

Approved: 26 June 2020



Post-COVID-19 Remobilization of the Membership Plan

Phase I: Resuming Regularly Scheduled Meetings

ARWG
Completed 04 JUN 2020

Template Updated 12 May 2020

COVID-19 Remobilization of the Membership Plan – Phase I

This plan has been developed for **Arkansas Wing**, using the template provided by the Civil Air Patrol National Headquarters to enter Phase I, Resuming Regularly Scheduled Meetings.

Additional staffing and resources have been discussed with SWR Medical Officer and CAP-USAF to cover gaps in this wing's available resources.

NOTE: *Deviations from the template are authorized, but should be coordinated by contacting the COVID-19 Planning Team at COVID-19Plans@capnhq.gov.*

Plan Coordinator and Point of Contact: Maj (Dr) James W Bryan IV

Primary Phone: (501) 607 - 3081

Primary Email: jwbryan@cap.gov

Alternate POC: Arkansas Wing CC, Col. Robert Allison, (501) 837-5852, rallison@cap.gov

Narrative Summary of Coordination and Events To-Date in AR Wing:

The Arkansas Wing remobilization plan organizational meeting was held virtually on 18 MAY 2020 following a period of a favorable trend in new COVID-19 cases in our state. In the week that preceded the briefing to squadron commanders and key members, Arkansas experienced increases in infection rate, positive test rate and ICU headroom used, with disease incidence rising from 41st per capita to 24th by 25 JUN 2020 and falling out of the desired green categories that prevailed in late April and early May. Arkansas's testing meets WHO minimums but needs to be further expanded to detect most new cases; contact tracing values are being driven unfavorably downward as increased testing outpaces the staffing to trace contacts. Commanders were briefed on 04 JUN 2020 and the planning team met again on 11 JUN 2020. The Governor and the AR Secretary of Health authorized Phase I reopening statewide in a gradual manner between 04 MAY and 25 MAY 2020 and Phase II reopening 15 JUN 2020.

Members listed below will monitor the process on a daily basis and provide timely updates. They will monitor at the local unit level, by county. Any changes will be reported and proper measures put in place. Once this plan is approved the Wing CC will work with the unit commanders and the Arkansas COVID Remobilization Planning Team to best open its units for training and operations.

Our proposed transition to Phase 1 is 06 JUL 2020 at the earliest, to avoid conflict with the holiday weekend, or 01 JUL 2020 if approved sooner.

Plan Completed By: Maj (Dr) James W Bryan IV

Last Updated: 25 JUN 2020

Template Updated 12 May 2020

AR Wing

Page 1 of 4

COVID-19 Remobilization of the Membership Plan – Phase I

Phase I: Resuming Regularly Scheduled Meetings

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.1.	Verify state government guidance currently allows or will allow gatherings on the date proposed for resuming meetings (Review of overall directives in impacted state)	Lt Col Jones	18 May 2020	04 Jun 2020	04 Jun 2020	State initiated Phase I on 01 Jun 2020. State initiates Phase II 15 Jun 2020
1.2.	Hold meeting with between Plan Coordinator and Health Services Officer	Maj Bryan	18 May 2020	18 May 2020	18 May 2020	Maj Bryan serves as Wing Medical Officer AND 42 nd Comp Sdn HSO, ARWG Plan Coordinator
1.2.1.	Wing priorities for training events should be coordinated	Lt Col Boyd/Col Allison	18 May 2020	30 Jun 2020	12 Jun 2020	See ARWG POSITION-SPECIFIC ES TRAINING
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	Maj Bryan	18 May 2020	04 Jun 2020	04 Jun 2020	Daily briefings by Governor and Secretary of Health
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	Maj Bryan	18 May 2020	04 Jun 2020	04 Jun 2020	Completed during teleconference with commanders and key staff
1.2.2	Consult with Wing Legal Officer about resuming meetings	Capt Formanek	18 May 2020	04 Jun 2020	04 Jun 2020	Completed during teleconference with commanders and key staff
1.2.3	Coordinate with Wing Director of Safety	Maj Marsh	18 May 2020	18 May 2020	04 Jun 2020	With assistance of Asst Dir of Safety and Wing NCO MSgt Gary Podgurski
1.2.3.1	Verify proper risk planning tools are available to units	Maj Marsh	18 May 2020	30 Jun 2020	10 Jun 2020	CAPF160 created
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	Maj Marsh	18 May 2020	04 Jun 2020	04 Jun 2020	
1.2.4	Coordinate with Wing Director of Cadet Programs	Capt Probus	18 May 2020	04 Jun 2020	04 Jun 2020	With assistance from Wing NCO and Cadet Activities Officer MSgt Gary Podgurski
1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	Capt Probus	18 May 2020	11 Jun 2020	11 Jun 2020	Phase 1 E-mail and sample parent memo for distribution to unit members
1.2.4.2	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	Capt Probus	18 May 2020	30 Jun 2020	11 Jun 2020	Included in Phase 1 E-mail to DCC and Cadet Program Staff

COVID-19 Remobilization of the Membership Plan – Phase I

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.3.	Have subordinate unit commanders verify that local governments do not have more restrictive social-distancing guidelines than those at the state level	Lt Col Jones	18 May 2020	04 Jun 2020	04 Jun 2020	Task briefed during 04 Jun teleconference with commanders and key staff
1.4.	Send copy of planning documents to the CAP COVID-19 Planning Team at COVID-19Plans@capnhq.gov , and copy the Region CC to reinstate meetings.	Col Allison	18 May 2020	30 Jun 2020	25 June 2020	Revisions completed for NHQ approval
1.4.1.	Briefly describe/ summarize previous coordination accomplished	Col Allison	18 May 2020	N/A	N/A	N/A (initial coordination)
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	Capt Formanek	18 May 2020	30 Jun 2020	17 Jun 2020	AR State Phase 1: 04 May 2020 AR State Phase 2: 15 Jun 2020
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	Col Allison	18 May 2020	30 Jun 2020	pending	
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	Col Allison	18 May 2020		pending	
1.6.	Publish the date that meetings may resume to subordinate units	Col Allison	18 May 2020	30 Jun 2020	pending	
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	Lt Col Jones	18 May 2020	11 Jun 2020	10 Jun 2020	Maj Marsh
1.7.1.	Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated	Maj Marsh	18 May 2020	04 Jun 2020	04 Jun 2020	Completed during teleconference with commanders and key staff
1.7.2.	Unit Safety Officers will emphasize continued use of face coverings, gloves, and hand sanitizer, as well as social distancing, hand washing and surface cleaning/disinfection	Maj Marsh	18 May 2020	04 Jun 2020	10 Jun 2020	Explicitly stated in Unit Meetings CAPF160 sent to units
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	Maj Bryan	18 May 2020	04 Jun 2020	04 Jun 2020	Virtual meeting with squadron commanders and wing staff.

COVID-19 Remobilization of the Membership Plan – Phase I

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.8.1.	Units will ensure no members or guests with a temperature of 100.4 or greater are admitted (a temperature at or above 100.4°F is the CDC recognized point where there is a fever). Units will require members to take their temperature at home or may screen with no-touch thermometers prior to entry.	Maj Bryan	18 May 2020	04 Jun 2020	04 Jun 2020	Included in Training Plan and CAPF160 for Unit Meetings
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	Maj Bryan	18 May 2020	04 Jun 2020	04 Jun 2020	Commanders briefed
1.8.3.	Units perform all appropriate public health measures (e.g., social distancing, surface cleaning/disinfection, face coverings, hand sanitizer, at-home temperature check or no-touch temperature check prior to entry and routine symptom checks)	Maj Bryan	18 May 2020	04 Jun 2020	04 Jun 2020	Commanders briefed
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	Lt Col Jones	18 May 2020	04 Jun 2020	04 Jun 2020	Capt Probus
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	MSgt Podgurski	18 May 2020	15 Jun 2020	15 Jun 2020	Coordinate with Capt Probus
1.9.2.	Units draft a local message to parents to inform them about what CAP is doing to keep Cadets safe while they participate	Capt Probus	18 May 2020	15 Jun 2020	15 Jun 2020	May delegate to unit CC, unit Director of Cadet Program or Cadet Commander



**HEADQUARTERS ARKANSAS WING
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
2201 Crisp Drive – Adams Field
Little Rock, Arkansas 72202
<https://arwg.cap.gov>
501.376.1729**



12 June 2020

MEMORANDUM FOR: ARWG and CAP NHQ COVID-19 Planning Teams

From: Lt Col Marchelle Jones, CAP

Subject: Wing priorities for training events (Phase I)

1. Continue with AFAM/Corporate missions for COVID-19 support - maintain CDC safety Guidelines

2. Regular Unit Meetings – Assemble outside as much as possible, maximum size groups of 10 in a local vicinity, maintaining CDC guidelines on social distancing by either limiting to only planning meetings or splitting the units up so there are no more than 10 persons, and all members shall wear cloth face coverings. Temperature measurements should be taken with no-touch thermometer, and perform health screening with questions to ensure member has exhibited no symptoms. A member has the option to take their own temperature at home and report no fever on check-in. If one's temperature is 100.4 degrees or higher or other symptoms are present, the member will not be allowed to participate. Meeting topics to include:

- A. Safety
- B. Character Development
- C. Aerospace Education
- D. Leadership
- E. Physical Training

3. Emergency Services training (specific breakout below) Local areas – No more than 10 members and maintain CDC guidelines on social distancing and wearing of cloth face coverings. Temperature measurements should be taken with no-touch thermometer, and perform health screening with questions to ensure member has exhibited no symptoms. If one's temperature is 100.4 degrees or higher or other symptoms are present, the member will not be allowed to participate.

- A. Ground Teams - maintain social distancing, radios wiped with sanitizing wipes after use, cloth face coverings shall be worn when in close proximity (less than 6 feet).
- B. Aircrew - cloth face coverings worn in aircraft at all times (Unless PIC dictates otherwise for flight safety), internal aircraft surfaces (including CAP owned headsets)

wiped with sanitizing cloths after each flight, social distancing maintained during preflight and movements outside the aircraft.

C. Mission Base Staff - cloth face coverings worn at all times (unless radio operations are inhibited by it), radios and all high-contact surface areas (chairs, counters, door handles, etc.) wiped with sanitizing cloths every hour, social distancing as practical.

4. Professional Development – No more than 10 people may participate, maintaining CDC guidelines for social distancing and wearing of cloth face coverings. Temperature should be taken with no-touch thermometer, and perform health screening with questions to ensure member has exhibited no symptoms. If measured temperature is 100.4 degrees or higher or other symptoms are present, the member will not be allowed to participate. Additionally:

A. SLS/CLC/TLC - all high-contact surfaces wiped with sanitizing cloths every hour

B. Specialty Tracks - all high-contact surfaces wiped with sanitizing cloths as often as deemed practical based on length/intensity of training

5. Cadet Orientation Flights – Not Authorized in Phase 1

ARWG POSITION-SPECIFIC ES TRAINING

1. Check Pilot Training, one current pilot eligible for upgrade
2. Begin MP, MS & MO flight training
3. DAARTO/U training and upgrade
4. Conduct flight training from May Flight Clinic participants. Conduct July flight clinic online with in person flight training at home unit.
5. MBS Training
 - a. Continue MBS training for eligible and willing participants
6. Ground Team training
 - a. GBD
 - b. Team Leaders
 - c. Team Members Level 3
7. UAS training and certifications

POSITION-SPECIFIC ES TRAINING (cont'd)

8. Communications training
 - a. Comm Unit Leaders
 - b. Mission Radio Operators
9. Flight Line training
 - a. Supervisors
 - b. Marshalls
10. All other MBS training



Lt Col Marchelle Jones, CAP

Chief of Staff, Arkansas Wing

(C) 501.730.2003

(O) 501.376.1729

U.S. Air Force Auxiliary

GoCivilAirPatrol.com

mjones@cap.gov



**HEADQUARTERS ARKANSAS WING
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
2201 Crisp Drive – Adams Field
Little Rock, Arkansas 72202
arwg.cap.gov
501.376.1729**



24 June 2020

DCCs, and Cadet Program Staff

Hello everyone, I hope this finds you and your family well. I am reaching out to the squadrons to talk about our Phase 1 remobilization of our Wing and what effect this will have on your cadets and your meeting nights. This has been a question on everyone's mind and I'm sure your cadets are all asking the same question, "When can we go back to CAP?".

At this time, there is not a reopening date set for the Arkansas Wing. There are many factors at play and we are following the guidelines from the White House COVID-19 Task Force and the Centers for Disease Control and Prevention. The Arkansas Wing is preparing to submit our Phase 1 Remobilization plan to National Headquarters for approval.

During Phase 1, the Regular Unit Meetings must follow the guidelines below:

- Members will maintain CDC guidelines while holding regular meetings.
- Maximum groups of 10 in a local vicinity – limiting to only planning/staff meetings or dividing the unit so no more than 10 members meet at a given time and location. Staggering meeting times or separate locations are acceptable if under the 10 member Maximum.
- In addition to the 10 or less members meeting, continued virtual meetings are recommended for high risk members and when more than 10 need to meet.
- Health screening questions will be asked as members come to the meetings.
- Temperature can be taken onsite at check-in with a no-touch thermometer or the member has the option to take their own temperature at home and report no fever on check-in. Members displaying symptoms and/or with a 100.4 degree temperature will not be allowed to participate.
- All surfaces shall be sanitized before, during, and after the meeting.
- Face coverings will be worn in phase 1 and social distancing shall be followed.

This will pose some challenges for Cadet meetings and activities, particularly for our larger squadrons. So it is encouraged that during phase one these meetings be reserved for planning sessions with only the Squadron Commander, DCC, Cadet Programs Senior Staff, Cadet Commander and necessary key members of the Cadet Staff. Again following the guidelines above and keeping the meeting to a maximum of 10 members total in attendance.

I would encourage you to continue your Virtual meetings with the rest of your Cadet Staff and Cadet membership. Cadet support staff could be included virtually during the In person staff meetings and planning sessions mentioned above.

Other suggestions would be to move Senior Meeting nights to a different night than Cadet meetings. Only Key Cadet Programs Staff Senior members would be meeting in person on Cadet meeting nights. Depending on the size of your Cadet membership, you might alternate Flights during a month. Week 1 - Staff Meeting, Week 2 - Flight A, Week 3 - Flight B, etc...

Another idea is to hold small group training sessions on a Saturday or another day, keeping the group to less than 10 members. Also don't forget CPPT, so 2 Seniors and 8 Cadets to keep in 10 or less. This would help to gradually get the cadets back together and provide some needed in person training like I-CUT or Aerospace. Make it fun and engaging, but you must still follow the Guidelines mentioned above.

Please keep in mind that these are only suggestions and some may work for one squadron, and not for another. However, each squadron must come up with a plan of how they are going to accomplish this and must discuss and plan on how best to follow the guidelines to get their Squadrons remobilized during Phase 1.

Another thing to keep in mind, when the Wing is allowed to start Phase 1 of the remobilization, that doesn't mean each squadron will start phase 1 at the same time. Depending on the county statistics for COVID-19 that the squadron is in or near, will depend on if they can begin phase 1 or if they are delayed.

I know this is a lot of information, but it is something that you as a Squadron need to start thinking about now and how to implement these procedures once you are allowed to remobilize. Please discuss and work closely with your Squadron Commander, Safety Officer, and Medical Officer to finalize a local plan for how you will resume meetings and follow the guidelines for Phase 1.

I will provide a sample letter that your squadron may use to send out to your membership and specifically to parents that will help inform them about what CAP is doing to keep Cadets safe while they participate.

To find out more about CAPs COVID-19 Remobilization of the Membership goto:

<https://www.gocivilairpatrol.com/covid-19-remobilization>

For Information on the COVID-19 Statistic goto: <https://www.covidactnow.org/>

For essential information about COVID-19 related issues specific to Civil Air Patrol goto:
<https://www.gocivilairpatrol.com/covid-19-information-cena>

If you have questions, or need help coming up with a plan for your squadron's cadet programs, please reach out and I will do what I can to help.

Keep up the great work and thank you for all you do for the Cadet Program and for Civil Air Patrol.



Captain Michael Probus

Arkansas Wing, Director of Cadet Programs (DCP)

Character Development Instructor (CDI)

(C) [501-259-3849](tel:501-259-3849)

mprobus@cap.gov

Civil Air Patrol, U.S. Air Force Auxiliary

GoCivilAirPatrol.com

arwg.cap.gov

Sample Memo to Members and Parents (Phase 1)

1.2.4.2 / 1.9.2 Units draft a message to parents to inform them about what CAP is doing to keep Cadets safe while they participate. SAMPLE Below:

MEMORANDUM FOR All Unit Members

FROM: XXXXXXXXXX

SUBJECT: Return to Squadron Meetings (Phase 1 Limitations)

1. As the state of Arkansas begins to attempt to return to normal following the COVID-19 epidemic, we are entering a new state of “normal”. In an effort to allow our members to return to the in-person meetings and get back to the way we used to do things, the following procedures will be implemented during our normal meetings, during phase 1, in an effort to follow all guidelines from the White House COVID-19 Task Force and the Centers for Disease Control and Prevention. As additional information is issued from higher headquarters, we will adjust our procedures accordingly. We ask that during this time, you please remain vigilant and flexible as we try to return to “normal”.

During Phase 1, the Regular Unit Meetings must follow the guidelines listed below:

- Members will maintain CDC guidelines while holding regular meetings.
- Maximum groups of 10 in a local vicinity – limiting to only planning/staff meetings or dividing the unit so no more than 10 members meet at a given time and location. Staggering meeting times or separate locations are acceptable if under the 10 member Maximum.
- In addition to the 10 or less members meeting, continued virtual meetings are recommended for high risk members and when more than 10 need to meet.
- Health screening questions will be asked as members come to the meetings.
- Temperature can be taken onsite at check-in with a no-touch thermometer or the member has the option to take their own temperature at home and report no fever on check-in. Members displaying symptoms and/or with a 100.4 degree temperature will not be allowed to participate.
- All surfaces shall be sanitized before, during, and after the meeting.
- Face coverings will be worn in phase 1 and social distancing shall be followed.

2. XXXXXXXX Composite Squadron will return to Phase 1 “in-person” meetings on XXXXXX.

The unit will continue to meet at XXXXXXXXXXXXXXXX. The unit will also continue its normal meeting time from XXXXXXXXXXXXXXXX. To keep our members safe, the following Phase 1 procedures will be followed by all members until rescinded by the unit commander:

a. All members attending the weekly meetings will be of good health. Any member having any of the following symptoms will abstain from attending the weekly meetings:

- (1) Fever (100.4 degrees F or higher)
- (2) Cough (non-productive) of an unknown origin
- (3) Shortness of Breath/Difficulty Breathing
- (4) Chills
- (5) Repeated shaking with chills
- (6) Muscle pain
- (7) Headache
- (8) Sore throat
- (9) New loss of taste or smell

b. Cadet staff may arrive between XXXXXXXX to have a staff meeting and get information needed for the evening. Cadets not on cadet staff should not arrive prior to XXXX. Senior Executive Staff should plan on arriving between XXXXXXXX; all other Seniors may arrive after XXXX. Upon arrival, all members will have their temperature taken via a noncontact method (infra-red temporal thermometer). All temperatures will be documented. Anyone displaying a fever will be asked to return home and not attend the meeting.

c. All members will be required to wear face covering/mask while in attendance. Face masks prevent the spread of droplets through the air. Face masks may be home-made or may be commercially bought (i.e. medical grade surgical/simple mask). Masks will be placed on the member prior to exiting their vehicle upon arrival and will remain on until they re-entered their car at the end of the evening.

d. Social distancing guidelines will be followed at all possible times. Classrooms will have chairs spaced at 6 feet. If this is not able to be maintained, classes may be split up so that social distancing can be obtained. All members will maintain a six feet separation.

e. Prior to the meeting, Senior and Cadet Staff will sanitize all surfaces of chairs, tables, etc. that members may come in contact with throughout the meeting. This process will be repeated at least 1 time during the course of the meeting and then again prior to leaving the meeting.

f. Proper hand washing will be encouraged and maintained throughout the meeting. If possible, the unit will provide hand sanitizer for members to use throughout the meeting as they see fit. If hand sanitizer is not available, members will be encouraged to use the “old fashioned” method of using soap and water. Members will wash their hands on a regular basis throughout the meeting.

g. Proper hygiene will be used at all times. Members are asked to cover their coughs or sneezes into a tissue or their elbow to help cut down on particulate spread. We understand that we are in the middle of allergy season and these are sometimes difficult to avoid.

3. These policies and procedures will go into effect upon the unit’s return to normal meetings. Given the uncertainty of the pandemic and everything going on, parents who do not wish to have their cadets return to normal unit meetings may do so. Please make sure the cadet contacts their chain of command to notify. In addition, parents are also asked to notify the unit commander via email that the cadet will not be attending. Please include how long the absence is expected to last.

4. These policies are subject to change based upon additional policies and information given by both Arkansas Wing Headquarters and National Headquarters – Civil Air Patrol. Members will be notified in writing and email of any changes to the above procedures. We thank you in advance for your assistance and cooperation in this matter.

XXXXXXXXXX, XXXXX, CAP
Squadron Commander, SWR-AR-XXX

CAPF 160 - DELIBERATE RISK ASSESSMENT WORKSHEET

1. ACTIVITY Remobilization Plan		2. DATE (DD/MM/YYYY) 24/06/2020	
3. PREPARED BY			
a. Name (Last, First, Middle Initial) Marsh, Danny L		b. Rank Major	c. Duty Title/Position WG/SE
d. Unit AR Wing	e. Email dmarsh@cap.gov		f. Telephone (501) 282-8184
g. Signature of Preparer			

Five steps of Risk Management: (1) Identify the hazards (2) Assess the Risks (3) Develop Controls & Make Decisions

(4) Implement controls (5) Supervise and evaluate (Step numbers do not equate to numbered items on form)

4. SUB- ACTIVITY or SPECIFIC TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. RISK CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
Note: Each sub-activity or task will probably have multiple hazards/risks associated with it. Each one should be assessed.	Consider Hazards from each of the "5-M" categories in CAPP 163: - Member - Medium - Machine - Mission/ Activity - Management	Use Risk Assessment Matrix on page 3.	Describe the actual control being used to address the specific risk.	Describe how the risk control will be implemented and monitored, and who is responsible.	Use Risk Assessment Matrix on page 3 of form
Entering Building	COVID19 Spread	H	Entry Screening No touch Temp Check No member admitted if 100.4 or greater Wear Facial Mask Wash Hands prior and after entry 10 member limit in facilities	How: Complete Screening form, prevent admittance if do not meet screening, wear mask, clean hands prior and after building entry at least 20 seconds Who: CC, HSO, Leaders	M
Classroom chairs and tables	COVID 19 Spread	H	Environmental cleaning; Wipe down chairs and tables with EPA approved cleaners on commonly touched surfaces, Social Distancing 6 ft or greater	How: Environmental cleaning conducted by designated attendees; Wipe down chairs and tables with EPA approved cleaners on commonly touched surfaces, mark off chairs 6 ft apart Who: Leaders	M
Drills and Uniform Inspections	COVID 19 Spread	H	Social Distancing, Avoid contact closer than 6ft, Wear Facial Mask	How: Continuously observe and regularly brief attendees Who: Leaders	M

ADDITIONAL SPACES FOR ITEMS 4 THROUGH 9 PROVIDED ON PAGE 2

10. OVERALL RESIDUAL RISK LEVEL - (The highest residual risk level in Column 9, with all controls implemented):

EXTREMELY HIGH

HIGH

MEDIUM

LOW

NOTE: ALL RESIDUAL RISKS ASSESSED AS "H" OR "EH" MUST BE APPROVED BY CAP/CC

11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION:

Activities and Unit Meetings must maintain social distancing, use of facial masks and continuous cleaning of commonly touched surfaces and equipment in order to maintain the health of attending members, limit numbers of participants to ten.

12. APPROVAL OR DISAPPROVAL OF MISSION OR ACTIVITY

APPROVE DISAPPROVE

a. Name (Last, First, Middle Initial) Marsh, Danny L	b. Rank Maj	c. Duty Title/Position ARWG/SE	d. Signature of Approval Authority
--	-----------------------	--	------------------------------------

CAPF 160 - DELIBERATE RISK ASSESSMENT WORKSHEET

(Use CAPF 160HL if additional space is needed)

4. SUB- ACTIVITY or SPECIFIC TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. RISK CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
Member 65 or older or underlying health conditions	COVID 19 Contact	EH	Wear Mask, maintain Social Distancing; 6ft or greater, wear gloves or wash hands often for 20 seconds	How: Wear Mask, Maintain 6ft from others, wash hands upon touching surfaces for 20 seconds Who: Leaders	H
Radio Operation	COVID 19 Virus Spread	H	Clean equipment prior and post use, do not spray Cleaners onto equipment - wipe down	How: Wipe down equipment prior and after use with cleaner applied to cloth Who: Leaders	M
Computer Operations	COVID 19 Virus Spread	H	Clean equipment prior and post use. Avoid spraying cleaner directly onto equipment	How: Wipe down equipment prior and after use with cleaner applied to cloth Who: Leaders	M
Exiting Building	COVID 19 Virus Spread	H	Environmental cleaning; Wipe down chairs and tables with EPA approved cleaners on commonly touched surfaces,	How: Environmental cleaning; Wipe down chairs and tables with EPA approved cleaners on commonly touched surfaces Who: Leaders	M
Member with weakened immune system	COVID 19 Virus Spread	EH	Member should not participate until phase three or higher	How: Avoid participation in-person activities Who: Leaders	H
Member participation quantity	COVID 19 Virus Spread	H	Members will be limited to 10 members gathered, alternate meetings time/location	How: monitor quantity of members participating limit of ten Who: Leaders	L
Member gatherings	COVID 19 Virus Spread	H	Members will maintain mask wear, social distancing, hand washing	How: Monitor and enforce mask, social distancing and hand sanitizing Who: Leaders	L
Member personal screenings	COVID 19 Virus Spread	H	Members screened prior to participation, temp checks, screening questionnaire, member will not participate if cannot pass questionnaire	How: Member prescreened prior to entrance of activity/meetings Who: Health Services Officer/Leaders	L
Temperature screening	COVID 19 Virus Spread	H	Temperture screening guidelines will be followed upon contact with member	How: Member will be screened prior to participation of activity or meeting Who: HSO, Leaders	L
Vehicle Operations	COVID 19 Virus Spread	M	Drivers must sanitize vehicle prior and after use, occupants wear mask if social distancing can not be maintained	How: Drivers will clean/sanitize prior and after use, enforce, monitor occupants to wear mask Who: Drivers, Leaders	L
Aircraft Ops	COVID 19 Virus Spread	M	Pilots sanitize interior of aircraft after use	How: Pilots clean/sanitize after use, enforce and monitor Who: Pilots, DO, CC	L

CAPF 160 - DELIBERATE RISK ASSESSMENT WORKSHEET

Risk Assessment Matrix		Probability <i>(expected frequency)</i>				
		Frequent: Continuous, regular, or inevitable occurrences	Likely: Several or numerous occurrences	Occasional: Sporadic or intermittent occurrences	Seldom: Infrequent occurrences	Unlikely: Possible occurrences but improbable
Severity <i>(expected consequence)</i>		A	B	C	D	E
Catastrophic: <i>Death, unacceptable loss or damage, mission failure, or unit readiness eliminated</i>	I	EH	EH	H	H	M
Critical: <i>Severe injury, illness, loss, or damage; significantly degraded unit readiness or mission capability</i>	II	EH	H	H	M	L
Moderate: <i>Minor injury, illness, loss, or damage; somewhat degraded unit readiness or mission capability</i>	III	H	M	M	L	L
Negligible: <i>Minimal injury, loss, or damage; little or no impact to unit readiness or mission capability</i>	IV	M	L	L	L	L

Legend: **EH** – extremely high risk **H** – high risk **M** – medium risk **L** – low risk

NOTE: All residual risks identified as "H" or "EH" must be approved by CAP/CC

13. RISK ASSESSMENT REVIEW

a. Date	b. Name (Last, First)	c. Rank	d. Duty Title/Position	e. Signature of Reviewer

14. AFTER-ACTION FEEDBACK AND LESSONS LEARNED

Instructions for Completing CAPF 160 - Deliberate Risk Assessment Worksheet

<p>1. Activity: Briefly describe the overall Activity for which the deliberate risk assessment is being conducted (e.g., SAREX, Wing Encampment, NCSA, etc.).</p>	<p>10. Overall Risk After Controls Are Implemented: Assign an overall residual risk level. This is the highest residual risk level (from block 9). NOTE: Any activity with residual risk identified as "EH" or "H" must be approved by CAP/CC.</p>
<p>2. Date: Self Explanatory.</p>	
<p>3. Prepared By: Information provided by the individual conducting the deliberate risk assessment for the activity.</p>	<p>11. Supervision Plan and Recommended Course of Action: Completed by preparer. Summarize the overall risk management plan for the Activity, including identification of individual responsible for on-going evaluation of plan and supervision of real time risk management.</p>
<p>4. Sub-Activity or Specific Task: Use a separate block to describe each sub-activity or task. Examples might include Obstacle Course, PT Test, Aircraft Parking, or other tasks that are a part of the overall Activity.</p>	
<p>5. Hazard: Specify hazards related to the subtask in block 4. There may be multiple hazards associated with each sub-activity. Use a separate row for each hazard.</p>	<p>12. Approval/Disapproval of Activity: The leader in charge of the event (Activity Director, Commander, Incident Commander, etc.) approves or disapproves the Activity based on the overall risk assessment in Block 10.</p>
<p>6. Initial Risk Level: Determine probability and severity. Using the risk assessment matrix (page 3), determine level of risk for each hazard specified, using probability and potential severity. Enter resulting Risk Level in this column.</p>	
<p>7. Control: Describe or explain the risk controls or methods to be used to reduce the risk level associated with the hazard identified in block 5.</p>	<p>13. Risk Assessment Review: For on-going activities, the approval authority (Block 12) should appoint individuals with sufficient oversight of the activity to periodically review risk controls to determine if they are effective or if overall risk has changed. If the overall risk rises above the level already approved, operations should cease until the appropriate approval authority is contacted and approves continued operations. Signature signifies review complete and event continues as planned.</p>
<p>8. How to Implement / Who Will Implement: Briefly describe how each control will be implemented and the name of the individual who has primary responsibility for implementing and monitoring the risk control.</p>	
<p>9. Residual Risk Level: Assuming the controls will be effective, determine the residual risk level based on the predicted probability and possible severity with the controls in place. NOTE: Any residual risk identified as "EH" or "H" must be approved by CAP/CC.</p>	<p>14. After-Action Feedback and Lessons Learned: Provide specific input on the effectiveness of risk controls and their contribution to mission success or failure. Include recommendations for new or revised controls, practical solutions, or alternate actions. Submit and brief valid lessons learned as outlined in CAPR 160-1.</p>
	<p>Additional Guidance: Use CAPF 160HL if additional rows are needed for hazard assessments.</p>

Prevent the spread of COVID-19 if you are sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation, ride-sharing, or taxis.**



Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
- See **COVID-19 and Animals if you have questions about pets:** <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>
- Additional guidance is available for those **living in close quarters.** (<https://www.cdc.gov/coronavirus/2019-hj-ncov/daily-life-coping/living-in-close-quarters.html>) and **shared housing** (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html>).



Monitor your symptoms.

- **Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.**
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.



When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- Inability to wake or stay awake

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility:

Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office,** and tell them you have or may have COVID-19.



If you are sick, wear a cloth covering over your nose and mouth.

- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.



Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.



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

Cover your coughs and sneezes.

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



Clean your hands often.

- **Wash your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water are the best option**, especially if your hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.



Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.



Clean all “high-touch” surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- **If a caregiver or other person needs to clean and disinfect** a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a cloth face covering and wait as long as possible after the sick person has used the bathroom.



High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective.

When you can be around others after you had or likely had COVID-19

When you can be around others (end home isolation) depends on different factors for different situations.



- **I think or know I had COVID-19, and I had symptoms**
 - You can be with others after
 - 3 days with no fever**AND**
 - symptoms improved**AND**
 - 10 days since symptoms first appeared
 - Depending on your healthcare provider’s advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.
- **I tested positive for COVID-19 but had no symptoms**
 - If you continue to have no symptoms, you can be with others after:
 - 10 days have passed since test
 - Depending on your healthcare provider’s advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.
 - If you develop symptoms after testing positive, follow the guidance above for “I think or know I had COVID, and I had symptoms.”

STOP THE SPREAD OF COVID-19

Do not enter if you:

- Have had fever of 100.4°F or greater in the last two days
- Have a cough, difficulty breathing, sore throat, or loss of taste or smell
- Have had contact with a person known to be infected with COVID-19 in the previous 14 days

To protect vulnerable people from COVID-19, the Arkansas Department of Health discourages you from entering if you:

- Are aged 65 or older
- Have chronic health conditions like diabetes, heart disease, lung disease and others
- Have a compromised immune system

