

Scouting's COVID Best Practices
Effective May 7, 2021
Updated 6/15/21

The Daniel Webster Council wants to ensure the safety of our Scouts, Adult Leaders, Volunteers, Chartering Organizations, and our extended Scouting Family. As part of reopening the Scouting program the following are best practices in running unit activities. Nothing in this document or other guidance precludes any unit or Council activity from taking additional precautions for the health and safety of its members.

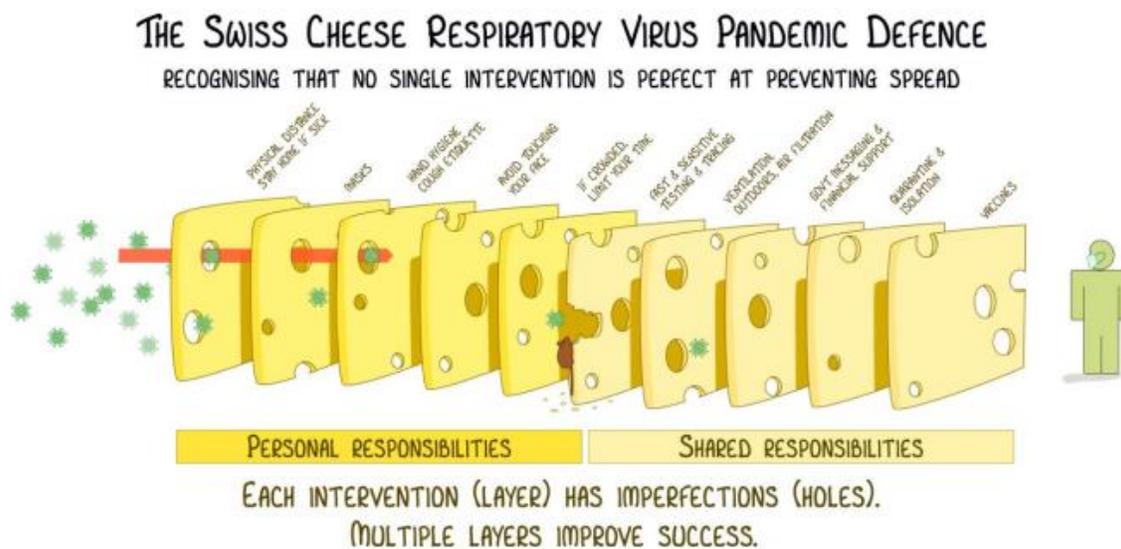
All other policies and the use of waivers are superseded by these guidelines.

In addition to the best practices outlined here, units, chartering organizations and Council should review the following:

- [Center for Disease Control and Prevention](#) (CDC) guidance for COVID 19
- [New Hampshire Department of Health and Human Services](#) (DHHS) COVID resource page
- [BSA's COVID-19 FAQ](#)
- [BSA COVID-19 Pre-Event Medical Screening Checklist](#)

Continued Importance of Layered Protective Measures

There is no single intervention that will stop the spread of COVID-19, especially because the coronavirus can infect people and be spread both from people with symptoms of COVID-19 (including people who may only show very mild symptoms), and from people without any symptoms (“asymptomatic”). Therefore, implementing multiple layers of protection (i.e., layered mitigation measures) will be most effective at stopping COVID-19 from spreading, see below.



(Image from Dr. Ian Mackay at virologydownunder.com)

The same general steps and actions to control the COVID-19 virus that have been used throughout this pandemic continue to be important and recommended, including the following:

1. Good planning and communication to staff and consumers
2. Vaccination against COVID-19
3. Identifying and excluding people with symptoms of COVID-19 or risk factors for exposure
4. Testing people with symptoms of, or risk factors for, COVID-19
5. Social/physical distancing
6. Face mask use
7. Cohorting (i.e., grouping individuals together and keeping them together)
8. Modifying layouts and limiting group sizes
9. Good and frequent hand hygiene
10. Cleaning and disinfection of frequently touched surfaces and avoiding shared objects
11. Increasing and improving room and building ventilation (ventilation involves replacing stagnant indoor air that may contain peoples' respiratory droplets with new fresh outdoor air)
12. Contact tracing, isolation, and quarantine

Planning and Communication:

It is important for units and Council to consider developing COVID-19 protection policies and process that help prevent the introduction and spread of COVID-19 within its membership. It is also helpful to set expectations and clearly communicate those expectations to its members, visitors, attendees, etc.

- a. A communication plan can educate all persons about the health and safety practices and expectations. Such communication plans can include, but not be limited to, online methods (e.g., website, social media sites), email, other electronic communication such as reservations or confirmations, and print materials and mailings to the customers.

Vaccination against COVID-19:

There are currently a few different COVID-19 vaccines authorized for use in the U.S. All of these vaccines have been deemed safe and highly effective. Vaccination is one of the most important things that your members can do to protect your unit, Council and the surrounding community.

- a. A person is considered "fully vaccinated" when they are at least 14 days beyond completion of a recommended COVID-19 vaccine series.
- b. Having a high vaccination rate will help protect our membership and extended family in the event that someone with COVID-19 is identified to have exposed other members of your unit, visitors or the surrounding community. People who are fully vaccinated and remain without symptoms (i.e., are "asymptomatic") are not required to quarantine after an exposure (although they should still follow other protective measure, including social distancing and face mask use).

Identifying and Excluding People with COVID-19, Symptoms of COVID-19, or Risk Factors for Exposure to COVID-19:

Identifying people who have, or might have, COVID-19 is important to protect our membership, extended family, and the surrounding community. One of the first “lines-of-defense” to prevent introduction of COVID-19 is to identify people who might have COVID-19 and recommending testing. Screening questions as outlined below will assist you in identifying people who might have signs/symptoms of COVID-19 or risk factors for exposure.

1. Do you have any [symptoms of COVID-19](#) or fever of 100.4 degrees Fahrenheit or higher that are new for you? Symptoms of COVID-19 can include:
 - Fever, or feeling feverish;
 - Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;
 - General body symptoms such as muscle aches, chills, and severe fatigue;
 - Gastrointestinal symptoms such as nausea, vomiting, or diarrhea, and
 - Changes in a person’s sense of taste or smell.
2. Have you had close contact with someone in the prior 10 days who has tested positive for COVID-19? (Note: healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” because they are not considered to have exposure)
3. Have you traveled in the prior 10 days internationally (outside of the U.S., except for essential travel to/from Canada*) or on a cruise ship?

*Essential travel to/from Canada includes for work, school, personal safety, medical care, care of others, or parental shared custody. Essential travel also includes travel for students and their parents or guardians who are visiting institutions of higher learning or preparatory high schools as potential future students, including allowing the students to remain at the schools for overnight stays

Testing for COVID-19:

Testing for COVID-19 is one important measure to determine if someone has COVID-19 so that others can be identified and others can be notified of their potential risk of developing infection in order to stop COVID-19 from spreading.

- a. Any person with new or unexplained symptoms of COVID-19 (even new mild cold symptoms) should be evaluated for COVID-19 testing using a PCR or antigen-based test
- b. Any person who is identified as a “close contact” to another person with COVID19 should also be tested for COVID-19 as outlined in the NH DPHS guidance on self-quarantine after an exposure.
- c. People who are fully vaccinated (i.e., at least 14 days or more beyond completion of a recommended COVID-19 vaccination series), or who are within 90 days of a previously diagnosed COVID-19 infection can be exempted from participation in screening testing programs (asymptomatic testing), unless otherwise required to be tested by federal regulators.

Social/Physical Distancing:

The coronavirus that causes COVID-19 is spread through close prolonged contact to an infected person's respiratory droplets that are exhaled when a person breaths or talks. Spread of COVID-19 over longer distances is possible, especially when there are activities which can increase the production of smaller respiratory droplets (called aerosols) that can remain suspended in the air and travel further distances. This risk can be minimized with combined use of physical distancing, face mask use, and increasing a building/room ventilation.

Here are some practices:

- a. DWC Capacity will continue to limit indoor capacity to no more than 100 people. Where indoor events limit physical distancing between individuals, capacity should be reduced to accommodate appropriate social distancing. Outdoor events provided space is adequate will not have any capacity restrictions. The wearing of a mask or a face shield will be required at all times, if social distancing cannot be maintained.
- b. Family members or related groups may be less than six feet of distance from one another.
- c. Work to maintain a distance of at least 6 feet or more of physical separation between people or related groups when possible.
- d. In certain situations where there may be increased risk of respiratory aerosol production and risk of further spread of COVID-19, physical distancing between people is suggested to be 8-10 feet, including during any group activities that involve forced and heavy breathing indoors such as cheers or singing.
- e. Physical distancing in vehicles can be challenging and often 6 feet of physical separation is not possible, consider additional layers of protection such as face mask use, increasing outdoor air ventilation, assigned seating, etc.).

Face Mask/Shield Use:

Throughout the pandemic, face mask use has shown to be an important measure for controlling the spread of COVID-19. The CDC has estimated that at least 30% of people infected with the novel coronavirus are asymptomatic (do not have symptoms), but these individuals are still able to spread the virus. Other people may be asymptomatic early in their infection but go on to develop symptoms days later. Therefore, face mask use is important to prevent spread of COVID-19 from people who are infected but may not be aware or have signs/symptoms of infection. Face mask use protects both the person wearing the mask, and others around that person in the event that they are asymptotically infected.

Individuals who are vaccinated:

Individuals who are fully vaccinated do not need to wear a facemask or shield in either an indoor or outdoor setting, except where required by federal, state, local, unit or chartering organizations. Although fully vaccinated do not need to wear mask, you can be supportive of others by continuing

to wear a mask. While you no longer are required to wear a mask, there is a small percentage of those fully vaccinated that have tested positive from COVID-19. If you elect not to wear a mask you are doing so knowing the potential risk.

Individuals who are not vaccinated:

Indoor settings:

Mask must be worn by those individuals who are not fully vaccinated. There may be certain times when mask do not need to be worn, such as sitting down to eat a meal, or sitting down for an activity where social distancing can be maintained. If at any point in time social distancing cannot be maintained a mask or shield must be worn.

Outdoor settings:

In general, people do not need to wear a mask/shield in the summer months. However, particularly in areas of substantial high transmission, people who are not fully vaccinated are required to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. If you elect not to wear a mask/shield you are doing so knowing the potential risk.

Individuals with Disabilities:

A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act external icon (42 U.S.C. 12101 et seq.).

A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations. (see [CDC guidance](#)).

All visitors and attendees and either unit or Council events will be required to follow these guidelines.

In all cases individuals who elect not to wear a face mask are doing so under their own free will knowing the potential risk of COVID-19.

Cohorting and Limiting Group Sizes:

“Cohorting” involves creating small groups of individuals, keeping those individuals consistently together in one group, and preventing interaction between people of different groups. Cohorting is an important COVID-19 control/mitigation strategy because if COVID-19 is introduced into one group, it limits spread ideally only to those within that one group and prevents spread between groups. This allows our organization to continue operations even while some people may be required to quarantine due to an exposure. The other benefit of strict cohorting is that it potentially allows for relaxed restrictions within a group where physical distancing or consistent mask use may not be able to be maintained due to the prolonged duration of interaction between individuals (e.g., day camps, overnight residential summer camps, etc.). The smaller the group sizing, the more protective the cohorting/grouping, but smaller

groups may be less feasible for some units/activities. Additionally, cohorting may not be possible in all situations, so it should be applied in the context of other layered mitigation measures.

Keys to success in cohorting include:

- a. Avoid mixing or interaction between groups. If staffing is an issue and staff are required to “float” between groups, then staff should be selected who are fully vaccinated.
- b. If possible and staffing allows, larger groups should be separated into smaller groups.
- c. Ideally group sizes should be limited to 20 people or fewer, although exact group sizes will vary depending on situation and local context.
- d. Social/physical distancing, face mask use, and other mitigation measures should still be considered and implemented within the cohorting/grouping as feasible.

Sleeping and Tenting:

- a. Maintain a consistent sleeping arrangement (i.e. no moving between tents, cabins or bunk).
- b. Arrange beds/bunks within the cohort to maximize distanced between beds (e.g., 6 feet between head-to-head space).
- c. It is recommended individuals sleep “Head to Toe” in tents. Tents should not hold more than two people.
- d. Window flaps should be left open, weather permitting, to allow proper ventilation in tents.
- e. Hammocks are allowed following BSA guidance
- f. Only in Cub Scouting can a parent tent with their child

Serving of Food:

1. Meals should occur outside whenever possible under tents/shelters or pavilions. Avoid congregating in large groups to eat a meal or snacks, Proper social distancing should be applied at all times.
2. Try to avoid family or buffet style meals.
3. Hand hygiene must be performed by everybody before and after meals.
4. Develop a process for clearing, cleaning & disinfecting tables that avoids interaction between campers.
5. Adult leaders/volunteers and youth should eat with their own group and maintain at least 6 feet of distance between youth, adult leaders and volunteers, if possible, when seated and eating; no sharing of food, drink, or utensils.
6. Arrange tables to ensure that there is at least six feet of space between groups, and clean tables between each use.
7. Food in pre-packaged boxes or individual bags is recommended, but not required, with disposable utensils to ensure safety.
8. All participants need to bring their own water bottles.

Hand Hygiene:

Many different respiratory infections, including COVID-19, can be spread after an infected person touches their eyes, nose, or mouth (i.e., mucous membranes) where viral pathogens can live and then spread to other people through touch, or contamination of commonly touched surfaces. While the risk of spreading COVID-19 from contaminated surfaces is believed to be low, it remains important to incorporate and promote frequent hand hygiene (regularly washing hands or using hand sanitizer) into all activities.

- a. Consider making alcohol-based hand sanitizer readily available to everyone throughout the activity, including upon entry and exit, at check-in and check-out, in eating areas, outside restrooms, etc.
- b. Promote frequent hand hygiene for all participants of any activity.
- c. Supervise and help younger members to ensure they are washing/sanitizing hands correctly. When soap and water are not readily available and hand sanitizer is used with young children, it should be used under direct supervision of an adult.

Cleaning and Disinfection and Avoiding Shared Objects:

- a. Where appropriate provide training to all participants about cleaning and disinfection prior to assigning cleaning and disinfection tasks. Creating a checklist to guide cleaning and disinfection procedures is recommended.
- b. Use disposable gloves to clean and disinfect. Follow other instructions for personal protective equipment (PPE) use, contact time, etc. on product labels. Hands should be washed after cleaning and disinfection occurs.
- c. Cleaning and disinfecting supplies should be made readily available.
- d. When disinfecting, use an [EPA-approved disinfectant](#) effective against the novel coronavirus. e. CDC recommends that when no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning high-touch surfaces once a day is usually sufficient to remove virus that may be on surfaces. If a sick person, or someone with COVID-19, has been within a facility or space within the last 3 days, then cleaning and disinfection of that space should occur. If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.
- e. Cleaning and disinfection of high-touch surfaces can be considered more frequently than once a day, especially if there is high community transmission of COVID-19, low mask compliance or poor hand hygiene, or if the space is used by [people at increased risk for severe illness from COVID-19](#).
- f. Maintain other routine cleaning and disinfection procedures.
- g. Avoid shared objects, if possible.
- h. Clean and disinfect shared objects between use, especially if objects might be contaminated with a person's respiratory secretions or saliva. At a minimum, ensure hand hygiene is practiced by all persons before and after use of a shared object.

- a. Objects that are not able to be cleaned or disinfected (e.g., books, papers, etc.) can still be shared, if necessary, but focus should be on good hand hygiene before and after use of shared objects

Improving Building, Room, and Space Ventilation:

Evaluate ventilation systems to increase room and overall building ventilation, including increasing the number of air exchanges with outdoor air or limit internal air circulation. CDC guidance on [ventilation in buildings](#) provides helpful information for evaluating and improving building, room, and other space ventilation. Ventilation is also important to increase in other non-building spaces, such as on buses or public transportation – in such situations, a vehicle’s ventilation can be increased by opening windows (if weather permits) or using the vehicles air system to bring in outdoor air and avoid re-circulating internal air. In enclosed spaces, improving ventilation should be combined with attempts to maximize physical distancing between people and face mask use.

Public Health Contact Tracing, Isolation and Quarantine:

“Contact tracing” refers to the act of investigating who has been in close contact with a person diagnosed with COVID-19 so that the person infected can be “isolated” and the people who have been in close contact can be “quarantined” to reduce further spread of the virus. Contact tracing, isolation, and quarantine, is a collaborative effort between the New Hampshire Division of Public Health Services (DPHS), Bureau of Infectious Disease Control (BIDC) and the Daniel Webster Council or the unit where the COVID-19 exposure occurred.

- a. COVID-19 exposures at unit activities should be promptly reported to the Daniel Webster Council at incident@NHscouting.org
- b. If not already reported, Daniel Webster Council will report the exposure to NH DHHS DPHS Bureau of Infectious Disease Control at 603-271- 4496. Reporting of infectious diseases and furnishing requested infectious disease-related information (including unit or activity, who was in attendance and other information as requested) is a requirement under NH RSA 141-C.
- c. Unit/Activity leaders are required to complete a contract tracing. This can be found by clicking on the [attached link](#) or NH DPHS can provide assistance with contact tracing and guidance to prevent/control spread of COVID-19, including in outbreak situations.
- d. To assist with identifying “close contacts” of people with COVID-19, and to avoid the need for possible public notification, it is recommended that units maintain attendance / customer lists and seating charts, including having assigned seating in situations where it’s feasible (e.g., buses, cars, courts of honor, etc.)
- e. Units should notify those exposed of a positive exposure. The communication should include the following:
 - a. The date in which the exposure took place
 - b. Define close contact as being:
 - i. Within 6 feet of someone with COVID-19 infection
 - ii. Has had a minimum of 15 minutes or more exposure within a 24-hour period.
 - c. Those who have not been vaccinated should:

- i. Stay home and self-monitor
 - ii. Will not be able to participate in activities for 10 days following the exposure or a negative PCR test after 6 days of the exposure.
- d. Those who may not need to quarantine:
 - i. Those who have been vaccinated
 - ii. Those who were previously diagnosed with COVID-19 within the last three months.