise the same precaution towards the outbreak of any virus or disease and maintain a level of restrictions to minimise and manage any infection or outbreaks. The procedures outlined in this document are based on the present situation but as the year progresses, we will hopefully be able to lift restrictions. Please ensure you follow the live version of this document as it will be regularly reviewed and amended accordingly.

Inevitably, there will be questions as to why we are still being so cautious in countries with little to no restrictions. Unfortunately, while some countries are lifting restrictions, others are still experiencing local lockdowns and camp guests will be travelling from a wide variety of locations. We need to accommodate and provide for people coming from both situations to have a safe and satisfying experience.

**Whenever local regulations require rules stricter than CISV procedures outlined in this document, local laws prevail. Staff should clearly communicate these local / national laws and rules before the programme so delegations can anticipate camp rules.**

Clear communication is also important during the programme since these rules can change at any time. These rules may include mandatory masks, social distancing and others. Hosting countries or Chapter rules may require additional testing.

For countries where restrictions have been lifted, the procedures in this document will be followed.

When it comes to rules in this situation, remember “It’s the camp not the country!” rules to be followed to protect all involved.

This document applies to all programmes and events to be hosted in 2022. This includes international, national and local programmes and events.

## General Advice

General information and up-to-date advice about travel health risks should be obtained from expert organizations (both COVID-19-related and otherwise). Some websites that we can recommend are:

- World Health Organization (WHO): [www.who.int](http://www.who.int)
- Relevant Centers for Disease Control and Prevention (CDC) – e.g.:
  - USA: <http://www.cdc.gov>
  - Europe: <https://www.ecdc.europa.eu/en>
  - China: <http://www.chinacdc.cn/en/>
- Your NA’s local and national government websites and advisories – your NA/Chapter must implement all measures required by these authorities.

Consult the WHO website and your national and local government travel advisories regularly to determine whether there are any health-related travel warnings or advisories in place.

If you have any questions about anything in this document, please reach out to the Regional Risk Managers in your region or CISV International for support:

EMEA— <a href="mailto:risk-managment.reco.emea@cisv.org">risk-managment.reco.emea@cisv.org</a>	Asia-Pacific— <a href="mailto:risk-managment.reco.apac@cisv.org">risk-managment.reco.apac@cisv.org</a>
Americas— <a href="mailto:risk-managment.reco.amac@cisv.org">risk-managment.reco.amac@cisv.org</a>	CISV International at <a href="mailto:safety@cisv.org">safety@cisv.org</a>

## Vaccination Requirements

CISV International require that all adult staff and leaders are vaccinated. The standard to which they are vaccinated must align with the guidelines of their home country. This is a compulsory requirement in order to attend. The only exception is when a participant is medically exempt, without access to a recognised vaccine of the host country, or has recently recovered from COVID. These will be assessed on a case-by-case basis.

Those who have recently contracted COVID-19 will benefit from a natural immunity, which lasts up to 6 months after infection according to the WHO. In some situations, an official health certificate providing evidence of recent COVID infection can replace the need of a vaccine.

If adults are not fully vaccinated or Covid recovered, other stringent measures must be in place such as testing, mask wearing at all times indoors and social distancing. They should also be adequately distanced from others in bedrooms.

Where vaccines are available for different age groups, all delegates must be vaccinated. Countries or medical professionals not actively recommending the vaccine is not the same as recommending that children do not receive the vaccine. For those who are vaccinated, the effectiveness and longevity of the cover will be determined by the brand of vaccine and other influencing factors such as underlying health issues, whether the person has had Covid, developed long Covid etc. Whether vaccines should be repeated or boosters administered will be determined by the country Government. Therefore, it is important to follow the health guidance of your own country.

For anyone travelling to a different country, special attention should be paid to the vaccine requirements of the country they are travelling to. Some vaccine brands administered in some countries may not be recognised by other countries.

Some countries currently require evidence that a person has been vaccinated in order to leave the country, other still have entry requirements asking for proof of vaccine before you are allowed into the country. Ensure you follow the government guidance for countries you leave, arrive at or pass through.

Ensure you have evidence of your vaccine status such as a certificate, phone app or equally, if you are not vaccinated, you have a medical certificate or official letter explaining why.

## Testing

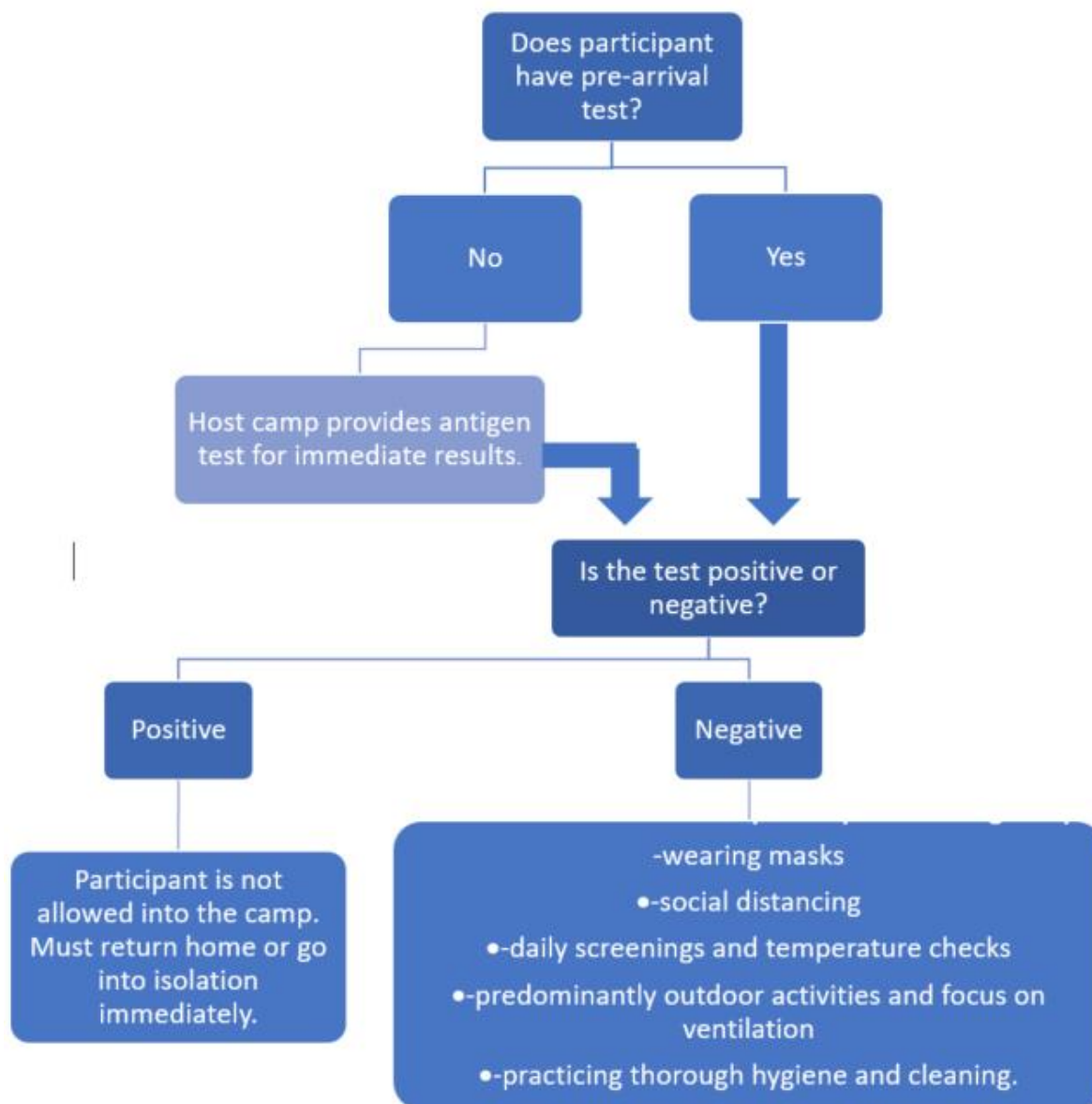
All participants must complete a lateral flow test (or PCR) ideally on the morning or day of arriving to camp. If for logistical reasons this is not possible, a test should be done within the 24hrs prior to arriving at camp and results recorded.

When arriving at camp, if negative results from within the last 24hrs cannot be produced, the host must carry out a lateral flow test and a negative result obtained before allowing the person into camp. It is important that the person is not allowed into camp first and then tested as this would provide an opportunity to spread the virus if they were to test positive.

If anyone tests positive at this stage, you must determine whether they need to go into isolation or if alternative arrangements need to be made i.e if they are an adult driving their own car and travelling within their own country, do they return home?



## Arriving at Camp

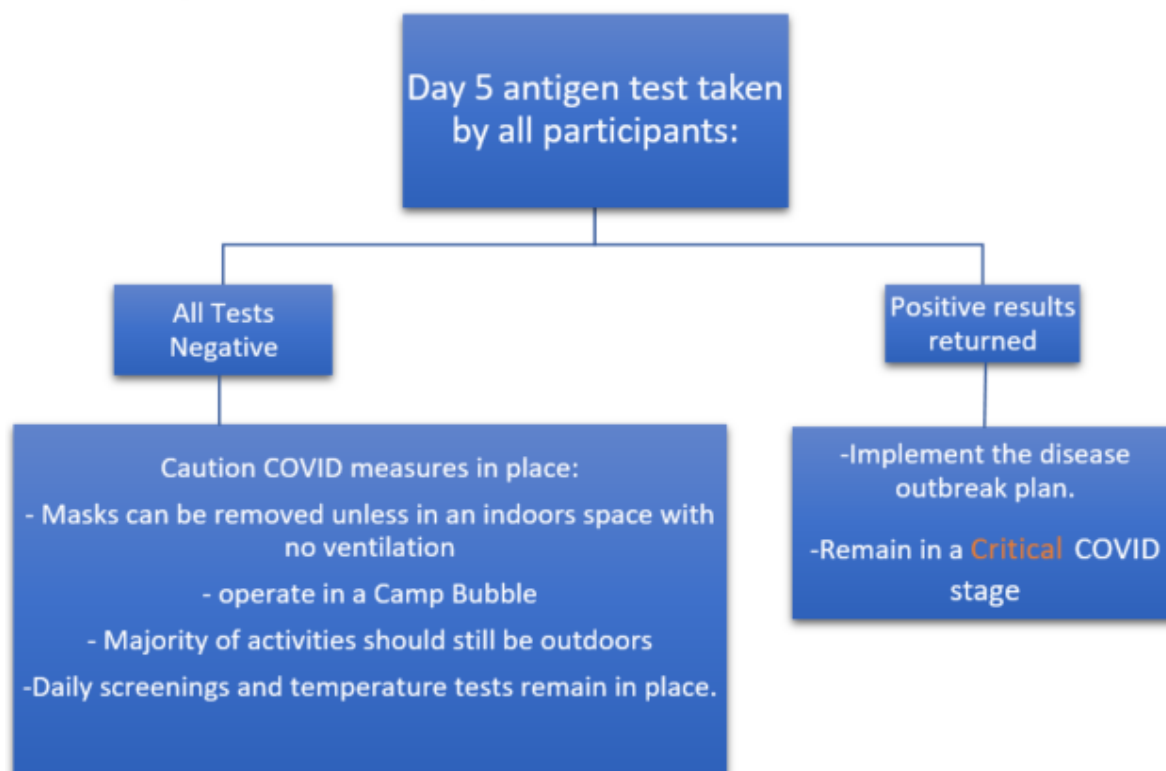


Once tests have been completed on the day of arrival, in camp testing will be completed on day 5 for everyone in camp. Hosts should advise sending Chapters / families that in-programme testing will be required and may have a cost. The figure(s) should be agreed with the participating NAs/Chapters/families before the programme.



Unless anyone become symptomatic or there is a suspected outbreak, no further tests will be required. However, spare tests should be held on site in case anyone does become symptomatic. Enough tests should be accessible to test in large quantities is warranted.

## Day 5 Tests



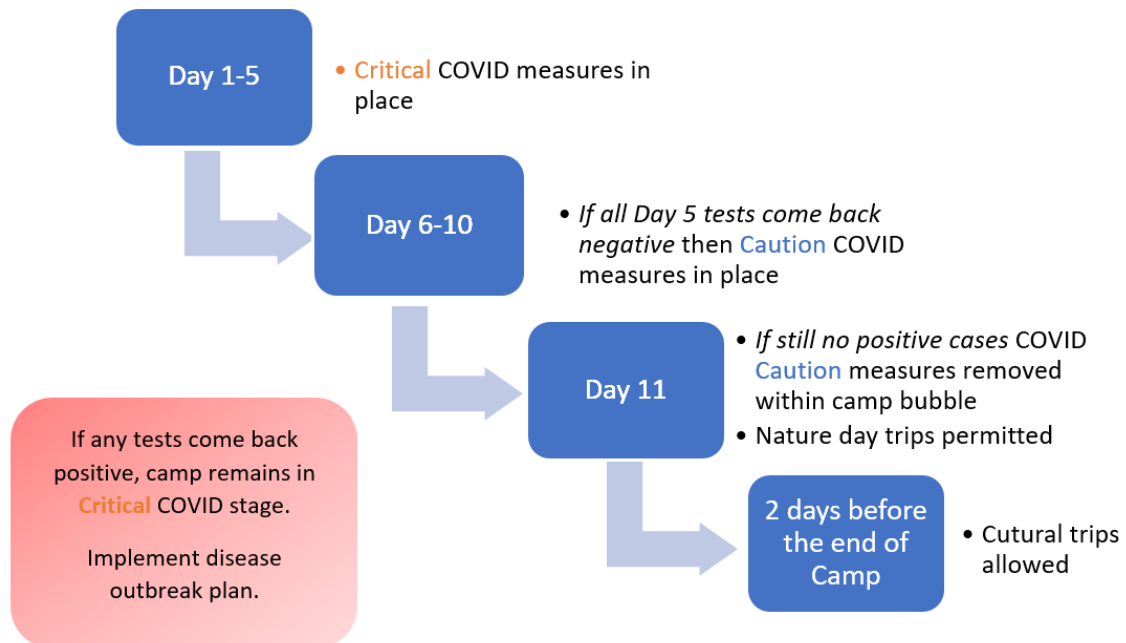
If further tests are required between days 6 and 10, in the case of any positive results, the disease outbreak plan must be implemented. If there are non-conclusive results, these participants should be tested again and social distancing and face masks must be used whilst waiting for these results. If the tests are negative, social distancing can be eased and masks can be removed and only required in smaller spaces.

The Hosting NAs/Chapters should try to minimize the cost of testing at the programme. This could be done by finding suppliers who may be willing to donate tests free of charge or at a reduced rate. Please note, the cost of tests are not covered by insurance.

Be prepared that some delegations may be required to complete further testing before traveling home at short notice if local regulations change. Local and national regulations of the home and visiting countries should be monitored during camp for any changes.



## Programme Activities - Covid measures timetable



Once in camp, the first 5 days will follow **critical** COVID prevention, if all day five tests are negative, the following 5 days will follow **cautionary** COVID prevention measures.

### Critical COVID measures include:

- Wearing masks.
- Social distancing.
- Daily screenings and temperature checks.
- Predominantly outdoor activities and focus on good ventilation.
- Modified activities
- Practicing thorough hygiene and cleaning.
- Delegates operate in bedroom bubbles.

### Cautionary COVID measures include:

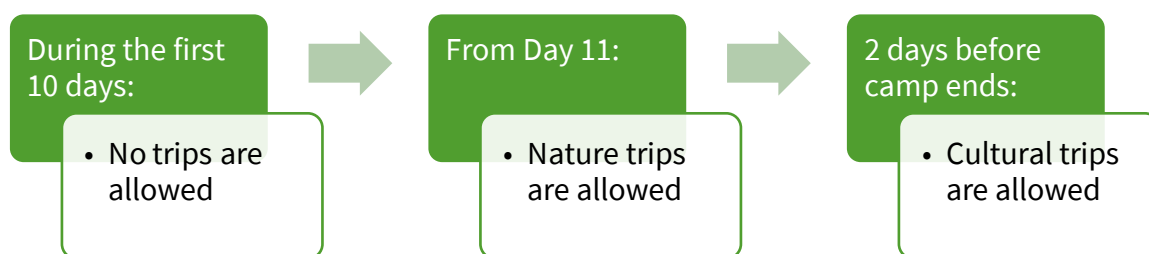
- Social distancing, daily screening and temperature check must still be in place.
- Masks can be removed unless in an indoor space with poor ventilation.
- Operate in a Camp Bubble.
- Majority of activities should still be outdoors if possible
- Lullabies and 'mingles' etc remain modified to avoid physical contact

**8 DAY CAMPS** If hosts are running a 8 day programme, the first 5 days will run as above. If everyone tests negative on day 5, a nature walk can take place on day 6 and a cultural visit on day 7. Any programme running for more than 10 days will follow the above regardless of the duration.



On Day 11, if there's been no symptomatic / positive cases in camp, restrictions can be lifted including social distancing, mask wearing and no bubbles are needed. Everyone can behave as a single virus free camp. Caution should still be exercised in observing for symptoms and being prepared to carry out tests and isolate if necessary. From day 11, off site nature walks are permitted to local isolated areas, such as a beach, a river walk, or a nature area hike.

- There should be no contact with third parties during the trip to ensure Covid is not brought back into camp.
- Delegates should be transported to the nature area via private coach, driven by a member of camp staff.
- If traveling in an on-site vehicle to get to an activity site within the location, ensure windows are open and / or masks are worn.



During the last two days of camp, cultural trips are permitted into populated areas and cities. The destination of the trip can be accessed through public transport if necessary. Local COVID regulations must be adhered to during these trips. Remember, it is still possible to be infected during these outings and the virus develop once you are home.

**Recommendation: Stay away from COVID-19 hot spots and overcrowded areas during cultural trips, such as shopping centres, busy touristic areas etc.**

## Modified Activities

Activities such as lullabies, mingling, the flag time activity etc which involves physical or very close contact should not be done in the first 10 days without being modified. Lullabies can still take place with people spread out with a distance between them.

Once the camp has been deemed to be virus free with no positive cases or anyone showing symptoms after 10 day, activities can be carried out as normal. Respect must be given to anyone who wishes to continue to wear masks, not want to engage in close or physical contact or remain socially distanced. No one should be pushed or made to feel uncomfortable if they wish to maintain distanced.

Activities that involve singing, shouting, yelling, etc. are higher risk, and it will be important to ensure additional distancing between people as well as ensuring all masks are appropriately worn if these are done in the first 10 days. These types of activities should take place outside. By day 11, if everything is clear, these can be done indoors as normal.

## Mental Health

The negative impact the pandemic has had on young people has been well documented. It would be acceptable to therefore assume we will encounter more challenging behaviour or boundary pushing on programme as young people come to terms with dealing with 'normality'. CISV programmes will be a fantastic way for young people to be positively engaged but it will be incredibly important for everyone's safety that rules, particularly around Covid restrictions are followed.

As the global RAG rating is introduced, all leaders and staff will need to complete the relevant training in order for their chapter to be compliant. This will be a huge help in ensure the wellbeing and safety of our participants but leaders and staff will also need some respite to ensure their own wellbeing is paramount, particularly during the longer programmes. As leaders night out are currently not allowed, if this restriction has not been lifted by the time programmes run start to run, alternative breaks will need to be decided at camp in order to be able to achieve a balance of young and young people being adequately looked after and leaders and staff getting recovery time. This could be in the form of alternating supervision to allow time away, even just to a quiet area of camp, then reciprocating so another leader could take a break on a different night.

## Regional Training Forums and Regional Meetings

Although these events will be predominantly attended by adults and are much shorter programmes, the majority of the procedures in this guidance will still need to be followed if any young people are in attendance. However, The priority will be for testing on day one which all attendees should be responsible for and then the use of masks and social distancing. There is a higher risk of becoming infected during travel, particularly passing through busy transit hubs, therefore, it is possible for some attendees to become infected during travel, have time for the virus to develop and then go on to infect other people in attendance.

Organisers should pay particular attention to how rooms for sessions are laid out, how to maximise ventilation, the possibility of restricting numbers of attendees and factoring in sufficient breaks so people can leave rooms. Activities should also be reviewed to minimise physical contact / proximity.

Off site trips can be completed but ideally kept to a minimum and rules such as mask wearing adhered to. For any of these events, there should be someone responsible for young people in attendance to ensure they are as protected as possible.



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## FOR HOSTING NATIONAL ASSOCIATIONS AND CHAPTERS

Before your programme starts

**If there are relevant official health warnings or advisories from the WHO or national/local authorities,**

THE NA/CHAPTER MUST TAKE THE FOLLOWING PRECAUTIONS:



Be prepared for an infectious disease outbreak and plan your people and services (This is in addition to what is in our Programme Guides). You must:

- Have a plan for how you can provide cover if staff or leaders fall sick or need to be quarantined during the programme.
- At least two staff members must have First Aid training.
- First Aid supplies must be available at the site.
- The services of a hospital, doctor, dentist, nurse, psychologist, and pharmacy must be available. Ambulance services must be on call.
- Identify the local Public Health Agency for your site. Include the contact details in the emergency call list for staff in addition to the contact details for the on-call medical physician, local clinic and/or hospital.
- Determine what type of infectious or communicable diseases must be reported to your local Public Health Agency.

We recommend that counsellors be available should there be any occurrence requiring their

assistance. We also recommend you research the availability of other relevant services such as public, community and/or county health services: this may be a resource for guidance or access to other resources. County/local emergency services: this may provide access to supplies such as extra cots, blankets and canvas wall tents for creating a larger quarantine area should be explored. Businesses that supplies Port-a-Potties - extra toilet units with exterior hand-washing units may be necessary or helpful when dealing with sick campers and staff should also be researched.

## Site Selection and Preparation

(This is in addition to following the general Risk Management Pre Camp Checklists which must be complete and forwarded to your National Risk Manager and the International Office. This checklist also now has a specific Covid compliance section)

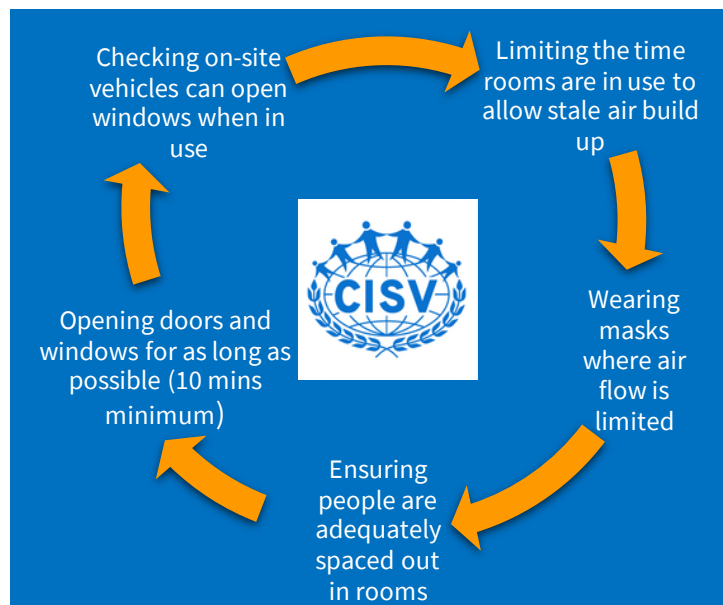
When selecting a site, you must consider how the staff would quarantine infectious participants at the site. Consider scenarios as to how the quarantine would change if you had to quarantine the following:

- ☐ A single participant   ☐ 10% of your participants   ☐ 25% of your participants

**Note:** it needs to be possible to quarantine people individually, at least until it has been confirmed exactly what infection they have. If we put someone with COVID in quarantine with someone with symptoms of a cold or allergy, we are helping the spread.

You would also need to have bathroom facilities and showers available for those under quarantine separately. Dining arrangements must also be separate, so people in quarantine do not have meals with the rest of the programme participants.

Ventilation has been recognised by the World Health Organisation and other health agencies as being very important in the fight against Covid 19. Clean air flow helps to remove air which contains the virus particles. If accommodation does not have ventilation systems installed, ventilation can be achieved by opening doors and windows for as long as possible otherwise for 10 minutes every hour as a minimum. There should NOT be re-ventilation (air from inside being circulated further around the indoor areas through AC systems or similar).



Make sure your camp has a stock of materials that are necessary in case you need to quarantine people at the site. These should, at a minimum, include:

- Hand sanitizer (minimum 60+% alcohol content – make sure it is approved for anti-viral)
- Face coverings (a stock to have additional to ensure everyone can always be wearing a mask / face covering)
- Disinfectant
- Common medicines ( anti inflammatory painkillers, decongestants, antacids, etc.)
- Common remedies (e.g. soups, electrolytes, fluids, bland foods)
- Disposable gloves

We also recommend you have:

- Plastic sheeting that can be hung from the ceiling or similar for separating people in close quarters (dependent on the site available)
- Make sure the site is suited for maintaining the physical/social distancing as described later.

**Make sure to provide clear information** on the rules, expectations and preparations covered in this guide in training, pre-camps and other relevant communications to those attending the programme. Setting expectations before the programme starts is an important step to a successful camp.

**In the event of active community spread** (when there is spread of the virus without known and trackable cause) of COVID-19 in your area, this must be disclosed as soon as possible, to allow families and individuals to determine whether it is appropriate for them to participate in the programme.



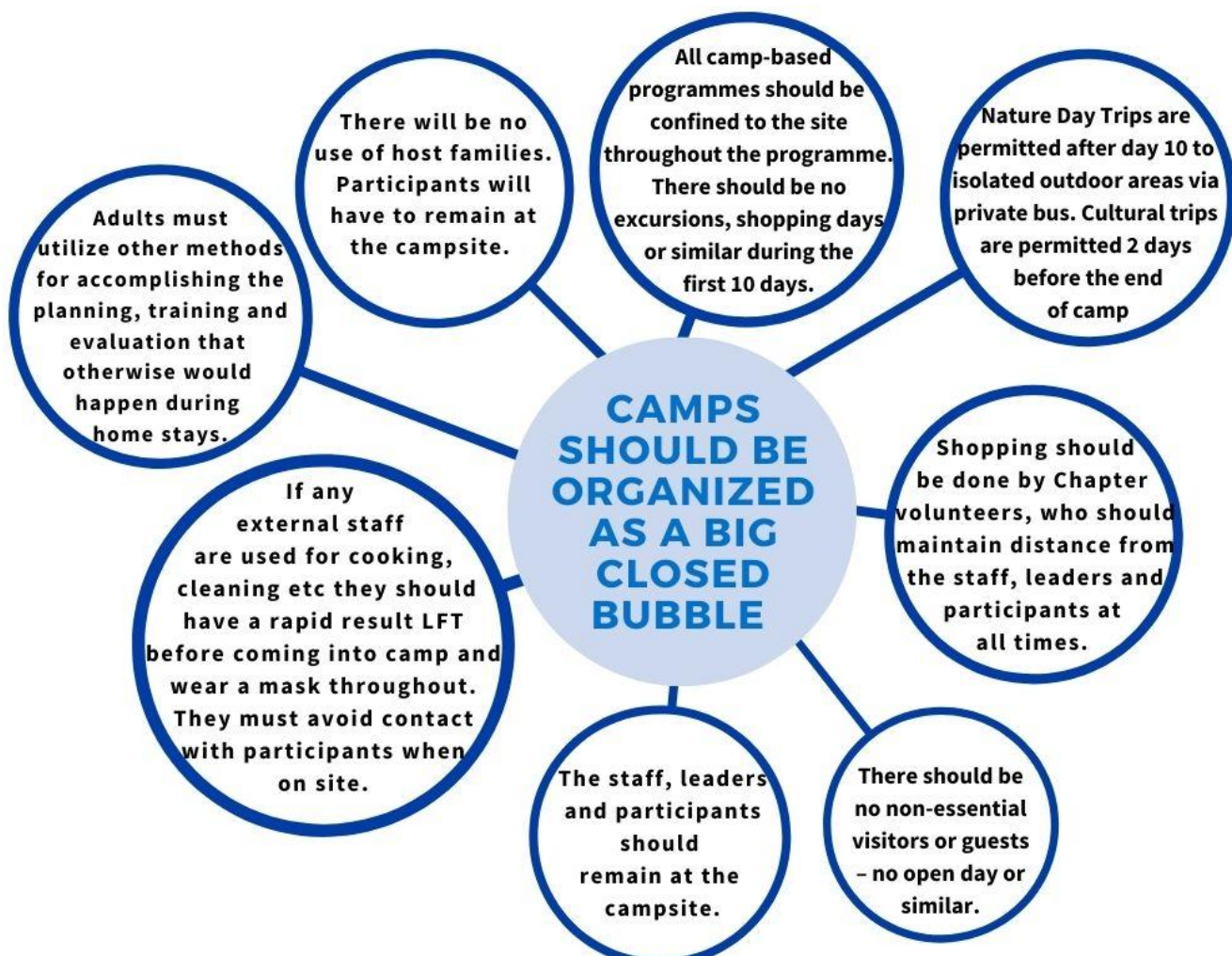


Make sure your **Crisis Communication Team (CCT)** (See: CISV's [Crisis Communication Guide](#)) is prepared for the media attention that may occur in the event of an infectious disease outbreak at the programme. These teams should be prepared to manage and assist the programme staff in case of an outbreak at the programme.

Where possible, people with a medical background should be recruited for these teams – e.g. if you have parents/volunteers that are doctors, nurses, or similar.

## During the Programme - (prepare for all of this before the programme):

Camps should be organised as a big closed bubble. Contact with the outside world should be kept to what is only absolutely necessary to prevent infections.



**Transportation to the campsite** - consider how you ensure everyone's safety when transporting people to and from the campsite. Masks should be worn and care should be taken whether using public or private modes of transportation. Wherever possible ventilation using vehicle windows should be used

**Initial Screening** - At the stage people arrive at camp and are being checked for a negative Covid test, they should also be asked two screening questions. If they have had any of the following symptoms in the last 14 days – any fever of 38 C or 100.4 F or greater; persistent cough; shortness of breath; diarrhoea; fatigue; headache; muscle aches; nausea; loss of taste or smell; sore throat; vomiting; chills; or rash, that is unusual for them; and also if they have had known exposure to someone with COVID-19 (or any communicable disease) in the past 10 days?

If the answer to either question is YES, then detailed information must be gathered, and a more comprehensive exam (including temperature check) should be conducted. If someone arrives displaying a fever or other flu-like symptoms, they should be quarantined immediately or if possible return home if they are in their own country or travelling by car.

**Initial training** - make sure to thoroughly go through all of the relevant rules and guidance of this document with people at the camp on arrival. It would also be beneficial to do a session with all delegates around Covid safe procedure explaining in a positive way why they are important. Getting young people involved in agreeing the rules and understanding why they are there can be hugely beneficial in getting them to accept them.

**Daily screening**– during the programme, it is recommended that daily screening questions are asked of all participants, leaders, staff and volunteers asking if they have experienced any symptoms and their temperature taken with a digital thermometer. This can easily be done as people arrive and queue for meals such as breakfast with someone greeting them.

Hand Hygiene Hand washing facilities should be available at all times and when not available a hand sanitizer with a minimum alcohol content of 60% should be provided and stationed around the site.

## Minimizing potential spreading of infection

- Where possible, everyone must maintain physical / social distancing of 1.8m or 6 feet at all times from all other people.
- Create floor markings in several strategic locations around the campsite and activity areas to remind people of what 6ft/1.8m distance looks like.
- Consider using one-way systems in narrow hallways, dining hall, and other locations where it is helpful and sensible for the specific site.



- As much of the programme as possible should take place outdoors.
- Indoor areas should have good ventilation with fresh air from outside pumped in (whether through open windows and doors or AC systems).
- Appropriate hand-washing and/or hand sanitizing. This assumes adequate wash basins and/or sanitizing pumps are at key locations.
- Hang posters and educate everyone about handwashing and hand sanitizing –e.g. use posters from: <https://www.cdc.gov/handwashing/posters.html>
- Hands should be washed/sanitized often:



**And particularly after coughing, sneezing or blowing your nose!**

- Face masks belong to the owner and should not be shared with others or handled by others.
- Make it there is no sharing of water bottles, plates containers or bags where there may have been multiple contact.
- Make sure bracelets, pens, etc. are cleaned before sharing or swapping.
- Make sure clothes, scarfs, jackets that have been worn are not shared or loaned to anyone else.
- Increase the social distance between people, especially in dining rooms where possible and appropriate.
- Sleep head-to-toe rather than nose-to-nose–in bunks, tents and so forth. Go for the greatest distance between sleeping heads: (top bunk has the person’s head at one end, the bottom bunk has the person’s head at the other end).
- Isolate people with questionable symptoms until communicable illness can be ruled out – seeking guidance from medical professionals as relevant.
- When people have questionable symptoms, especially those associated with the gastro-intestinal issues, keep them away from food preparation until appropriately improved.





## Cleaning and Sanitation



## Face masks / face coverings

A face mask / face covering is something that safely covers the mouth **and** nose. It must be an approved disposable mask or a reusable mask made of two or more layers of finely woven fabric. Participants must travel with enough masks to last the duration of the whole camp. They should also bring their own mini hand sanitizer.

If masks are required to be worn either at certain times of the programme and in areas with less space or poor ventilation, they should be kept on at all times. They can be removed to eat or drink but should be replaced before moving next to people again. They can also be removed while at a safe distance from everyone else in a quiet environment e.g. sleeping, using the bathroom, sitting away from everyone else outside.

If there are reasons that make it impossible for a person to wear a face mask as described, these must be shared and agreed before the programme with the programme staff and relevant Local Risk Managers. E.g. because of a physical or mental illness or impairment, or disability.

Reusable face masks must be washed at 65 degrees Celsius or more. Face masks should be changed when wet or dirty and should never be used multiple days in a row without being appropriately cleaned and dried.

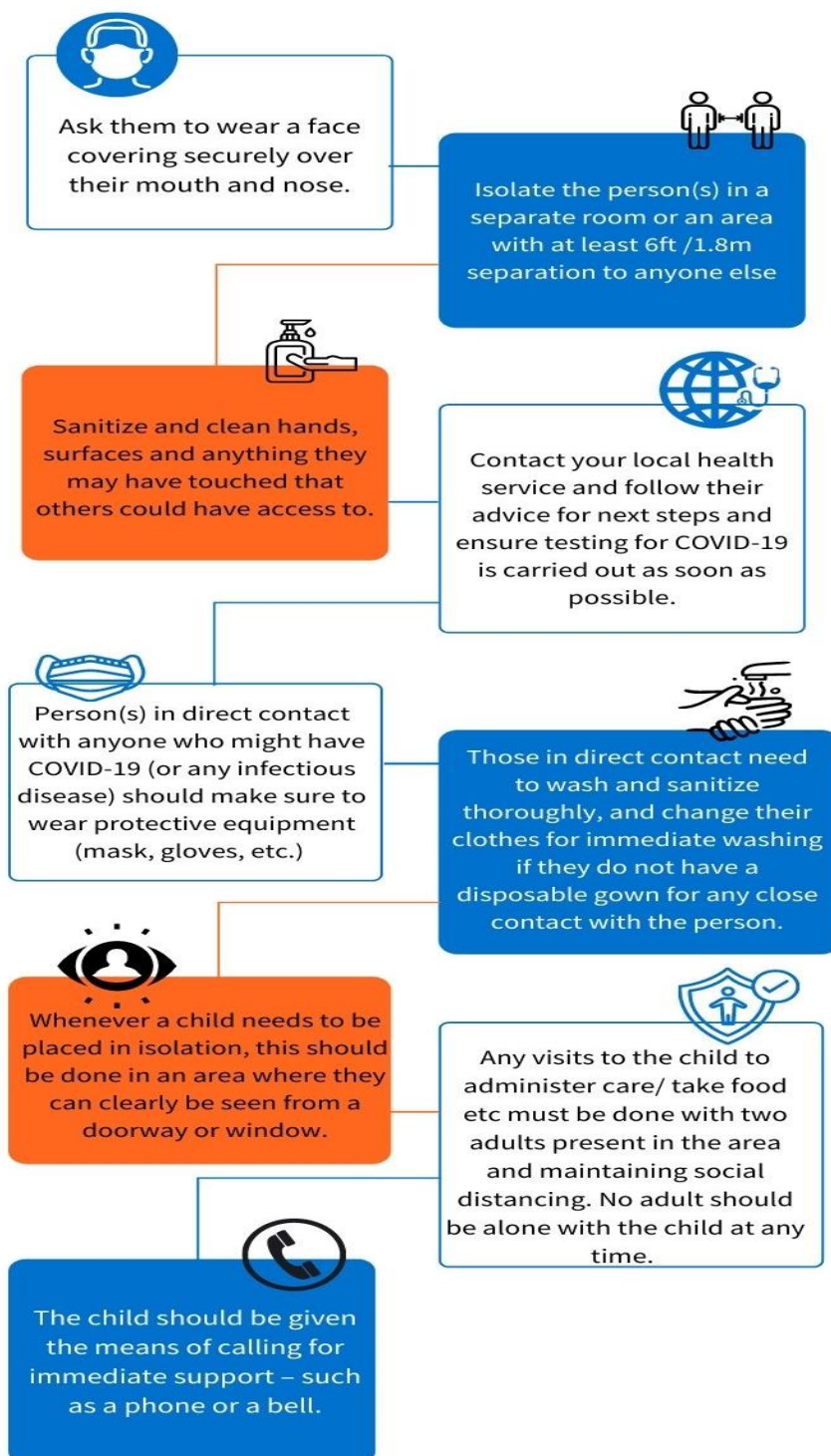
Masks should be worn at all times by adults not double vaccinated or Covid recovered when in close proximity to others or indoors without good ventilation.

- Hosts may stipulate that masks are worn at specific or all times so local rules must be followed.



## Suspected Outbreaks

If anyone is suspected to have COVID-19 during the programme



If an outbreak occurs in the local region where the programme is being hosted, monitor the expert authorities listed earlier (WHO, CDC and governmental) for advisories in your area. Staff and leaders need to be made aware of news and updates shared via these advisories.

If there is a local outbreak, it will be important to further limit any contact with the local community – consider who goes shopping, if there is any interaction with people from outside the camp, etc.

If a medical professional determines that someone may have COVID-19 (or any infectious disease), follow their advice regarding treatment and the protection of others at the programme or event.

Prior to the programme, review all Health Forms and identify anyone who may have underlying conditions which make them more vulnerable. For example, those with cardiovascular diseases, hypertension, chronic respiratory diseases, asthma, or immuno-compromised individuals. Seek medical advice to how to treat and protect these individuals.

#### In case of an outbreak at the programme or event

- Activate the crisis management and communications team to help and support.
- Set up the site appropriately based on the number of people actually infected for effective quarantine. Remember this may not be needed as the year progresses but we need to plan just in case.
- Consider how the quarantine would need to be updated and changed if additional people become infected. Take the following additional steps as necessary:
- Increase the frequency of sanitization procedures at the site.
- Make sure the staff understand the government or local health authority decisions and help them to reorganize the campsite following the *Minimizing potential spreading of infection section* earlier in this document.
- Strict supervision of access to the site by external staff or volunteers which should be kept to an absolute minimum.
- Staff and leaders should monitor ALL delegates and each other. Any person displaying any of the symptoms requiring quarantine should be acted upon immediately by being quarantined from the other programme participants and either examined by a relevant medical professional or local health services contacted or a PCR test completed. All safeguarding requirements must be followed for any child or young person in quarantine.
- In the event any participant is required to be quarantined, the staff should ensure clear communication with the parents regarding the medical advice received and the precautions being taken. The Chapter Risk Manager or someone in the Chapter in charge of being on-call for the camp, should also get in touch with the parents to reassure them and keep them posted about what's being done with the participant.
- Ensure in the event you have anyone still isolating at the end of the programme, you can maintain staying at the site without having to move infected people to another location.

## FOR SENDING NATIONAL ASSOCIATIONS AND CHAPTERS

### Before your programme starts

Instruct all participants and families to completely and accurately fill out the Health Form. This now requires details of all Covid vaccines obtained with brand and dates administered. Anyone intending to attend a programme who has any of the following risk factors or underlying conditions, should exercise caution as they would be at increased risk.

- cardiovascular disease
- diabetes
- chronic respiratory disease
- hypertension
- asthma
- immune-compromised individuals
- being over 60 years old

**Pre-screening** - Anyone attending a programme (children with assistance from their parents/guardians) must self-monitor for 14 days before departing for the programme. This means:

- Taking and recording their own temperature each day
- Self-screening for symptoms (fever of 38 C or 100.4 F or greater; cough; shortness of breath; diarrhoea; fatigue; headache; muscle aches; nausea; loss of taste or smell; sore throat; vomiting; etc.)
- Tracking if the person has had any likely contact with anyone who has been diagnosed with or quarantined as a result of COVID-19 during this time.
- Exercising caution in where they go and who they meet to minimise the chance of infection.

If the person has any concerns, experiences any symptoms or thinks they may have been near a known Covid case, the person must see their local health care provider/doctor for consultation and testing and follow medical advice. If anyone has COVID-19 they cannot travel to a programme until they are 14 days have self-quarantined at home for 14 days and have a doctor sign off that it is safe for them to travel.

**Pre-programme testing** - Everyone participating in a CISV programme must be tested for

COVID-19 within 24 hours before departure but ideally on the day of arrival and only participate in the programme if the test confirms they are negative for COVID-19. Anyone with a positive COVID-19 test cannot attend the programme.

If testing is not possible in the country, please contact the International Safeguarding and Risk Management Lead at CISV International as soon as possible.

Advise all families and individuals that they should travel directly to the programme with no overnight stay on the way except when travelling arrangements require (see C-03 Basic Programme Rules). The rationale for this rule is related to fatigue and illness among child delegates arriving at a CISV programme after extensive travel beforehand, as well as overall safety issues.

If there are relevant official health warnings or advisories from the WHO or national/local authorities, the NA/Chapter must take the following precautions:

- Determine if travel is still possible and safe. If there are official advisories against “non-essential travel”, then you should not travel to a CISV programme.
- If travel is safe, determine whether any additional pre-travel procedures or pre-cautions are needed, such as screenings at the point of departure, additional paperwork/forms or other requirements. These guidelines and responsibilities must be discussed with the travellers to ensure understanding and compliance.
- It is the sending Chapter’s responsibility to make every effort to ensure that no one travels to a CISV programme if they have symptoms of COVID-19 (or any infectious disease that is the subject of a WHO or governmental health warning or advisory). The health warning or advisory will usually include details on how long someone must have been free of symptoms before they should travel.

## During the Programme – for Local Risk Managers or Chapter Contacts

If a participant sent out from your Chapter/NA is put in quarantine, ensure parents are contacted and reassured. Ease the communication between the camp staff, the hosting Chapter and the parents. Be a support for the hosting Chapter and the parents as needed.

If the participant has to be sent home follow the procedure for removing someone from a programme (Info file R-15). If it is a medical issue, then make sure to first check with the CISV travel-medical insurance. If the removal of the participant is covered by the insurance, then they will take the lead on organising logistics.



# CISV INTERNATIONAL PROGRAMMES COVID CONSIDERATIONS

Pre-Programme	Within 24 Hours of Camp	In camp considerations	Testing	Do's and Don'ts
<p><b>Staff, Leaders and delegates</b></p> <p>Must be fully vaccinated (depending on availability) or Covid recovered within 6 month</p> <p>Anyone not fully vaccinated or Covid recovered (within 6 month) must produce a doctors note or evidence of no vaccine availability</p> <p>Must be tested BEFORE entering the facility</p> <p>Details of all participants - inc staff, leaders, JC's and delegates must be on myCISV</p>	<p>An antigen test to be done ideally on the morning of arrival at camp &amp; results recorded to show on arrival. If this is not possible due to logistical / travel reasons then within the 24hrs prior to arrival</p> <p><b>Arrival at Camp</b></p> <p>Evidence of a negative result taken that morning (or within 24hrs) to be shared upon arrival. If no result, a test must be carried out by the host and a negative result obtained before the person enters camp / facilities</p> <p>Host to Check for proof of vaccine</p>	<ul style="list-style-type: none"> <li>* Social Distancing (including during activities)</li> <li>* Mask Wearing</li> <li>* Ventilation</li> <li>* Test availability</li> <li>* Sleeping accommodation, how many are sharing? Room Bubbles. Adequate distancing space in rooms</li> <li>* Accommodation bubble to be the same in dining facilities</li> <li>* Daily temperature testing and health screening checks</li> <li>* Isolation facilities (Including bathroom and food access)</li> <li>* Reactive plans for mass positive tests</li> <li>* Alternative supervision for children whose leaders are self-isolating</li> <li>* Eating arrangements</li> <li>* Visiting staff (cooks / cleaners)- Can all staff remain on site to maintain a closed bubble?</li> <li>* Monitor any changes in country travel / rule arrangements</li> <li>* Emergency travel options</li> <li>* If using transport to activity sites, consider the driver. Staying on site? Tested? Vaccinated?</li> </ul>	<p>Testing on arrival unless test results produced within 24 hours</p> <p>Whole camp tested on day 5 - if all negative, no further testing required</p> <p>Have tests available in camp in case of symptomatic participants - be prepared to test a number of people</p>	<p><b>Important Programme Steps</b></p> <ul style="list-style-type: none"> <li>* <b>Day 1</b> - negative test result</li> <li>* <b>Days 1 -5</b> - follow strict procedures</li> <li>* <b>Day 5</b> - Full camp is tested. Any positive cases - isolate and continue with strict measures.</li> <li>* <b>Days 6 - 10</b> All negative results from day 5 - apply caution, still modify activities, masks worn in small indoor spaces, stick to bubbles, temperature check and ask screening questions daily</li> <li>* <b>Day 11</b> - no symptoms displayed or requiring tests - assume the camp is now safe and one large bubble. Carry out normal activities, no need for masks or social distancing. Off site nature walks allowed - fully dependant on staying as a contained bubble and not coming into contact with anyone outside of camp.</li> <li>* <b>Last 2 days of camp</b> - off site cultural visits allowed, be cautious and don't get infected before returning home! MAINTAIN CAUTION, OBSERVE FOR SYMPTOMS AND BE PREPARED TO ACT!</li> </ul> <p><b>DO NOT DO:</b></p> <ul style="list-style-type: none"> <li>* Home Stays</li> <li>* Shopping Trips</li> <li>* No Leaders' Nights out</li> <li>* Off-site activities involving other parties until last 2 days</li> <li>* Unmodified Lullabies (or anything with close contact) <ul style="list-style-type: none"> <li>* Self-service buffets, no sharing utensils</li> <li>* Sharing of unwashed cutlery or crockery</li> </ul> </li> <li>* Accessing bedrooms other than own bedrooms or allocated areas</li> <li>* No sharing of unwashed clothes or jackets</li> </ul>

## ITEMS FOR A WELL STOCKED FIRST AID KIT

Adhesive bandages of various sizes

Butterfly bandages

Gauze pads of various sizes or gauze roll

Antiseptic creams and ointments

Sterile wipes and rinse solutions

Pain and anti-inflammatory medicine

Hydrocortisone cream

Sterile gloves

Sterile face mask

Tweezers, scissors, and knife

Sunburn relief spray

Anti-diarrhoea medicine

Antihistamine for allergic reactions

Eye drops

Triple antibiotic ointment

Moleskin (blister treatment)

Hand sanitizer

## EXTRA ITEMS TO CONSIDER

Aloe vera

Sunscreen

Epi-pen

Prescription medicines

Emergency blanket