

COVID-19 Remobilizing the Membership – Frequently Asked Questions

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Developing Remobilization Plans for Wings:

Creating a Remobilization Plan:

My Wing is shown in the red on www.covidactnow.org. Do we have to wait to create our Phase I plan?

Answer: No. Wings can begin preparing and submitting plans whenever they are ready.

Does each unit need to complete a remobilization plan?

Answer: No. Wings are expected to develop a plan and work with subordinate units to develop their plan, but units do not have to develop a plan for approval by the CAP COVID- 19 Planning Team.

Creating our Remobilization Plans, timing:

Does our wing need to create plans for all three phases before we can proceed with remobilizing the membership?

Answer: No. The CAP COVID-19 Plans Team requests each wing to review its developed plans, review the current status of COVID in their state and lessons learned as they had moved through the phases incorporated over the past year. Once the wing has determined it is at a particular phase, activities and operations anticipated during that phase need to be evaluated by level of risk to members based on current trends and lessons learned. Leadership needs to anticipate and plan for current and future potential needs so as to maintain the capacity to conduct missions, activities and operations safely. As it becomes apparent that circumstances are changing, either for the better or worse, wings should review their plans and adjust them as appropriate.

When do the Remobilization Plans need to be submitted for review?

Do plans need to be in by a certain date in order to be reviewed and approved?

Answer: No, there is no set date for plans to be submitted. That is entirely up to the wing. Wings need to understand though that the CAP COVID-19 Plans Team will be reviewing many plans and will be asking questions of POCs in many cases. Don't expect an immediate approval or disapproval or rush to remobilize.

Using the Remobilization Plan format:

Do we have to use the format provided in order for our plan to be approved?

Answer: The CAP COVID-19 Plans Team strongly encourages Wings to use the templates provided as much as possible in order to be sure key functions are accomplished. That does not mean that we are not willing to consider variations or suggestions for improvements. Templates and checklists on the remobilization website (<https://www.gocivilairpatrol.com/covid-19-remobilization>) will be updated as improvements are noted that could benefit other Wings. We'd suggest that Wing POCs reach out to the team before putting significant work into another format to discuss what is trying to be achieved and make sure variation from the template is the right answer for the case presented.

Phased remobilization by areas within a Wing:

If my Wing covers a large geographic area, is a phased in remobilization plan by areas within the Wing acceptable?

Answer: Yes, developing a plan by area may be acceptable, but could be considerably more complex and will need to carefully consider how personnel interact throughout the wing.

Developing a Remobilization Plan with limited personnel:

We don't have enough wing staff to carry out the steps outlined in the plan template. How do we move forward?

Answer: Wing commanders are encouraged to reach out to unit commanders to identify staff that can help and reach out to region leadership, neighboring wings, and the COVID-19 Plans Team if additional support is still needed.

CAP versus State or Military Base Restrictions:

Our State's Governor has relaxed social distancing restrictions guidelines, but it appears that CAP is more restrictive. What rules are we required to follow within CAP?

Answer: CAP has chosen to take a conservative approach to remobilizing wings, and wings are expected to follow the more restrictive between the State, Tribal, Local or Territorial regulations or CAP's guidelines. CAP leadership wants wings to take the necessary time to develop tools and a battle rhythm to regularly check key indicators to determine if they can safely operate.

CAP versus Military Base Restrictions: Similarly, when CAP activities are planned on a military base, CAP personnel should follow all base restrictions unless CAP restrictions are more conservative. When planning activities on a military base, the POC / Activity Director should

contact the base to inquire about current restrictions.

Will other Wing's plans be available for review as they are approved?

Answer: Yes. All approved plans are being posted on the CAP Remobilization of the Membership website at: <https://www.gocivilairpatrol.com/covid-19-remobilization>.

Using the Pandemic Metrics:

What to do if the Metrics worsen:

Our Wing has gotten worse on www.covidactnow.org. Do we have to halt activities and future planning?

Answer: By following the CAP Phase guidance, it should be clear to the wing POCs and CCs when movement forward or backward should take place. If there are questions, the COVID-19 Plans Team would welcome the wing's inquiries and is ready to provide support and guidance as needed. In some cases, even if the wing needs to "step back" to a lower phase, activity planners can submit an Exception Request to the COVID-19 Plans Team for review to consider the potential to continue with a planned activity. Often, with appropriate adjustments, these activities can still be safely conducted.

Using the Metrics from COVIDACTNOW:

How can our wing use the metrics in COVID Act Now effectively to determine when the wing can shift upwards or downwards?

Answer: COVID Act Now (CAN) metrics have become the standard site in use to evaluate status of the primary metrics, and are widely used at the National level. The term "metrics" refers to the statistical data that reflects historical and current pandemic activity. For consistency throughout CAP, wings should consult the CAN site on a regular basis, and all changes should be referenced to CAN. Wings are also encouraged to consult with state public health authorities to determine more details about the status of the pandemic in their local area and state. Any additional data derived from state and local sources should be considered as an adjunct to the CAN data. High quality data that are available from a state/local source, that might change determinations should be appropriately referenced and highlighted when communicating the rationale for requested changes to national leadership. Combining the CAN metrics with vaccination rates both in the general population as well as in the CAP membership can further refine the appropriate decision points.

How to use the metrics to determine remobilization:

Most areas of our state are in the green on <http://www.covidactnow.org> www.covidactnow.org, but a few large counties are not, and potentially skew the overall data for our state. Do we have to wait to proceed with remobilizing until the entire state truly shows green, or can we consider interim

efforts, especially when most of our units are not in counties shown in red?

Answer: Plans will be evaluated on a case-by-case basis as they are presented. The CAP COVID-19 Plans Team understands that there are sometimes delays in reporting data to the national tools, and there is also an expectation of some waxing and waning of the numbers over time, especially as areas begin to reopen. If wings have access to more accurate local data, we encourage those developing the wing plans to include that data for consideration when submitting their plans. It is possible to consider mobilizing portions of a wing, but careful consideration will need to be given to risk mitigation measures in order to protect the membership, especially for high-risk personnel.

When the metrics fluctuate:

COVID-19 metrics in my state are fluctuating. How do we best respond to those fluctuations?

Answer: Fluctuations in the metrics are common and expected. The COVID-19 Plans Team looks at the long-term trends reflected in the data to help determine if and when each wing might need to shift to either a higher or lower phase. Questions that arise are welcomed by the COVID-19 Plans Team and the Team will endeavor to help the wing develop the safest course for the future. If such a shift might impact negatively on a planned activity, the COVID-19 Plans Exception Team will help the wing to adjust plans to ensure safety.

Do we have to use the <http://www.covidactnow.org/> website?

Answer: No, the CAP COVID-19 Planning Team is using that as a primary resource but is also referring to <https://coronavirus.jhu.edu/> regularly and individual State sites as they frequently have useful tools and address local concerns. Referring to a state's Department of Public Health websites or even County Health Department website for more accurate local data when needed makes good sense. The CAP COVID-19 Planning Team is glad to help review data and assist wing personnel coordinating remobilization efforts with interpreting data available and advising commanders and local teams as necessary.

Returning toward "normal" operations:

Determining when to return towards "normal":

What factors should we be most concerned about right now and in the future as we work toward returning back to normal operations? Similarly, are there factors that we should be watching closely to determine if we should pause our remobilization or even step back?

Answer: New factors, such the level of vaccination, are now available to be included in planning. At this time, the primary factors to review would be the Daily New Case Rate per 100,000 population, the current infection rate, the vaccination level, and the ICU headroom. Other factors, such as positive test rates and contact tracing can also be considered in planning. The Daily New Case Rate is the most useful for determining current pandemic activity, while the infection rate helps to forecast future trends. Combined with the current level of vaccination, it is increasingly possible

to estimate future trends and the potential for phase changes. Wing remobilization coordinators and commanders should pay particular attention to current trends and emphasize the importance of remaining vigilant to social distancing, wearing appropriate face coverings, along with good and frequent hand hygiene. Remember, this is not a race. No one wants to see, or worse be the cause of a resurgence of the pandemic in our CAP community by attempting to return to normal activities too quickly. Wing Commanders or remobilization coordinators are encouraged to maintain an open line of communication with the CAP COVID-19 Planning Team to help address any questions that may arise.

School Squadrons:

Can my school squadron still meet when the school is still holding in person classes even if the wing has tighter restrictions?

Answer: With concurrence from the wing commander, school squadrons may operate in accordance with the school district's guidance for COVID-19 gatherings. The intention though is that these units meet with ONLY the members assigned to that unit if the Wing is in a more restrictive phase. Careful consideration needs to be given to personnel assigned to the unit that may not attend or work at the school normally though, e.g. a school unit is open to other youth in the area or parents that may come from higher risk areas.

Travel:

Travel restrictions during the pandemic:

Will members be allowed to travel to neighboring wings to participate in activities during this period?

Answer: In accordance with the guidance in the memo from Major General Smith from 26 April, 2021(updated 18 May 2021), members may attend activities based on the criteria in the memo. Experience thus far during the COVID pandemic has demonstrated that participation between wings, particularly when they are in different phases, can be problematic. If you have questions about participation or the criteria in the memo, please contact the CAP COVID-19 Plans Team for guidance.

During remobilization:

Online training and remote access:

My wing has been approved to move forward with remobilization. Do we need to continue offering online training and remote access for personnel?

Answer: Though wings may be approved to move forward with remobilization, there are still risks for COVID-19 exposure, especially for high risk personnel, and support for high risk personnel should be continued. We anticipate that many high-risk personnel will not return to regular activities

until Phase III of the remobilization.

Determining Risk, PPE, Screening, public health recommendations:

Who is considered high risk?

Answer: CAP is closely aligned with the Centers for Disease Control and Prevention (CDC) and their guidance regarding COVID-19. CDC maintains a website that discusses who is at an elevated risk for contracting COVID-19 and who may be at a higher risk for requiring hospitalization and intensive care admission. This web site is at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Medical Conditions in Adults

- This list is presented in alphabetical order and not in order of risk.
- Cancer
- Chronic Kidney Disease
- Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Down Syndrome
- Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Overweight and obesity
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders

What is “Social Distancing”?

Answer: Social Distance/distancing refers to a concept that dates back a number of years to the early part of the last century. Social distancing is a strategy to disrupt the network of spreading a transmissible disease from person to person. In the broadest sense, there is not an absolute number

(though a specific distance is often used), but the idea that a combination of processes can significantly reduce the spread of a contagion. These steps include masking when in contact with non-household members, maintaining a minimum physical separation to reduce droplet spread, isolation and quarantine, and in some cases, enforced isolation and treatment with appropriate disease fighting medications. Social distancing has been successfully demonstrated during the early phases of the current pandemic, just as it was successful in the influenza pandemic referred to as the 1918 Flu. In the case of COVID-19, an initial value of 6 feet, or 2 meters between persons was recommended, based on experience with measles, which is much more contagious than COVID-19. Because that distance has worked, it remains the recommendation today.

When to wear gloves:

Does wearing gloves help protect a person from COVID-19? When should members wear gloves?

Answer: The following is from the CDC on the use of gloves:

COVID-19 is a respiratory virus and is mainly spread through droplets created when a person who is infected coughs, sneezes, or talks. You can protect yourself by keeping social distance (at least 6 feet) from others and washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol) at key times (such as after a possible exposure to a contaminated surface), and practicing everyday preventive actions including learning not to touch your face (eyes, nose, mouth) before washing or sanitizing your hands.

In most situations, like running errands, wearing gloves is not necessary. Instead, practice everyday preventive actions like keeping social distance (at least 6 feet) from others, washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol), and wearing a cloth face covering when you have to go out in public.

When wearing gloves is recommended

- When you are routinely cleaning and disinfecting your home or a meeting space.
 - Follow precautions listed on the disinfectant product label, which may include:
 - Wearing gloves (reusable or disposable) and
 - Having good ventilation by turning on a fan or opening a window to get fresh air into the room you're cleaning
 - Wash your hands after you have removed the gloves.
- When caring for someone who is sick
 - Use disposable gloves when cleaning and disinfecting the area around the person who is sick or other surfaces that may be frequently touched in the home.
 - Use disposable gloves when touching or having contact with blood, stool, or body fluids, such as saliva, mucus, vomit, and urine.
 - After using disposable gloves, throw them out in a lined trash can. Do not disinfect or reuse the gloves.

- Wash your hands after you have removed the gloves.

When gloves aren't needed

Other than during the above activities, wearing gloves (for example, when using a shopping cart or using an ATM) will not likely protect you from getting COVID-19 and may still lead to the spread of the virus. The best way to protect yourself from the virus when running errands and after going out is to regularly wash your hands with soap and water for 20 seconds or use hand sanitizer with at least 60% alcohol, after any possible exposure. Don't touch your face before sanitizing after any exposure, including after you have removed your facial covering.

When are face coverings required?

Answer: This is an area which has been changing recently. Because of the unique characteristics of the Delta Variant, ALL members, whether vaccinated or unvaccinated, are required to wear a good quality, well-fitted facial mask when indoors during periods of high infection rates. This does not include bandannas or gaiters), although 2 or 3 layer home-made masks are acceptable.

When out of doors, members who have been fully vaccinated may elect not to wear a facial covering, but those who are not vaccinated or choose not to disclose their vaccination status should be required to wear a good quality, well-fitted facial mask whenever physical distancing of at least 6 feet cannot be strictly maintained.

Given the breakthrough infections from the Delta Variant in those who have already been vaccinated, all members are encouraged to wear a good quality mask whenever physical distancing cannot be maintained.

Aircrew and ground teams are encouraged to also wear face coverings as an additional risk mitigation when flying with non-CAP passengers or non-vaccinated members.

Use of hand sanitizers:

We've had reports of people getting sick from using cheap hand sanitizers in our community. What should we be looking for in order to protect our members?

Answer: Alert: Methanol-based Hand Sanitizers: The US Food and Drug Administration has issued a warning to consumers and health care providers concerning hand sanitizer products labeled as containing ethyl alcohol/ethanol, but which actually are made with methanol. Methanol is potentially toxic when ingested or absorbed through the skin, and can lead to blindness, hospitalizations, and other life-threatening complications.

While it is well known that ingestion of methanol is quite toxic, it is not as well recognized that repeated topical use (use on the skin without swallowing the solution) can result in significant quantities of methanol being absorbed through the skin and can lead to similar medical issues. At this time, the only source for these hazardous hand sanitizers appears to be from Mexico. The latest

FDA update can be found at: https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-methanol?deliveryName=USCDC_511-DM32443.

Additional details are also available in an Alert posted on the CAP Health Services website.

Reporting positive screening in SIRS:

Members temperatures are being checked before participating in events, and they are also being asked basic screening questions to avoid ill personnel participating and exposing other members to COVID-19. If a member is identified as having an unexplained elevated temperature or other symptoms that could be indicators of having COVID-19 following the published procedures, is this scenario a SIRS reportable event?

Answer: No. The COVID-19 Planning Team and CAP/SE agree that symptoms like a high temperature, due to COVID-19 or not, is not reportable in SIRS. It is not a “mishap” in the context of a CAP activity. From a risk management and continuous improvement perspective, personnel should emphasize the continuous use of the outlined risk controls that have been put in place to minimize exposure and spread of COVID-19. It is imperative that we continuously examine the effectiveness of those controls to include monitoring how stringently the controls are adhered to (social distancing, mask wear, etc), as well as examining any actual cases, but we don’t believe SIRS will help in this effort. The CAP COVID-19 Planning Team is constantly monitoring and adjusting measures and controls as necessary and appreciates input from POCs in the field to assist in those efforts.

Social Distancing in Vehicles:

Social distancing in CAP vehicles is difficult. What do you recommend?

Answer: While practicing social distancing in CAP vans is a difficult restriction, it is essential for limiting opportunities to spread the virus. The basic rule is to transport ONLY those members who are essential to the mission or activity. Riding in a vehicle, even with facial coverings, is a relatively high-risk situation due to the enclosed space. This is particularly true for unvaccinated or mixed groups.

The following are guidelines:

- Everyone in the vehicle must wear a good quality, well-fitting facial covering, unless everyone in the vehicle has been fully vaccinated. In that case, facial masks may be optional for passengers.
- Arrange seating to maximize the physical distancing around unvaccinated or undisclosed members. If all members are vaccinated, seating can be adjusted up to the vehicle maximum.
- Ensure that cabin vents are open and allow for air flow into and out of the van.
- If available, POV transportation with only family members in each vehicle is preferable to limit opportunities for exposure.

Flying operations during the pandemic

What types of flying activities are anticipated to be allowed in each Phase?

Answer: Though plans will be reviewed on a case-by-case basis and consider the activities and operations that Wings bring forward, the following is generally what is expected in priority order within each phase:

Phase Zero

The below flight activities may be authorized by a wing commander during Phase Zero:

- Flight Evaluations
- Crew Proficiency
- Dual Instruction (including cadet flight instruction such as in the Wings Program)
- Individual aircrew training

Phase One

- Flight Evaluations
- Crew Proficiency
- Dual Instruction (including cadet flight instruction such as in the Wings Program)
- Individual aircrew training
- Carefully pre-scheduled local CAP Orientation Flights (Everyone doesn't show up for the day at one time, but rather, two cadets show up for an assigned flight block with plenty of time in between to wipe the aircraft clean and leave before the next cadets arrive). Everyone is wearing a mask. Pick locations where social distancing can still be done if for some reason people show up early.

Phase Two

- Small Group Crew Training (units or groups of locally conducted training for members to earn crew qualifications, not large area classes so that we avoid any potential for overnight activities; personnel would generally be flying with local people that they know)
- CAP, AFROTC and AFJROTC Cadet Orientation Flights including large flying days
- TOP Flights

Phase Three

- Traditional crew training allowing for large wing or region class sessions
- Flight Academies

Cleaning aircraft between every sortie throughout all phases remains unless it is the same crew flying back-to-back sorties.

Crew members should still be encouraged to wear masks with external customers just to add an extra risk mitigation measure.

Wearing gloves when flying:

I've been told that I have to wear gloves when I fly. Is that really necessary?

Answer: No, some crew members are more comfortable wearing them, but they are not required and may be worn in the cockpit as long as their wear does not interfere with crew duties. Strict adherence to cockpit sanitization measures is what is critical to prevent the spread of COVID-19. Wearing gloves is required when handling materials that procedures specify the wear of gloves, like transportation of completed test kits, but that does not require crew members to wear gloves in flight.

Wearing of masks when flying:

What's the plan for flying with masks or other face coverings that could exacerbate physiological problems?

Answer: The CDC is strongly recommending masks in any enclosed situation for both vaccinated and unvaccinated individuals in areas with substantial or high pandemic activity. It is incumbent that CAP aircrews follow these guidelines to minimize risk. As members are able to ask others their vaccination status, aircrews should carefully consider utilizing this ability to determine potential risk among members. Aircrews also should carefully consider the following:

- Emphasize proper hydration.
- Use aircraft vents.
- Crew members that feel ill or otherwise have any signs or elevated infection risk due to recent exposure for example, should self-quarantine, seek medical care and not potentially expose other crew members to COVID-19.

Proficiency Flying:

Once our Wing enters Phase I, should we expect to continue proficiency flying to preserve engines?

Answer: Flying for engine preservation specifically should no longer be necessary as wing commanders can authorize flying allowed under Phase I during Phase 0 so that flight evaluations, traditional crew proficiency, dual instruction, and individual aircrew training can be flown.

Cadet Orientation Flights during Phase 0:

Now that Cadet Orientation Flights are a part of Phase I flying, can a wing in Phase 0 authorize them to be flown with a wing commander memo?

Answer: No. If a wing is in Phase 0, a Wing Commander memo may only authorize flying

associated with mission readiness: Form 5 and Form 91 flight evaluations, proficiency flying, air crew training, and dual instruction. A wing must be approved and active in Phase I to conduct Cadet Orientation Flights.

Encampment and other large group activities:

Encampment planning:

What should we do about our upcoming Encampment (or another Cadet activity)?

Answer: In general, wings should avoid overnight activities, including encampments, until the wing is in Phase 3. The memo from Maj Gen Smith on April 29, 2021, included comprehensive guidance for planning overnight activities during this pandemic period. It is recommended that wing Planning Committees consult those recommendations as they are planning for the activity.

For wings in Phase 2: If activities, including encampment, are being considered while the wing is in Phase 2, the COVID-19 Plans Exception Team is prepared to review the plans and help to ensure appropriate mitigation strategies are in place to minimize risk.

Responding to a COVID infection in members:

What to do when a member tests positive for COVID-19:

What happens if our wing is operating in Phase II or Phase III, and a member is confirmed to have COVID? Does everyone in the state/county revert to a previous phase?

Answer: Not necessarily. Communication with commanders is crucial. Wing commanders are empowered and expected to use good judgment and reaching back to the COVID-19 Planning Team is always a resource available to you in determining a safe way forward.

Vaccination: As of 23 AUG 2021, the Pfizer-BioNTech mRNA vaccine has received unqualified, full approval from the Food and Drug Administration

Vaccination of “mission essential CAP personnel”:

Are CAP members considered mission essential personnel that should be vaccinated in the early stages of release of vaccines?

Answer: While CAP does not currently require any vaccinations, vaccination for COVID-19 is strongly encouraged for all members, both cadet and senior. This recommendation is supported by all recent presidents, the CDC, the DoD and medical professionals at all levels. Because CAP

members participating in mission activities will likely be exposed to many other individuals, both with CAP and from other organizations, vaccination for the protection of the entire mission group is highly important. CAP NHQ will be working to provide additional guidance and tools to wing commanders as the pandemic evolves.

Vaccinations and cadets:

Some vaccines will only be provided to those 16 years of age and older. Will that mean that cadets under 16 years of age will not be able to participate in CAP?

Answer: CAP cadets will still be able to participate in CAP meetings and activities whether vaccinated or not. CAP, following CDC guidelines, continues to encourage masking for all members when indoors. When out of doors, masks are recommended for all unless physical distancing of at least 6 feet cannot be strictly maintained. Fully vaccinated members will be free to choose not to wear a mask when out of doors.

It is possible that unvaccinated (and non-disclosing) members may not be allowed to participate in some missions and activities where physical distancing may be difficult to maintain and that could put the members at higher risk.

Vaccination and Pilots:

There are rumors floating around that pilots will not be able to fly if they are vaccinated. Is that true? Does CAP have any vaccine requirements for pilots?

Answer: The FAA has posted guidance on this subject that makes it clear that holders of FAA-issued Airman Medical Certificates or Medical Clearances may receive the Pfizer-BioNTech, Moderna COVID-19 vaccine, or the Johnson & Johnson-Janssen vaccine; however, a 48-hour no fly/no safety related duty interval must be observed after each dose.

See: <https://www.faa.gov/news/updates/?newsId=94991> and https://www.faa.gov/news/updates/?newsId=96302&omniRss=news_updatesAoc&cid=101_N_U.

Currently, the FAA allows the Pfizer, Moderna COVID-19 and J&J vaccines for use by medical certificate holders. Other COVID-19 vaccines will be individually considered by the FAA following granting of each FDA Emergency Use Authorization or full approval. Pilots should not participate in trials of other manufacturers' COVID vaccines at this time. CAP does not have any additional requirements beyond this.

The Federal Air Surgeon determined that FAA medical certificate holders may not act as pilot in command, or in any other capacity as a required flight crew member, for 48 hours after each dose of the Pfizer-BioNTech, Moderna, and Johnson & Johnson vaccines. The Federal Air Surgeon made this determination after evaluation of available medical information about these COVID-19 vaccines and potential side effects. As a result of this determination and consistent with 14 CFR § 61.53(a), each person subject to part 67 who receives the vaccine must wait 48 hours after each dose before acting as pilot in command or as a required flight crew member.

COVID-19 Vaccination Clinic Support by CAP:

- First, and foremost, wings choosing to participate in such missions need to keep the health and safety of their members as the first order consideration.
- CAP members who are licensed to provide vaccinations, may not do so as CAP members. CAP members, no matter their background or training, are not allowed to administer vaccinations at this time. CAP members who would like to volunteer to administer vaccinations must do so outside of CAP.
- Public Health Measures must be adhered to by all members involved, including:
 - Continuous wearing of facial masks (meeting CDC guidelines) by all participating members.
 - Social distancing, even when out of doors, at all times.
 - Sanitizing of hands and high touch surfaces frequently during the activity.
 - Appropriate clothing commensurate with the weather and conditions.
- CAP participation can include:
 - Logistical support (moving of equipment and materials)
 - Data entry
 - Non-highway traffic direction (i.e., directing arriving vaccinees to appropriate parking)
- Direct contact with the public should be minimized.
- Travel to and from the mission site, as well as over-night stays should be consistent with CAP travel guidelines.
- Safety / Health Briefings should be prepared for and given to all individuals and teams participating in the Mission each day.