## 

## COVID-19 Restart Checklist

#### General

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| **Information** | **Notes** | | | | | | |
| 1. Group (Unit) Name / Section |  | | | | | | |
| 1. Checklist completed by |  | | | | Date |  | |
| 1. Readiness level | Amber |  | Yellow |  | Green | |  |
| 1. Location | Outdoors | |  | Indoors | | |  |
| 1. Date which you hope to return. Or move to next readiness level / location. |  | | | | | | |
| 1. Have you read and understood the relevant and current guidance on the Getting back together safely webpages? | | | | | | |  |
| 1. Have you read and understood the relevant and current guidance on adult meetings? | | | | | | |  |
| 1. Have you incorporated hazards and considerations identified in the relevant guidance into your risk assessment? | | | | | | |  |
| 1. Have you attached your COVID-19 Restart Risk Assessment? | | | | | | |  |
| 1. Has your COVID-19 Restart Risk Assessment been signed off by the Group Scout Leader and Executive Chair / Committee (or equivalent)? | | | | | | |  |

#### People

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| **Things to consider** | **Notes** | **Done** |
| 1. Have you consulted with volunteers (including Young Leaders) and parents? |  |  |
| 1. Do you have enough volunteers to run each session safely and within ratios?\* |  |  |
| 1. Are any volunteers or young people (or members of their household) vulnerable or shielding? Have you talked with them and agreed appropriate adjustments to ensure they can still be engaged (where they wish)? |  |  |
| 1. If you run multiple sessions for smaller groups, do leaders have capacity for extra sessions or would you extend programme activity in alternate weeks, with activities to be done at home for those alternate weeks? |  |  |
| 1. Do the adult leaders meeting face-to-face have the appropriate, up-to-date disclosure (DBS, PVG, Access NI) checks? |  |  |
| 1. Do the adult leaders meeting face-to-face have up to date safety and safeguarding training recorded on Compass? |  |  |
| 1. Do you have access to adults to provide first aid cover for your activities? |  |  |
| 1. Have you agreed what to do if there is an incident, someone is injured, or shows signed of COVID-19 during a face-to-face meeting? |  |  |
| 1. Have you got a way of recording all attendance for each face-to-face session, including adults and visitors / helpers (track & trace) and keep it secure for 21 days or in line with your data retention policy whichever is longer? |  |  |
| 1. Are your membership records up-to-date for young people and adult volunteers, including correct contact details? |  |  |
| 1. Have you developed a plan for how you intend to communicate with volunteers, parents and young people? Including hazards and control measures, what to do in the event of an incident, if people do not comply with the control measures and how they can raise any concerns? |  |  |
| 1. Have you identified a way of capturing written parental consent for return / move to next level? |  |  |
| 1. Have you got a safe process for engaging and supporting any parents/new volunteers who may have expressed an interest in volunteering, including parent rota? |  |  |

#### Programme

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| **Things to consider** | **Notes** | **Done** |
| 1. Have you planned programmes for your sections (these do not need to be provided to the District approver)? Are there good quality programme activities on offer? Is the challenge appropriate for the section? Does the programme still support young people to achieve top awards? Have you considered how these would be done socially distanced/blended with online activities if needed? |  |  |
| 1. Is your programme flexible enough to be delivered both at home and face-to-face (as requirements allow)? How can those who are unable to attend face-to-face still be included and engaged? |  |  |
| 1. If needed, are you able to ‘buddy up’ with other sections/groups to ensure you can deliver a quality programme safely? Are there other volunteers in the District/County who could support you? |  |  |

#### Places

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| **Things to consider** | **Notes** | **Done** |
| 1. Have you selected a proposed meeting place(s)/venue(s) for running your programme and considered how you can meet government guidelines? Including access consideration/drop off and pick up arrangements? Are there passing places or a one-way system in place? Provide notes for each location, if you intend to deliver programme from multiple places / venues? |  |  |
| 1. Have you considered public perception and identified ways to show you are operating in a COVID-safe way? |  |  |
| 1. Travel: How do volunteers and young people get to the venue? Is it within walking distance? Do people from different households usually car share or take public transport? |  |  |
| 1. Have you considered what facilities may be needed for handwashing, drying, alcohol hand gel and toilet facilities? Do you have sufficient items available? |  |  |
| 1. Have you identified what additional cleaning may be required and how this will be managed? |  |  |
| 1. Have you produced updated risk assessments for each activity and setting? (these do not need to be submitted for approval, except where you are using a venue different from your approved COVID-safe meeting place). |  |  |

#### Equipment

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| **Things to consider** | **Notes** | **Done** |
| 1. Have you checked all equipment you plan to use to make sure it’s safe to use and anything which is not is disposed of or repaired? |  |  |
| 1. Are you able to make sure any shared resources used (and surfaces and equipment) are kept clean, between users? Have you identified alternatives options (such as young people bringing their own)? |  |  |
| 1. Have you updated your first aid kits to include additional items such as face coverings, face shields and aprons? |  |  |

#### Approval

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| **Information** | **Notes** | | | | |
| 1. Name and Role of Approver |  | | | | |
| 1. Do you have authority to approve return to face-to-face Scouting for this group / section? Are you independent of the author of the risk assessments and any action plan? | | | |  | |
| 1. Have you received a written risk assessment for each section (where appropriate) and for each location / venue the group wishes to operate in? Has that been signed off by the Group Scout Leader and Executive Chair / Committee? | | | |  | |
| 1. Do the risk assessments and any checklist / action plan:  * Incorporate hazards and considerations identified in the appropriate guidance? * Cover all areas of the COVID code? * Are the control measures appropriate and adequate to keep scouting safe? * Are the control measures achievable and realistic to be put in place? |  | | |  | |
| 1. Outcome | Approve |  | Refuse | |  | |
| 1. Additional notes / comments to feedback |  | | |  | |

\* Government, Scout guidance and POR requirements.