

Approved 17 FEB 2021



# Post-COVID-19 Remobilization of the Membership Plan

## Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc)

AKWG  
Completed 08 FEB 2021

Template Updated 14 May 2020

## COVID-19 Remobilization of the Membership Plan – Phase II

This plan has been developed for AKWG, using the template provided by the Civil Air Patrol National Headquarters to enter Phase II, Resuming One-Day Special Activities.

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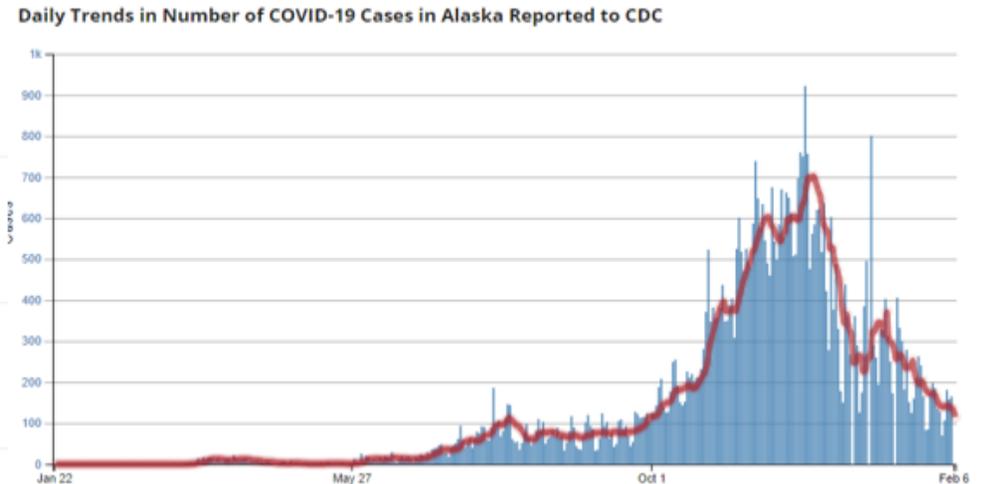
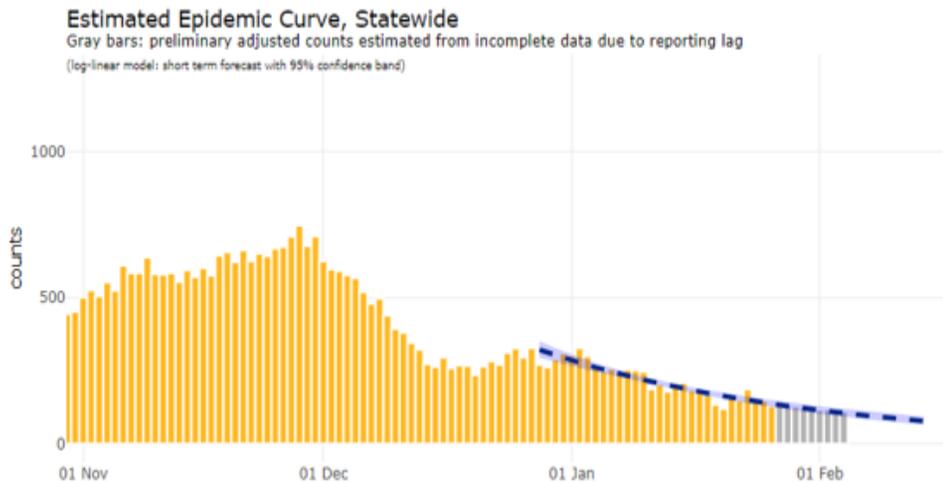
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Summary: On 20 Jun 20 AKWG was approved for Phase 2 remobilization and executed several wing-level activities with no reported cases of transmission. The State of Alaska (SOA) subsequently relaxed its health restrictions as the commercial fishing season began and a spike in COVID-19 cases occurred. On 15 Nov 20, AKWG entered a “split posture,” directing 5 units back into Phase 1 restrictions due to the increased risk of transmission in their communities (principally Anchorage and the Kenai Peninsula). Since that time, mandates by the Governor were implemented and COVID-19 transmission has been curbed as vaccination efforts rapidly progress. School districts across the state started to bring students back to the classroom in cohorts in January 2021. Based on the data, AKWG will return to state-wide Phase 2 operations on/about 1 March 2021.



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Placing the data in context, AK has 36 actual in-state hospitalizations current as of 08 February 2021 with 53,694 cumulative cases after 1.5million tests. Current daily positivity rate (CAO 08Feb21) is 2.19%, and dropping, which is a dramatic decline from 9.35% when the wing went into split posturing on 15 Nov 20. Further, metrics AKWG is tracking closely alongside the rate of infection in each borough is the status and capacity of medical resources available. With the vaccine implementation statewide, the State of Alaska moved from a “stop the spread” posture to a “prevent the acquisition of disease” posture. As of 08 February 2021, it is estimated that approximately 20% of the state’s population over the age of 16 has been vaccinated or started the vaccination series. In our vaccination metrics, we are not able to account for the military, federal agencies, and the VA in our reporting numbers as their information is not publicly available in the same timeframe as the State of Alaska’s reporting. This indicates that number of people vaccinated is actually higher than reported via State of Alaska metrics. Our total number of vaccinations is twice our cumulative case number and is climbing as our positive case rate is steadily declining. Medical treatment in the community is shifting to early identification, isolation, and remote/outpatient treatment wherever possible. Only 9 out of 36 COVID-19 patients state-wide are currently on a ventilator for support. Inpatient bed and ICU bed capacity remain consistent or just below previous winters’ use for a cold climate. Both bed capacities remain in “green status” and only 4.5% of patients hospitalized are for COVID-19 concerns that can not be managed outpatient.

AKWG has moved forward in Phase 1 and Phase 2 IAW the AKWG Phase 1 and Phase 2 operations plans and has conducted weekly teleconference calls for planning and information dissemination. At the unit level, flying operations have increased and small-group meetings have been held – with the majority of meetings being conducted virtually. Cadet advancement has been a priority along with aircrew and ground personnel ES qualification and proficiency activities. Planning is in progress for a “distributed” wing-wide SAREX, pre-encampment staff training and 2021 AKWG Glider Academy qualification and re-currency training for CFI-Gs, tow pilots and ground personnel. Phase 3 planning for the 2021 AKWG Glider Academy and 2021 AKWG Summer Encampment continues. AKWG/CC and staff will closely monitor conditions across the state and remain in touch with unit commanders and activity directors to assess and manage risk. If necessary, AKWG will be prepared to retrograde individual units back to Phase 1 and will sustain its dialogue with the NHQ COVID-19 Planning team.

COVID-19 Remobilization of the Membership Plan – Phase II

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc)

*NOTE: Resuming one-day special activities will not be done before it has been deemed appropriate to resume regularly scheduled meetings (i.e., this will start in Phase II).*

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
2.1.	Wing Commanders should review their wing calendar for previously-postponed and upcoming day-only events	Col McClure	06 June 2020	13 June 2020	11 June 2020	AKWG Calendar “one-stop shop” for all planning activities found on home page.
2.1.1.	Wing priorities for training events should be coordinated with unit commanders’ needs	Col McClure	06 June 2020	13 June 2020	8 June 2020	Weekly conference calls with unit CCs reaffirms objectives directed by Phase 1 and Phase 2 ops plans.
2.1.2.	Task staff officers to provide input on list of events and priorities:	SMSGt Goedert	06 June 2020	13 June 2020	11 June 2020	Staff provided input to COVID-19 Remobilization Planning Team.
2.1.2.1.	Director of Aerospace Education	Lt Col MacPherson	06 June 2020	13 June 2020	8 June 2020	Planning a 18 July RC and Rocketry Open House. Activity Director will comply with CC, SE and DO guidance ref COVID-19 RM
2.1.2.2.	Director of Cadet Programs	Capt Bratton	06 June 2020	13 June 2020	8 June 2020	Planning a 24 and 25 July Pre-Encampment Staff Training single-day events. Commandant will comply with CC, SE and DO guidance ref COVID-19 RM
2.1.2.3.	Director of Operations/Emergency Services	Lt Col MacPherson	06 June 2020	13 June 2020	8 June 2020	Planning an 11 July Wing Distributed SAREX. ES Staff will ensure COVID-19 RM compliance
2.1.2.4.	Director of Professional Development	Lt Col Senese	06 June 2020	13 June 2020	7 June 2020	PD courses are being offered on virtual platforms until Phase 3 to minimize risk
2.1.2.5.	Plans and Programs Officer	SMSGt Goedert	06 June 2020	13 June 2020	Ongoing	Plan being developed for Re-Mob into Phase 2 and Phase 3 as appropriate
2.2.	Coordinate with subordinate unit leaders to deconflict calendar events to the greatest extent possible	Col McClure	06 June 2020	13 June 2020	8 June 2020	Standard Process in Updating Consolidated Wing Calendar – Last accomplished on 4 June 20
2.3.	Publish updated event listings to the Wing calendar and promote these dates to the units for their planning and participation	SSgt Lukic	06 June 2020	13 June 2020	8 June 2020	Standard Process in Updating Consolidated Wing Calendar – Last accomplished on 4 June 20
2.4.	Task the Director of Safety to coordinate with Activity Directors	SMSGt Goedert, Maj Siebe	06 June 2020	13 June 2020	11 June 2020	Reviewed weekly, AKWG/SE and HSO in planning process for all wing-level activities
NOTE:	<i>The term “Activity Directors” may include Incident Commanders that are directing exercises. Incident Commanders should use existing operational guidance for real-world missions and taskings. Use good judgement.</i>					

COVID-19 Remobilization of the Membership Plan – Phase II

2.4.1.	Activity Directors will use Post-COVID-19 produced Risk Management (RM) forms to mitigate local risks	<b>Maj Siebe</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>11 June 2020</b>	<b>AKWG/SE reviewed all RM documents to ensure appropriate RM for COVID-19 is planned for</b>
2.4.2.	Activity Directors identify sources for face coverings, gloves, & sanitizer to use in case of a return to increased risk	<b>Maj Siebe</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>11 June 2020</b>	<b>AKWG/HSO and SE working together to insure everybody has Personal Protective Equipment</b>

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc; continued)

<b>Item#</b>	<b>Task</b>	<b>OPR/Assigned Personnel</b>	<b>Date Tasked</b>	<b>Suspense</b>	<b>Date Completed</b>	<b>Notes</b>
2.5.	Task the Health Service Officer to coordinate with Activity Directors	<b>Maj Sammons Maj Siebe</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>11 June 2020</b>	<b>AKWG/HSO and SE are linked up with Activity Directors for all wing-level events and are in touch with units to ensure compliance at the local level</b>
2.5.1.	Health Service Officers consider screening with no-touch thermometers at events (if such equipment is available and practical)	<b>Maj Sammons Unit CC's Activity Directors</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>11 June 2020</b>	<b>Addressed in AKWG Phase 1 guidance; AKWG/HSO provides continuing oversight</b>
2.5.2.	Health Service Officers remind members that identify as High-risk to remain home, but participate virtually	<b>Maj Sammons Maj Siebe Activity Directors</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>11 June 2020</b>	<b>Addressed in AKWG Phase 1 guidance; AKWG/HSO provides continuing oversight</b>
2.5.3.	Health Service Officers ensure that there is a cleaning/sanitizing plan for commonly touched surfaces, a hand washing plan, a face covering plan, a temperature check plan (either performed prior to entering the activity with a no-touch thermometer or performed at home prior to coming to the activity), and a social distancing plan.	<b>Maj Sammons Unit CC's Activity Directors</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>11 June 2020</b>	<b>Addressed in AKWG Phase 1 guidance; AKWG/HSO provides continuing oversight</b>
2.6.	Ensure Activity Directors have plans in place to communicate last-minute cancellations of events to participants	<b>SMSgt Goedert</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>11 June 2020</b>	<b>Addressed in AKWG Phase 1 guidance; AKWG/CCC provides continuing oversight</b>
2.7.	Ensure Activity Directors have plans in place to conduct verification of local public health guidance, local weather, and any	<b>Maj Siebe</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>11 June 2020</b>	<b>Activity Directors will immediately report to AKWG/CC, CCC and SE any issues that may impact AKWG activities</b>

Plan Completed By: SMSgt Goedert

Last Updated: 11 JUN 2020

Template Updated 14 May 2020

AK Wing

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	other information that may lead to event cancellation (Continuation Check)					
2.7.1.	45 Days Prior Continuation Check	<b>Maj Sammons Maj Siebe</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>TBD</b>	<b>HSO and SE will monitor jointly</b>
2.7.2.	14 Days Prior Continuation Check	<b>Maj Sammons Maj Siebe</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>TBD</b>	<b>HSO and SE will monitor jointly</b>
2.7.3.	7 Days Prior Continuation Check	<b>Maj Sammons Maj Siebe</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>TBD</b>	<b>HSO and SE will monitor jointly</b>
2.7.4.	1 Day Prior Continuation Check	<b>Maj Sammons Maj Siebe</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>TBD</b>	<b>HSO and SE will monitor jointly</b>
2.7.5.	Day-Of Continuation Check	<b>Maj Sammons Maj Siebe</b>	<b>06 June 2020</b>	<b>13 June 2020</b>	<b>TBD</b>	<b>HSO and SE will monitor jointly</b>

COVID-19 Remobilization of the Membership Plan – Phase II

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc; continued)

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
2.8.	Ensure Unit Commanders are aware of and following the same procedures for unit-only single-day activities (i.e., they are the Activity Director for the purposes of this checklist, for unit events)	Col McClure SMSgt Goedert Unit Commanders	6 June 2020	13 June 2020	12 June 2020	Addressed in AKWG Phase 1 guidance; AKWG/CCC provides continuing oversight
2.9.	Email this plan to signal intentions to resume single-day events to the CAP COVID-19 Planning Team at <a href="mailto:COVID-19Plans@capnhq.gov">COVID-19Plans@capnhq.gov</a> , and copy the Region Commander	Lt Col Porter	13 June 2020	13 June 2020	12 June 2020	Accomplished
2.9.1.	Briefly describe/summarize previous coordination accomplished (i.e., 2.1 through 2.8 above)	SMSgt Goedert Lt Col Porter	6 June 2020	13 June 2020	11 June 2020	AKWG/CC provided all Phase 1 guidance to all AKWG unit CCs, CDs, DCCs, staff and every wing member on 6 June 2020. Upon approval, the same notification process will be followed and conditions monitored daily with weekly updates to the commanders and staff. COVID-19 Remobilization Planning Team will continue to monitor CAP, DoD, state and municipality conditions and guidance, provide unit oversight and advise the AKWG/CC to ensure appropriate RM of AKWG activities.
2.9.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	Col McClure Maj Sammons	6 June 2020	19 June 2020	11 June 2020	State and city governments have relaxed COVID-19 driven mandates. There are no anticipated jurisdictional restrictions.
2.9.3.	Set date to resume one-day special activities	Col McClure	6 June 2020	19 June 2020	TBD	Pending Plan Approval, 20 June 2020
2.9.4.	Receive approval from the CAP COVID-19 Planning Team to resume one-day special activities. Plan for one-week lead time.	Lt Col Porter	6 June 2020	19 June 2020	TBD	Pending Plan Approval, 20 June 2020
2.10.	Publish the date that one-day special activities will resume to subordinate units	Lt Col Porter	6 June 2020	19 June 2020	TBD	Pending Plan Approval, 20 June 2020



**HEADQUARTERS, ALASKA WING  
CIVIL AIR PATROL**

United States Air Force Auxiliary  
P.O. Box 6014  
JBER, AK 99506-6014



16 Feb 21

MEMORANDUM FOR ALASKA WING MEMBERS

FROM: AKWG/CC

SUBJECT: Return to COVID-19 Remobilization Operations Plan (Phase 2)

1. Participants: All AKWG units for the period directed by the AKWG/CC.
2. Situation: Pandemic Threat
  - a. Federal, state and local governments continue to enact proactive steps that slow the spread of the disease and distribute vaccinations while carefully balancing other considerations for easing restrictions.
  - b. The potential for disease resurgence and breakouts will likely necessitate the need to implement further restrictions or retrograde to earlier phases.
3. CAP Organizations and Government Partners
  - a. HQ CAP Mission: AKWG adopted a split Phase 1 and Phase 2 posture on 15 Nov 20 and based on improving criteria is now moving back into state-wide Phase 2 IAW CAP, Federal, State of Alaska and local guidance.
  - b. State and local governments: On 22 May 2020, the State of Alaska lifted restrictions on businesses and moved into Phase 3/4 of recovery.
4. Mission - On 1 March 2021, Alaska Wing will return to "Phase 2" operations at the local level in order to deliberately and incrementally increase operating capacity on the way to resuming normal operations and fulfilling our three congressionally-chartered missions. Alaska Wing squadrons are the main effort and wing staff are in support.
5. Execution
  - a. Commander's Intent - Execute disciplined initiative at the squadron level, in alignment with federal, state, and local orders, to resume Phase 2 meetings, training, and activities for low-risk personnel while mitigating the risk of COVID-19 transmission to the maximum practical extent.
  - b. Commander's Critical Incident Reports (CCIRs):
    - i. Any Alaska Wing CAP member tests positive for COVID-19.
    - ii. Any Alaska Wing CAP members are exposed to COVID-19 while performing CAP duties or attending a CAP activity.
    - iii. The hospitalization of an Alaska Wing CAP member as a result of COVID-19.
    - iv. Death of any Alaska Wing CAP member of known or suspected COVID-19 infection.
  - c. End State: Phase 2 activities are on-going with minimal COVID-19 transmission risk to CAP members and the wing is postured for Phase 3 transition once CAP orders allow.

## 6. Concept of Operation

a. Implementation of Phase 2: Select low-risk staff, activities involving less than 50 personnel with no overnight activities.

i. In accordance with HQ CAP "Re-mobilization of the Membership" planning tools, Alaska Wing units and staff are authorized to conduct meetings of eight hours or less for low risk personnel. Self-identified low-risk category members may return to meetings as long as groups are less than 50, social distancing and wearing cloth face covering are in effect, hygiene/health status checks through temperature checks and questions are performed, and public health reminders are in place. Overnight activities will not be permitted until Phase 3 implementation. Meanwhile wing members can begin planning for future entry into Phase 3.

ii. Mission-essential aircrew procedures published in the AKWG/COVID 19 Operations Memo dated 27 Mar 2020 remain in effect. Members who are assigned to support specific missions (as opposed to exercise or training activities) should refer to the mission-specific information in WMIRS and briefed by their tasking authority (CAP IC or appropriate mission staff). In all cases, all crew members will wear face coverings if unable to maintain social distancing guidelines and disinfect the aircraft between sorties. Allowed flight activities now include: all pilot proficiency flights, flight evaluations, small-group local crew training, crew proficiency, dual instruction and CAP, ROTC and AFJROTC orientation flights (assuming all members are low-risk and all flights are in low-risk areas).

b. Support agencies: Wing staff will provide support to squadrons as appropriate, including planning, coordinating and executing intra-squadron flight, AE, ES and encampment training activities with less than 50 members present. State and local COVID-19 restrictions will be continuously monitored for status changes affecting local operations.

## 7. Tasks

a. Squadron commanders will approve all unit activities and meetings involving more than 2 CAP members and less than 50 members at least 48 hours in advance.

b. Units will maintain attendance records for all approved activities for a minimum of 6 months to facilitate contact tracing, if required.

c. One-on-one activities (both ground and flight) and single pilot flight operations are allowed without explicit squadron commander approval.

d. Members will follow the HQ CAP guidelines for PPE wear, social distancing, cleaning, temperature and hygiene monitoring, etc., at all times.

e. Any CAP member will immediately notify AKWG/CC of any CCIR within 2 hours.

## 8. Administration and Logistics - None

## 9. Command and Signal

a. Signal

i. The Alaska Wing command and key staff will meet weekly via GoToMeeting (normally Mondays at 0900) to assess wing operations and changes to state and local restrictions.

ii. Squadron Commanders are welcome to listen in on the weekly calls, and are expected to attend the regularly scheduled Command & Staff meeting each month.

iii. CCIRs will be reported via phone call to Colonel Kevin McClure 907-301-8122.

b. Command

i. The normal chain of command and reporting procedures are in effect.

ii. The AKWG Remobilization Planning Team (RPT) remains on call to continually assess the situation and recommend phase changes to the command staff. In addition, the RPT is responsible for developing and publishing OPLANS, procedures, and briefing materials to assist squadrons and staff in messaging the remobilization. The members of the RPT remain:

AKWG/HSO (Team Lead):	Lt Col Steve Sammons
AKWG/DO:	Lt Col Derk MacPherson
AKWG/CP:	Capt Elizabeth Bratton
AKWG/SE:	Maj Carl Siebe
AKWG/JA:	Lt Col Stuart Goering
AKWG/CCC:	TSgt Ray Lukic

Kevin A McClure Colonel  
CAP

Digitally signed by Kevin A McClure  
Colonel CAP  
Date: 2021.02.16 17:19:03 -09'00'

KEVIN A. McCLURE, Colonel, CAP  
Commander

Distribution:

AKWG/CC  
AKWG/CCC  
AKWG/CV  
AKWG/CoS  
AKWG/AE  
AKWG/SE  
AKWG/DO  
AKWG/CP  
AKWG/AO  
AKWG/JA  
AKWG SQ/CCs  
CAP-USAF PLR/ROD

## Precautions when living with those at high risk for COVID-19

**Summary: Several factors have been identified that confer increased risk of poor outcomes with COVID-19. They include but are not limited to:**

- Age over 65 years old
- Immune compromise
- Diabetes
- Lung disease
- Hypertension
- Heart disease

**Recently the White House and others have encouraged people with the above conditions to take special precautions to avoid COVID-19 such as social distancing, telework, and other measures. The next question is often about those not at increased risk but who live with the higher risk individuals. This update discusses factors in answering those questions.**

### Background

As we think about COVID-19 and what the future looks like it becomes apparent that it will be many months until our new normal is determined. Perhaps a vaccine will eradicate the disease or medication will be discovered that offers a cure. Maybe the disease will fade away as immunity in the population increases and/or weather changes or mutations progress or perhaps it will settle into the background with the other colds and flus that we are used to getting on a periodic basis. The uncertainty of the future of COVID-19 is important to consider as we develop our strategies.

Currently, most countries are focusing on “flattening the curve”. That is trying to slow transmission enough so that facilities can give the best care to each individual that needs it. When the curve is not flat, but steep, health care institutions get overwhelmed and patients may die needlessly due to scarce resources such as ventilators. Even if we are successful in flattening the curve the disease will still be out there and threatening our high risk people. Transmission rates will be lower but not close to zero until one of the other outcomes above ensues.

Practically we won't be able to do the extreme social distancing indefinitely for several reasons including economic and cultural factors. Individuals who have high risk for COVID-19 may want to delay the relaxation of their own personal extreme social distancing for longer than the rest of the country. This will involve staying at home and avoiding contact with other people as much as possible, sanitizing things coming in from the outside, practicing good hand hygiene and only touching their face immediately after cleaning their hands.

As nationwide social distancing relaxes, but higher risk people continue to practice strict social distancing, managing contact between lower risk and higher risk persons will need to be considered. This is difficult because a certain small percentage of people are contagious long before they are symptomatic or are contagious even though they never get symptoms. The difficulty is compounded in family relationships. How do we continue strict social distancing in a family?

It is important to realize that despite all our efforts no reasonable method is 100% effective but we can reduce the risk significantly. It would be unwise for anyone to expect that they could eliminate the risk. Therefore, guilt if transmission occurs is misplaced. That's easy to say and rationalize, but not as easy to navigate personally. It would be good practice to talk with a behavioral health counselor about how to go about resolving these issues even before they come up.

## **Maintaining strict social distancing in families**

Ultimately, while people at home remain at risk and other family members continue to interface with the outside world they may want to adopt transmission preventative measures such as those practiced by healthcare workers.

- Maximize telework opportunities in light of conditions at work place.
- Don't share automobiles (or wipe contact points down when transitioning if necessary).
- Don't share phones or keys or other such personal items.
- Don't share bathrooms if possible or at a minimum don't share towels and other personal hygiene items.
- When coming home for the day limit potential for bringing a contagious disease in on personal items.
  - Wipe down briefcases, bags, books or other items.
  - Undress in a garage or laundry area and immediately wash or store those clothes in an area away from others and then shower and dress in home clothes that are less likely to be contaminated.
  - Keep those areas of the house separate as much as possible.
  - Consult with a healthcare professional who is trained in sterile technique for tips on avoiding recontamination during your routine.
- Practice proper cough/sneeze etiquette
- Stay up to date on current developments in the public health area.
- Report concerning illnesses to your healthcare provider.

Each family will need to establish their own rhythm and understanding and develop expectations. Seek help early in working through normal feelings of anxiety and discouragement when living with these difficult measures. Recognize that there will be improvement in the future and that after new habits are developed they will seem second nature.

Thatcher R. Cardon, Col, USAF, MC, SFS  
AFNORTH Command Surgeon

# What You Can do if You are at Higher Risk of Severe Illness from COVID-19

## Are You at Higher Risk for Severe Illness?



Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

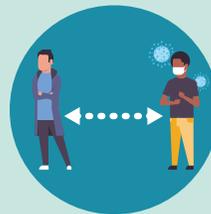
## Here's What You Can do to Help Protect Yourself



**Stay home** if possible.



**Wash your hands** often.



**Avoid close contact** (6 feet, which is about two arm lengths) with people who are sick.



**Clean and disinfect** frequently touched surfaces.



**Avoid all cruise travel** and non-essential air travel.

Call your healthcare professional if you are sick.

For more information on steps you can take to protect yourself, see CDC's [How to Protect Yourself](#).



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

# Qué puede hacer si tiene mayor riesgo de enfermarse gravemente por el COVID-19

## ¿Tiene usted mayor riesgo de enfermarse gravemente?



Según lo que sabemos ahora, quienes tienen un mayor riesgo de enfermarse gravemente a causa del COVID-19 son:

- Personas de 65 años de edad o más
- Personas que viven en un hogar de ancianos o en un establecimiento de cuidados a largo plazo

Las personas de todas las edades con afecciones subyacentes, en especial si no están bien controladas, incluyen:

- Personas con enfermedad pulmonar crónica o asma moderado a grave
- Personas que tienen afecciones cardíacas graves
- Personas inmunocomprometidas
  - Muchas afecciones pueden causar que el sistema inmunitario se debilite (inmunocomprometido), como el tratamiento contra el cáncer, fumar, un trasplante de órgano o médula espinal, las deficiencias inmunitarias, el control inadecuado del VIH o SIDA y el uso prolongado de corticosteroides y otros medicamentos que debilitan el sistema inmunitario.
- Personas con obesidad grave (índice de masa corporal [IMC] de 40 o más)
- Personas con diabetes
- Personas con enfermedad renal crónica que reciben diálisis
- Personas con enfermedad del hígado

## Esto es lo que puede hacer para protegerse



**Quédese en casa** si es posible.



**Lávese las manos** frecuentemente.



**Evite el contacto cercano** (6 pies, que equivale aproximadamente a la longitud de dos brazos) con personas que están enfermas.



**Limpie y desinfecte** las superficies que se tocan con frecuencia.



**Evite los viajes en crucero** y los viajes aéreos no esenciales.

Llame a su profesional de atención médica si está enfermo.

Para obtener más información sobre los pasos que puede seguir para protegerse, vea la guía de los CDC [Cómo protegerse](#).



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



# Feeling Sick?

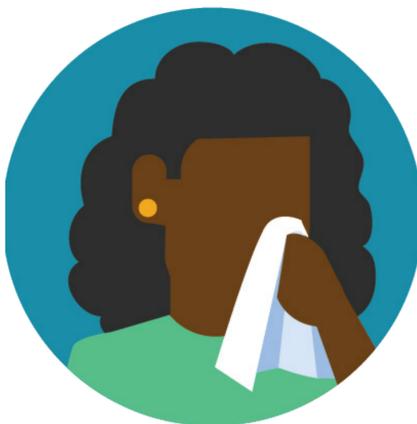
Stay home when you are sick!

If you feel unwell or have the following symptoms  
**please leave the building and contact your health care provider.**  
Then follow-up with your supervisor.

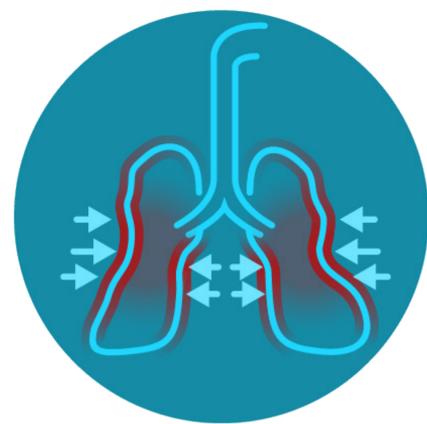
DO NOT ENTER if you have:



**FEVER**



**COUGH**



**SHORTNESS OF  
BREATH**



[cdc.gov/CORONAVIRUS](https://www.cdc.gov/CORONAVIRUS)