

## Unit Safety Plan

Unit Type: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Chartered Organization: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Meeting Address: \_\_\_\_\_

# of Patrols/Dens: \_\_\_\_\_ # of Scouts per Patrol/Den: \_\_\_\_\_

Estimated total # at a meeting - Scouts: \_\_\_\_\_ Adults: \_\_\_\_\_

Meeting Day: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

Meeting Frequency: \_\_\_\_\_

Date Proposed for First In-Person Meeting: \_\_\_\_\_

Be sure to include in your following descriptions which leader is responsible for each step of the process.

1. Describe how your unit will offer virtual options to Scouts who are unable to join in-person meetings and activities.

2. Describe the plan for drop off and pick up and how movement of Scouts, volunteers, and parents will be managed to avoid close contact and/or mixing of cohorts.

3. Describe how Scouts and volunteers will be screened for symptoms of COVID 19.

4. Describe how space and activities will be arranged to allow for physical distancing of Scouts and volunteers.

5. Describe how Scouts will be kept in small groups with fixed membership that stay together for all activities and minimize/avoid contact with other groups or individuals who are not part of the cohort.

6. Describe how face covering and other protective gear requirements will be satisfied and enforced.

7. Describe the availability of cleaning and disinfecting supplies and who is responsible for providing these for meetings and activities.

8. Describe how shared surfaces will be regularly cleaned and disinfected (including restrooms) and how use of shared items will be minimized.

9. Describe the availability of handwashing stations and hand sanitizer, and how their use will be promoted and incorporated into routines.

10. Describe your plan for handling Scouts or volunteers who exhibit symptoms or begin to feel ill at a meeting or activity.

11. Describe the actions that will be take when there is a confirmed case of COVID 19 within your unit.

12. Describe how leaders, Scouts and Scouting families will be educated on the application and enforcement of this plan including any updates.

13. Describe any additional measures specific to your meeting location or unit.

14. Who will be responsible for continuously checking state, county, city and council websites for updated guidelines?
  
  
  
  
  
  
  
  
  
  
15. Has everyone listed in this safety plan been informed of their duties as it relates to the safety guidelines?
  
  
  
  
  
  
  
  
  
  
16. Has your chartered organization been consulted about re-engaging in-person meetings and activities and approved this plan?
  
  
  
  
  
  
  
  
  
  
17. Has your meeting location been consulted about re-engaging in-person meetings and activities and approved this plan?