



BOY SCOUTS OF AMERICA®  
GATEWAY AREA COUNCIL

July 1, 2020

Gateway Scouting Units:

Many Cub Scout Packs and Scouts BSA Troops are beginning to make plans for socially distanced summer activities and outings. Many people have asked about the BSA or Gateway Scouting stance on programming and activities during our current phase of covid19.

Some things to consider as you plan activities and outings:

- Social distancing should be a part of your unit's plan for programming. Keep distance from each other as able, consider wearing masks when interacting closely indoors.
- When tenting, individual tents or hammocks may be best. If sharing a tent, make it large enough for six foot separation and sleep opposite each other head to toe.
- When able, consider having youth dropped off at an outing by their parent/guardian rather than carpooling as a Pack or Troop.
- At outings try and reduce shared contact surfaces or surfaces which cannot be regularly cleaned (i.e. bottled water preferable to shared water jug)
- Individuals who have been sick recently or have a temperature should stay home.
- The ReStart Scouting Checklist from BSA National is a helpful resource:  
<https://filestore.scouting.org/filestore/HealthSafety/pdf/680-693.pdf>

A fourteen-day pre-health screen was required for Camp Decorah summer 2020 activities. This worked well and is something your unit may want to consider for any major events or outings. A blank 14day form is attached.

There are many ways that Scouting can continue during this time period. As many other activities have ceased Scouting can help our young people and families stay connected to one another.

If you have questions or thoughts or would like to discuss further please reach out.

Thank you!

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| PreEvent Health Checklist                               |  | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|---|--|-------|-------|-------|-------|-------|-------|-------|
| Form should be completed and brought with to check-in.  |  |       |       |       |       |       |       |       |
| <b>Complete this for the program you are attending.</b> |  |       |       |       |       |       |       |       |
| Name:   |  |       |       |       |       |       |       |       |
| Unit:   |  |       |       |       |       |       |       |       |
| Session:  |  |       |       |       |       |       |       |       |
| <b>Week 1 PreScreen</b>                                 |  |       |       |       |       |       |       |       |
| <b>Provide Daily Temperature</b>                        |  |       |       |       |       |       |       |       |
| Answer Y/N  |  |       |       |       |       |       |       |       |
| Fever or chills   |  |       |       |       |       |       |       |       |
| Cough   |  |       |       |       |       |       |       |       |
| Shortness of breath or difficulty breathing             |  |       |       |       |       |       |       |       |
| Fatigue   |  |       |       |       |       |       |       |       |
| Muscle or body aches                                    |  |       |       |       |       |       |       |       |
| Headache  |  |       |       |       |       |       |       |       |
| New loss of taste or smell                              |  |       |       |       |       |       |       |       |
| Sore throat   |  |       |       |       |       |       |       |       |
| Congestion or runny nose                                |  |       |       |       |       |       |       |       |
| Nausea or vomiting                                      |  |       |       |       |       |       |       |       |
| Diarrhea  |  |       |       |       |       |       |       |       |
| <b>Week 2 PreScreen</b>                                 |  |       |       |       |       |       |       |       |
| <b>Provide Daily Temperature</b>                        |  |       |       |       |       |       |       |       |
| Answer Y/N  |  |       |       |       |       |       |       |       |
| Fever or chills   |  |       |       |       |       |       |       |       |
| Cough   |  |       |       |       |       |       |       |       |
| Shortness of breath or difficulty breathing             |  |       |       |       |       |       |       |       |
| Fatigue   |  |       |       |       |       |       |       |       |
| Muscle or body aches                                    |  |       |       |       |       |       |       |       |
| Headache  |  |       |       |       |       |       |       |       |
| New loss of taste or smell                              |  |       |       |       |       |       |       |       |
| Sore throat   |  |       |       |       |       |       |       |       |
| Congestion or runny nose                                |  |       |       |       |       |       |       |       |
| Nausea or vomiting                                      |  |       |       |       |       |       |       |       |
| Diarrhea  |  |       |       |       |       |       |       |       |