North Florida Council, SJRB COVID-19 Plan Overview
The leadership of the North Florida Council and St. Johns River Base has the health and safety of all Scouts, their families, staff, and the public as its highest priority and concern. This document was created to share with our local health department the preparations and intentions of North Florida Council has while operating our summer camp program at St. Johns River Base.

The following information has helped form the planning and implementation of enhanced procedures in St. Johns River Base.

1. *Age Impact.* It appears that COVID19 does not have a significant effect on those below the age of 20 and that comorbidities are not a major factor in COVID deaths below the age of 20. CDC nationwide COVID deaths logged by age as of 25 April. 51 out of 37,308 nation-wide COVID deaths were people under 25 (includes those under 25 with comorbidities).

<table>
<thead>
<tr>
<th>Data</th>
<th>Start</th>
<th>End</th>
<th>State</th>
<th>Sex</th>
<th>Age</th>
<th>COVID</th>
<th>Total</th>
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<tr>
<td>05/01/2020</td>
<td>02/01/2020</td>
<td>04/25/2020</td>
<td>United St...</td>
<td>All Sexes</td>
<td>Under 1 y...</td>
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<td>All Sexes ...</td>
<td>All Ages</td>
<td>37,308</td>
<td>719,438</td>
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</table>

Environment Impact. Heat 75°F, humidity 80% and sunlight reduce the half-life of this virus from 18 hours to 2 minutes. Summer will have a major impact on this virus with even a greater impact as the temperature increases above 90. (Data from 23 April Daily White House COVID presentation)

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>Temp</th>
<th>Humidity</th>
<th>Solar</th>
<th>HALF LIFE</th>
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<td>Surface</td>
<td>70-75°F</td>
<td>20%</td>
<td>None</td>
<td>18 hours</td>
</tr>
<tr>
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<td>80%</td>
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<td>6 hours</td>
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<td>Surface</td>
<td>70-75°F</td>
<td>80%</td>
<td>Summer</td>
<td>2 minutes</td>
</tr>
<tr>
<td>Aerosol</td>
<td>70-75°F</td>
<td>20%</td>
<td>None</td>
<td>~60 minutes</td>
</tr>
<tr>
<td>Aerosol</td>
<td>70-75°F</td>
<td>20%</td>
<td>Summer</td>
<td>~15 minutes</td>
</tr>
</tbody>
</table>

In addition to the CDC information provided above, NFC, St. Johns River Base completes a rigorous national accreditation process each year (a summary of those topics is provided in the Appendix of this document). The following provides background to the BSA national standards.

**BACKGROUND ON NATIONAL STANDARDS FOR ST. JOHNS RIVER BASE**

The BSA national camp standards are established to:

1. Promote the health, safety, and well-being of every camper, leader, visitor, and staff member while participating in a BSA-accredited camp.
2. Guide councils so each camper and leader obtain a quality program consistent with the BSA brand.

The NFC, St. Johns River Base is responsible for maintaining the BSA national camp standards. The national camp standards are the foundation of the National Camp Accreditation Program, which assesses council and camp conformance with the requirements of the national camp standards.

**Assessment and Accreditation**

Each year, a national camp assessment team (for long-term camps and COPE/climbing courses and associated camp properties) or the council self-assessment team (for day camps, family camps, and camp properties) will visit the camp property or camp to assess whether it qualifies for accreditation. If the camp assessment team finds that the camp property or camp complies with the standards and Authorization to Operate and is appropriately implementing the continuous camp improvement program, it will confirm the camp property’s or camp’s accredited status. If there are issues, the team will work with the council to address them and implement appropriate measures for correction. (See Appendix)

National Camp Standards Link

**Beyond the standards**, NFC, St. Johns River Base plans to implement practices and precautions to help mitigate the risks associated with COVID-19 which are included in the following pages. We will be monitoring circumstances and adhering to guidance from the CDC, our departments of health, the office of the Governor, and other experts to determine whether programs need to be postponed or adjusted.

**PRE-OPENING PROCEDURES / UPDATES**

Following are those items related to the COVID-19 preparations NFC, St. Johns River Base is undertaking to provide a safe, clean, and healthy outdoor experience for its participants. Please know we are monitoring developments regarding COVID-19 both locally, at the state level, and through the Centers for Disease Control and Prevention (CDC).

- Boy Scouts of America unit camping may have numbers of participants purposely reduced based on local, state, and federal guidelines in order to ensure that all youth, adults, and staff have a safe and fun camping experience. Other changes may be necessary during 2020.

- A COVID-19 “At-Risk” Camp Participant Statement and Pre-Event Medical Screening Checklist will be provided to each participant prior to camp and used to prepare attendees for their time at camp. (*See Appendix for both documents.*)

The processes and safety measures outlined in the following pages will be enforced and monitored throughout the summer camping season and will be adapted to meet all state and local requirements as needed. If at any point it is deemed “not safe” or not appropriate to host Scout camp, we will modify our planning and give notice as soon as possible to the participants and groups scheduled to attend.

**PRIOR TO ARRIVING AT CAMP**

**Camp Readiness**

NFC, St. Johns River Base will go through typical preparations for the summer season. Unlike previous years, there will be additional action items to complete before and during camp operations.

Below are the additional items NFC, St. Johns River Base will be doing in 2020 to prepare (this list is not all-inclusive and is dynamic depending on state and local guidelines).

**Enhanced Cleaning**

All camping facilities used during each week of camp will receive an extensive cleaning from our camp staff. Also, prior to the next week of camp.

**Additional Cleaning Procedures**

Cleaning procedure(s) (*based on current local and state recommendations*) have been developed and will be used at camp. *Below are the areas identified for enhanced cleaning.*

- Pools – Cleaning of changing rooms after each rotation, class, etc.
• Program Areas
  o Cleaning of program implementation equipment (tools, firearms, etc.) after each rotation, class, etc.
  o Shelters/picnic areas in program areas will be thoroughly cleaned by staff daily.

• Shelters/Picnic Areas in Campsite
  o Camp staff will inspect daily to ensure that local groups clean shelter/picnic areas in campsites at least once daily (extra cleaning supplies will be issued to local groups and can be augmented with additional approved materials brought to camp by adult leaders) (See Appendix for approved list of materials)
  o Shelters/Picnic Areas in campsites will be thoroughly cleaned by staff in between weeks.

• Restrooms
  o Camp staff will perform daily inspections to ensure restrooms located in group sites are cleaned daily (extra cleaning supplies will be issued to local groups and can be augmented with additional approved materials brought to camp by adult leaders) (See Appendix for approved list of materials)
  o Restrooms in campsites will be thoroughly cleaned by staff in between weeks.

• Shower Facilities
  o Showers will be thoroughly cleaned by staff twice a day once in the AM and once in the PM.

• Kitchen
  o Kitchen will remain closed for the 2020 summer season

• Tents
  o Every participant and group will be responsible to provide their own tenting.

Additional Supplies/Items

NFC, St. Johns River Base’s commitment to health and safety is a top priority, the following items will be added to the supplies of each camp (in addition to the supplies normally maintained at camp).

• Purchase of Additional First Aid and Screening Supplies
  o Purchased 6 touchless thermometers to help our on-site medical professional with screening for COVID-19.

• Purchase of Additional PPE
  o NFC, St. Johns River Base will purchase specific PPE for its staff to ensure that staff will be able to safely perform specific job-related functions at camp to help prevent the spread of germs.
• **Additional Handwashing/Sanitization Stations**
  o Currently, each campsite has handwashing stations. Most program areas have sanitization stations or handwashing stations.

**Camp Operation Modifications**

The following are modifications being made to all camp operations. These changes are dynamic and will be installed in compliance with state and local agencies guidelines.

- Participants will be instructed to maintain at least **6 feet of separation** as much as possible (or whatever the recommendation is at the start of camp session).
- **Limit capacity** of class / activity size. Utilize space available in the most efficient way possible to allow for social distancing.
- Each participant will be encouraged to bring their own camp chair
- **Check-in Screening** – In addition to standard BSA Medical Form parts A, B, and C *(see Appendix)*, upon arrival to camp all staff and participants will be screened by submitting a standardized questionnaire and their temperature will be taken. Those who fail the screening will be refused entry and will be asked to leave camp immediately.
- **Sickness at Camp** – Participants presenting with symptoms of COVID-19 will be temporarily quarantined and sent home immediately.
- All parents must fill out a “**Commitment to Transport**” that requires their written acceptance that they will provide transport for their youth should that youth be identified as someone who needs to be sent home. *(See Appendix)*
- **Visitors** – There will be no family visitors during the camp session. If a unit is changing adults during the week, each new adult will need to check in at the office and complete pre-screening procedures. Family Night has been cancelled this summer.
- Once an individual (youth or adult) has checked in to camp they should not plan to leave the property. Re-admittance to camp will be on an extremely limited basis and units should plan accordingly.
- **Hand-washing** – As a Scout is Clean, we will direct participants to thoroughly wash their hands often.
- **Personal protection equipment (PPE)** – A Scout or leader is encouraged to bring their own supply of hand sanitizer, face mask, and /or gloves as they deem necessary.
- **Group Shower Houses and Group Restrooms** – Group Shower houses and group restrooms located in common camp areas will be cleaned twice times per day.
- **Camp Sanitation Personnel** - We will ask for volunteers from our attending adults to serve as a “Camp Sanitation Personnel”. This group of volunteers will be provided detailed instructions, equipment, and materials to clean and sanitize all parts of camp.
- **Protective Gear** – All staff will be provided with a cloth mask and must wear as identified:
  o Anytime inside any building unless eating a meal, in personal housing or when social distancing isn’t feasible
  o Anytime preparing food whether inside or outside
  o Anytime social distancing is not possible regardless if inside or outside
- **Camp Equipment** – We will properly sanitize all community and reusable program equipment after each use. This includes teaching and visual aids (posters, sample items), tools, aquariums, tables, benches.
- **Shooting sports** -
  o **BB Range** – Scout on the firing line will be given a disinfectant wipe to wipe down each rifle, safety glasses and hearing protection
• **Archery range** - Scout on the firing line will be given a disinfectant wipe to wipe down each bow, arrow, safety glasses, and target stand

• **Waterfront** – After each use, every boat (canoe, rowboat, stand-up paddleboard, sailboat) should be drained of any water and then set face up to dry in the sun. As it is drying each boat should be sprayed with disinfectant and left untouched per the label instructions
  - Oars and paddles should be also stored blade down and all shafts and handles should be wiped with disinfectant wipes
  - Participants are encouraged (not required) to bring their own US Coast Guard type III approved lifejacket to participate in aquatic activities

• **Modification of Program Areas**
  - Where possible NFC, St. Johns River Base has made program offering smaller and has ensured that program areas meet local, state, or federal guidelines for social distancing.
  - The camp will strategically place units from the same geographical area into the same campsite. The campsite will move from program to program daily similar to the concentric circles model. Inside a program area the participants will be able to choose a class of four offerings prior to arrival therefore keeping to smaller class sizes.

• **Additional Staff Training**
  - It is important that all NFC, St. Johns River Base camp staff, includes counselor in training and volunteers, know about the general signs of COVID-19 and preventing the spread of COVID-19. Training about COVID-19 will be conducted for all staff.
    - The onsite medical professional and management team will have completed a formal course in identifying signs of COVID-19. All staff will attend a general session in which identifying the signs of COVID-19 and preventing the spread of COVID-19 are discussed. Finally, all staff will attend a general session that outlines all 2020 policies towards COVID-19 prevention (i.e. cleaning, social distancing, etc.) is discussed to ensure staff follow policies.

• **Modification of Visitor Policy at Camp**
  - Visitors are defined as anyone who is not a youth participant, adult participant, staff, or vendor. Programs will be adjusted to eliminate non-emergency visitors (i.e. removal of family nights, guest instructors, etc.). All visitors will have a screening/temperature check when arriving at camp along with collection and review of governmental pre-screening self-assessment. This is in addition to all other documents needed to check into camp.

• **Units Attending Camp**
  - Medical Information
    - All units will need to ensure that all participants coming to camp are prepared with a governmental pre-screening self-assessment tool and,
where necessary, a doctor recommendation to attend the specific camp. The pre-screening assessment tool, done 24 hours prior to arrival on camp, will be brought to camp as part of check-in documentation, i.e. *Commitment to Transport Plan*, etc.

- All Medical Forms are completed for all attendees (Scouts, leaders, parents, visitors, etc.)
- All COVID-19 Screening Form are completed for all attendees (Scouts, leaders, parents, visitors, etc.) (See Pre-Event Medical Screening in Appendix)
- Participants must have current medical information and must provide BSA’s annual health and medical record (AHMR). (See Appendix for updated COVID-19 information)

- **Unit Sanitization Supplies**
  - Units will be supplied necessary items and encouraged to augment those supplies by bringing approved supplies from home (See approved Unit Sanitation Supply List in Appendix)

- **Leaders Attending Camp**
  - All adults attending camp will need to meet already existing BSA requirements as it relates to medical screenings. In addition to this, they will also need to have a governmental pre-screening self-assessment tool and, where necessary, a doctor recommendation to attend the specific camp. The pre-screening assessment tool, done 24 hours prior to arrival on camp, will be brought to camp as part of check-in documentation.
    - All leaders will need to ensure that they have reviewed the *Camper Equipment Checklist*. In addition to this, all leaders will need to review the 2020 Supplemental Camper Equipment Checklist. (See Appendix for both documents.)

- **Family Specific Commitment to Transport Plan** (See Appendix)
  - All leaders should have a completed *Commitment to Transport Plan* to turn-in as part of the check-in process.

- **COVID-19 “At Risk” Camp Participant Statement** (See Appendix)
  - Please review the statement, sign, and bring to camp with your camp medical form.

- **Modification of Camp Check-In Schedule**
  - Screening and temperature check will be taken each week on all participants and staff when arriving at camp along with collection and review of governmental pre-screening self-assessments. This is in addition to all other documents needed to check into camp.
• **Modification of Sick Camper Protocol**
  - Several modifications will be made in 2020 to align procedures with COVID-19 restrictions at our camps. Listed below are those new procedures which are in addition to already established procedures/requirements.
    - Temperature check for any health lodge patients at camp (during camp)
    - A temporary tent will be set up next to the medical lodge. Anyone requiring attention, regardless of the situation, shall have a screening/temperature checked taken prior to leaving. Anyone entering the health lodge for medical treatment shall also have screening/temperature checked taken prior to leaving the medical lodge.

• **Instituting Temporary Quarantine**
  - Anyone experiencing symptoms of COVID-19 and/or having an abnormal screening/temperature check shall be placed in temporary quarantine at camp until the issue is resolved (recheck for normal signs, removed from camp, etc.). In addition, anyone leaving camp for any reason shall have to complete a pre-screening self-assessment tool and screening/temperature check prior to being allowed to return to normal camp activities.

• **Enhanced Cleaning in Between Each Week of Camp**
  - Camping schedules will be adjusted to allow camp staff to thoroughly clean in between weeks.

• **Review and Updating of Procedures and Communicate to Coming Sessions of Camp**
  - After each week of camp there will be a review by on-site staff on all newly added 2020 procedures with updates made to those procedures based on feedback from staff and, where possible, implemented by camp management.

**Dynamic - Living Document**

These measures are intended to be above and beyond all current standards, measures, rules, etc. currently applicable to North Florida Council, St. Johns River Base. These measures are part of a living document and shall be updated as needed and approved by the necessary governing body of the council.
APPENDIX
COVID-19 “At Risk” Camp Participant Statement
MUST BE COMPLETED AND BROUGHT TO CAMP

Name ____________________________ Unit ________________________

Your safety and the safety of all our members, volunteers, and employees is the North Florida Council, St. Johns River Base top priority. While there is still much uncertainty regarding COVID-19, we are monitoring the information provided by health experts and government agencies to help keep safe those who choose to come camp this summer.

Our council and camp leaders continue to coordinate with state and local health departments to ensure we are informed of and comply with their guidance to mitigate the risks COVID-19 being contracted at camp.

Our mitigation plan includes:
- Pre-attendance education.
- Health screening conducted by your unit prior to travel to St. Johns River Base, including a temperature check.
- Health screening upon your arrival at camp conducted by our camp health officers, which will also include a temperature check.
  - Note: should anyone in the unit not pass the arrival screening, the entire car will not be allowed to enter camp.
- Limitations on visitors while at camp.
  - All visitors will be screened upon arrival before entry to camp.
- Hygiene reminders while at camp.
- Extra hand washing / sanitizer stations throughout camp.
- Dedicated staff to clean and disinfect high-touch surfaces and shared program equipment.
- An emergency response plan that includes an isolation and quarantine protocol should a person at camp develop symptoms of COVID-19 or other communicable diseases.
- Check-ins with each unit one week and two weeks after the unit leaves camp to determine if any participants have developed symptoms.

These precautions are important, but these efforts cannot eliminate the potential for exposure to COVID-19 or any other illness while at camp. Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. The fact is that someone with COVID-19 may pass the required health screenings and be allowed into camp.

We also know the very nature of camp makes social distancing difficult in many situations and impossible in others.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19/ If you are in this group, please ensure you have approval from your healthcare provider prior to attending camp.

Every staff member, volunteer, and Scouting family must evaluate their unique circumstances and make an informed decision before attending camp. We hope this information will be helpful as you make that choice.

Signature of Parent / Guardian / Adult ____________________________ Date __________
AHMR SUMMER 2020 EXCEPTION

Background
The BSA’s annual health and medical record (AHMR) currently requires completion / update annually for all participants, in all Scouting events. Parts A and B are consent, authorization / risk acknowledgement and a detailed health history. Part C, the pre-participation physical is recommended for all participants but required for any event lasting over 72 hours, including traditional unit camping. Part C is valid to the end of the 12th month that it was completed in. For example, a Part C examination done on February 1, 2019 would be valid until February 29, 2020.

We understand physical exams may be difficult to obtain in some parts of the country because of COVID-19. We also realize this may present a hardship for some participants that typically schedule their physical exams prior to the camping season. Considering COVID-19, the following guidance is being provided and will be in effect until August 31, 2020. The following one-time exceptions will only apply to BSA Accredited Council Camps and BSA High Adventure Bases. Not for Troop level camping activities.

Option 1: Participants have a current Completed Health Form
Participants that have a valid, completed AHMR Parts A, B & C (NCAP HS-503) within 12 months of camp need no exception.

Option 2: Participants with a Part C completed on or after February 1, 2019.
- Validity of any Part C completed on or after February 1, 2019 is extended until August 31, 2020.
- Update Parts A and B of the AHMR within two weeks of your departure to camp.

Download here: https://www.scouting.org/health-and-safety/ahmr/ This must be the most current health form with the new sections / wording that was optional for this summer but would have been required in 2021.

Option 3: Participants with no Part C or one prior to February 1, 2019, this includes all new members.
- Attach a completed alternate exam (sports, school, annual well exam at pediatrician) completed on or after February 1, 2019. This will be accepted as a valid Part C until August 31, 2020.
- Update Parts A and B of the AHMR within two weeks of your departure to camp.

Download here: https://www.scouting.org/health-and-safety/ahmr/

There will be no other exceptions outside these parameters.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. If you are in this group, please ensure you have approval from your health care provider prior to attending camp. Anyone whose medical condition or history has significantly changed since their last physical exam have approval from their health care provider prior to attending camp.
Standard and COVI-19 Camper Equipment Check List

We suggest each item of clothing and equipment be labeled with the Scout’s name, address, and troop number. This will be helpful in returning lost items to their owners.

Scout Uniform
○ Official shirt
○ Official shorts/long pants
○ Scout belt
○ Scout uniform socks (2 pairs)
○ Scout hat (if part of troop uniform)
○ Camp uniform (USED DAILY)
○ Camp or troop t-shirts
○ Socks (2 pairs)
○ Swim trunks/bathing suit
○ Raincoat or poncho
○ Underwear
○ Hiking shoes and tennis shoes (closed toe)

Necessary Equipment
○ Bath towel and soap with container
○ Shower shoes (closed toe)
○ Toothbrush & toothpaste
○ Comb or brush
○ Drinking cup
○ Water bottle
○ Lightweight sleeping bag or blanket
○ Sleepwear
○ Flashlight (extra batteries)
○ Religious materials
○ Scout handbook
○ Small backpack or bookbag
○ Notebook paper & pencil/pen
○ Insect repellent
○ Sunscreen
○ COMPLETED Annual Health & Medical Record
○ Individual First Aid kit

Optional Equipment
○ Wristwatch
○ Sunglasses
○ Sewing kit
○ Pocket knife
○ Binoculars
○ Clothesline & clothes pins
○ Battery operated fan (extra batteries)
○ Spending money
○ Ear plugs
○ Water shoes
○ Dry pack or fanny pack
○ Camp box or locker with lock
○ Small rug or mat

NOT SUGGESTED
○ Cell phone
○ MP3 Player
○ Other electronic devices
○ Collections of value
○ Other valuables

DO NOT BRING
○ Fireworks
○ Firearms
○ Valuables
○ Alcohol or drugs
○ Sheath knife
○ Pets

Recommended Camper Equipment

Additions for COVID-19
○ One-week supply of personal hand sanitizer
○ One-week supply of disinfectant wipes
○ Personal, reusable face mask and gloves
○ Personal tent
○ Camp chair
Standard Unit Camp Equipment Check List

What to bring – We suggest each troop bring these items to camp. Please label each item with your troop number. This will be helpful in returning lost items to the troop.

Necessary Equipment
○ US Flag
○ Troop flag
○ Patrol flag
○ Troop first aid kit
○ Rake and shovel
○ Rope (for gadgets)
○ Axe yard items
○ Secure lockable storage bin
○ Water containers
○ Lanterns

COVID-19 Suggested Additional Unit Camp Equipment Checklist

Recommended additions to the Unit Equipment Checklist to augment cleaning supplies and materials at camp.
○ Spray bottles for bleach solution
○ Bleach
○ Rags and/or Clorox or Lysol Wipes
○ Hand Sanitizer (recommend 1-gallon size)
○ Disinfectant wipes (like Wet-Ones)
○ Paper towels
○ Extra camp chairs
Parental Commitment to Transport
To be completed and submitted to camp upon arrival

I understand at any time during my child’s stay at North Florida Council, St. Johns River Base Summer Camp Program I may be called on to transport my camper (youth or adult) from camp for medical reasons. I commit to being available for the duration of the session by phone should I need to be contacted by the camp management team. Furthermore, upon consultation with the camp management team I agree to pick up my participant within four (4) hours of being contacted, exception applies to further distance to camp. I will also provide a second level contact to be prepared for unforeseen circumstances.

Participant Name ___________________________ Unit Number ___________________________

Signed ___________________________ Date _____________

Primary Contact Name ___________________________ Phone ___________________________

Secondary Contact Name ___________________________ Phone ___________________________
Camping this Summer
The leadership of the North Florida Council has the health and safety of all Scouts, their families, staff, and public as our highest priority and concern. We appreciate your patience as we have been navigating this situation as best we can. We will be monitoring circumstances and adhering to guidance from the CDC, our departments of health, and other experts to determine which programs need to be adjusted. Thankfully, we have an excellent working relationship with our county’s Department of Health, our Enterprise Risk Management Committee, and our national accreditation teams. Additionally, our staff and volunteers are working with these agencies and many others to ensure we are fully prepared to continue to offer the same values-based, mission-driven summer camp experience we have been providing for over 100 years.

Q: Will there be special efforts made at St. Johns River Base to keep the camp clean and sanitized?
Yes, the camp staff are and will be conducting extra cleaning efforts. All camping facilities have been deep cleaned in preparation of your arrival. We will continue to monitor the information provided to us by the Department of Health and CDC and apply best practices.

Q: How will you keep Scouts safe at summer camp?
Health and safety are our primary concern, it is important to us people at camp stay healthy and are well cared for if they become ill. Upon arrival at St. Johns River Base each participant will be medically screened which will include individual temperature checks and general health assessment. We will have and act on the latest information from CDC, state, and local health agencies regarding best practices on screening procedures for campers as they arrive. Weekend operations have been modified to eliminate gatherings beyond current guidelines

Q: What is BSA’s policy on social distancing in a tenting environment when camping?
Camping should only take place in accordance with guidelines outlined by your state and local health department and other local officials, as well as under the direction of your local BSA council and chartered organization. There is no formal national policy on social distancing in tents, just as there is no prohibition on tenting alone if logistics can accommodate that request. As always, all BSA youth protection policies must be followed.

Q: What kind of safety guidelines will you be following at camp?
The health and safety of our participants is important to us. St. Johns River Base is nationally accredited and held to high standards. All participants will be required to come to camp healthy and able to participate. Unit leaders will work in concert with camp management to ensure compliance. Health and safety
guidelines provided by the state and CDC will be put into practice. Any Scout that arrives at camp physically ill will not be admitted and sent home immediately.

**Q: Will I have to provide any additional health information to come to camp?** Yes, a pre-event screening worksheet is included in the St. Johns River Base COVID-19 Camp Plan of Operation and will be made available to all camp participants. Information will be shared to reservation holders as it becomes available. A current Annual Health and Medical Record is strongly recommended but alternative options are now available. See the AHMR Summer 2020 Exception document in the St. Johns River Base COVID-19 Plan of Operation.

**Q: Will there be changes to the dining hall operations?** Yes, we will not be offering any meal service in our dining hall - all units must make arrangements to cook all meals in their campsites.

**Q: Will there be aquatics activities?** Yes, we plan to use our Pool and the waterfront. At the Pool we will have open or free swim. At the waterfront we plan to do aquatics activities and boating.

**Q: What will the check-in process look like?** As is standard in previous years, each unit must check in to camp. This summer there will an additional requirement which include a pre-screening health check. Details will be sent out soon.

**Q: Will staff be screened and need to comply with state and local guidelines?** YES. The staff at St. Johns River Base will be screened the same way as each participant.

**Q: Will there be specific procedures for staff or participants if they become ill or present any symptoms?** Yes, St. Johns River Base will have specific procedures to follow in the case of someone becoming ill or showing symptoms which include a quarantined area as well.
Model Pre-Event Medical Screening Checklist

Please Answer the following;

□ Yes □ No  Have you been in contact with anyone who has COVID-19 or is otherwise sick?
□ Yes □ No  Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

If the answer is “yes” to either of these questions, the participant must stay home.

□ Yes □ No  Are you in a higher-risk category as defined by the CDC guidelines?
If the answer is “yes” to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.

If the above answers are “no,” proceed to this symptom decision tree.

- Shortness of breath
- New or worsening dry cough
- Fever of 100.4º or greater
- Flu-like symptoms
- Vomiting
- Diarrhea

NONE

- Cough
- Unexplained extreme fatigue or muscle aches
- Rash
- Sore throat
- Open sore

YES to any ONE symptom

YES to any TWO or more symptoms

THE PARTICIPANT MUST STAY HOME
These symptoms are associated with communicable diseases and the participant MUST stay home until medically cleared by their health care provider.

Signing below I am stating the above answers are true and correct 24 hours prior to arrival to camp.

Printed Name: ____________________________ Troop #: ______________ Council: ______________

Signature: ____________________________ Date: ______________
**Part A: Informed Consent, Release Agreement, and Authorization**

**Informed Consent, Release Agreement, and Authorization**

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about these activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

(Iff applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915(a)) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.

**List participant restrictions, if any:**

- None

---

**Complete this section for youth participants only:**

**Adults Authorized to Take Youth to and From Events:**

You must designate at least one adult. Please include a phone number.

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<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
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</table>

**Adults NOT Authorized to Take Youth to and From Events:**

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<tr>
<th>Name:</th>
<th>Phone:</th>
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<th>Name:</th>
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</table>
### Part B1: General Information/Health History

**Full name:**

**Date of birth:**

---

**Age:**

**Gender:**

**Height (inches):**

**Weight (lbs.):**

---

**Address:**

**City:**

**State:**

**ZIP code:**

**Phone:**

---

**Unit leader:**

**Unit leader’s mobile #:**

---

**Council Name/No.:**

**Unit No.:**

---

**Health/Accident Insurance Company:**

**Policy No.:**

---

**In case of emergency, notify the person below:**

**Name:**

**Relationship:**

**Address:**

**Homephone:**

**Other phone:**

---

**Alternate contact name:**

**Alternate’s phone:**

---

### Health History

**Do you currently have or have you ever been treated for any of the following?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Explain</th>
<th>Last HbA1c percentage and date:</th>
<th>Insulin pump:</th>
<th>CPAP:</th>
<th>Last seizure date:</th>
<th>Last surgery date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
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<td>Hypertension (high blood pressure)</td>
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<tr>
<td>Adult/Congerita heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all “yes” answers.</td>
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<td>Family history of heart disease or any sudden heart-related death of a family member before age 50.</td>
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<tr>
<td>Stroke/TIA</td>
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<td>Asthma/reactive airway disease</td>
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<td>Lung/respiratory disease</td>
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<td>COPD</td>
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<td>Ear/eyes/nose/sinus problems</td>
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<td>Muscular/skeletal condition/muscle or bone issues</td>
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<td>Head injury/concussion/TBI</td>
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<td>Attitude sickness</td>
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<td>Psychiatric/psychological or emotional difficulties</td>
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<td>Neurological/behavioral disorders</td>
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<td>Blood disorders/sickle cell disease</td>
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<td>Fainting spells and dizziness</td>
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<td>Kidney disease</td>
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<td>Seizures or epilepsy</td>
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<td>Abdominal/stomach/digestive problems</td>
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<td>Thyroid disease</td>
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<td>Skin issues</td>
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<td>Obstructive sleep apnea/sleep disorders</td>
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<td>List all surgeries and hospitalizations</td>
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<td>List any other medical conditions not covered above</td>
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</table>
Part B2: General Information/Health History

Full name: ____________________________

Date of birth: _________________________

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) ________________

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) ________________

Are you allergic to or do you have any adverse reaction to any of the following?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Medication</td>
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<td></td>
<td></td>
<td>Food</td>
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<td></td>
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<td>Plants</td>
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<td></td>
<td></td>
<td>Insect bites/stings</td>
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</tbody>
</table>

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Reason</th>
</tr>
</thead>
</table>

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions:

Administration of the above medications is approved for youth by:

Parent/guardian signature ________________ MD/DO, NP, or PA signature (if your state requires signature)

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Had Disease</th>
<th>Immunization</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Tetanus</td>
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<td>Pertussis</td>
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<td>Diphtheria</td>
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<td>Measles/mumps/rubella</td>
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<td></td>
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<td>Polio</td>
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<td>Chicken Pox</td>
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<td></td>
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<td>Hepatitis A</td>
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<td>Hepatitis B</td>
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<td></td>
<td></td>
<td>Meningitis</td>
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<td>Influenza</td>
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<td>Other (i.e., HIB)</td>
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</tbody>
</table>

Please list any additional information about your medical history:

__________________________________________________________________________

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: ____________________________

Date: ________________

Further approval required: ☐ Yes ☐ No

Reason:

Approved by: ____________________________

Date: ________________