



NORTHERN STAR SCOUTING

Can my unit hold our meeting, activity or outing?

Will there be a total of 15 (indoor or outdoor) fewer adults and youth attending the activity and follow YPT?

Yes

No

Can you ensure proper social distancing of all participants (6 feet apart)?

Do not hold the activity at this time. Consider virtual possibilities or holding the activity at a later date.

Yes

No

How will you ensure participant safety?

Activity Location- connect with your location to review their individual guidelines.

Face Masks- required indoors and in situations where social distancing cannot be maintained.

Health Screenings- require individual health checks for all participants prior to them attending the activity. Those who are ill or with underling health conditions should not attend.

Camping- overnight outdoor camping by groups is allowed with social distancing measures and increased sanitation.

Food- best practice is to prepare and share among family/household members.

Sanitization increase frequency of sanitization/handwashing for participants and items used by participants.

Transportation- encourage family/household members to ride together if possible. Decision subject to parent's discretion.

Can your activity follow and implement the above safety measures?

Do not hold the activity at this time. Consider virtual possibilities or holding the activity at a later date.

State Guidelines (for reference)

COVID-19 Outdoor Recreation, Facilities and Public Guidelines
<https://www.dnr.state.mn.us/aboutdnr/covid-19-outdoor-recreation-guidelines.html>

Guidance for Social Distancing in Youth and Student Programs
<https://www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf>

Contact your District Executive if you have further questions.
<https://www.northernstar.org/Connect/Our-Staff-Directory>

Health Screening Questions:
 Do you have any of the following symptoms which are related to a new/recent illness and cannot be attributed to another health condition?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever or chills	<input type="checkbox"/> Yes <input type="checkbox"/> No	New loss of taste or smell
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or vomiting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue, muscle or body aches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore throat, congestion or runny nose		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have COVID-19 or are you currently awaiting the results of a COVID-19 test?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been in contact with anyone who has COVID-19 or is ill with a respiratory illness but has not been tested for COVID-19 in the last 14 days?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or anyone you have been in close contact with live, work or travel in an area with a large outbreak of COVID-19 disease (hot spot) in the last 14 days?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or anyone you have been in close contact with under current advisement by public health to quarantine or self-isolate?		

If any are checked yes, the individual must stay home until cleared by a physician.

Yes

No

Hold the activity if you and your participants feel comfortable and safe. (Consider also offering virtual opportunities for those who cannot attend, if possible.)

Do not hold the activity at this time. Consider virtual possibilities or holding the activity at a later date.