Daniel Webster Council
Supplemental Guidance for Unit/Den/Patrol/District/Council Level Activity
(Adapted from State of NH Guidance on Day Activities)

This supplemental guidance applies to all Council, District and Unit (Den, Patrol, Crew or Post) level activity. It is being provided in an effort to give adult leaders and volunteers clearer guidance. A signed Reopening Scouting Agreement that can be found in the unit meeting guidance must be in place and this supplemental guidance does not supersede the Unit Meeting Guidance referenced below.

Review and follow Unit Meeting Guidance
Review and follow the NH Universal Guidelines

General Guidance:

1. All adult leaders/volunteers are strongly encouraged to wear reusable/washable cloth face coverings over their nose and mouth as much as possible to help prevent the spread of COVID-19 when social distancing is not possible. A cloth face covering is encouraged to be worn when in close contact with other staff or campers when feasible, and are most essential when social distancing is difficult
   a. Provide training on cloth face coverings based on CDC guidance for Use of Cloth Face Coverings.
   b. Review the NH DHHS information about using cloth face coverings.
   c. People wearing face coverings must not touch their eyes, nose, mouth, or face, or adjust their face covering without first sanitizing hands. After touching face or adjusting face covering, hands must be sanitized.

2. All parents/guardians dropping youth off at a meeting or activity should be asked to wear a cloth face covering over their nose and mouth when at the meeting/activity location or public spaces where other individuals are present when social distancing is not possible. The following link is a brief video discussing mask quality, purpose and correct use: https://www.youtube.com/watch?v=ciUniZGD4tY

3. The NH Department of Health and Human Services does not recommend children routinely wear face masks or face coverings for the reasons outlined below:
   a. CDC guidance states, “Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.”
   b. There are safety issues with young children having cloth, ties, elastics etc. around their mouths and necks which can pose choking or strangulation hazards.
   c. The effectiveness of masks and other face coverings is impacted by proper handling and use, and children are more likely to play with the masks, adjust them or remove them without washing their hands before or after touching the masks, touch their face, etc. Touching the face and then touching other objects (e.g. toys) can potentially put other children in a group at risk.
   d. Adult leaders/volunteers would need to increasingly be in close contact with children to provide assistance with face coverings, which can be counter-productive to maintaining distance as much as possible.

4. Older youth who are able to be compliant with cloth face coverings should be asked to wear them over their nose and mouth when in close proximity to other staff and children when social distancing is not possible.

5. Adult leaders, volunteers and youth should practice frequent hand hygiene:
   6. Wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
7. Alcohol-based hand sanitizer should be made readily available to all participants and should be carried by adult leaders/volunteers at all times.

8. Always wash hands with soap and water if hands are visibly dirty.

9. Supervise and help younger youth to ensure they are washing/sanitizing hands correctly, and to prevent swallowing of alcohol-based hand sanitizer. When soap and water are not readily available and hand sanitizer is used with youth, it should be used under the direct supervision of adult leaders/volunteers. When not in use, hand sanitizer should be kept out of reach of youth (on a high shelf, cabinet, or in a backpack worn by adult leaders/volunteers outside).

10. At a minimum, require hand hygiene when arriving at the meeting/activity; when entering a facility; before and after meals or snacks; before and during meal preparation or handling food; after outside time; before and after going to the bathroom; before and after medication administration; after cleaning up and handling any garbage; before and after coming into contact with any youth or adult leader/volunteer after sneezing, coughing, or nose blowing; after using shared equipment; and prior to leaving for home.

11. Advise youth, adult leaders and volunteers to avoid touching their eyes, nose and mouth with unwashed hands.

12. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available). Alternatively, cough or sneeze into elbows.

13. Youth, Adult leader and volunteers should be reminded to maintain a distance of at least 6 feet from others whenever possible.

Adult Leader/Volunteer Guidance:

1. Adult leaders/volunteers must be provided with education and training around safe practices as it relates to hand hygiene, sanitation (cleaning and disinfection policies), and illness policies outlined in the NH Universal Guidelines.

2. Adult leaders/volunteers must be screened for symptoms or risk factors of COVID-19 before the start of each meeting/activity as outlined below in Business Process Guidance and in the NH Universal Guidelines.

3. Require all adult leaders/volunteers to report any symptoms of COVID-19 or close contact to a person with COVID-19 to supervisor.

Program Process Guidance:

1. All meetings/activities should have a communication plan to educate adult leaders, volunteers, families, and youth about COVID-19 health and safety practices for the activity/meeting. This plan should be communicated in advance of any activity/meeting.

2. Restrict non-essential visitors, volunteers, and activities involving other groups.

3. Youth, adult leaders/volunteers should be screened at each meeting/activity upon arrival by asking if the individual:
   a. Has any symptoms of COVID-19 (see Universal Guidelines for list of potential symptoms) or fever of 100.4 degrees F or higher.
   b. Has had any close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days. (NOTE: Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question)
   c. Traveled in the past 14 days either: 4. Internationally (outside the U.S.),
i. By cruise ship, or
ii. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.).

4. Person(s) with any COVID-19 symptoms, those who report close contact with someone suspected or confirmed with COVID-19, or those reporting travel risk factors should not be allowed to participate in the meeting/activity
   a. Symptomatic persons should be instructed to contact their health care provider to be tested for COVID-19 and self-isolate at home following the instructions below.
   b. Asymptomatic persons reporting close contact with someone suspected or confirmed with COVID-19, or who report one of the traveled-related risk factors should self-quarantine for 14 days from their last exposure or return from travel.
   c. NOTE: Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question

5. Person(s) with suspect or confirmed COVID-19 must stay out of any activity/meeting until symptom-based criteria are met for discontinuation of isolation:
   a. At least 10 days have passed since symptoms first appeared
   i. AND
   b. At least 3 days (72 hours) have passed since recovery (recovery is defined as resolution of fever off any fever reducing medications plus improvement in other symptoms)

6. Any person that develops symptoms of COVID-19 while at the meeting/activity should be masked if they are over 2 years of age, removed from contact with others, and be immediately sent home.

7. If there is a confirmed case of COVID-19 at a meeting/activity, the in charge adult leader/volunteer should contact:
   a. The Bureau of Infection Disease Control (BIDC) at 603-271-4496, and
   b. The Daniel Webster Council Office using incident@nhscouting.org

Pick-up and Drop-off:

1. Develop a drop-off and pick-up process which staggers arrival/departure of youth and parents/guardians so that youth and parents/guardians from different groups do not interact. Attempt to also stagger drop-off and pick-up times to avoid congregating of parents and youth at the meeting/activity. Such plan should be clearly communicated to all parties involved.
2. Limit direct contact with parents/guardians as much as possible and have adult leader/volunteer greet the youth outside as they arrive.
3. Keep each youth’s belonging separated and in individually labeled storage containers, cubbies, or areas; take belongings home each day.

Social Distancing Strategies:

1. Meetings/activities should attempt to divide adult leaders, volunteers and youth into small groups of ideally no more than 10 people total ("Rule of 10", including youth, adult leaders/volunteers. Small group sizes will help to limit COVID-19 transmission if someone is found to be infected. In no case can the maximum number of attendees exceed 50 participants from the sum of all groups gathered for a meeting or activity.
2. Youth Protection policies must be followed at all times.
3. Consistently keep the same groups of youth, adult leaders/volunteers together throughout the meeting/activity. Do not move youth between groups. Adult leaders/volunteers should not float between groups (unless necessary for activity instruction where one person teaches multiple camp groups).

4. Avoid overlapping groups in any one particular area or activity. Detailed schedules should be created to allow enough time for groups to move between activities without interacting with other groups.

5. Different groups may use the same outdoor or indoor space if space is large enough, but groups should be kept separate and not allowed to interact.

6. Keep youth outside as much as possible. Close communal use spaces, such as game rooms or dining halls, if possible. Indoor activities should be limited, and groups will need to be separated and not interact.

7. Space seating and activities so that youth are at least 6 feet apart, whenever possible.

Activities:

1. Each group should get their own supply of equipment and miscellaneous supplies to run their own activities.

2. Games and activities should be designed to allow for social distancing. Modifications may be made to traditional games and activities to ensure scout safety.

3. Any used equipment/supplies will need to be cleaned and disinfected after each usage.

4. Avoid field trips and special performances per CDC guidelines.

Meal and Snack Time:

1. Meal and snack times should be staggered.

2. Meal and snack time should occur outside whenever possible under tents/shelters or pavilions. Avoid congregating in large groups to eat a meal or snacks, rule of 10 should be followed.

3. 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 when seated and eating; no sharing of food, drink, or utensils.

4. Arrange tables to ensure that there is at least six feet of space between groups, and clean tables between each use.

5. All participants are encouraged to bring their own snacks and meals when feasible.

6. If food is offered have in pre-packaged boxes or bags with disposable utensils to ensure safety.

7. All participants need to bring their own water bottles. No shared water jugs.

Transportation:

1. Those providing transportation to a meeting/activity should maximize space between riders (e.g. one rider per seat in every other row). Close seating makes person-to-person transmission of respiratory viruses more likely.

2. Keeping windows open might reduce virus transmission.

3. Transportation vehicles must be cleaned and disinfected after each use.

Cleaning and Disinfection Procedures:

1. Review and follow CDC guidance on cleaning and disinfecting.

2. Review and follow CDC guidance on creating a plan if any participant become sick:
   a. Plan to have an isolation room or area that can be used to isolate a sick individual.

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b. Be ready to follow CDC guidance on how to disinfect your indoor space if someone is sick.

c. If a sick individual has been isolated in an inside space, clean and disinfect surfaces in your isolation room or area after the sick individual has gone home.

d. If COVID-19 is confirmed in an individual:
   i. Close off areas used by the person who is sick.
   ii. Open outside doors and windows to increase air circulation in the areas.
   iii. Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle to reduce the risk to individuals cleaning.
   iv. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
   v. If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.

e. Continue routine cleaning and disinfection.

3. All cleaning materials should be kept secure and out of reach of children.

4. Develop a schedule for cleaning and disinfecting. Perform frequent cleaning and disinfection of frequently touched surfaces, including door handles, equipment, surfaces, equipment, etc. Areas will need to be cleaned and disinfected regularly, including anytime a group exits an area (indoors or outdoors) where they have used tables, chairs etc.

5. Increase the frequency with which you clean and disinfect equipment, and surfaces, especially doorknobs and restrooms. All equipment and supplies will be cleaned and disinfected after use.

6. Use alcohol wipes to clean keyboards and electronics and wash hands after use.

7. Minimize the potential for the spread of by temporarily removing items that are not easily cleanable (such as stuffed animals and pillows).

8. If groups are moving from one area to another, cleaning measures must be completed prior to the new group entering the area.

9. Adult leaders/volunteers cleaning should follow the disinfectant manufacturer’s instructions:
   a. Use the proper concentration of disinfectant.
   b. Maintain the disinfectant for the required wet contact time.
   c. Follow the product label hazard warnings and instructions for personal protective equipment (PPE) such as gloves, eye protection, and adequate ventilation.
   d. Disinfectant use indoors should occur in a well-ventilated space. Extensive use of disinfectant products should be done when youth are not present, and the facility or area should be thoroughly aired out before youth return.

10. Disinfectants and other cleaning supplies are the responsibility of the unit/adult leader/volunteer to have available.