



## Screening Protocol for District & Council Events

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

Name: \_\_\_\_\_

**Instructions:** This form is used to screen all participants and staff upon arrival and prior to entry into a Mayflower Council event. It should also be used to guide the ongoing monitoring of participants and staff throughout the event.

- Yes  No Have you or has anyone in your household been in close contact\* in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes  No Have you or has anyone in your household been in close contact\* with anyone who has been tested for COVID-19 and is waiting for results?
- Yes  No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- Yes  No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- Yes  No Have you or has anyone you have been in close contact\* with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

**\*According to the Centers for Disease Control and Prevention (CDC), "close contact" means:**

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period.
- You had direct physical contact with an infected person (hugged or kissed them).
- You shared eating or drinking utensils.
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you.

**If ALL of the above are NO, the participant/staff MAY proceed to the next section.**

**If ANY of the above are YES, the participant/staff SHOULD NOT BE ALLOWED to enter the event.**

The participant/staff should return home with their parent or caregiver.



<b>Does the staff member/participant have any of the following symptoms?</b>	<b>Yes</b>	<b>No</b>
Cough?		
Sore throat?		
Rapid breathing or difficulty breathing (without recent physical activity)?		
Flushed cheeks?		
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?		
Fatigue? ( <i>Fatigue alone should not exclude a participant/staff from participation.</i> )		
Headache?		
New loss of smell/taste?		
New muscle aches?		
Any other sign of illness?		
Has the participant/staff had contact with someone in the previous 14 days who is ill with a respiratory illness?		
<b>Is the staff member/participant cleared to enter the event?</b>		

**If ALL of the above are NO, the participant/staff MAY enter the event.** If the participant/staff shows signs of any of the below during the day, follow exclusion protocols and call the participant’s/staff’s parent/guardian to come pick them up.

**If ANY of the above are YES, the participant/staff SHOULD NOT BE ALLOWED to enter the event or activity.** The participant/staff should return home with their parent or caregiver.

**Staff signature:** \_\_\_\_\_ (over 18)

**Parent/guardian signature:** \_\_\_\_\_ (if applicable)

**Mayflower Council will be strictly enforcing the guidelines below with regard to participants and/or staff re-entry following illness or exposure:**

- If the participant or staff member has been *exposed* to an individual who is COVID-19 positive or presumed to be COVID-19 positive, then they may not return to Mayflower Council programs for 14 days.
- If the participant has *symptoms but not otherwise exposed* to an individual who is COVID-19 positive or presumed to be COVID-19 positive, they may not return to Mayflower Council programs until the symptoms abate.