



CISV International
Building global friendship

GETTING READY FOR **COVID-SAFER** PROGRAMMES AND EVENTS



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THE DOCUMENT MAY BE UPDATED PERIODICALLY WITHOUT NOTICE.



CREATING A CISV EXPERIENCE IN THE COVID-19 REALITY

December 2021 will see the commencement of CISV International Programmes, but these continue to be very challenging times. Extra caution needs to be exercised in the planning and running of programmes to ensure everyone participating, delegates, leaders and staff are safe. With a little planning and certain systems in place, programmes can still provide a fantastic CISV experiences in a COVID-safe way.

COVID-19 does change the way we run our programmes and events. CISV programmes and events bring together people from all over to gather, and in some cases live, in close proximity. We've put together this document to help our Members run and participate in COVID-safer programmes.

How to use this document?

This document applies to all programmes and events to be hosted in 2021 and beyond should the pandemic continue. This includes local, national and any cross-border programmes and events. This document will be regularly updated as the situation continues to change.

We have 66 Members of CISV International. We understand that the reality in all 66 countries is different and each will have a different path out of this crisis. Nevertheless, there are certain precautions we need to have in place, no matter where the programme or event is, to ensure we keep our participants and anyone involved safe.

Throughout the document, you will see two icons:

Mandatory—anything marked as mandatory must be followed.





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Recommendation—anything marked as a recommendation is strongly encouraged but is not mandatory.



If you have any questions about anything in this document, please reach out to the ReCos in your region for support:

- EMEA—recos.emea@cisv.org
- Asia-Pacific—recos.apac@cisv.org
- Americas—recos.amac@cisv.org

Or to CISV International at safety@int.cisv.org



FOR ALL PROGRAMMES AND EVENTS

Local regulations must be obeyed



It is extremely important that you follow the covid local guidance and advice in your country. This is particularly important if you are considering hosting or taking part in a cross-border programme.

Whenever local regulations require rules stricter than CISV rules and the information provided 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.

Hosting NAs and Chapters should be aware of the local reporting requirements when it comes to illness and this must be followed.

The following will help you keep up-to-date with the latest official information on COVID-19:

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
- 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.

FOR HOSTING NATIONAL ASSOCIATIONS AND CHAPTERS

Before your programme starts

Be prepared for an infectious disease outbreak. Even the best risk reduction plan may not be 100% successful.



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.
- You consider you research the availability of other relevant services, examples include:
 - 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.

- 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.

Site Selection and Preparation (This is in addition to following the general Risk Management Checklists which you should use)



- 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 participant

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.

- 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 in Pre-Camp # 2, or 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.



Vaccinations CISV International strongly recommended that all adult staff and leaders are double vaccinated or Covid recovered before attending camp. Host Chapters may stipulate that this is a compulsory requirement in order to attend and will communicate this prior to the programme. If adults are not double vaccinated or Covid recovered, other stringent measures must be in place such as testing, mask wearing, social distancing and operating in bubbles. **Hosts must ensure that the vaccination brand delegates have received is accepted in the destination country as a legitimate vaccine.**



Testing CISV International recommends that all participants complete a lateral flow test within 24hrs prior to travel 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.





Ventilation 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 10minutes every hour as a minimum. There should NOT be reventilation (air from inside being circulated further around the indoor areas through AC systems or similar).

Other things that can be done is limiting the time rooms are in use to allow stale air build up, wearing masks where air flow is limited and ensuring people are adequately spaced out in rooms. Please ensure fire doors are not be propped open to allow the air flow as this can cause additional risks.

If traveling in an on-site vehicle to get to a activity site within the location, ensure windows are open and masks are worn.



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

Camps should be organized as a big closed bubble

Contact with the outside world should be kept to what is only absolutely necessary to prevent infections.



- all camp-based programmes should be confined to the site throughout the programme. There should be no excursions, shopping days or similar.
- There should be no non-essential visitors or guests – no open day or similar.
- Shopping should be done by Chapter people, who should maintain distance from the staff, leaders and participants at all times. The staff, leaders and participants should remain at the campsite.
- If any staff are used for cooking, cleaning etc but who are not staying on site. They should have a rapid result LFT before coming into camp and wear a mask throughout. They must avoid all contact with staff, leaders and participants when on site
- There will be no use of host families. Participants will have to remain at the campsite and adults must utilize other methods for accomplishing the planning, training and evaluation that otherwise would happen during home stays.
- There will be no lullabies in the current format and any physical contact should be avoided

Pre-arrival tests. Everyone part of the programme must have a negative test within 24 hours of the start of the programme (this is further explained in sending NA/Chapter rules





section). This must include all participants, leaders, staff and volunteers supporting the running and logistics of the programme.

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 (This is in addition to the section on "Arrival – Checking participants' health and official forms" in the Programme Guide for the programme)

During the wellbeing check two questions should be asked of everyone:

- "Has ANYONE 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
- "Has ANYONE had a 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 and a doctor or relevant health service should be consulted on next steps as appropriate.


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.

Daily screening – during the programme, it is recommended that daily screening of all participants, leaders, staff and volunteers be carried out and logged. The temperature for each person at the programme should also be checked daily with a medically approved thermometer. Make sure to clean the thermometer with an alcohol wipe or similar between use.


Throughout the programme, everyone should be asked to report if they have any of the following symptoms– any 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; chills; muscle aches; or rash, that is unusual for them.





Testing during the programmes – in addition to pre-arrival / arrival testing, tests should be completed on days 3, 5 and 7 of the programme for everybody in the camp (rapid test for immediate results if possible). The host camp can ask participants, leaders and volunteers to bring tests along with them or the host camp should have a sufficient number on site at which point the cost will be passed onto the recipient. Hosts should communicate with all attending prior to programme to clearly outline the processes to be used outlining the financial cost implications. 


If rapid tests are not available, social distancing and face masks must be used whilst waiting for the test results. 

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. 

Once all tests are negative, social distancing can be removed and face masks will not be mandatory. However, it is important to allow participants to decide themselves whether to use face masks and this decision must be respected by everyone involved in the programme. 

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. 

Hosting NAs/Chapters cannot have a profit on testing. 

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.

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

- Ask them to wear a face covering securely over their mouth and nose.
- Isolate the person(s) in a separate room or an area with at least 6ft /1.8m separation to anyone else.



- Sanitize and clean hands, surfaces and anything they may have touched that others could have access to.
- Contact your local health service and follow their advice for next steps and ensure testing for COVID-19 is carried out as soon as possible.
- Person(s) in direct contact with anyone who might have COVID-19 (or any infectious disease) should make sure to wear protective equipment (mask, gloves, etc.), wash and sanitize thoroughly, and change their clothes for immediate washing if they do not have a disposable gown for any close contact with the person.
- Whenever a child needs to be placed in isolation, this should be done in an area where they can clearly be seen from a doorway or window. Any visits to the child to administer care/ take food etc must be done with two adults present in the area and maintaining social distancing. No adult should be alone with the child at any time. The child should be given the means of calling for immediate support – such as a phone or a bell.
- Consideration should be given for the supervision of a child who's leader is in isolation and the same rules applied or not being alone at any point with one adult.

Social distancing and minimizing potential spreading of infection – if rapid tests are not available, these measures must be put in place until all test results come back negative.



- 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.
- 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 you have those types of activities and ideally these should take place outside.
- 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:
 - Before and after eating food



- Whenever coming inside from outdoors
 - After being in physical contact with anyone else
 - After touching frequently touched surfaces (railings, doorknobs, counters, etc.)
 - After using the bathroom
 - After using common items (sports equipment, electronic devices, craft supplies, etc.)
 - After coughing, sneezing, blowing your nose or touching your face for any reason.
- Face masks belong to the owner and should not be shared with others or handled by others.
 - Make it regular practice that one drinks only from one's personal drinking cup and/or water bottle; no sharing, even "to be nice."
 - Make it regular practice that food is not shared from plates, bags, or containers where multiple people will have touched it or breathed on it.
 - Make it a regular practice that bracelets, pens, etc. are only shared or exchanged if they are cleaned and sanitized and hands have been recently washed and sanitized.
 - 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 & so forth. Go for the greatest distance between sleeping heads:
 - Maintain at least 80cm (30 inches) between beds and sleep head-to-toe (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. E.g. – don't wait for kids to throw up, if they are complaining of upset stomachs, take it seriously.
 - When people have questionable symptoms, especially those associated with the gastro-intestinal issues, keep them away from food preparation until appropriately improved

Appropriate 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.

- Please see the WHO guidelines for how to use masks and follow them.
- Face masks can be taken off





- to eat or drink, as long as you maintain appropriate distancing and put the mask back on when possible.
- While at 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.

Cleaning and Sanitation

- Establish a routine for frequent and periodic sanitation of the site.
- Emphasize the importance of frequent handwashing, coughing or sneezing into the crook of the elbow or tissue and regular good hygiene practices for everyone.
- Make sure high contact areas – bathrooms, kitchens, door handles, etc. – are cleaned daily – they should be wiped down with sanitizing cleaning solutions.
- Ensure safe bins with lids for disposal of tissues and disposable cups, masks, etc.

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, diabetes 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.
- 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 *Social distancing and 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 examined by a relevant medical professional or local health services contacted..
- 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.


Some delegations may require COVID testing before traveling – this may be the case with any cross-border programmes. Staff should create conditions for these tests, ideally to be made in the campsite or near the campsite.

Traveling testing costs are to be paid by participants. Staff should provide price indications in the pre-camp.




FOR SENDING NATIONAL ASSOCIATIONS AND CHAPTERS

Before your programme starts

Instruct all participants and families to completely and accurately fill out the Health Form. Anyone intending to attend a programme who has any of the following risk factors or underlying conditions, should be cautioned and advised to reconsider, 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.

In case of any of these, 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 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 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 Risk Manager at CISV International as soon as possible.

Advise families on potential extra costs

- Families must be made aware 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
- participants must travel with enough masks for the whole camp and should bring their own mini hand sanitizer



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 precautions 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.

General advice



- All travellers should avoid travel to (or itineraries with transfers in) locations where there is a WHO or official government advisory against all travel for any reason.
- If WHO or governmental authorities recommend travel restrictions, they must be followed.



During the Programme – for Local Risk Managers or Chapter Contacts

If a participant sent out from your Chapter/NA is put in quarantine, reassure the parents and get in touch with the Risk Manager of that Chapter, if the hosting Chapter hasn't written to you already.



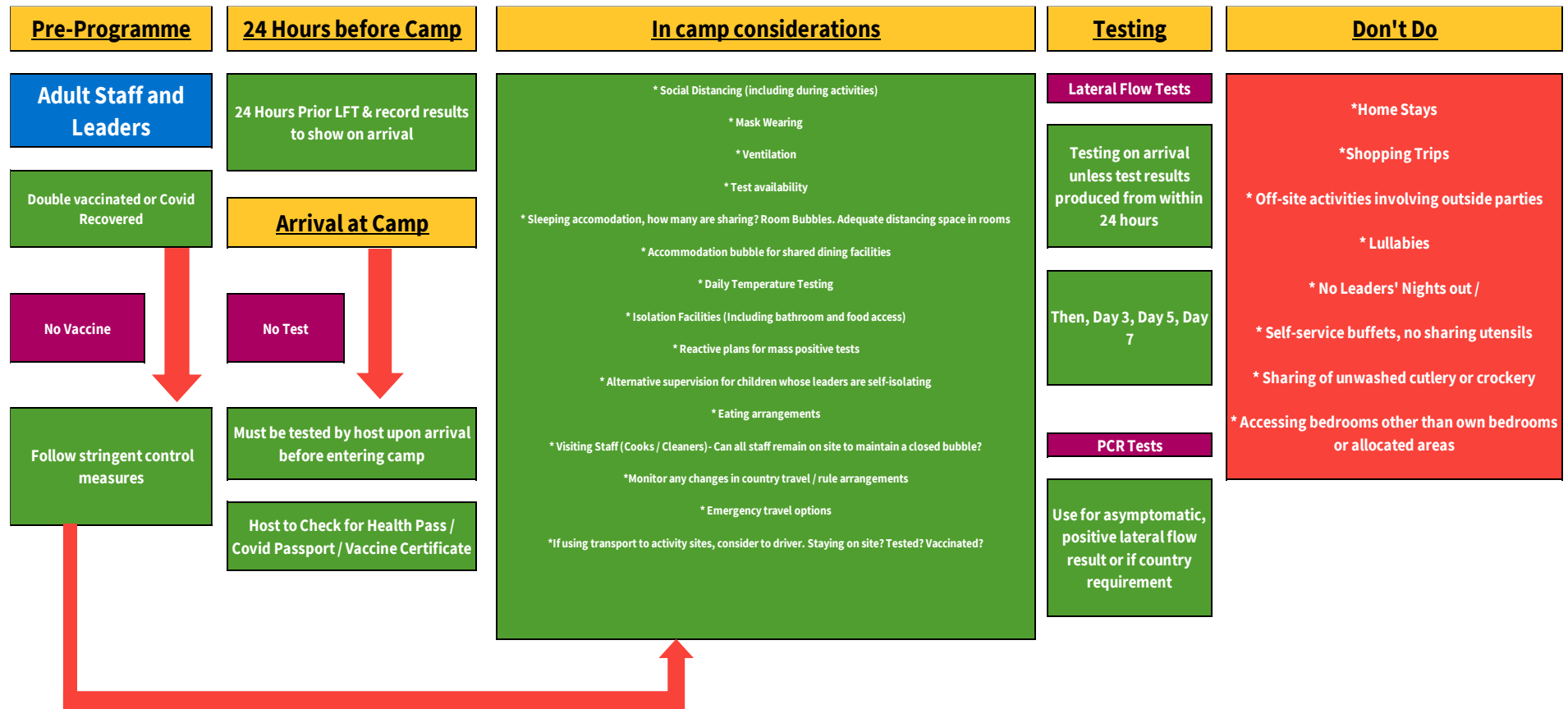
Ease the communication between the camp staff, the hosting Chapter and the parents. Be a support for the hosting Chapter and the parents as needed.



If the participant has to be sent home follow the procedure for removing someone from a programme (Infofile 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 organizing logistics.



CISV INTERNATIONAL PROGRAMMES COVID CONSIDERATIONS



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

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