

Daniel Webster Council
Unit Camping Guidance
(Effective July 17, 2020)

Unit camping guidance applies to all Council, District and Unit camping activity. It is being provided in an effort to give adult leaders and volunteers guidance for to conduct safe camping activities. 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](#)

Overall Camping Guidance:

1. Overnight camping groups size shall be limited to two cohort groups of no more than 10 per cohort, thus the maximum in total cannot exceed 20 in total (16 youth and 4 adults as a minimum).
2. Each cohort group will be required to have two deep leadership.
3. Each cohort group must travel (to and from), sleep and conduct activities as a cohort group. There must not be any intermingling between cohort groups. If for some reason intermingling must occur, then ensure proper social distancing and face mask are used.
4. Tenting:
 - a. Provided a unit has enough tents, each person may have their own tent
 - b. If there are not enough tents to have one per person, then it is recommended individuals sleep "Head to Toe". No tents can hold more than two people.
 - c. Youth Protection guidelines must be adhered to regarding difference in age, no more than two years, if a tent is shared
 - d. Youth tents should be located in one area and Adult tents in another area to ensure youth protection is maintained
 - e. Window flaps should be left open, weather permitting, to allow proper ventilation.
 - f. Hammocks are allowed following BSA guidance
 - g. Only in Cub Scouting can a parent tent with their child
5. Attempt to keep each participant's belongings separated from others' and in individually labeled containers, or areas. Avoid sharing clothing, personal care products, and belongings between campers.
6. Post outing monitoring – All participants should monitor their health for any symptoms that may be COVID related. If symptoms do appear, the individual should consult with a doctor immediately, the lead adult leader of the outing should be informed who should then notify Daniel Webster Council at incident@nhscouting.org.
7. Maximum overnight camping trip is two nights.

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 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 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; 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.
4. High Risk Populations:
 - a. Parents should consult with their primary care providers to determine if camping is a reasonably safe option for them.
 - b. Families of participants with high risk individuals residing in their homes must consider COVID-19 exposure risks if they their youth participates and if it is safe.
 - c. Adult leaders should follow CDC and White House Opening Up America Again plan that specifically state that special high-risk and vulnerable populations should continue to shelter-in-place through Phases 1 and 2. Specifically, adult leaders should consider if the following populations should participate in the outing with consult from their primary care provider:
 - i. People 65 or older
 - ii. People who live in a nursing home or long-term care facility
 - iii. People of all ages with underlying medical conditions, particularly if not well controlled including:
 1. People with chronic lung disease or moderate to severe asthma
 2. People who have serious heart conditions
 3. People who are immunocompromised: Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 4. People with severe obesity (body mass index [BMI] of 40 or higher)
 5. People with diabetes
 6. People with chronic kidney disease undergoing dialysis
 7. People with liver disease

Program Process Guidance:

1. All overnight camping 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 the outing.
2. Restrict non-essential visitors, volunteers, and activities involving other groups.
3. Person(s) who report a travel-related risk factor (see the screening questions below) must self-quarantine for 14 days from their return from travel but do not need COVID-19 testing unless they develop symptoms or i. Traveled for essential reasons. Essential travel includes personal safety, medical care, care of others, parental shared custody, for food, beverage or medication or for work. Person(s) who travel outside of the New England states for personal or leisure reasons cannot rely on this exemption.

4. Asymptomatic employees or volunteers who travel to any New England state (NH, VT, ME, MA, CT, RI), either daily or with overnight stays, are not required to self-quarantine when they return to New Hampshire.
5. 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:
 - i. Internationally (outside the U.S.),
 - ii. By cruise ship, or
 - iii. Non-essential travel outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island (any domestic travel, within the US, outside of NH, VT, RI, CT, MA or ME, regardless of the mode of transportation)?
6. In the event it is not known if a person(s) has a temperature then, take the temperatures of all individuals before they begin the activity:
 - a. An adult leader should take the temperatures of those needing their temperature checked with a non-touch thermometer. There is no need to maintain a log of temperatures.
 - b. If it is determined the individual has a temperature, the individual should be sent home.
7. 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
8. Person(s) with suspect or confirmed COVID-19 must stay out of any activity/meeting until
 - a. Symptom-based criteria are met for [discontinuation of isolation](#):
 - i. At least 10 days have passed since symptoms first appeared
AND
 - ii. At least 24 hours have passed since last fever (off any fever reducing medications),
AND
 - iii. Symptoms have improved; or
 - b. Approved COVID-19 testing is negative, at least 24 hours have passed since their last fever (off any fever reducing medications) and symptoms have improved.
9. Any person that develops symptoms of COVID-19 while at the outing should be masked, and removed from contact with others, and be immediately sent home.
10. Campers maybe required to additional guidelines as defined by the property being used.

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. If staggering drop-off and pick-up is not feasible, then units may have parents/guardians pick up at the same time provided social distancing is adhered to and vehicles and gear can be effectively spread out in the parking lot or large field.
3. Limit direct contact with parents/guardians as much as possible and have adult leader/volunteer greet the youth outside as they arrive.
4. Keep each youth's belonging separated and individually labeled; take belongings home each day.

Social Distancing Strategies:

1. All outings should attempt to divide adult leaders, volunteers and youth into small groups of 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 20 participants from the sum of all groups gathered for the outing.
2. [Youth Protection](#) policies must be followed at all times.
3. Consistently keep the same groups of youth, adult leaders/volunteers together throughout the outing. 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. Meals 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.
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. All participants are encouraged to bring their own snacks and meals when feasible.
8. Food in pre-packaged boxes or individual bags with disposable utensils to ensure safety.
9. All participants need to bring their own water bottles. No shared water jugs.

Transportation:

1. Those providing transportation to a camping trip should maximize space between riders (e.g. no more than two people in the back seat). Close seating makes person-to-person transmission of respiratory viruses more likely.
2. Keeping windows open might reduce virus transmission. If windows cannot be left open, then it is recommended mask should be worn while confined in the automobile.
3. Transportation vehicles must be cleaned and disinfected after each use.
4. The same cohort group must travel to and from the outing. Those sharing tents should transport in the same vehicle

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 area that can be used to isolate a sick individual.
 - b. Be ready to follow CDC guidance on how to [disinfect your space](#) if someone is sick.
 - c. If a sick individual has been isolated in an inside space, clean and disinfect surfaces in your isolation 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 bathrooms, and common areas.
 - 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. Minimize the potential for the spread of by temporarily removing items that are not easily cleanable.
7. If groups are moving from one area to another, cleaning measures must be completed prior to the new group entering the area.
8. 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.
9. Disinfectants and other cleaning supplies are the responsibility of the unit/adult leader/volunteer to have available.

Reporting an Incident:

If there is a confirmed case of COVID-19 as a result of an indoor activity, the in charge adult leader/volunteer should:

- a. Contact the Bureau of Infection Disease Control (BIDC) at 603-271-4496, and
- b. Contact the Daniel Webster Council Office using incident@nhscouting.org
- c. [Enter the incident as a General Liability](#) claim with National
- d. Complete the [Model Contact Tracing Tool](#) and provide when asked.