On Group letterhead

**OCCUPATIONAL HEALTH AND SAFETY RESPONSE TO COVID-19 PANDEMIC**

**Safety Plan for SCOUTS South Africa**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Group name)**

**Approved Date:** [Date SGL approves]

**Effective Date:** [Date the plan is effective from]

**Review Date:** 30 June 2021

This is an annexure to the Safety Plan of SCOUTS South Africa. A copy of the Safety Plan (without annexures) and this Group Safety Plan must be printed in hard copy and must be available at every activity.

This is a living document and as regulations are issued by the South Africa Government, this document will be adapted.

An email covid@scouts.org.za has been created. This email can be used to seek clarification of the regulations or advice. This email is not to be used for authorisation of activities.

A Frequently Asked Question section has also been added to the website <https://www.scouts.org.za/members/covid-19-info-for-members/>.

Work through these questions if clarity is needed.

# 1. Compliance Officer

Name of SGL:

Telephone number:

Home address of SGL:

# 2. Address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scout Group

Address:

# 3. Youth to Adult member ratio for all activities

The following branches will operate as part of the Scout Group with the following ratios:

|  |  |  |
| --- | --- | --- |
|  |  | **Meerkat** Branch: ratio of 1 responsible adult to 4 Meerkats |
|  |  |  |
|  |  | **Cub** Branch: ratio of 1 responsible adult to 6 Cubs |
|  |  |  |
|  |  | **Scout** Branch: ratio of 1 responsible adult to 8 Scouts |

# 4. UNIT Compliance officers for branch meetings/event

For meetings/events the following are appointed as Compliance Officers:

***Meerkats:***

Name:

Tel no:

Home address:

***Cubs:***

Name:

Tel no:

Home address:

***Scouts:***

Name:

Tel no:

Home address:

***Rovers:***

Name:

Tel no:

Home address:

# 5. MEDICAL EMERGENCIES

For the branches the following individuals will be the First Aiders for the meetings/activities:

***Meerkats:***

Name:

Tel no:

Home address:

***Cubs:***

Name:

Tel no:

Home address:

***Scouts:***

Name:

Tel no:

Home address:

***Rovers:***

Name:

Tel no:

Home address:

# 6. CHECKLIST OF SPECIFIC SAFETY PLAN REQUIREMENTS

The following specific safety requirements must be implemented at all meetings and activities, and the designated venue. Tick the appropriate boxes that it is in place:

|  |  |  |
| --- | --- | --- |
|  |  | All participants joining the meeting/activity are screened on arrival by the Compliance Officer. |
|  |  |  |
|  |  | A temperature is measured for each participant is taken with a non-contact thermometer. |
|  |  |  |
|  |  | All participants have correctly completed the ‘COVID-19 Personal Declaration and Screening Questionnaire’ document, which is available for inspection and is kept on file after the meeting/activity for tracing purposes. |
|  |  |  |
|  |  | An appropriate queueing system has been implemented, where practically possible, to manage the initial screening procedures. |
|  |  |  |
|  |  | A briefing session is held by the designated Compliance Officer to inform all participants of the safety measures to be followed during the meeting/activity. |
|  |  |  |
|  |  |  |
|  |  | All participants are wearing masks and adhering to the social distancing requirements during the meeting/activity.  |
|  |  |  |
|  |  | Hand sanitizer, or soap and water, is available for the participants to wash their hands before, during and after the meeting/activity. |

|  |  |  |
| --- | --- | --- |
|  |  | Where required, that a Workplace Plan has been approved and is displayed at the meeting place.  |

|  |  |  |
| --- | --- | --- |
|  |  | Where required, that Occupancy Certificate has been duly completed by the Compliance Officer and is displayed at the Meeting Venue. |