

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 Planning Team is expecting Wings to develop plans one at a time and begin executing Phase I before development of the plan for the next phase. The team will also be focusing on approving plans in order by phase. Activities and operations anticipated in each phase increase in complexity and risk, and the leadership has agreed to this approach in order to rebuild capacity to conduct activities and operations safely. We anticipate that Wings will also have lessons learned as they move through the phases that should be incorporated into plans for later phases.

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 Planning 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 Planning 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 Planning Team if additional support is still needed.

CAP versus State 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 their State's 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.

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: No. Wings should consider the status of the areas where their units are located as well as where personnel live and work as well as many other factors in determining if they should continue progressing or even stepping back. We encourage Wing POCs to contact the CAP COVID-19 Planning Team at COVID-19Plans@capnhq.gov if you have any questions and review other plans available online.

Using the Metrics from COVIDACTNOW:

New metrics have been added to www.covidactnow.org for contract tracing and daily new cases and it changed the status of our state on the site negatively. Do we now need to wait until we are green under the new criteria before we can change phases? Our Wing wants to safely open, but we really need help determining what factors are most crucial to our remobilization as the status map continues to change for our State. We are also concerned that there may be some regression in our state going forward.

Answer: No. Though these metrics are strong indicators, Wing progression has not been halted just for these factors. That said, the team is reviewing all indicators and helping advise and interpret for Commanders and Staff accordingly. Don't hesitate to contact the CAP COVID-19 Planning Team at COVID-19Plans@capnhq.gov for assistance.

How to use the metrics to determine remobilization:

Most areas of our State are in the green on <http://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 Planning 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'd 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 reporting numbers in my State are fluctuating. We were green on <http://www.covidactnow.org> but aren't now. Does that mean that we need to start over?

Answer: No, that does not necessarily mean that your Wing will need to start over. We do expect that there will be some waxing and waning of the numbers over time for a variety of reasons. The CAP COVID-19 Planning Team is more concerned with long term trends and will work with the Leadership of each Wing to determine the best course of action. In some cases, the Wing may be able to proceed safely, while in others it may be necessary to extend time in the current phase or even step back. New criteria are also expected to be added to this site as more is learned about COVID-19, and the CAP COVID-19 Planning Team will work with Wings as new criteria are added to determine the best course(s) of action going forward.

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: The CAP COVID-19 Planning Team believes that we can responsibly consider Wings that are depicted in yellow or green on the COVID Act Now map for moving forward with remobilization as long as they continue to track with the improvement of the overall measures of

cases decreasing, testing capacity, hospital readiness, and contact tracing. Focus should still be put on the original three metrics: infection rate, positive test rate and ICU headroom used. The contacts traced and daily new cases factors will become increasingly important though and should not simply be ignored either.

The CAP COVID-19 Planning Team would place the greatest weight on the factor of infection rate and the trend that it shows followed by the positive test rate. Lacking a better or more accurate source of information like from a State's department of public health, we believe that looking for a sustained downward trend in the infection rate would be the most reliable indicator on which to base the timing for movement between the remobilization phases. A significant upward trend in new infections would seem to indicate the need to pause or even step backward to an earlier phase. Wing remobilization coordinators and commanders should pay particular attention to this and emphasize the importance of remaining vigilant to social distancing, wearing face coverings, properly cleaning aircraft, vehicles, facilities and equipment after use, and remembering and reminding personnel that this is not a race. We do not want 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: It may be permissible for personnel from neighboring Wings to work together and attend each other's events even if the Wings are in different phases of remobilization. This should be coordinated through the chain of command in advance though and should not be used as a mechanism for personnel from higher risk areas within one Wing to participate with those from low-risk areas in another Wing.

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: It is important to recognize that “risk” is a spectrum, not a black and white situation. “High Risk” indicates the potential that those being so designated may have a higher risk of the complications that can result from infection with the COVID-19 virus. Those complications can produce much more serious illness and even death.

The guidelines regarding the high risk category was developed by the CDC and can be found at the following: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>.

According to the CDC, adults of any age with the following conditions are at increased risk of severe illness from the virus that causes COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Severe Obesity (BMI ≥ 40 kg/m²)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently there are limited data and information about the impact of many underlying medical conditions on the risk for severe illness from COVID-19. Based on what we know at this time, the CDC says that adults of any age with the following conditions might be at an increased risk for severe illness from the virus that causes COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)

- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m², but < 30 kg/m²)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Information on at risks groups due to underlying medical conditions is updated by the CDC regularly, and we encourage personnel to review the CDC website for the most current information.

With regard to CAP members, this designation is not “legal” term, it is an indicator of the level of potential risk the member might be carrying. Each member must self-assess his or her own health status and make a personal decision about their risk level. Recognizing that participating in certain activities during the pandemic period at any Phase could put the member at risk for becoming infected, each member self-assessing his or her health risks as in the higher risk category must make a personal decision about participation. Clearly, there are individuals who are over age 65 whose actual risk status is much lower than other individuals who are much younger. It is strongly recommended that members who might be considered high risk consult with their own personal medical provider before returning to participation in in-person CAP activities.

Including age 65 as a potential indicator of a high-risk status reflects the observation that a higher percentage of those becoming infected with COVID-19 who are over age 65 have experienced severe illness and a higher mortality rate than other younger individuals.

However, this includes a large number of individuals whose health is clearly impaired and who are living in high risk environments (e.g. nursing homes).

Wing Commanders and ICs are free to accept members self-assessments as to their risk status and allow such members to participate as needed. Obviously, if a member’s self- assessment is patently erroneous (e.g. the member is clearly at higher risk than his or her self- assessment would indicate), the Commander or IC would need to act accordingly, limiting the member’s participation. This is analogous to situations where members request being deployed in situations where their physical or emotional status would clearly not be adequate for the demands of the task.

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 by phase?

Answer: Continuous wear is only required during Phase I. When expecting to be working within 6-foot distance of others, face coverings are required during Phase I and II, but recommended in Phase III to protect those at high risk. Aircrew are encouraged to also wear face coverings in Phase III as an additional risk mitigation when flying with non-CAP passengers or crew members. Protection measures by phase are also depicted in the following chart.

White House Open America Phases	Health Protection Condition Level	Routine Cleaning	6' Social Distancing	Targeted Public Health Education	Essential Travel Only	Telework Meetings	Face Cover <6 foot Distance	Entry Screening	Daily Workplace Disinfection	Face Covering Continuous Wear
Phase III	Routine	X					X**			
Phase III	Alpha	X	X	X			X**			
Phase II	Bravo	X	X	X		X*	X	X		
Phase I	Charlie	X	X	X	X	X	X	X	X	X
Phase I	Delta	X	X	X	X	X	X	X	X	X

*For those that voluntarily self-report as being high-risk

**To protect those at high-risk

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.

The following are guidelines:

- Everyone in the vehicle must wear facial coverings.
- Everyone should sanitize hands BEFORE entering the vehicle.
- No more than 1 person per row of seats. Arrange seating to maximize the social distance between members.
- 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.
- The vehicle should be thoroughly sanitized at the end of the journey, cleaning all touched surfaces. Fogging of the vehicle is not necessary.

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: Crews in hotter climates have been flying with masks without interference in their operations, but that does not mean that will continue or always make sense. Health Services Officers recommend crews consider several things:

Emphasize proper hydration. Some personnel likely limit fluid intake prior to flying in order to avoid having to land in order to go to the bathroom. Loss of bodily fluids from sweating is possible at any time of the year and wearing a mask or other face covering can exacerbate this, or at the least will be a psychological impact on crews. Crew members need to be able to consume liquids in flight while

avoiding contamination of their mask or face covering. Crews should consider drinking containers that use some kind of straw or other drinking tube that can be slid inside or under the mask and sanitized when removed. As the heat index rises above 103 degrees F which is likely in many areas of the country, there is a high risk for heat related illness. Personnel should drink small amounts of water often, before they become thirsty, and it is recommended that personnel drink 4 cups of water every hour while the heat index is 103 to 115 degrees F. Ideally, water should be 50 to 60 degrees F. Personnel are encouraged to choose water over soda and other drinks containing caffeine and high sugar content. These drinks may lead to dehydration. Personnel may want to consider sports drinks that can help replace lost electrolytes or using flavoring packets to make water more palatable when necessary.

- Use aircraft vents. Ventilation will obviously help with controlling cockpit temperature but can also help render the cockpit less contagious. Using the aircraft vents can produce a laminar flow environment which would keep the concentration of viral particles to a minimum when combined with masks.
- Crew members that are sick or otherwise have any signs or elevated infection risk due to recent exposure for example should self-quarantine and not expose other crew members to COVID-19.
- Crew members that cannot wear a mask due to impact on their ability to safely participate in flying operations should be limited to single pilot operations like local transportation flights or not participate until the contagion risk falls to a level where it is acceptable to fly without a mask.

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: Generally, overnight activities are not expected until a Wing reaches Phase III, and there will likely be greater restrictions on attendance by personnel from higher risk areas until we are through this pandemic. Please review the information at

<https://www.gocivilairpatrol.com/programs/cadets/cadet-coronavirus> and contact the CAP Cadet Programs staff with further questions.

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:

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: Though our personnel do support many critical missions, there are many frontline hospital staff and first responders dealing with sick patients that can and should be considered ahead of our CAP volunteers. This may vary by jurisdiction, but CAP does not expect a national vaccination program specifically for CAP. There may be mechanisms for Wing Commanders to work with State and Local agencies to declare a limited number of local personnel as mission essential for critical emergency services activities, but it is too early to determine this consistently. CAP NHQ will be working to provide additional guidance and tools to Wing Commanders to support this as more details emerge on the overall processes.

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: No, CAP cadets under the age of 16 will still be able to participate in CAP. CAP anticipates continuing social distancing, mask wear, and other protective requirements for the foreseeable future in order to allow for general participation and to be sure our members are protected. There will likely be many adult members that will not be able to be vaccinated for a variety of reasons, and CAP will work to allow for all members to participate in person and remotely as they desire. CAP does not currently intend to restrict participation based on vaccination alone for traditional CAP activities, but leaders will also have to monitor and consider external guidance and requirements as they evolve.

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 or

Moderna COVID-19 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 only allows the Pfizer and Moderna COVID-19 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. Pilots should not participate in trials of other manufacturers' COVID vaccines at this time. CAP does not have any additional requirements beyond this.

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 (eg: 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 National CAP travel guidelines.
- Safety / Health Briefings should be prepared for and given to all individuals and teams participating in the Mission each day.