



Connecticut Yankee Council Health & Safety Guidelines Camp Sequassen & Other Camping Programs

Summer 2023

The health and safety of our Scouts, volunteers, employees, and communities continues to be our top priority. Our vigilance is designed to keep our youth and families safe while they enjoy the many benefits of Scouting. We continue to follow the guidance from expert agencies and practice the measures that have become second nature to many – good hand hygiene, masking, distancing, and remaining at home if you have symptoms or feel bad.

We continue to encourage everyone to consult with their physician and get vaccinated for all communicable diseases. This is our best hope for returning to normalcy in our Scouting family.

General Guidance

- IF YOU DON'T FEEL WELL, PLEASE STAY HOME.
- The use of face masks by individuals is optional. Proper social distancing should be maintained where possible. Face masks should not be worn in or near water, while eating, or while sleeping.
- Each member should Be Prepared and have clean and dry face masks available to wear, if circumstances dictate. For example, wearing of masks may be appropriate in places where social distancing is not possible, or the Camp Health Lodge (where individuals may be ill).
- Unit leaders are obligated to work closely with their parents, leaders, and youth members to ensure that no stigma is attached to ANYONE who chooses to wear or not wear a mask. Bullying, harassment, or similar forms of abuse related to masks, violate the Scout Oath and Law and are unacceptable.
- The BSA "Model Pre-Event Medical Screening Checklist" has been updated, effective April 25, 2023. The Council recommends use of this checklist prior to arrival at Camp.
- Unit leaders should conduct a daily health check of the youth and adult members of their unit to identify and report any symptoms of illness.
- Unit leaders must report, within 12 hours, confirmed or strongly suspected cases of any communicable disease infection, including Influenza (Flu) or COVID-19, occurring within 48 hours after departing Camp to camping@ctyankee.org. Unit leaders are also required to promptly notify adult leaders and parents of all affected scouts of any communicable disease infection occurring at Camp or within 48 hours after departing Camp, as well as the unit's Chartered Organization Representative.
- It is recommended that each camper, youth and adult, take a COVID-19 test (rapid test or laboratory) within 72 hours prior to arrival at Camp. This recommendation applies to both vaccinated and unvaccinated individuals.
- Unit leaders must plan for appropriate adult supervision at Camp to account for any adult leaders who may become ill while in Camp. Two-deep leadership must always be maintained at Camp.



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- We do not allow unscheduled visitors at Camp. All visitations must be arranged in advance, by contacting the Camp by phone at 860-379-2009 or by email camp.sequassen.cyc@gmail.com. Unit leaders, including part-time leaders, must be listed on each unit's Camp roster. Upon arrival, everyone must check in at the Alderman Center. Pre-arrival COVID-19 testing is recommended for all visitors, as well as the use of the Model Pre-event Checklist.

Overnight Camping

- When sharing a cabin, tent or lean-to, individuals sleeping next to one another or in bunk beds should be arranged head-to-toe.
- If an individual would like to bring their own tent to Camp, it will be accommodated, wherever possible.
- Any person using a CPAP machine should not share a cabin, tent, or lean-to with others.

Monitoring and Changes

- The Council continues to monitor incidence of illness in Camp as well as changes in guidance from BSA, Federal, State, and local agencies, and the American Camping Association. Changes to the above policies will be considered as conditions warrant.

Revised 04/25/2023



Connecticut Yankee Council, BSA
Camp Health & Safety Guidelines - Summer 2023
Pre-Event Medical Screening Checklist (Rev 04/25/2023)

Name: _____ Unit/Campsite: _____ Date: _____

IF YOU DON'T FEEL WELL. PLEASE STAY HOME.

Review with each youth and adult participant their current health status, before departure or upon arrival at camp. Everyone entering a camp should be screened.

If you have any one or more of the following new or worsening symptoms consistent with a communicable or infectious disease including Influenza (Flu) and COVID-19, you should stay home.

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Congestion or runny nose | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Headache |

If the answer is YES to any question below, you should stay home.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you received a positive test result for COVID-19 in the past 5 days? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you currently in quarantine for COVID-19 exposure? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you currently ill or have you been ill at any time in the past 5 days? |

For unvaccinated individuals: at any time in the past 10 days, have you...

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | - been in close contact with anyone known or suspected to have COVID-19? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | - travelled outside of the United States? |

-
- | | | | |
|------------------------------|-----------------------------|--|----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been vaccinated for COVID-19? | First or only shot: _____ |
| | | | Second shot: _____ |
| | | | First Booster shot: _____ |
| | | | Second Booster shot: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have recent negative COVID-19 test? | Test Date: _____ |