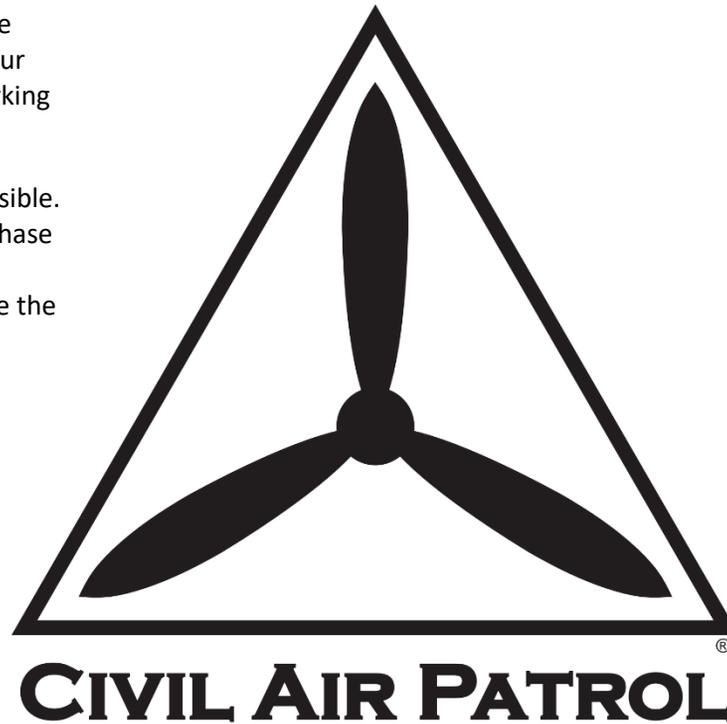


Your COVID-19 Remobilization Phase I plan has been approved by the COVID-19 Planning Team. A copy of the approved plan is attached and may be distributed to your subordinate unit commanders. You may now begin working on Phase II planning.

The COVID-19 situation is fluid, and regressions are possible. Should public health data indicate a need to revert to Phase 0, two-way communication between the wing and the COVID-19 Plans team should take place to communicate the best course of action.

30 May 2020



Post-COVID-19 Remobilization of the Membership Plan Phase I: Resuming Regularly Scheduled Meetings

COWG
Completed 23 MAY 2020

Template Updated 12 May 2020

COVID-19 Remobilization of the Membership Plan – Phase I

This plan has been developed for Colorado 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 coordinated with N/A, 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: Col Glenn Kavich

Primary Phone: (502_) 553 - 9230

Primary Email: glenn.kavich@cowg.cap.gov_____.

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

Col. Rhoades appointed a team to prepare our wing's Phase 1 remobilization plan for your review. This team consists of members with a variety of backgrounds. It contains a legal officer, a health services officer, a current group commander, the wing director of operations, the wing safety officer, a former wing commander, and a cadet programs specialist with a professional public safety background. The state of Colorado has varied between red and yellow on the CovidActNow website since 21 April because of our state's infection rate and positive test rate. Our infection rate went green for the first time on 3 May and the current preliminary infection rate as of 17 May is .88. Our ICU headroom used is currently 29% and has always been in the green range. Our current 10.8% seven day trailing positive test rate has and continues to be our main area of concern. Our team has spent a considerable amount of time reviewing the state of Colorado's Covid-19 data on our state's Covid-19 website and we believe the state's data justifies approving our Phase 1 plan. We feel the following statistics justify this:

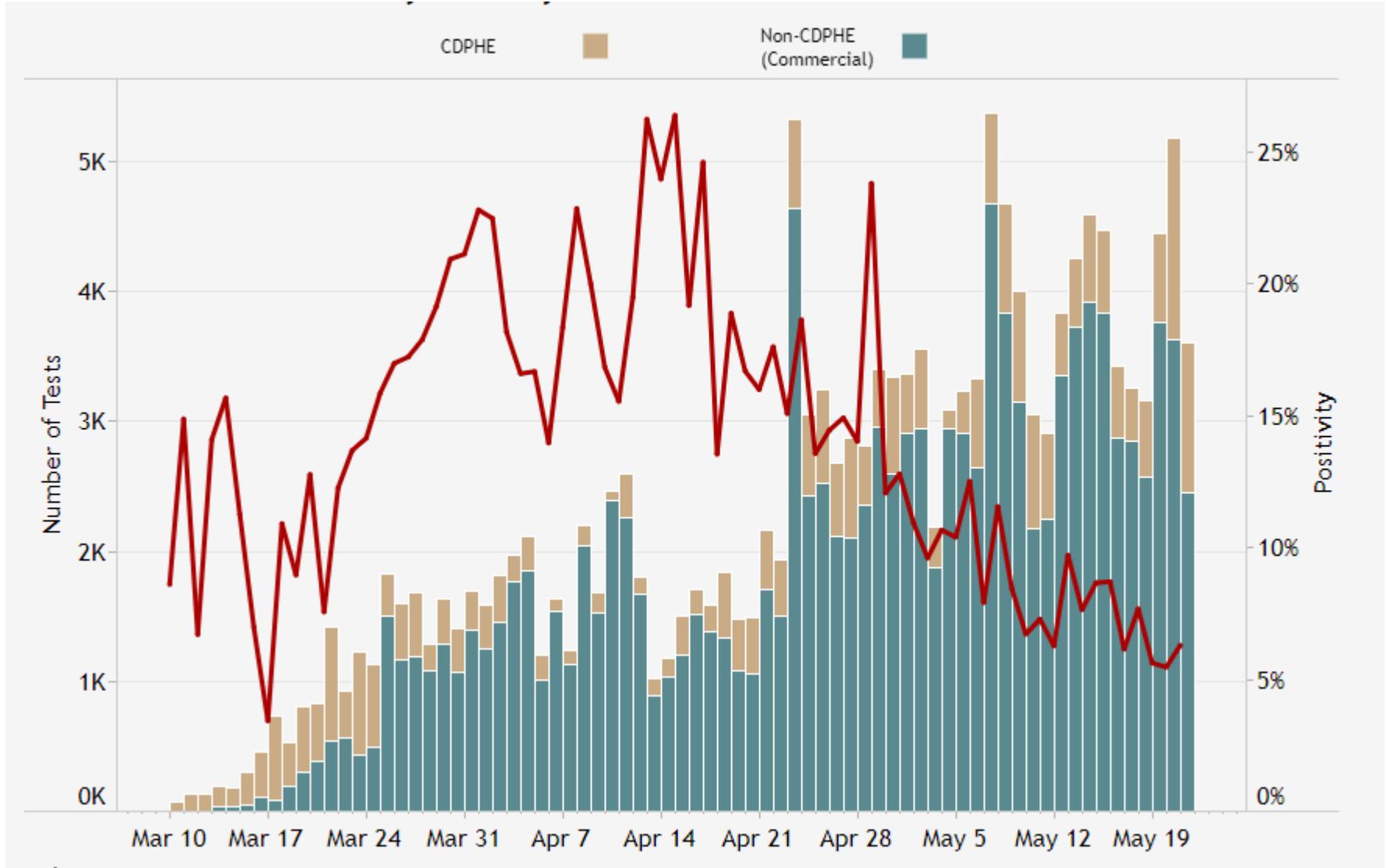
1. The number of new cases has been declining since the week of 19 April. They are 4/19 3636, 4/26 3509, 5/3 2771, 5/10 2290, 5/17 1348.
2. The state's reproduction rate first went to 1.0 on 3 May and has been declining to the current .88 as of 17 May.
3. The CovidActNow website has shown our positive test rate hovering between red and yellow and currently shows our seven day trailing average at 10.8%. The data from the state of Colorado's Covid-19 data bank does not agree with these figures. The state's 3 day rolling average positive test rate has declined from 17.51% on 29 April to 5.76% on 21 May. We first went below 10% on 9 May. We will have 14 days below the WHO guidelines on 23 May. On 21 May our positive test rate was 5.28%. <https://covid19.colorado.gov/data/case-data>

Plan Completed By: Col Glenn Kavich, CAP_____

Last Updated: 23 May 2020

Template Updated 12 May 2020

COVID-19 Remobilization of the Membership Plan – Phase I



COVID-19 Remobilization of the Membership Plan – Phase I

4. The state's positive test rate has been skewed to a higher positive rate because commercial labs are only required to report positive results and local health departments have been sporadic in reporting negative results. Although many commercial labs do report negative results it is unknown how much lower the positive rate is.
5. . The state has been steadily increasing the number of diagnostic tests from less than 3,000 per day to over 5000 per day and the governor has plans to test 8500 per day by 1 June. The state's three day rolling average of test numbers has gone from 50.51 tests per 100K people the day the state's "Safer at Home" phase started to 91.09 tests per 100K people on 20 May.
6. The Colorado state labs have begun to offer free testing to asymptomatic people and they are required to report negative results so the state feels test results will be more representative of the current state within Colorado and the positive test rate numbers should continue to decline.
7. The state's 3 day average of negative test rates has been on a steady increase.
8. The governor's "Safer at Home" phase one plan went into effect on 27 April and even with a modest decline in social distancing %'s the state continues to make progress in lowering the disease spread, increasing the number and effectiveness of diagnostic tests to more quickly respond to future hotspots, and maintaining an adequate number of ICU beds to respond to any future hotspots.
9. The governor has in place a method for counties to request a waiver to lessen his "Safer at Home" restrictions and as of 22 May 44 of Colorado's 62 counties have applied for waivers and 15 have been approved. None of these waivers has added additional restrictions. This confirms the state's progress in controlling disease spread.
10. Based on the data listed above we can and will protect Colorado Wing members as we transition into phase 1 and as we continue to monitor national and state Covid-19 data we can quickly respond to changing conditions that will necessitate our reverting back to phase zero if warranted on either a state or local level.
11. Colorado Wing plans on entering Phase 1 no earlier than 1 Jun 2020 and will have a virtual meeting with all unit commanders upon approval and prior to implementation to ensure full understanding of our plan.

COVID-19 Remobilization of the Membership Plan – Phase I

Plan Completed By: Col Glenn Kavich, CAP _____
Last Updated: 23 May 2020
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CO Wing
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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)	Glenn. Kavich	18 May	18 May	18 May	The governor of Colorado instituted his phase 1 plan on 27 April. He calls it “Safer At Home.” It is virtually in line with CAP’s phase 1 requirements except there are some instances where his mask guidelines are recommended and ours are mandatory.
1.2.	Hold meeting with between Plan Coordinator and Health Services Officer	Glenn. Kavich	18 May	19 May	19 May	Denning will coordinate with wing HSO
1.2.1.	Wing priorities for training events should be coordinated	Chad Grondahl	19 May	19 May	21 May	DO to coordinate with ES team, See attached operations plan.
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	Steve Denning	19 May	26 May		Governor’s “Safer at Home” plan allows gatherings of 10 or less.
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	Steve Denning	19 May	26 May	22 May	See attached unit screening document.
1.2.2	Consult with Wing Legal Officer about resuming meetings	Greg Deemer	19 May	22 May	20 May	Our wing legal officer is in agreement that our Phase 1 plan is appropriate
1.2.3	Coordinate with Wing Director of Safety	Glenn Kavich	19 May	19 May	19 May	Wing SE is team member
1.2.3.1	Verify proper risk planning tools are available to units	Rick Couch	19 May	26 May		Wing SE has sent to units
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	Rick Couch	19 May	19 May	19 May	Wing SE has sent to units
1.2.4	Coordinate with Wing Director of Cadet Programs	Kimberly Culp	19 May	23 May	21 May	Kimberly Culp worked with Col. Fay to coordinate messaging to units with cadets about Phase 1
1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	Glenn Kavich	19 May	19 May	19 May	Unit meetings will be critical or command staff only with 10 or less members. See attached memo from Col. Fay to cadet program officers
1.2.4.2	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	Kimberly Culp	19 May	23 may	20 May	Units will use attached memo from wing commander

Plan Completed By: Col Glenn Kavich, CAP _____

Last Updated: 23 May 2020

Template Updated 12 May 2020

COVID-19 Remobilization of the Membership Plan – Phase I

Plan Completed By: Col Glenn Kavich, CAP _____
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CO Wing
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COVID-19 Remobilization of the Membership Plan – Phase I

Phase I: Resuming Regularly Scheduled Meetings (Continued)

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	Steve Denning	19 May	23 May	22 May	15 counties have currently been granted variances to the governor's "Safer at Home" order and none of the variances have added additional restrictions.
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.	Glenn Kavich	18 May	25 May		Coordinate with Col. Rhoades. Col. Rhoades will send Colorado's plan to the National Covid-19 team and the region commander.
1.4.1.	Briefly describe/ summarize previous coordination accomplished	Glenn Kavich	19 May	21 May	21 May	The team lead has been in constant contact with the wing commander and has had virtual meetings with the wing's team preparing the Phase 1 plan.
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	Steve Denning	19 May	3 May	21 May	3 counties were more restrictive than the state's but all those expired on 8 May.
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	Col. Kavich	19 May	TBD	TBD	Will set when phase 1 started and will be no sooner than 14 days after the start of Phase 1.
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	Glenn Kavich	19 May	21 May	TBD	This will happen when our Phase 2 plan commences.
1.6.	Publish the date that meetings may resume to subordinate units	Glenn Kavich	19 May	25 May	TBD	Coordinate with Col. Rhoades. This will happen for critical staff meetings when Phase 1 commences.
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	Glenn Kavich	19 May	19 May	19 May	Wing SE on team
1.7.1.	Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated	Rick Couch	19 May	29 May	21 May	E-mail sent to unit SE's and CC's to review these forms. See attached.
1.7.2.	Unit Safety Officers s will emphasize continued use of face coverings, gloves, and hand sanitizer, as well as social distancing, hand washing and surface cleaning/disinfection	Rick Couch	19 May	29 May	23 May	Units will receive this in Covid-19 safety guidance as per the attached document.

Plan Completed By: Col Glenn Kavich, CAP _____

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COVID-19 Remobilization of the Membership Plan – Phase I

1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	Steve Denning	19 May	22 May	23 May	See attached documents
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COVID-19 Remobilization of the Membership Plan – Phase I

2

Phase I: Resuming Regularly Scheduled Meetings (Continued)

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.	Steve Denning and Deb Archer	19 May	29 May		Units will be provided CDC guidelines on how to set up a facility health screening and it will also be covered during a virtual meeting with the unit commanders.
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	Steve Denning and Debra Archer	19 May	29 May		State of Colorado guidance is attached, will be provided to units, and covered during unit commander virtual meeting.
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)	Steve Denning and Debra Archer	19 May	29 May	22 May	Units will be provided CDC guidelines on how to set up a facility health screening and it will also be covered during a virtual meeting with the unit commanders.
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	Kimberly Culp	19 May	29 May	21 May	Meetings are critical or command staff only. See attached.
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	Kimberly Culp	19 May	29 May	21 May	Meetings are critical or command staff only. See attached.
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	Kimberly Culp	19 May	29 May	21 May	Use attached memo from wing commander

Plan Completed By: Col Glenn Kavich, CAP _____

Last Updated: 23 May 2020

Template Updated 12 May 2020

COVID-19 Remobilization of the Membership Plan – Phase I

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Colorado Wing Civil Air Patrol
Operations Plan 20-1.1
COVID-19 Remobilization (Phase 1)
15 May 2020

1. Situation

a. Pandemic Threat

- 1) COVID-19 is a novel coronavirus that has caused a global outbreak and associated public health declarations including social distancing, protective equipment, and an increased focus on hygiene. Because of the variation in impacts and legal restrictions across the various states, there is no one-size-fits-all response for the Civil Air Patrol to use in this situation. The Centers for Disease Control and Prevention has published a general FAQ about this disease on their website: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>.
- 2) Federal, state and local governments will continue to enact proactive steps that slow the spread of the disease, while carefully balancing other considerations for easing restrictions. The potential for disease resurgence and breakouts will likely necessitate the need to implement further restrictions or retrograde to earlier phases.

b. CAP Organizations and Government Partners

- 1) HQ CAP Mission: Civil Air Patrol Wing Commanders will proactively make their Wings ready to resume regularly scheduled meetings, single-day events, and overnight activities in accordance with local, state, and federal guidance. A phased-approach, based on the White House "Opening Up America Plan" will help align efforts across Wings and Regions, and communicate where personnel are in the process to returning to a post-COVID-19 "normal" operations tempo.
- 2) State and local governments: On April 27th the State of Colorado lifted the Stay At Home order and moved to the first phase of recovery, this "Safer At Home" model re-opened non-critical businesses and allows for gatherings of no more than 10 low-risk individuals. A handful of counties and local governments extended their Stay At Home orders until early May, but those orders have now all expired.
- 3) Supporting: None

2. Mission - On order, Colorado Wing will transition to Phase 1 operations at the local level in order to deliberately and incrementally increase operating capacity on the way to resuming normal operations and fulfilling our three Congressionally-chartered missions. Colorado Wing squadrons are the main effort and Wing and Group staff are in support.

3. Execution

- a. Commander's Intent - Execute disciplined initiative at the squadron level, in alignment with federal, state, and local orders, to resume Phase 1 meetings, training, and activities for low-risk personnel while mitigating the risk of COVID-19 transmission to the maximum practical extent.

- 1) Commander's Critical Incident Reports (CCIRs):

- a) Any Colorado Wing CAP member tests positive for COVID-19.
 - b) Any Colorado Wing CAP members are exposed to COVID-19 while performing CAP duties or attending a CAP activity.
 - c) The hospitalization of a Colorado Wing CAP member as a result of COVID-19.
 - d) Death of any Colorado Wing CAP member of known or suspected COVID-19 infection.
- 2) End State: Phase 1 activities are on-going with minimal COVID-19 transmission risk to CAP members and the Wing is postured for Phase 2 transition once state and local orders allow.

b. Concept of Operation

- 1) Implementation of Phase 1: Select low-risk staff, activities involving ≤ 10 personnel
 - a) In accordance with HQ CAP “Remobilization of the Membership” planning tools, Colorado Wing units and staff are authorized to conduct meetings and training activities (< 4 hours in duration) for select low-risk personnel. Self-identified low-risk category members may return to meetings as long as groups are ≤ 10 , social distancing and wearing cloth face coverings are in effect, hygiene/health status checks through questions and temperature checks are performed, and public health reminders are in place.
 - b) All single-pilot and two-person crew training and proficiency flights may resume for self-identified low-risk individuals. Crew members will wear face coverings if unable to maintain social distancing guidelines, wear aviation gloves, and disinfect the aircraft between sorties. Allowed flight activities include: all single pilot proficiency flights, flight evaluations, 2-person crew training and proficiency, dual instruction (assuming all members are low-risk and all flight operations are in low-risk areas), and cadet flight training. The following flight activities are NOT ALLOWED at this time: cadet orientation flights and all non-essential flights with a crew of 3 or more.
- 2) Support agencies: Wing/Group staff will provide support to squadrons as appropriate. State and local COVID-19 restrictions will be continuously monitored for status changes affecting local operations.

c. Tasks

- 1) Squadron commanders will approve all unit activities and meetings involving more than 2 CAP members at least 48 hours in advance. Once approved, the squadron commander or designee will up channel to the Group and Wing Commanders for review and oversight.
- 2) Units will maintain attendance records for all approved activities for a minimum of 6 months to facilitate contact tracing, if required.
- 2) One-on-one activities (both ground and flight) and single pilot flight operations are allowed without explicit squadron commander approval
- 3) Members will follow the HQ CAP guidelines for PPE wear, social distancing, cleaning, temperature and hygiene monitoring, etc., at all times.

4) Any CAP member will immediately notify COWG/CC of any CCIR within 2 hours.

d. Coordinating Instructions: None

4. Administration and Logistics - None

5. Command and Signal

a. Signal

1) The Colorado Wing command and key staff will meet weekly via Microsoft Teams (normally Mondays at 1900) to assess wing operations and changes to state and local restrictions.

2) Squadron Commanders are welcome to listen in on the weekly calls, and are expected to attend the first meeting of each month.

3) CCIRs will be reported via phone call to Col John Rhoades at 719-358-0998.

b. Command

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

2) To facilitate the planning and execution of remobilization, the COWG Remobilization Planning Team (RPT) has been established to continually assess the situation and recommend phase changes to the command staff. In addition, the RPT is responsible for developing and publishing OPLANS, procedures, and briefing materials to assist squadrons and staff in messaging the remobilization. The members of the RPT are:

a) COWG/CCA (Team Lead): Col Glenn Kavich

b) COWG/DO: Lt Col Chad Grondahl

c) COWG/CP:

d) COWG/SE: Lt Col Rick Couch

e) Legal Officer: Maj Greg Deemer

f) Health Officer:

g) Group/CC:

Symptoms of Coronavirus (COVID-19)

Your symptoms can include the following:

Fever



If you have COVID-19, you may have mild (or no symptoms) to severe illness.

Symptoms can appear 2-14 days after you are exposed to the virus that causes COVID-19.

Cough



Seek medical attention immediately if you or someone you love has **emergency warning signs**, including:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

Shortness of breath



This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.



cdc.gov/coronavirus

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



When in public, wear a cloth face covering over your nose and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



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

Important Information About Your Cloth Face Coverings

As COVID-19 continues to spread within the United States, CDC has recommended additional measures to prevent the spread of SARS-CoV-2, the virus that causes COVID-19. In the context of community transmission, CDC recommends that you:



Stay at home as much as possible



Practice social distancing (remaining at least 6 feet away from others)



Clean your hands often



In addition, CDC also recommends that everyone wear cloth face coverings when leaving their homes, regardless of whether they have fever or symptoms of COVID-19. This is because of evidence that people with COVID-19 can spread the disease, even when they don't have any symptoms. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

How cloth face coverings work

Cloth face coverings prevent the person wearing the mask from spreading respiratory droplets when talking, sneezing, or coughing. If everyone wears a cloth face covering when out in public, such as going to the grocery store, the risk of exposure to SARS-CoV-2 can be reduced for the community. Since people can spread the virus before symptoms start, or even if people never have symptoms, wearing a cloth face covering can protect others around you. Face coverings worn by others protect you from getting the virus from people carrying the virus.



How cloth face coverings are different from other types of masks

Cloth face coverings are NOT the same as the medical facemasks, surgical masks, or respirators (such as N95 respirators) worn by healthcare personnel, first responders, and workers in other industries. These masks and respirators are personal protective equipment (PPE). Medical PPE should be used by healthcare personnel and first responders for their protection. Healthcare personnel and first responders should not wear cloth face coverings instead of PPE when respirators or facemasks are indicated.



N95 respirator



Cloth covering

General considerations for the use of cloth face coverings

When using a cloth face covering, make sure:

- The mouth and nose are fully covered
- The covering fits snugly against the sides of the face so there are no gaps
- You do not have any difficulty breathing while wearing the cloth face covering
- The cloth face covering can be tied or otherwise secured to prevent slipping



Avoid touching your face as much as possible. Keep the covering clean. Clean hands with soap and water or alcohol-based hand sanitizer immediately, before putting on, after touching or adjusting, and after removing the cloth face covering. Don't share it with anyone else unless it's washed and dried first. You should be the only person handling your covering. Laundry instructions will depend on the cloth used to make the face covering. In general, cloth face coverings should be washed regularly (e.g., daily and whenever soiled) using water and a mild detergent, dried completely in a hot dryer, and stored in a clean container or bag.

For more information, go to: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-faq.html>



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



Coronavirus Disease 2019

When to wear gloves

For the general public, CDC recommends wearing gloves when you are cleaning or caring for someone who is sick.

In most other 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 cleaning

When you are routinely [cleaning and disinfecting your home](#).

- 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

If you are providing care to someone who is [sick at home or in another non-healthcare setting](#)

- 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

Wearing gloves outside of these instances (for example, when using a shopping cart or using an ATM) will not necessarily protect you from getting COVID-19 and may still lead to the spread of germs. The best way to protect yourself from germs 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.



Other ways to protect yourself

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](#), and practicing [everyday preventive actions](#).



Gloves in the workplace

Guidelines and recommendations for glove use in [healthcare](#) and [work settings](#) will differ from recommendations for the general public.

Page last reviewed: May 9, 2020



HEADQUARTERS COLORADO WING
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
Hangar 133
Peterson AFB CO



20 May 2020

LETTER OF INFORMATION FOR: Cadet Program Officers

FROM: Lt Col Mike Fay, Director of Cadet Programs, Colorado Wing

SUBJECT: COWG COVID -19 Safety Plan for Cadets

Cadet Program Officers,

Our Wing Commander has released information to our membership on Phase I of our remobilization plan for Colorado Wing. CAP remains committed to safety and ensuring we are taking measures to keep cadets safe while they participate in CAP activities.

To reiterate what Phase I means for Colorado Wing: In person meetings for mission critical personnel and command personnel may resume following the safety criteria below;

- a. Meetings in person must be 10 or less members including supervising parent sponsors.
- b. Guests are not allowed or must remain outside of the meeting area
- c. Touch free temperatures must be taken prior to entering the meeting area
An alternate is for the member to take their temperature at home and report their temperature upon sign in.
- d. Attendance log is mandatory and must be saved for future review.
- e. Frequent hand washing, use of sanitizer, and sanitizing wipes must be used during the meeting activity.
- f. Members must social distance and remain 6 ft from one another during their meeting. If 6ft distancing is not allowed due to meeting limitations, the members are not authorized to meet.
- g. Members must always wear face masks while performing CAP duties unless an underlying health condition as exempted them from the requirement.
- h. Members may be asked about general symptoms related to COVID19 prior to a meeting. If members show or report any symptoms, they may be asked to not attend the meeting for the safety of themselves and others.

- i. Cadets in a high-risk medical category are encouraged to not resume in person meetings at Phase I.

Phase I does not include resuming normal squadron meetings even if your meeting attendance would remain under 10 members.

Phase I does not include weekend activities, overnight activities, or gathering in groups larger than 10 members even if the members can adequately distance themselves.

It is essential that we find creative ways for our cadets to participate in virtual meetings and activities during Phase I. Each cadet/composite squadron should hold at least two remote online meetings a month. I encourage each Group to work together to plan continuing education and training opportunities through virtual leadership academies, curry challenges, remote drill instruction, aerospace online games, etc. This is the time to get creative and allow our cadets to explore all areas of our program, even if we are restricted

As we progress to Phase II and allow in person meetings, you can plan for various changes in meeting formats. Those changes will include the items listed for Phase I but will add the following;

- a. Drill to be held at double arm interval
- b. Meetings to occur outdoors as much as possible
- c. Groups of ten to be separated by at least 150 feet.
- d. O-Rides to include the wearing of face masks and sanitizing internal aircraft surfaces after each flight. Preflight checks and ground school to maintain social distancing whenever possible.

Your dedication and commitment to the cadet program and specifically the cadets is commendable. I appreciate how difficult it has been over the last few months and look forward to moving through these phases in a controlled and manner that demonstrates how

V/R

Lt Col Mike Fay, Director of Cadet Programs, Colorado Wing

1.2.1.2. Prepare information for subordinate units on temperature screening, health education, and sanitation

The CDC has several published guidelines outlining how homes and business should conduct testing along with the required equipment to conduct the testing safely. The CDC has also published guidelines on how to stay healthy along with how to clean/sanitizes surfaces/areas along with the recommended equipment and supplies.

A guideline outlining how to conduct symptom screening can be found at the following link: <https://covid19.colorado.gov/symptom-screening>

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.

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)

The CDC has published several posters/handouts detailing symptom screen and disinfection procedures. These posters/handouts are provided attached to this document along with hyperlinks located at the end of this section.

The following is a summary of the CDC recommendations:

How to conduct a facility health screening

Equipment

- Temple thermometers.
- Alcohol swabs (to clean thermometer heads).
- Bleach wipes (to clean thermometer bodies) and work surfaces.
- Tyvek wristbands or stickers (multiple colors to have different color each day).
- Hand sanitizer.
- Disposable medical gloves (non-latex).
- Computer with the ability to log participants and their findings.
- Paper data entry forms (back-up).

- Room near the entrance with:
 - Adequate space to establish a line with people spaced 6-feet apart.
 - Two 5-6 foot tables for supplies and data entry

Personnel

- Line manager (optional)
- 1-2 temperature takers
- 1-2 people to enter data and apply wristbands.

Set-up

Set up equipment on the tables so that the temperature takers screen first. The data entry personnel will be at the opposite end of the tables. Clean all surfaces and equipment with bleach wipes or disinfectant wipes.

Line management

Remind all people in line to stay 6 feet apart.

- Temperature screening
- Temperature takers ensure that they put non-latex medical gloves on.
- Using a temple thermometer, take the person's temperature.
- Ask the person to remember their temperature for the data entry person.
- A fever is defined as a temperature of 100.4 or above. Ask people who have a fever to return home and notify their supervisor.
- If no fever is present, have the person proceed to data entry.

Data entry screening

Data entry personnel will use the Employee Screening Form to capture information electronically. If the computer is not accessible, use the manual paper form and complete data entry at a later time.

Enter name and agency information, record temperature, and ask about symptoms.

- **If the person answers yes to any of the following, ask the person to return home and notify their supervisor.**
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Muscle aches
 - Sore throat

- New loss of taste or smell
- Complete data entry and place the “color of the day” sticker or wristband on person’s where it is visible, and allow the person to proceed.

Important

- Clean thermometers after each use.
- Maintain a clean workspace.
- Clean and disinfect all surface areas at the end of the day.
- Clean your hands frequently.

Here is a link to the recommended screening form: [colorado seoc wellness screening template.docx](#)

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

Cloth face coverings should—

- Fit snugly but comfortably against the side of the face
- Be secured with ties or ear loops
- Include multiple layers of fabric
- Allow for breathing without restriction
- Be able to be laundered and machine dried without damage or change to shape

A link from the CDC website detailing how to wear a facemask along with instructions how to make a facemask can be found at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf>

Social Distancing

Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet (about 2 arms’ length) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

In addition to everyday steps to prevent COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.

Limit close contact with others outside your household in indoor and outdoor spaces. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you—or they—have no symptoms. Social distancing is especially important for people who are at higher risk for severe illness from COVID-19.

Many people have personal circumstances or situations that present challenges with practicing social distancing to prevent the spread of COVID-19.

Cleaning and Disinfecting

The following section provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

- Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
- Disinfection using EPA-approved disinfectants against COVID-19 can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
- When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together-- this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables,
- doorknobs,
- light switches,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- toilets and,
- faucets and sinks

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have specific guidance for application of cleaning and disinfection.

<https://www.cd.c.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

1.8.2. Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)

The CDC has outlined four (4) levels of Risk. They are detailed below:

<u>Risk Level</u>	<u>Description</u>
No Risk	Briefly walking by a person who tested positive for COVID-19 and was not experiencing symptoms
Low Risk	Being in the same room as a person who tested positive for COVID-19, had symptoms and you were within six feet.
Medium Risk	Sustained close contact (10 minutes or longer) within six feet of a person with COVID-19 while they had symptoms.
High Risk	Close household contact with a person who tested positive for COVID-19

According to the CDC, individuals that are at high-risk of becoming ill from COVID-19 include older adults and individuals with serious chronic or long-term medical conditions.

A copy of the one page handout/poster can be found at the following link:

<http://www.memorialhermann.org/uploadedFiles/Library/Images/MemorialHerrmann/Risk-COVID-19.pdf>

Printable Materials

[CDC/EPA guidance for cleaning and disinfecting pdf icon\[PDF – 9 pages\]](#)

[Cleaning and disinfecting decision tool pdf icon\[PDF – 2 pages\]](#)



**HEADQUARTERS COLORADO WING
CIVIL AIR PATROL**
UNITED STATES AIR FORCE AUXILIARY
Hangar 133
Peterson AFB CO



20 May 2020

LETTER OF INFORMATION FOR: Members, volunteers, and families of Colorado Wing

FROM: Col John Rhoades, Colorado Wing Commander

SUBJECT: COWG COVID -19 Safety Reopening Plan

Members, volunteers, and family members of Colorado Wing,

The last several months has required a lot of patience and understanding of the safety precautions and orders from National, State, and Local governments. Your Colorado Wing Staff hope you and your families are well during this current challenge with COVID-19. The safety of our members and our volunteers will always remain as our top priority. National has provided additional guidance for Wings as we move from a Phase 0 which we are currently operating, we have prepared our plan to move to Phase I.

National has a three-phase process for reopening and resuming CAP in person activities. State, and local guidelines are being monitored daily and we have formed a re-mobilization committee that will continue to monitor health guidelines, communicate recommendations, and prepare our Wing for each phase.

Colorado Wing has applied for a Phase I release from National. Phase 1 for Colorado includes the following:

In person meetings for mission critical personnel and command personnel may resume following the safety criteria below;

- a. Meetings in person must be 10 or less members including supervising parent sponsors.
- b. Guests are not allowed or must remain outside of the meeting area
- c. Touch free temperatures must be taken prior to entering the meeting area
An alternate is for the member to take their temperature at home and report their temperature upon sign in.

- d. Attendance log is mandatory and must be saved for future review.
- e. Frequent hand washing, use of sanitizer, and sanitizing wipes must be used during the meeting activity.
- f. Members must social distance and remain 6 ft from one another during their meeting. If 6ft distancing is not allowed due to meeting limitations, the members are not authorized to meet.
- g. Members must always wear face masks while performing CAP duties unless an underlying health condition as exempted them from the requirement.
- h. Members may be asked about general symptoms related to COVID19 prior to a meeting. If members show or report any symptoms, they may be asked to not attend the meeting for the safety of themselves and others.
- i. If you are in a high-risk medical category, you are encouraged to not resume in person meetings at Phase I.

Phase I does not include resuming normal squadron meetings even if your meeting attendance would remain under 10 members. Phase I does not include weekend activities, overnight activities, or gathering in groups larger than 10 members even if the members can adequately distance themselves.

As our remobilization team continues to monitor National, State, and Local guidelines, recommendations to progress to further stages of our remobilization plan can occur, along with the possibility of regressing to a more restrictive phase. Your safety is our top priority and that will continue to drive Colorado Wing in our decisions that impact our members and our families.

It is important through these challenging times that we stay connected. I hope many, if not all of you, have been able to stay connected and engaged in online squadron meetings. I thank you for your patience and understanding.

V/R

Col Rhoades, Colorado Wing Commander

The Civil Air Patrol is developing the planning criteria for Remobilization in a phased approach that allows us to resume regularly scheduled meetings, single-day events, and overnight activities in accordance with Colorado and federal guidance. Each step in this approach requires us to meet defined goals to advance from well defined limited activities to a full activities. Information on the plan will be provided once it is approved.

As we begin the process of Remobilization, it is extremely important to use the CAP Safety Risk Management process as defined in CAPR 160-1, Civil Air Patrol Safety Program, in all your planned activities. Each unit must complete the appropriate Risk Management (RM) review (CAPF 160 – Deliberated Risk Assessment Worksheet, CAPF 160S – Real Time Risk Assessment Worksheet, and/or CAPR 160HL – Hazard Listing Worksheet) for all activities as defined in paragraph 3.3. Included in each review must be risks assessed for COVID-19 and all mitigation efforts for defined risks. This includes the identification of Personal Protective Equipment (PPE) which includes but is not limited to gowns, face masks, face shields, gloves, temperature reading devices or other equipment needed for the activities to reduce the COVID-19 exposure risk. If the required PPE as defined in the activity Risk Assessment is not available, then the activity will not be conducted. Other factors that you must consider during your Risk Assessment is the use of hand sanitizer, social distancing, hand washing and surface cleaning/disinfection.

Attached to this email is a Centers for Disease Control and Prevention (CDC) brochure that includes information about COVID-19 symptoms, how to stop the spread of germs, face mask facts, and other related information. You should copy this brochure and then display it on your Safety Board. Make sure that the members of your unit are aware of this important COVID-19 related information.

Please review this email with your unit leadership. If you have any question about the Risk Management (RM) process and Remobilization, please let me know. Once you have a plan for the implementation of RM in your Remobilization activities, please respond with an email to Richard.couch@cowg.cap.gov.

[COWG Safety] Required Safety Item Review

rsmileyc@gmail.com <rsmileyc@gmail.com>

Thu 5/21/2020 11:07 AM

To: CO Wing Safety Officers <SafetyOfficers@cowg.cap.gov>

Cc: Glenn Kavich, Col <glenn.kavich@cowg.cap.gov>

In preparation for Phase One of the CAP Remobilization you are required to review the following as defined in CAPR160-1, paragraph 3.3:

1. CAPF 160 – Deliberated Risk Assessment Worksheet
2. CAPF 160S – Real Time Risk Assessment Worksheet
3. CAPR 160HL – Hazard Listing Worksheet

Please let me know if you have any questions.

Lt Col Rick Couch, CAP
Colorado Wing Safety Officer
Richard.couch@cowg.cap.gov
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Virus-free. www.avg.com

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