Baden-Powell Council

Tuscarora Scout Reservation

SUBJECT: Standard Operating Procedure – Regular weekend camping

For the safety of our Scouts, Leaders, Employees and Volunteers; the following procedures must be adhered to (due to the COVID-19 situation). Keep in mind that this is a constantly changing scenario and this document is subject to change, with or without notice, by the Council, Camp Administration, Broome County Dept of Health and the State of NY. We will do our best to provide you with updates if/when they occur. ALL VISITORS, CAMPERS, LEADERS, ETC MUST COMPLETE ATTACHED QUESTIONNAIRE (PARENT/GUARDIAN WILL COMPLETE FOR YOUTH UNDER 18 – NO EXCEPTIONS.

All visitors/campers will wear masks at all times when unable to consistently maintain a 6 foot distance from another person. The exception is for those that live under the same roof (family unit).

Other than family units, all campers and participants must remain 6 feet apart.

No group shall be more than 50 people. This is in keeping with NYS/Broome DOH Phase 4 reopening restrictions.

1. Check-in

a. Only one leader will be permitted to enter the campmaster building. He/she will have a “Unit Roster” filled out ahead of time to hand in. Each person must have a signed “questionnaire” (see page 3) and provide a body temperature that was taken prior to departing from home. Campmaster AND Camp Ranger will verify that all required documents are provided. Please provide a checkout time. Campmaster and Ranger will wear masks as appropriate/necessary.

b. Campmaster(s) will provide the “check out sheet”, a spray bottle of pine cleaner, and a roll of paper towels or small sponge, cloth, etc. Let campmaster know if you need a refill on pine cleaner!

c. **Units are responsible for all other cleaning/sanitizing items such as toilet paper, hand sanitizer, liquid hand soap (anti-bacterial preferred), sanitizing wipes, gloves/masks if/when necessary, etc.**

2. Camping

 a. Sites (both summer and winter) may only be occupied by a single unit.

 b. Center Lodges cannot be used to house (sleep) Scouts. Exceptions are if sleep equipment is required, or some other medical condition exists where sleeping out in a lean-to would be harmful. Unit leadership will dictate appropriate use of center lodge based on current guidance provided by the Broome County Health Dept and approval of the Camp Ranger.

 c. Lean-to’s may be used, however, only 4 people may sleep in each lean-to. Units will only pay for number of lean-to’s required based on 8 people/lean-to.

 d. If Scouts/Leaders are not comfortable with sleeping in lean-to’s; small 2-person tents may be used. However, if most of the campers prefer tenting, then a summer unit shall be used.

 e. Nature Lodge (or any other enclosed structure) is currently not available.

 f. Visiting other occupied campsites is prohibited.

3. Cleaning/Sanitizing Procedures

 a. All commonly touched surfaces, to include mattresses, will have been sanitized prior to your unit’s arrival, by the Camp Ranger.

 b. Unit leaders are responsible for maintaining clean and sanitary conditions at all times.

 c. A spray bottle of pine cleaner will be provided along with a roll of paper towels at check-in, as noted above.

 d. Unit leaders will ensure commonly touched surfaces are sprayed/wiped down regularly. This includes door handles/knobs, tables/chairs, sinks/faucets/spigots, toilet seats, countertops, etc.

 e. All campers (adults/scouts) must wash their hands regularly/frequently, especially after using the latrine, before food preparation/consumption, and before going to bed.

4. Shower/toilet facility

 a. Shower building will be available for your use (only one side will be available). It is stocked with toilet paper, paper towels, and anti-bacterial hand soap. Please clean up after yourself.

 b. Ranger will periodically sanitize toilet seats, sinks/faucets, shower fixtures, and doorknobs.

4. Checkout

 a. Campmaster or Ranger will arrive to check your unit out at time agreed upon at check-in.

 b. Ensure all areas as noted in 3c have been wiped down with the pine cleaner.

 c. Please return spray bottle and paper towels. Take all other garbage with you, as usual.

5. Have fun! Enjoy the 14 miles of hiking trails. Take the time to relax and unwind a little.

Health Status Questionnaire – Scout/Youth (under 18)

All Scouts/Leaders/Parents MUST complete this questionnaire before entry into camp can be granted, no matter how brief your stay will be. This is solely for the protection of our Scouts, Leaders, Volunteers and Employees. Please circle correct answer.

1. In the past 14 days have you had direct contact with someone that has tested positive or is suspected of having COVID-19? Yes or No

2. Do you feel feverish or have a temperature over 100.0 degrees? Yes or No

 Current temperature (prior to leaving home): \_\_\_\_\_\_\_

3. Do you have a new (last 72 hours) persistent cough or difficulty swallowing? Yes or No

4. Have you been told to Quarantine by the health department or your doctor? Yes or No

5. Have you experienced any change in the ability to taste or smell or experienced any chills or headaches? Yes or No

Scout/Youths name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I certify that the above answers are true to the best of my knowledge.

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 Parent/Guardian Name – Printed Signature

Date signed: \_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Status Questionnaire – Adult (over 18)

All Scouts/Leaders/Parents MUST complete this questionnaire before entry into camp can be granted, no matter how brief your stay will be. This is solely for the protection of our Scouts, Leaders, Volunteers and Employees. Please circle correct answer.

1. In the past 14 days have you had direct contact with someone that has tested positive or is suspected of having COVID-19? Yes or No

2. Do you feel feverish or have a temperature over 100.0 degrees? Yes or No

 Current temperature (prior to leaving home): \_\_\_\_\_\_\_

3. Do you have a new (last 72 hours) persistent cough or difficulty swallowing? Yes or No

4. Have you been told to Quarantine by the health department or your doctor? Yes or No

5. Have you experienced any change in the ability to taste or smell or experienced any chills or headaches? Yes or No

By signing below, I certify that the above answers are true to the best of my knowledge.

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 Parent/Guardian Name – Printed Signature

Date signed: \_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_