

Approved: 5 June 2020



Post-COVID-19 Remobilization of the Membership Plan

Phase I: Resuming Regularly Scheduled Meetings

ILWG
Completed 01 June 2020

Template Updated 12 May 2020

COVID-19 Remobilization of the Membership Plan – Phase I

This plan has been developed for **Illinois 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 **Indiana Wing** 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: LtCol Raymond E. Walden III, CAP Alternate POC: LtCol Andrew J. Welch, CAP
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Primary E-mail: rwalden@ilwg.cap.gov; Alternate E-Mail: awelch@ilwg.cap.gov

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

ILWG/CC Convened a Remobilization Task Force on 16May20. Task Force first telecon on 20May20. Follow-up telecon on 27May20.

ILWG Remob Task Force:

- | | |
|--|--|
| COL Robert Dempsey – ILWG/CC | LtCol Paul Hertel – ILWG/PAO |
| COL Robert Karton – ILWG/LO | LtCol Larry Hebda – ILWG/DOS |
| LtCol John Fletcher – ILWG/CV | LtCol Ray Walden – ILWG/CoVID Plan POC |
| LtCol Tod Whitmore – ILWG/CS | LtCol Andy Welch – ILWG/CoVID Plan Alt-POC |
| LtCol Harold Damron – ILWG Legislative Liaison | Maj Mike Larson – Group 2/CC (ILWG) |
| LtCol (Dr.) Sydney Schneidman – ILWG/MO (HSO) | Capt Arzania Williams – ILWG/SO |
| LtCol Joe Long – ILWG/DO | MSgt Frank D’Angelo – ILWG Command NCO |
| LtCol John Higgins – ILWG/CP | |

SUMMARY OF COORDINATION:

- ILWG/CC held a fire-side chat (06May20) to share updates with Wing membership
- ILWG Staff held virtual Town Hall Meeting (09May20) to share updates with Wing membership and answer questions/concerns
- ILWG/DO Has shared guidance from NHQ/DO since late-March regarding flying and ES activities (restrictions, mitigations, priorities).
- ILWG/DOS coordinated ILWG volunteer resources to assist INWG Food Pantry operations, MOWG PPE warehouse assistance, and FIVE Northern IL Food Pantries (ongoing).
- ILWG/CC Remobilization Letter sent to entire Wing membership (30May20) {attch}

Plan Completed By: R. Walden
Last Updated: 01 June 2020
Template Updated 12 May 2020

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 the impacted state)	Lt Col Damron	20May20	27May20	27May20	IL is one of the more restrictive States in the Nation. As the Governor releases his phased plan updates and time-tables, State of IL “ Restore Illinois ” Plan allows in-person meetings (less than 10) in Phase 3. ILWG CAP will adjust start dates accordingly. Command guidance is to give subordinate units 14-days notice of change of effective dates.
1.2.	Hold a meeting with Plan Coordinator and Health Services Officer	LtCol Walden LtCol (Dr) Schneidman LtCol Fletcher	20May20		20May20	<ul style="list-style-type: none"> 15-Member ILWG Remobilization Task Force Telecon 20May20. See meeting follow-up items. Document #1a (attach) ILWG/IT built HSO email distribution list for further CoVID-related correspondence from Wing-to-Unit (25May20). Intro email sent 26May20. Document #2 (attach)
1.2.1.	Wing priorities for training events to be coordinated	LtCol Whitmore LtCol Long LtCol Hebda	20May20	27May20	26May20	ILWG/CS, ILWG/DO, ILWG/DOS conferred and produced Document #3 (attach)
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	Lt Col Damron	20May20	29May20	ONGOING, must be accomplished prior to first unit in-person meeting	Cook County and the City of Chicago are two of the more restrictive local governments in the Nation. Unable to find a statewide resource tracking local ordinances. Maj Larson to ask Unit Commanders in weekly Google survey to verify Public Health authority website for the municipalities in which each ILWG Unit meets (25 units). Unit/CC to provide link to local site in their respective responses.
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	Dr. Schneidman Capt Williams	20May20	27May20	{date video posted to ILWG YouTube Channel}	<ul style="list-style-type: none"> ILWG/CC to confer with GLLR regarding possible funding for thermometers. {unavailable}. Thus ILWG finance cmte committed \$1200 of Wing funds

COVID-19 Remobilization of the Membership Plan – Phase I

						<ul style="list-style-type: none"> ILWG/MO (HSO) to host online “How To” webinars. Will track at least one unit rep for participation (Google quiz verification) State of IL Dept of Public Health guidance for “Day Camps” fits nicely for cadet unit day-only activities. <p>Document #4 {attach}</p>
1.2.2	Consult with Wing Legal Officer about resuming meetings	Col Karton Command Team	20May20	30May20	01Jun20	Wing LO will review this plan prior to submitting to NHQ and will confer with ILWG/CC prior to issuing guidance to ILWG (see 1.4.3 below)
1.2.3	Coordinate with Wing Director of Safety	Capt Williams	20May20	27May20	26May20	ILWG/CV and ILWG/SO telecon to clarify guidance documents and visuals for subordinate units.
1.2.3.1	Verify proper risk planning tools are available to units	Col Dempsey LtCol Welch Maj Larson Capt Williams MSgt D’Angelo	20May20	27May20	28May20	<ul style="list-style-type: none"> ILWG/CC to confer with GLLR regarding possible existing USAF CoVID O.R.M. guidance. See “CAP Event” document. ILWG/NCO to confer with Scott AFB leadership regarding the same {unavail}. CAP NHQ Risk Assessment Guide Document #5 and 5a and 5b (attach)
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	Capt A Williams Maj Larson	20May20	27May20	21May20	ILWG/SO sent email to assigned unit SO’s and unit commanders with NHQ and CDC online resources. Document #6 (attach)
1.2.4	Coordinate with Wing Director of Cadet Programs	Lt Col J Higgins	20May20	27May20	27May20	ILWG/CP to confer with ILWG/SO, ILWG/MO, and Command Staff on all guidance to subordinate units regarding Cadet activities in each Phase
1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	Maj Larson Capt Williams	20May20	27May20	28May20	<p>CDC guidance for meeting space social-distancing exists. “<i>Considerations for Youth and Summer Camps</i>” can be adapted for Cadet and Composite Squadron activities.</p> <p>Document #7 (attach)</p> <p>Maj Larson to track unit receipt of messaging.</p>
1.2.4.2	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	Col Dempsey LtCol Higgins LtCol Hertel	20May20	27May20	27May20	Document prepped/approved to release when NHQ approves this Plan and Phase I date is released to the Wing. Document 8 (attach) . {see also 1.9.2}

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	LtCol Fletcher Maj Larson	20May20	27May20	Weekly Surveys Starting 30May20	Maj Larson to create Google Survey for unit commanders to report up/back. {See 1.1 and 1.2.1.1 above} Document #13 – PDF of Google Survey Publish to ILWG CoVID 19 Page
1.4.	Send a copy of planning documents to the CAP COVID-19 Planning Team at COVID-19Plans@capnhq.gov , and copy the Region CC to reinstate meetings.	LtCol Walden	20May20	30May20	2 Jun 20	Upon ILWG/LO and ILWG/CC approval, ILWG/POC will forward. NLT 30May20
1.4.1.	Briefly describe/ summarize previous coordination accomplished	LtCol Long LtCol Walden Command Team	20May20	27May20	26May20	See intro page above Document #3 (attach)
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	LtCol Damron	20May20	27May20		{redundant with 1.2.1.1 and 1.3 above}
1.4.3.	Set the date to resume meetings; this is also the start of Phase II.	Col Dempsey	20May20	NHQ Approval		PENDING NHQ APPROVAL OF THIS PLAN
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	ILWG CoVID Committee	20May20	NHQ Approval		Based on NHQ Approval of this plan and revised IL State restrictions
1.6.	Publish the date that meetings may resume to subordinate units	LtCol Fletcher	20May20	NHQ Approval		Item #1.5 above plus 14 days
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	Capt Williams	20May20	27May20	28May20	
1.7.1.	Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated	Capt Williams Maj Larson LtCol Fletcher Dr. Schneidman	20May20	27May20	21May20	ILWG/SO email to unit SO's, dated: 21May20 (Doc #6 attach)
1.7.2.	Unit Safety Officers will emphasize continued use of face coverings, gloves, and hand sanitizer, as well as social distancing, hand washing, and surface cleaning/disinfection	Same as above	20May20	27May20	28May20	CDC guidance docs exist. Publish to subordinate units. " CDC 6 Steps to Prevent Spread " (Doc #9 attach)
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	Col Dempsey Dr. Schneidman	20May20	27May20	26May20	(see ILWG/MO email)

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
1.8.1.	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.	Capt Williams Dr. Schneidman	20May20	27May20	27May20 {Online session conducted prior to any unit in-person meeting}	Temperature-screening guidance from CAP NHQ (Document #10 - attach) <ul style="list-style-type: none"> ILWG Task Force decided NOT to follow self-assessment option for temp-checking. We prefer unit leadership to observe temp-check. Dr. Schneidman to conduct “How To” online videos
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	Dr. Schneidman Capt Williams	20May20	27May20	25May20	See “People Who Are at Risk” document (Document #11 - attach)
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)	Dr. Schneidman Maj Larson Command Team	20May20	27May20	28May20	<ul style="list-style-type: none"> CDC guidance for public health practices exists. Distribute to subordinate units. {see 1.7.2 above and Document #9} Maj Larson to craft weekly Unit/CC Google Survey to track compliance.
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	LtCol Higgins	20May20	27May20		
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	LtCol Higgins Dr. Schneidman MSgt D’Angelo	20May20	27May20	27May20	Task Force to craft guidance to Units. Document #12 (attach) –
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	Col Dempsey LtCol Higgins LtCol Hertel Dr. Schneidman MSgt D’Angelo	20May20	27May20	28May20	Task Force to craft guidance to Units. Consider a boilerplate memo under TWO Command signatures for unified message: Wing/CC, Unit/CC Document #8 (attach) {see task 1.2.4.2 above}

COVID-19 Remobilization of the Membership Plan – Phase I

HEADQUARTERS
ILLINOIS WING CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
P O Box 4027
St. Charles IL 60174-9082

PERSONNEL AUTHORIZATION
NO. 20-02

1 June 2020

The following individuals are hereby appointed as members of the CoVID-19 Remobilization Committee. The start date of this committee is 20 May 2020 and the expected end date will be 20 November 2020.

<u>GRADE</u>	<u>LAST, FIRST NAME</u>	<u>CAPID</u>	<u>UNIT</u>
Col	Dempsey, Robert M.	122450	GLR-IL-001
Col	Karton, Robert	121839	GLR-001
Lt Col	Fletcher, John W	235619	GLR-IL-001
Lt Col	Whitmore, Todd R	217881	GLR-IL-001
Lt Col	Damron, Harold	448013	GLR-IL-999
Lt Col	Long, Joseph J	331491	GLR-IL-001
Lt Col	Welch, Andrew J	271027	GLR-IL-001
Lt Col	Walden, Raymond E	121965	GLR-IL-001
Lt Col	Hebda, Lawrence J	243681	GLR-IL-001
Lt Col	Higgins, John J	121951	GLR-IL-001
Lt Col	Schneidman, Sydney W	318848	GLR-IL-049
Lt Col	Hertel, Paul R	124900	GLR-IL-001
Maj	Larson, Michael	491330	GLR-IL-016
Capt	Williams, Arzania S	418984	GLR-IL-001



ROBERT M. DEMPSEY, JR., Colonel, CAP
Commander

DISTRIBUTION

1 – Each Individual 1 – Personnel Officer
1 – Wing Commander 1 - File

Plan Completed By: R. Walden
Last Updated: 01 June 2020
Template Updated 12 May 2020

ILWG CoVID Remob Plan (Phase I) - Supporting Documents Binder



**HEADQUARTERS
ILLINOIS WING CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
P O Box 4027
St. Charles IL 60174-9082**



30 May 2020

MEMORANDUM FOR ALL ILWG MEMBERS

FROM: ILWG/CC

SUBJECT: COVID-19 Re-Mobilization

As many of you know, the State of Illinois is starting to allow some businesses and other facilities to re-open beginning this weekend. So, I am sure many of you are wondering when the IL Wing Civil Air Patrol will return to normal operations. The short answer is it will be several weeks to possibly months until we are at a Pre-COVID-19 operations level. However, the IL Wing is working on a series of plans to allow some operations to resume when it is safe and approved by CAP NHQ using the White House Phases and following the guidelines of the State of Illinois. There will be many mandatory safeguards put in place when this happens to ensure the health and wellbeing of our members and their families.

A phased approach will be utilized based on several recognized models and data streams.

- The White House (WH) Phases use the following metrics:
 1. A 14-day downward trajectory of influenza and COVID-19-like reported illness (also known as a reduction in suspected cases)
 2. A 14-day downward trajectory of documented COVID-19 cases (also known as a reduction in confirmed cases)
 3. Hospital capacity and enough treatment for all patients and robust COVID-19 testing capacity for at-risk healthcare workers.

- The Civil Air Patrol NHQ Task Force
 - Phase 0 Essential Missions Only
 - Phase 1 10 people (max) Low-Risk member meetings
 - Phase 2 50 people (max) Low-Risk member maximum meetings
 - Phase 3 Intermittent High-Risk member return (overnight activities can resume)

- State of Illinois directives

The IL Wing COVID-19 Remobilization Task Force is creating our Phase 1 plan now and plans to submit this to CAP NHQ in the next few days for review and approval. Once our plan is approved, I will share the details with all IL wing members.

As a reference, here are the re-mobilization phases defined and a graphic that gives a good snapshot of the overall strategy.

Phase 0 Essential Missions Only *THIS IS OUR CURRENT PHASE*

Standard

- Self-Identified low-risk category may perform essential missions with minimal staffing, social distancing, hygiene and wearing of cloth face coverings.
- Monitoring members health status through temperature checks and self-identification of symptoms.
- **Aviation** – with face masks, aviation gloves and disinfection between sorties: essential missions only with minimal staffing.

Strategy

- Essential missions shall employ full public health protection measures such as: hygiene education, having hand sanitizer available, performing routine hand washing breaks, daily cleaning of individual workspace cleaning, wearing of cloth face coverings, social distancing, temperature checks, and asking members if they feel well before entering a mission.
- Monitoring members health status during missions through routine no-touch temperature checks and asking if members feel well.
- Place seats 6-feet apart, double arm interval distancing at all times.

Phase 1 ≤10 Low-Risk Member Meetings

Standard

- Self-Identified low-risk category may return to meetings so long as groups are ≤ 10 , socially distancing and wearing cloth face coverings, hygiene, health status checks through questions and temperature checks, and public health reminders.
- The metric to transition to Phase 1 is the containment strategy start date from <https://www.covidactnow.org/> after selecting your state.
- Remember that the transition to Phase 1 must be constantly reassessed to ensure that the metrics are valid; plan for the Phase 1 transition but be prepared to change as the Phase metrics rapidly change.
- **Aviation** - face coverings, aviation gloves, and plane disinfection between sorties. Includes flight evaluations/check rides, crew proficiency, dual instruction (assuming all members are low-risk and all flight operations are in low-risk areas).

Strategy

- Essential missions and meetings shall employ full public health protection measures such as: hygiene education, having hand sanitizer available, performing routine hand washing breaks, daily cleaning of individual workspace, wearing of cloth face coverings, social distancing, temperature checks, and asking members if they feel well before entering a meeting/mission.
- Monitoring members health status during meetings or missions through routine no-touch temperature checks and asking if members feel well.
- Place seats 6-feet apart, double arm interval distancing, open air meetings, if possible.

Phase 2

≤50 Low-Risk Member Meetings

Standard

- Low-risk members may resume unit day-long meetings, activities, and missions as long as ≤50 members, socially distancing, and the activity is one-day in length. All public health protection measure continue.
- Self identified high-risk Members will continue to telework
- Metric to transition to Phase 2 will be at least 14-days of successful Phase 1 metrics, which may take several weeks to months to achieve.
- **Aviation** - face coverings, aviation gloves, and aircraft disinfection between sorties. Includes small-group local crew training, flight evaluations/check rides, crew proficiency, dual instruction and CAP cadet orientation flights (assuming all members are low-risk and all flights are in low-risk areas).

Strategy

- Continue public health protection measures such as: hygiene education, social distancing reminders, temperature checks, face coverings when social distancing is unable to be maintained, and common surface cleaning.
- Place seats 6-feet apart, double arm interval distancing, open air meetings, if possible.
- Food preparation should be done individually – no family style or buffet meals, due to the possibility of utensil cross-contamination.

Phase 3

Intermittent High-Risk Member Return

Standard

- Self-identified high-risk members may gradually return to intermittent unit, activity, and mission duties however, they should continue social distancing.
- Those with external factors, such as childcare availability or those without low-risk commuting options will gradually return.
- All members should refrain from crowds at all times.
- Metrics to transition to Phase 3 will be at least 14-days of successful Phase 2 metrics, which may take several weeks to months to achieve.
- **Aviation**: aviation gloves are worn, and the aircraft is disinfected between sorties. Includes all CAP aviation duty for low-risk and high-risk members (if high-risk members are present, all must wear face covers), and adds in TOP flights and external orientation flights customers (AFROTC & AFJROTC) and potentially flight academies.

Strategy

- Public health protection measures shall consist of common surface cleaning, social distancing for high risk categories, hand hygiene, crowd reminders, and logistically preparing for any further COVID or Influenza season.
- Refrain from operations near crowds; consider double arm interval distancing.
- For overnight activities, maintain 6-feet between bed spaces.

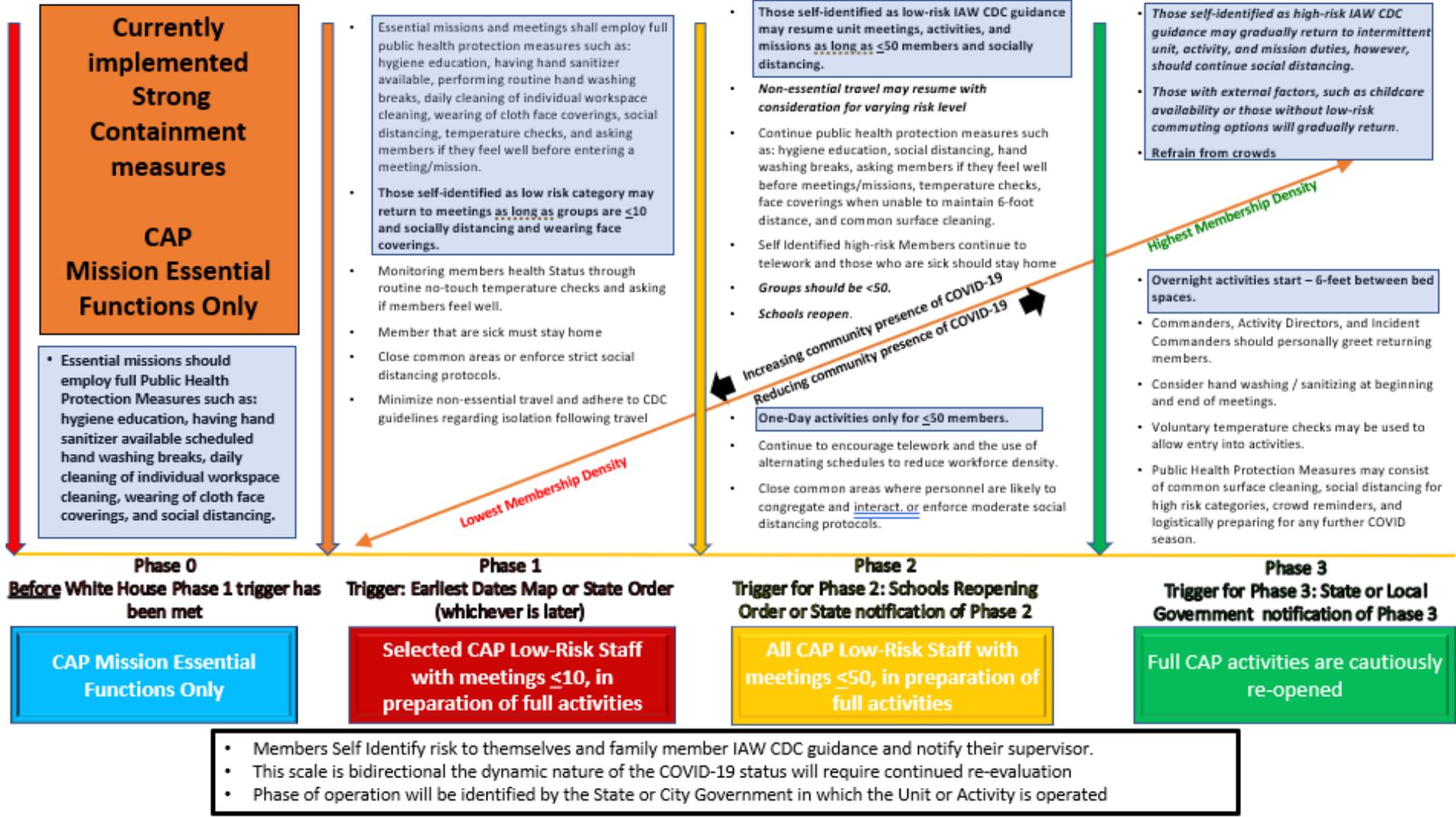
While we are awaiting approval of our Phase 1 plan, keep practicing the recommended safeguards.

- Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces.
- Avoid touching your face.
- Sneeze or cough into a tissue, or the inside of your elbow.
- Disinfect frequently used items and surfaces as much as possible.
- Strongly consider using face coverings while in public, and particularly when using mass transit.

A handwritten signature in black ink, appearing to read "Robert M. Dempsey, Jr." with a stylized flourish at the end.

ROBERT M. DEMPSEY, JR., Colonel, CAP
Commander

CAP COVID-19 “Remobilization of the Membership” Graphic





ILWG CoVID-19 Remob Cmte - Follow-Up Items

4 messages

Ray Walden, Lt.Col., CAP <rwalden@ilwg.cap.gov>

Fri, May 22, 2020 at 12:27 PM

To: awelch@ilwg.cap.gov, awilliams@ilwg.cap.gov, fdangelo@ilwg.cap.gov, hdamron@ilwg.cap.gov, jfletcher@ilwg.cap.gov, John Higgins <jhiggins@ilwg.cap.gov>, LtCol Joe Long CAP <jlong@ilwg.cap.gov>, lhebda@ilwg.cap.gov, Michael Larson <mlarson@ilwg.cap.gov>, Paul Hertel <phertel@ilwg.cap.gov>, rdempsey@ilwg.cap.gov, "Robert M Karton, Colonel, CAP" <rkarton@cap.gov>, Raymond E Walden III <rwalden@ilwg.cap.gov>, sschneidman@ilwg.cap.gov, Tod Whitmore <twhitmore@ilwg.cap.gov>

Team,

Thanks for all of the work that has been done so far and the lifting we need to complete going forward.

Steps Forward:

- Our Goal is to submit the Phase I plan to NHQ NLT 30 May.
- Please send any follow-up messaging or documentation to me either as a worddoc or in the body of an email. I will plug the necessary items into the spreadsheet. For comms or docs or visuals, I'll attach them as addendums to the spreadsheet as one package. Likewise, if you've crafted a document or visual for the membership (or commanders), please send it to me to be attached.
- I'll create a shared Google Folder with this team that captures all submitted docs.

Here is a "homework list" based on Wednesday night's call:

COL Dempsey:

- Check with NHQ regarding getting a copy of MTWG and/or WSWG approved plans for benchmarking;
- Publish message to ILWG membership that the remobilization committee has been formed and to expect a Phased plan soon. Zook sent something to safety officers yesterday. I recommend a Command message to reinforce it.
- Check with GLR regarding available funding for thermometers, PPE, cleaning supplies (for subordinate units) - {1.2.1.2}
- Check with LtCol Phillips at GLLR regarding any existing USAF CoVID-related O.R.M. guidance (forms, checklists, graphs, etc.) - {1.2.3.1}
- Review/Approve Unit CC Letter to parents (drafted by John H., Syd, and Command NCO). Consider a template under three signatures (NHQ/CC, ILWG/CC, and Unit/CC) {1.9.2}
- Set a date to resume meetings {1.4.3}. This won't happen until NHQ approves our Wing plan, but ... it's a "to-do"

COL Karton:

- Approve ILWG plan prior to me submitting to NHQ - {1.2.2}
- (Work with Dr. Syd) While not on the Phase I list for NHQ, we should develop guidance to local commanders if a unit member self-discloses they have tested positive (reporting procedures, contact tracing, disinfecting steps, etc.)

LtCol Fletcher:

- Work with Maj Larson on subordinate unit guidance and reporting procedures - {1.3}
- Review with Maj Larson the weekly unit survey - {1.8.3}
- Upon Commander's approval, publish date to resume meetings - {1.6}

LtCol Whitmore:

- Work with Joe L. and Larry on prioritizing Wing Training events - {1.2.1}

MSgt D'Angelo:

- Assist Col Dempsey with pursuing possible USAF Guidance on CoVID O.R.M. tools (Command guidance at Scott AFB?) - {1.2.3.1}

- Work with John H. and Dr. Syd on guidance to units "...meaningfully engage and fully participate ..w/o drill/formations..." - {1.9.1}

LtCol Damron:

- Check with IDPH or IEMA to see if they are already tracking/listing local ordinances that may be stricter than IL State guidance - {1.1}{1.2.1.1}{1.3}{1.4.2}

Dr. Schneidman:

Unfortunately, You and Zook have the lion's share of work. Sorry

- Prepare information for subordinate units regarding temperature screening, health education, and sanitation {1.2.1.2} This may be combined with {1.8.1 - 1.8.3 ??}
- " " " ... meeting activities and alternatives to maintain optimal distance. Working with Zook and Mike L. - {1.2.4.1}
- Communicate to subordinate units .. temp checks (no in-home self assessments), high-risk members, public health best practices - {1.8.1 - 1.8.3}
- Confer with John H. and Command NCO on messaging regarding close-quarters activities - {1.9.1 - 1.9.2}

LtCol Long;

- Work with Tod and Larry on Wing priorities for training activities - {1.2.1}
- Narrative for previous coordination accomplished - {1.4.1}
- While not in the Phase I plan, we should consider how we convey flight ops relaxed restrictions as they come down from NHQ

Capt Williams:

- Confer with Mike L. on comms to subordinate units regarding Safety-related matters {1.2.3.2}{1.7 - 1.7.2}. We may use your email of 21May to fulfil 1.7.2
- Confer with Dr Syd and Mike L on unit meeting activities and social distancing - {1.2.4.1}
- Confer with Dr Syd on Messaging to units to review CAPF 160, 160S, and 160HL - {1.7.1}
- Confer with Dr. Syd on messaging to units regarding temp-checks, social-distancing, and public health best practices - {1.8.1 - 1.8.3}

LtCol Higgins:

- Confer with Paul H to draft unit commander - to - parents talking points - {1.2.4.2}
- Confer with Zook and Paul H regarding messaging to units regarding public health best practices - {1.7.1-1.7.2}
- Confer with Dr Syd, Command NCO on ways to meaningfully engage and fully participate in meetings w/o close quarter contact - {1.9.1}
- Confer with Col Dempsey on Unit CC letter template to parents - {1.9.2}

LtCol Hertel:

- Confer with John H. on unit-to-parent talking points - {1.2.4.2}
- Confer with Zook and John H. on safety messaging regarding public health best practices - {1.7.1 - 1.7.2}
- Confer with Col Dempsey on unit-to-parent talking points, similar to 1.2.4.2 above - {1.9.2}

LtCol Hebda:

- Confer with Joe Long and Tod on Wing training event priorities - {1.2.1}

LtCol Walden:

- Coordinate input from each participant; compile final plan document for Wing/CC review and NHQ submission
- Submit Wing Plan to GLR and NHQ - {1.4}
- Confer with Joe on previous coordination accomplished - {1.4.1}
- Coordinate Phase II Planning Meeting

LtCol Welch:

- Work with Command NCO on any risk-planning tools for units (ORM?)- {1.2.3.1}

Maj Larson:

- Confer with Andy and Command NCO regarding risk planning tools for units - {1.2.3.1}
- Confer with Zook on Safety-related comms to subordinate units - {1.2.3.2}

- Confer with Zook and Dr. Syd on comms to sub units regarding social distancing - {1.2.4.1}
- Confer with John F. on guidance to units regarding local health ordinances - {1.3}
- Confer with Dr. Syd on comms to units regarding public health best practices - {1.8.3}
- Review weekly unit surveys with John F. {ongoing}

I will upload and share the updated spreadsheet with SUSPENSE dates and accompanying notes.

Thanks!

Ray

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Lt Col Raymond E. Walden III, CAP

Illinois Wing Incident Command Staff

(C) [708.268.7392](tel:708.268.7392)

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Sydney Schneidman, MD <sschneidman@gmail.com>

Fri, May 22, 2020 at 4:07 PM

To: "Ray Walden, Lt.Col., CAP" <rwalden@ilwg.cap.gov>, "Lt Col Robert M. Dempsey" <rdempsey@ilwg.cap.gov>

Ray,

I've attached the first piece I can provide, for 1.8.2. I can't really do anything with the temperature taking issue until we resolve the hardware problem. Region wasn't too helpful. I think Bob will have to decide how to move forward on it.

Syd

[Quoted text hidden]

 **People Who Are at Higher Risk for Severe Illness.docx**
16K

Robert Dempsey <rdempsey@ilwg.cap.gov>

Sat, May 23, 2020 at 9:19 AM

To: "Ray Walden, Lt.Col., CAP" <rwalden@ilwg.cap.gov>

Cc: awelch@ilwg.cap.gov, awilliams@ilwg.cap.gov, fdangelo@ilwg.cap.gov, hdamron@ilwg.cap.gov, jfletcher@ilwg.cap.gov, John Higgins <jhiggins@ilwg.cap.gov>, LtCol Joe Long CAP <jlong@ilwg.cap.gov>, lhebda@ilwg.cap.gov, Michael Larson <mlarson@ilwg.cap.gov>, Paul Hertel <phertel@ilwg.cap.gov>, "Robert M Karton, Colonel, CAP" <rkarton@cap.gov>, sschneidman@ilwg.cap.gov, Tod Whitmore <twhitmore@ilwg.cap.gov>

Lt Col Walden,

Thank you for your leadership and diligence in keeping the team on task.

Team,

Let's all make a solid effort at completing our tasks in a timely manner. If you encounter issues and/or need assistance please ask so we stay on track.

Thanks for your service to IL Wing.

Very Respectfully,
Col Dempsey

On May 22, 2020, at 12:27 PM, Ray Walden, Lt.Col., CAP <rwalden@ilwg.cap.gov> wrote:

[Quoted text hidden]

Ray Walden, Lt.Col., CAP <rwalden@ilwg.cap.gov>
To: "Sydney Schneidman, MD" <sschneidman@gmail.com>

Sat, May 23, 2020 at 11:50 AM

Doc

Thanks!

Good stuff. This will be the first attachment to the document.

Have a great weekend
Ray

[Quoted text hidden]

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Sent from Gmail Mobile
LtCol Ray Walden, CAP
IL Wing
(C) 708.268.7392

DOCUMENT #2 – 1.2

From: Sydney Schneidman, MD <sschneidman@gmail.com>

Sent: Tuesday, May 26, 2020 4:51 PM

To: HSO@ilwg.cap.gov; Lt Col Robert M. Dempsey <rdempsey@ilwg.cap.gov>; Lt Col John Fletcher <jfletcher@ilwg.cap.gov>

Subject: New List for HSO's

Greetings,

This is the first message from me to this new list of Illinois Wing HSO's. Some of you may be MO's, NO's or regular HSO's, and I need to learn which you are. We can use this list to communicate with each other or ask questions. I'm very easy to talk to and have been with CAP for several years. So if you have questions for me, please don't hesitate.

Our initial project is to get CAP opened back up again after the shutdown. I'm part of the Wing Staff, and we have been working on this problem. We are evaluating ways to safely have small meetings of less than 10, then going to 50 at some point. There will be some sort of screening that will need to take place before members can enter a meeting space, and we can discuss what's reasonable, and what isn't. More to come on this action.

Otherwise, safely conducting an in person squadron meeting is one of our first priorities, along with maintaining the level of training that we have done in the past. Some modifications will be necessary to keep us all safe. This is also a work in progress with CAP HQ involvement accepting our initial plan, dovetailed with the state phase of opening.

Welcome to the group, and please get back to me with any questions or concerns.

Sydney

Lt. Col. Sydney Schneidman, MD, CAP

IL Wing Medical Officer

IL GRP-06 Safety Officer

Palwaukee Composite Squadron Medical Officer

Deputy Commander Palwaukee Squadron

(C) 224-805-7637

U.S. Air Force Auxiliary

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CoVID Plan ITEM# 1.2.1. - Wing priorities for training events should be coordinated.

ILWG Operations and ES

While some training can and is being done via a virtual format, hands on training is essential.

- Pilot: Form 5/ Form 91
- Pilot upgrades: GA8, G1000 and High Performance
- SAR Training
- High Bird Communication Exercise
- DAART Training
- AP Training
- Air Crew recurrency
- SUAS - FAA Part 117 Online Training (8-12 Jun 20)
- UDF and Ground Team training and recurrency

Mission Concept Phase 1

- Mission base will not be established
 - IC, AOBD,GOBD,CUL will connect through Google Meet as primary communications
 - WMIRS Unit Logs will be maintained to track mission activity
 - Communications to Air Crew and Ground team will be through cell phone or CAP radio
 - Mission participants will reduce contact time by those tasks that do not require in person contact via Google Meet before or after field exercises
- UDF or Ground team
 - Team will be limited to maximum of 4 members
 - Team will rally at location of the CAP 12 pack van
 - Alternately members can rally at the search location using POVs.
 - Team members will wear appropriate PPE
 - Loading of members in the van will be back to front. One member per row alternating sides to allow for maximum distancing.
 - If equipment such as ELPR are to be used by multiple team members it will be wiped down with disinfectant as part of hand off procedure.
 - Team will be limited to no more than 2.5 hours.
 - If using the CAP van, limit drive time from rally point to search location.
 - Van and equipment will be disinfected as directed at the end of the sortie

DOCUMENT #3

- Members are required to verify they have no symptoms prior to departing from their residence.
- Air Crew
 - Air Crew will be limited to 3 members
 - Crew members will wear appropriate PPE
 - Airplane will be disinfected
 - Members are required to verify they have no symptoms prior to departing from their residence.

High Bird Exercise

- Airborne repeater will be installed in the aircraft
- Aircrew will be limited to a single pilot with optional safety pilot or observer
- Racetracks for geographic coverage and times will be published to all members with radios
- Net control station will accept and relay exercise traffic

Professional Development

Virtual sessions are being conducted but the value of in person networking in CAP cannot be overlooked.

-SLS - (virtual 16-17 May 20; another in 4Q20)

-CLC - (virtual 16-17 May 20; another in 4Q20)

- TLC/I - (virtual 18 Jun 20)

-

CoVID Plan ITEM # 1.4.1 - Narrative for previous coordination accomplished

Previous coordination was accomplished through emails to the Emergency Service and Pilot's email list. Notification and coordination for the A12 initiative was also coordinated through the email list and instruction for requesting a flight on a particular aircraft was given. Further guidance as to the intent of the program, to keep our aircraft operating and not dormant was also explained. Questions regarding non-TMP pilots was also sent out explaining the restrictions.

Once restrictions are eased we will notify the Wing via email.



DAY CAMPS GUIDELINES

* adapted for CAP Cadet and Composite Sqdn Meetings

RESTORE ILLINOIS

A Public Health Approach To Safely Reopen Our State

PART OF PHASE 3 OF RESTORE ILLINOIS PLAN

APPLICABLE TO EACH REGION UPON TRANSITION TO PHASE III | ISSUED ON MAY 24, 2020

The Recovery Phase of the Restore Illinois public health approach to reopening the Illinois economy includes returning people to work, businesses reopening and group gatherings of 10 or fewer. We must all continue to social distance, frequently wash our hands and cover our faces to maintain progress in overcoming COVID-19.

This document is applicable to businesses that meet the following criteria:

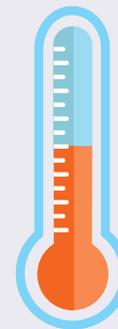
- Day camps not licensed by the Department of Children and Family Services (DCFS) operating over the summer months
 - ♦ Examples of day camps include (non-exhaustive): recreational day camps, educational day camps, religious day camps
- In Phase III, day camps are limited to:
 - ♦ Camps taking place during the day only (no overnight camps permitted)

Uniform guidelines across businesses, industries and nonprofits within the State of Illinois:

GENERAL HEALTH

i. Minimum guidelines

1. All MEMBERS who can work from home should continue to do so
2. Members should wear face coverings over their nose and mouth when within 6-ft. of others (cloth masks preferred). Exceptions may be made where accommodations are appropriate – see [IDHR's guidance](#).
3. Social distance of at least 6-ft. should be maintained between non-household individuals unless participating in activities permitted under Phase III guidelines
4. Leaders should provide hand washing capability or sanitizer to employees and if applicable, customers
5. Frequent hand washing by members and an adequate supply of soap/ paper towels and/or disinfectant/ hand sanitizer should be available



HR AND TRAVEL POLICIES

i. Minimum guidelines

1. All employees should complete health and safety training related to COVID-19 when initially returning to work. Resources to design a training are posted on the DCEO Restore Illinois guidelines website
2. Employers should continue to limit all non-essential business travel
 - a. If employee must travel, employee should follow CDC considerations to protect themselves and others during trip
3. Employees should not report to, or be allowed to remain at, work if sick or symptomatic (with cough, shortness of breath or difficulty breathing, fever of 100.4 degrees or above, chills, muscle pain, headache, sore throat, new loss of taste or smell, or other [CDC-identified symptoms](#)), and sick or symptomatic employees should be encouraged to seek a COVID-19 test at a state or local government testing center, healthcare center or other testing locations



ii. Encouraged best practices

1. Provide reasonable accommodation for COVID-19-vulnerable employees, including but not limited to work from home (if feasible), reduced contact with others, use of barriers to ensure minimum distance between others whenever feasible or other accommodations that reduce chances of exposure

HEALTH MONITORING

i. Minimum guidelines

1. Employers should make temperature checks available for employees and encourage their use. Employers should post information about the symptoms of COVID-19 in order to allow employees to self-assess whether they have any symptoms and should consider going home
2. All employers should have a wellness screening program. Resources outlining screen program best practices are posted on the DCEO Restore Illinois guidelines website
 - a. Employer should conduct in-person screening of employees upon entry into workplace and mid-shift screening to verify no presence of COVID-19 symptoms
3. If employee does contract COVID-19, they should remain isolated at home for a minimum of 10 days after symptom onset and can be released after feverless and feeling well (without fever-reducing medication) for at least 72 hours OR has 2 negative COVID-19 tests in a row, with testing done at least 24 hours apart
4. If an employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting should be performed according to CDC guidelines
5. Where appropriate, notify employees who have been exposed
6. Any employee who has had close contact with co-worker or any other person who is diagnosed with COVID-19 should quarantine for 14 days after the last/most recent contact with the infectious individual and should seek a COVID-19 test at a state or local government testing center, healthcare center or other testing locations. All other employees should be alert for symptoms by watching for fever, cough, or shortness of breath and taking temperature if symptoms develop



¹ Close contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer unless wearing N95 mask during period of contact.

Guidelines specific to day camps:

PHYSICAL WORKSPACE

i. Minimum guidelines

1. Day camp coordinator should display signage at entry with face covering requirements, social distancing guidelines, and cleaning protocols, in multiple languages as needed
2. Activities should be set up to allow for 6-ft. of distancing between participants. Any activities that do not allow for 6-ft. of distancing should be suspended
 - a. If it is unsafe for kids to be outdoors, day camp should be conducted indoors in adherence with 6-ft. distancing guidelines
3. Even if day camp is based outdoors, enough available indoor space should be secured to accommodate all participants (in adherence with guidelines around 6-ft. of distancing and 10 or less participants per group)
4. Water fountains, except for touchless water bottle refill stations, should be made unavailable for use (e.g. turned off, covered, area blocked)
 - a. If no touchless fountain is available, water may be served in sealed, single-use water bottles
5. Activities requiring physical exertion and/ or exertion of voice should take place outdoors
6. Day camp coordinator/ employees should refer to guidelines on playgrounds for participant playground use
7. Water-based activities are not permitted



ii. Encouraged best practices

1. Emphasize outdoor, socially distant activities as much as possible
2. Designate area (room) separate from others for anyone who exhibits COVID-like symptoms during hours of operation to isolate from others before being picked up to leave
3. Display visual markers 6-ft. apart to encourage social distancing in practical areas (e.g., eating area)
4. If practical, modify traffic flow to minimize contact (one-way traffic, designated entrance and exit)
5. If practical, eliminate common touchpoints (e.g., propping doors/ using touchless door pulls)
6. Where building management practices allow, increase air turnover rates in occupied spaces and increase outside make-up air to the maximum extent practical

DISINFECTING/CLEANING PROCEDURES

i. Minimum guidelines

1. Cleaning and disinfecting of premises should be conducted in compliance with [CDC protocols](#) on a weekly basis
2. Day camp coordinators should make hand sanitizer available to participants, with sanitization stations available for each separate participant group
3. Clean and disinfect common areas (e.g., restrooms, cafeterias) and surfaces which are touched by multiple people (e.g., entry/exit doorknobs, stair railings) frequently; every 2 hours recommended for high-traffic areas
 - a. If one space is used by multiple participant groups at different points in time, all common areas and high-touch surfaces should be disinfected between groups
4. Minimize sharing of objects between non household individuals; if objects should be shared, employees should sanitize equipment before and after use, including at the beginning and end of each day or in between groups (see [EPA approved list of disinfectants](#))



ii. Encouraged best practices

1. Keep participants personal belongings separated and in individually labeled storage containers, cubbies, or areas. Belongings should be taken home each day to be cleaned.
2. Provide adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single participant)
3. Assign any shared equipment to one household for length of day camp if practical

STAFFING AND ATTENDANCE

i. Minimum guidelines

1. For indoor facilities, maximum occupancy of 50% of facility capacity permitted
2. Day camp coordinator should maintain groups sizes of 10 participants or fewer
 - a. If practical, day camp coordinator should maintain ratio of 2 adults per group
 - b. If not practical, day camp coordinator may assign 1 floater employee per every 2 groups
3. Multiple groups permitted at once as long as 1) facilities allow for social distancing of participants and employees, 2) 30-ft of distancing is maintained between groups, and 3) areas for each group are clearly marked to discourage interaction between groups
4. Day camp coordinator/ employees should limit group sizes for activities to 10 or fewer participants. If social distancing is not feasible, groups should be limited to people within the same household or activity should be suspended.
5. Groups should be static, with no mixing of employees or participants between groups for the duration of the day camp
 - a. Exception may be made if there is a floater employee per every 2 groups
 - b. If the day camp runs on an alternating day/ shift schedule, group leaders/ employees may lead 2 groups across days/ shifts maximum
6. Day camp coordinator should assign employees to designated group of participants
7. Day camp coordinator should evaluate common areas/ break rooms to allow for social distancing of 6-ft or greater by removing/decommissioning furniture or staggering break times; this guideline is not intended to diminish employees break time requirement contained within a collective bargaining agreement.
8. Day camp coordinator should designate pool of substitute employees to replace employees as needed
 - a. Substitute employees should be used for full days only – no part-time substitutions are allowed
9. Day camp coordinator should design a plan to allow for social distancing within the workplace and if needed, designate employee(s) to monitor capacity limits and social distancing



ii. Encouraged best practices

1. If practical, participants from the same household should be within the same group
2. If indoors, day camp coordinator should designate room or space for each participant group to use for duration of the day camp
3. Stagger shift start and end times to minimize congregation of employees during changeovers
4. Employees should supervise young children when using sanitizer
5. Participants/ employees should wear colors corresponding with their group to make social distancing easier to manage/ enforce

EXTERNAL INTERACTIONS

i. Minimum guidelines

6. Before allowing external supplier, volunteer, or visitor to enter, or while requiring them to wait in a designated area, day camp coordinator should ask whether external supplier, volunteer, or visitor is currently exhibiting COVID-19 symptoms
 - a. If practical, day camp coordinator should take external supplier, volunteer, or visitor temperature using thermometer (infrared / thermal cameras preferred, touchless thermometers permitted)
7. Suppliers, volunteers, or visitors should wear face coverings over their nose and mouth when entering premises (exceptions can be made for people with medical conditions or disabilities that prevent them from safely wearing a face covering)
8. Volunteers should abide by static classroom guidelines applied to employees with no mixing between groups for the duration of the day camp/ volunteer period
9. Day camp coordinator should keep log of all external visitors who enter premises
10. No field trips outside of designated day camp area allowed
11. Family-style meals are not permitted
12. Reusable dishware, except for refillable water bottles, will not be allowed. All dishware should be single use and disposed of after each use



ii. Encouraged best practices

1. Limit contact between visitors, day camp participants, and employees
2. Participant meals brought from home should be in single-use containers to be thrown out after each meal
 - a. If meals are stored in a communal refrigerator they must be spaced apart and not touching and handled only by an employee
3. Provided snacks should be pre-packaged and only handled by staff utilizing safety guidelines
4. Parents dropping off or picking up kids should wait at designated drop-off/ pick-up areas and arrive during designated time window

CUSTOMER BEHAVIORS

i. Minimum guidelines

1. Enrollment in day camp should be coordinated in advance and completed online/ through the phone (e.g., no walk-ins)
2. Before being granted entrance to day camp, employees should ask whether participant is currently exhibiting COVID-19 symptoms. If a participant does have symptoms, they should wait to enter premises until they have had no fever for at least 72 hours, other symptoms have improved, and at least 10 days have passed since their symptoms first appeared
 - a. If practical, day camp coordinator should take participant temperature using thermometer (infrared / thermal cameras preferred, touchless thermometers permitted)
3. If participant does contract COVID-19, they should remain isolated at home for a minimum of 10 days after symptom onset and can be released after feverless and feeling well (without fever-reducing medication) for at least 72 hours OR has 2 negative COVID-19 tests in a row, with testing done at least 24 hours apart
4. Day camp coordinator should maintain attendance log of participants
5. If the day camp coordinator is providing participants with transportation to and / or from the day camp program:
 - a. Interior of vehicle should be sanitized before and after use by participants
 - b. Day camp coordinator should provide hand sanitizer at the entrance of the vehicle
 - c. All riders should wash or sanitize hands prior to boarding the vehicle
 - d. Participants, employees and drivers should wear masks when in the vehicle
 - e. Participants should maintain social distance from non-household members while in the vehicle
 - i. Participants should sit one to a seat unless sitting with one additional household member
 - ii. If practical, participants should sit in staggered rows (one participant per seat, per row)
 - f. If a rider in the vehicle is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting should be performed as soon after the confirmation of a positive test as practical and before the vehicle is put back in service
 - g. There should be a supervisor to oversee participants on the bus (can be bus driver)



ii. Encouraged best practices

1. If possible, employer should take participant temperature using thermometer (infrared / thermal cameras preferred, touchless thermometers permitted)
 - a. Participant temperatures should be taken upon arrival to day camp. Anyone with a temperature of 100.4°F or above will not be permitted to remain on site
2. Participants wear face covering over their nose and mouth at all times except for when eating, playing a musical instrument, or when outside and able to maintain a safe social distance (exceptions can be made for people with medical conditions or disabilities that prevent them from safely wearing a face covering)
3. Participants should sanitize hands regularly

**If you have questions or need additional support:
Please call our hotline at 1-800-252-2923
or e-mail us at ceo.support@illinois.gov
or return to [Illinois.gov/businessguidelines](https://illinois.gov/businessguidelines)**

Additional Resources:

- [CDC Interim Guidance for Businesses and Employers](#)
- [CDC Workplace Decision Tool](#)
- [IDPH Testing Guidance](#)
- [IDPH FAQs](#)
- [Symptoms of Coronavirus](#)
- [IDHR FAQ for Businesses Concerning Use of Face-Coverings During COVID-19](#)
- [CDC Guidelines on Cleaning and Disinfecting Your Facility](#)
- [CDC Guidance on Cleaning Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
- [EPA Disinfectants for Use Against SARS-CoV-2](#)

The “5 M’s” for Coronavirus

Special Risk Considerations During COVID-19 Crisis

This document is meant to supplement the [“5 M’s” Guide to Risk Assessments](#). The Coronavirus demands that we look at a new set of hazards so we can reduce the risk of being exposed to the virus or inadvertently spreading the virus. These are just a few of the areas to consider as you fill out

Using the 5 M’s in A Risk Assessment:

Here is what you will see when you look at Steps 4 & 5 of the CAPF 160:



4. SUB- ACTIVITY or SPECIFIC TASK	5. HAZARD
Note: Each sub-activity or task will probably have multiple hazards/risks associated with it. Each one should be assessed.	Consider Hazards from each of the “5-M” categories in CAPF 163: - Member - Media - Machine - Mission/Activity - Management

Step 1: The Plan. Look at the whole plan for the entire activity. You may want to go through in order and write down every task that may have a chance of exposing you to the coronavirus ... everything you touch or people you encounter.

Step 2: The Hazards. Using the 5 M’s, as described below, ask yourself “what can go wrong?” How does this task expose you to the virus? Then you’ll be able to apply a risk control to each of those exposure risks.

Member: Take a look at all the information about the members themselves. A few examples:

- Is the member “mission essential?”
- Has the member been anywhere that may have exposed them to the virus?
- Is the member over the age of 65, or does the member have any health conditions like diabetes, heart disease, respiratory illness, lung problems, or anything else that may increase the risk of a bad outcome if they catch COVID-19?
- Does the member live with anyone who may have the conditions listed above?

Medium: This refers to the environment you’ll be facing.

- Will multiple members be in close proximity (in a vehicle? In an airplane?)
- Does the mission area allow for adequate social distancing?
- Has the area been sanitized? Is the area equipped with adequate hand-washing or sanitizing resources?

Machine: This applies to the airplane, the vehicle, the gear that will be used.

- Has the aircraft or vehicle been cleaned IAW with [CAP/LG guidelines](#)?
- Does the plan include cleaning all equipment following its use and prior to storing?

Mission: This looks at the plan itself and the complexity of the mission.

- Is the mission essential?
- Is the mission or activity included in CAP/CCs list of approved activities and missions?
- Is there a way of completing the activity online, on the phone, or through virtual meeting?

Management: This refers to the organizational factors that influence our activities and missions.

- Are you complying with the current guidance from CAP NHQ and the National Commander?
- Are you complying with all guidance from local, state, and national authorities?

IMPORTANT NOTE: These are just a starting point to help you look at all exposure risks. The goal through the entire activity is to actively ask, **and answer:**

“what can expose me to the virus, and what am I doing to prevent it?”



Civil Air Patrol Guideline for Gatherings

Coronavirus Risk Assessment

Directions: Commanders, Activity Directors, and Incident Commanders (ICs) should perform an initial and routine Coronavirus (COVID-19) risk assessment for gatherings (e.g., meetings, training events, operational missions or conferences) with their safety and health services team. While this guideline provides a generalized risk assessment, each item does not have a weight and leaders must use this tool in concert with the [CAPF 160 Deliberate Risk Assessment Worksheet](#) for the activity or Operations Plan and Incident Action Plan for Missions. **As a reminder, for most in the U.S., the immediate risk is thought to be low, per the U.S. Centers for Disease Control and Prevention (CDC).** This Guideline **will expire on April 15, 2020** because of the evolving situation.



RISK #1 SURFACE CLEANING: Can routine environmental cleaning of frequently touched surfaces be assured by using CDC guidance <https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html>?

Mitigation Strategy – Leaders should prioritize environmental cleaning/sanitation with EPA approved cleansers on commonly touched surfaces to reduce COVID-19 transmission. https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf

Continuous cleaning	Cleaning > twice per day	Cleaning twice per day	Cleaning once per day	No
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RISK #2 SANITATION: Will there be sufficient hand washing stations for participants, hand sanitizer, hand washing facilities for food service workers, planned breaks for hand washing, facial tissues, and several surgical or dust masks (only to be used if someone becomes ill to cover their cough droplets) available for the full task period as well as opportunity planned in the schedule to wash hands or use hand sanitizer? **Lastly, will there be ≤10 people present?**

Mitigation Strategy – Leaders should procure or direct members to procure soap, water and alcohol-based hand rubs and ensure adequate supplies are maintained. CDC recommends hand sanitizer and sanitizing wipes in commonly used areas to encourage hand hygiene.

Yes				No
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RISK #3 OPT OUT FOR ILLNESS: Will all attendees be instructed that they may not attend WITHOUT REPERCUSSION, if: feverish, coughing, or having difficulty breathing and turned away from the meeting if they arrive ill?

Mitigation Strategy – Leaders should ensure that attendees will be directly advised not to attend if they have any symptoms consistent with an infectious disease. Direct phone is preferred because symptoms of illness may be more easily identified during a conversation.

Yes, advised via phone		Yes, advised via email		No
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RISK #4 OBSERVING FOR SYMPTOMS: Will there be one health services officer or designee to instruct and observe for every 9 people attending?:

- **Attendees to avoid contact closer than 6-feet** with anyone who is ill and properly wash their hands;
- Instruct attendees to self-observe for signs of illness, use cough etiquette, and refrain from touching their face;
- Supervise or perform environmental cleaning and;
- Observe and report to the local Commander any attendee who has signs of illness

Mitigation Strategy – Leaders should ensure that health reminders are regularly briefed to all attendees

Yes, 1:9 ratio achieved				No
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Civil Air Patrol Guideline for Gatherings

Coronavirus Risk Assessment

RISK #5 MORE SEVERE RISK FOR SOME: Will there be attendees who are older adults (commonly defined as ≥ 65 years of age) or those with serious chronic medical needs such as heart conditions, lung conditions, or diabetes at the gathering?

***Mitigation Strategy** – Per U.S. CDC, early information shows that older adults or those with serious chronic medical conditions appear to be at higher risk of becoming seriously ill. They should take **everyday steps to keep space between themselves and others, keep away from others who are sick, limit close contact, wash hands often, avoid crowds as much as possible, avoid non-essential commercial air travel, and if there is an outbreak in the community, stay home as much as possible to reduce the risk of exposure.** <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

As a reminder, no one may discriminate based on age, physical or mental disability, or other protected classes. Instead, work with the member to find a satisfactory position that provides reasonable risk reduction by using the mitigation strategy above*.

No		Yes, but using strategy above*		Yes
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MANAGEMENT AND ACCEPTENCE OF RISK: In the context of the five risks (surface cleaning, human sanitation, opt out for illness, observing for symptoms, and more severe illness for some), what is the criticality of the planned task? – Mission essential tasks or essential tasks are prioritized.

Mitigation Strategy – Once leaders determine the overall exposure risks and the increased severity for any elderly or predisposed people who may attend based on activity applications or general knowledge of unit personnel, they should look at the overall need for the gathering or mission. If it is a routine meeting or gathering which is not an emergency or critical to an Air Force assigned mission, then consideration should be given to cancelling the gathering or finding a way to facilitate a virtual meeting or some other method of information exchange.

Health information available to leaders may be limited, but that is ok. It is not necessary or appropriate to ask members to provide detailed health information beyond that already required in health services regulations, [CAPR 160-1\(I\)](#). Discretion and judgment should be used to make decisions with what is available.

Emergency services missions or essential tasks				
Training activities or meetings difficult to conduct virtually				

CAP-USAF GLLR CAP EVENT COVID-19 PRE-DEPARTURE CHECKLIST

- 1) Have you had a fever, or any symptoms that could be attributed to COVID-19 in the 14 days leading up to the event? Yes – Do Not Attend No – Continue to next question

- 2) Is a DoD stop movement order in effect for your origin, destination or transitory locations? Yes-Do Not Attend No – continue to next question

State/Local Restrictions:

- 3) Is there currently a stay-at-home order in effect at your origin, destination, or transitory locations? Yes-Do Not Attend No – continue to next question

- 3a) Is there currently a restriction on sizes of gatherings by state or local officials at your destination? Yes- Max people permitted _____ No – continue to 4a

- 3b) Is the number of people expected to attend lower than max participant size in question 3a? Yes – Continue to 4a No- Do Not Attend

PPE and Public Health Measures

- 4a) Are there any DoD, CDC, or State/local guidelines in place requiring facecoverings/facemasks when social distancing (6' separation between persons) cannot be maintained? Yes – Continue to 4b No – Continue to 5

- 4b) Do you have a facecoverings/facemasks to wear for the duration of your event?
 Yes – Continue to 5 No – Do Not Attend

- 5) Does the event have sufficient handwashing capability for the duration of the event?
 Yes – Attend Event No – Do Not Attend



DOCUMENT #6 - ITEMS 1.2.2 &
1.2.3.2

Raymond E Walden III <rwalden@ilwg.cap.gov>

ILWG SQCC - Covid-19 Safety Training

1 message

Arzania Williams <awilliams@ilwg.cap.gov>

Thu, May 21, 2020 at 2:29 PM

Reply-To: awilliams@ilwg.cap.gov

To: safetyofficers@ilwg.cap.gov

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Good Afternoon Safety Officers and your Commanders

Here is a link to Covid-19 safety related training on the National website:

<https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidrm>

The Illinois Wing is in the process of creating and implementing a remobilization plan and as Safety Officers, you will be an integral part of this initiative. Please take the time to review this information and to pass it on to your members as part of your safety training program. Documenting risk assessments will be essential to our activities, so now is the time to become familiar with the process.

Once the plan is formalized and approved by National HQ, Col Dempsey will be presenting it to the membership. I will also schedule some video conferences to answer your questions and of course to seek your input. Please feel free to contact me at any time.

V/R



Capt Arzania Williams, CAP

IL Wing

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Coronavirus Disease 2019 (COVID-19)

Considerations for Youth and Summer Camps

Updated May 19, 2020

As some communities in the United States begin to convene youth camps, CDC offers the following considerations for ways in which camp administrators can help protect campers, staff, and communities, and slow the spread of COVID-19. Camp administrators can determine, in collaboration with [state and local health officials](#), whether and how to implement these considerations, making adjustments to meet the unique needs and circumstances of the local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which camps must comply.

Guiding Principles to Keep in Mind

The more people a camper or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in youth camp settings as follows:

- **Lowest Risk:** Small groups of campers stay together all day, each day. Campers remain at least 6 feet apart and do not share objects. Outdoor activities are prioritized. All campers are from the local geographic area (e.g., city, town, county, community).
- **More Risk:** Campers mix between groups but remain at least 6 feet apart and do not share objects. Outdoor activities are prioritized. All campers are from the local geographic area (e.g., community, town, city, or county).
- **Even More Risk:** Campers mix between groups and do not remain spaced apart. All campers are from the local geographic area (e.g., community, town, city, or county).
- **Highest Risk:** Campers mix between groups and do not remain spaced apart. All campers are **not** from the local geographic area (e.g., community, town, city, or county).

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as [handwashing](#), [staying home when sick](#)) and environmental [cleaning and disinfection](#) are important principles that are covered in this document. Fortunately, there are a number of actions youth camp administrators can take to help lower the risk of COVID-19 exposure and spread during camp sessions and activities.

Promoting Behaviors that Reduce Spread

Camp administrators may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home when Appropriate**
 - Educate staff, campers, and their families about when they should [stay home](#) and when they can return to camp.
 - Actively encourage employees and campers who are sick or have recently had a [close contact](#) with a person with COVID-19 to stay home. Develop policies that encourage sick employees to stay at home without fear of reprisal, and ensure employees are aware of these policies.
 - [Employees and campers should stay home](#) if they have tested positive for or are showing COVID-19 symptoms.
 - Employees who have recently had a [close contact](#) with a person with COVID-19 should also [stay home and monitor their health](#).
 - CDC's criteria can help inform when employees should return to work:
 - [If they have been sick with COVID-19](#)
 - [If they have recently had a close contact with a person with COVID-19](#)

- **Hand Hygiene and Respiratory Etiquette**

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among campers and staff.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Encourage staff and campers to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older campers who can safely use hand sanitizer).

- **Cloth Face Coverings**

- Teach and reinforce the use of [cloth face coverings](#). Face coverings may be challenging for campers (especially younger campers) to wear in all-day settings such as camp. Face coverings should be worn by staff and campers (particularly older campers) as feasible, and are **most** essential in times when physical distancing is difficult. Information should be provided to staff and campers on [proper use, removal, and washing of cloth face coverings](#).
 - Note: Cloth face coverings should **not** be placed on:
 - Babies or children younger than 2 years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the cover without help

[Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected but does not have [symptoms](#). Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

- **Adequate Supplies**

- Support [healthy hygiene](#)  by providing supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older campers who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.

- **Signs and Messages**

- Post [signs](#) in highly visible locations (e.g., camp entrances, dining areas, restrooms) that [promote everyday protective measures](#)  and describe how to [stop the spread](#)  of germs such as by [properly washing hands](#) and [properly wearing a cloth face covering](#)  .
- Broadcast regular [announcements](#) on reducing the spread of COVID-19 on PA system
- Include messages (for example, [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with staff and families (such as on camp websites, in emails, and through camp [social media accounts](#)).
- Find free CDC print and digital resources on [CDC's communications resources](#) main page.

Maintaining Healthy Environments

Camp administrators may consider implementing several strategies to maintain healthy environments.

- **Cleaning and Disinfection**

- [Clean and disinfect](#) frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the camp facility and in any [shared transportation](#) vehicles at least daily or between use as much as possible. Use of shared objects (e.g., art supplies, nap mats, toys, games) should be limited when possible, or cleaned between use.
- Develop a schedule for increased, routine cleaning and disinfection.
- If transport vehicles (e.g., buses) are used by the camp, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for [bus transit](#).
- Ensure [safe and correct use](#) and storage of [cleaners and disinfectants](#)  , including storing products securely away from children. Use products that meet [EPA disinfection criteria](#)  .
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- Use gloves when removing garbage bags or handling and disposing of trash. [Wash hands](#) after removing gloves.

- **Shared Objects**
 - Discourage sharing of items that are difficult to [clean, sanitize, or disinfect](#).
 - Keep each camper's belongings separated from others' and in individually labeled containers, cubbies, or areas.
 - Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assign art supplies or other equipment to a single camper), or limit use of supplies and equipment to one group of campers at a time and clean and disinfect between use.
 - Avoid sharing electronic devices, toys, books, and other games or learning aids.
- **Ventilation**
 - Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling or triggering asthma symptoms) to campers using the facility.
- **Water Systems**
 - To minimize the risk of [Legionnaires' disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, drinking fountains, showers, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and campers to bring their own water to minimize use and touching of water fountains.
- **Modified Layouts**
 - Space seating at least 6 feet apart.
 - If nap times are scheduled, ensure that campers' naptime mats are assigned to individual children, are [sanitized](#)  before and after use, and spaced out as much as possible, ideally at least 6 feet apart. Place campers head-to-toe to ensure distance between their faces.
 - Prioritize outdoor activities where social distancing can be maintained as much as possible.
 - Create [social distance](#) between campers on school buses (e.g., seat children one child per row, skip rows) when possible.
- **Physical Barriers and Guides**
 - Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (g., reception desks).
 - Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and campers remain at least 6 feet apart in lines and at other times (e.g., guides for creating "one way routes" in hallways).
- **Communal Spaces**
 - Close shared spaces such as dining halls and playgrounds with shared playground equipment, if possible; otherwise stagger use and [clean and disinfect](#) between use.
 - Follow [CDC's considerations for Pools, Hot Tubs, and Water Playgrounds During COVID-19](#).
- **Food Service**
 - Have campers bring their own meals as feasible, and eat in separate areas or with their smaller group, instead of in a communal dining hall or cafeteria. Ensure the [safety of children with food allergies](#)  .
 - Use disposable food service items (utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
 - If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils and ensure the [safety of children with food allergies](#). .

Maintaining Healthy Operations

Camp administrators may consider implementing several strategies to maintain healthy operations.

- **Protections for Staff and Campers who are at Higher Risk of Severe Illness from COVID-19**
 - Offer options for staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit exposure risk (e.g., telework and modified job responsibilities).

- Offer options for campers at [higher risk for severe illness](#) that limit exposure risk (e.g., virtual learning opportunities).
- For staff and campers: Limit camp attendance to staff and campers who live in the local geographic area (e.g., community, city, town, or county) to reduce risk of spread from areas with higher levels of COVID-19.
- Put in place policies that protect the privacy of people at [higher risk for severe illness](#) regarding underlying medical conditions.
- **Regulatory Awareness**
 - Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.
- **Identifying Small Groups and Keeping Them Together (Cohorting)**
 - Keep campers together in small groups with dedicated staff and make sure they remain with the same group throughout the day, every day.
 - Limit mixing between groups if possible.
- **Staggered Scheduling**
 - Stagger arrival and drop-off times or locations by cohort (group) or put in place other protocols to limit contact between cohorts and with other campers' guardians as much as possible.
 - When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.
- **Gatherings, Visitors, and Field Trips**
 - Avoid group events, gatherings, or meetings where social distancing of at least 6 feet between people cannot be maintained. Limit group size to the extent possible.
 - Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible – especially with individuals not from the local geographic area (e.g., community, town, city, or county).
 - Avoid activities and events such as field trips and special performances.
 - Pursue options to convene sporting events and participation in sports activities in ways that minimize transmission of COVID-19 to players, families, coaches, and communities.
- **Designated COVID-19 Point of Contact**
 - Designate a staff person (e.g., camp nurse or healthcare provider) to be responsible for responding to COVID-19 concerns. All camp staff and families should know who this person is and how to contact them.
- **Communication Systems**
 - Put systems in place for:
 - Consistent with applicable law and privacy policies, having staff and families self-report to the camp administrators if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with [health information sharing regulations for COVID-19](#) (e.g., see [“Notify Health Officials and Close Contacts”](#) in the [Preparing for When Someone Gets Sick](#) section below) [↗](#) and other applicable privacy and confidentiality laws and regulations.
 - Notifying staff and families of camp closures and restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).
- **Leave (Time Off) Policies**
 - Implement flexible sick leave policies and practices that enable employees to stay home when they are sick, have been exposed, or [caring for someone who is sick](#).
 - Examine and revise policies for leave, telework, and employee compensation.
 - Leave policies should be flexible and not punish people for taking time off, and should allow sick employees to stay home and away from co-workers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
 - Develop policies for return-to-camp after COVID-19 illness. CDC's [criteria to discontinue home isolation and quarantine](#) can inform these policies.
- **Back-Up Staffing Plan**
 - Monitor absenteeism of campers and staff, cross-train staff, and create a roster of trained back-up staff.

- **Staff Training**
 - Train staff on all safety protocols.
 - Conduct training virtually or ensure that [social distancing](#) is maintained during training.
- **Recognize Signs and Symptoms**
 - If feasible, conduct daily health checks (e.g., temperature screening and/or [symptom checking](#)) of staff and campers (if feasible) safely and respectfully, and in accordance with any applicable privacy laws and regulations.
 - Camp administrators may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide for screening campers and CDC's [General Business FAQs](#) for screening staff.
- **Sharing Facilities**
 - Encourage any organizations that share or use the camp facilities to also follow these considerations. and limit shared use, if feasible.
- **Support Coping and Resilience**
 - Encourage employees and campers to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
 - Promote employees and campers eating healthy, exercising, getting sleep, and finding time to unwind.
 - Encourage employees and campers to talk with people they trust about their concerns and how they are feeling.
 - Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746

Preparing for When Someone Gets Sick

Camp administrators may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Sick Individuals of Home Isolation Criteria**
 - Sick staff members or campers should not return to camp until they have met CDC's [criteria to discontinue home isolation](#).
- **Isolate and Transport Those Who are Sick**
 - Make sure that staff and families know that they (staff) or their children (families) should not come to camp, and that they should notify camp officials (e.g., the designated COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with symptoms or a confirmed or suspected case.
 - Immediately separate staff and campers with COVID-19 [symptoms](#) (such as fever, cough, or shortness of breath) at camp. Individuals who are sick should go home and or to a healthcare facility depending on how severe their symptoms are, and follow [CDC guidance for caring for yourself or others](#) who are sick.
 - Work with camp administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who has COVID-19 symptoms or who has tested positive but does not have symptoms. If the camp has a nurse or other healthcare provider, they should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
 - Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.
- **Clean and Disinfect**
 - Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#) them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).
 - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct](#) use and storage of [cleaning](#)  and disinfection products, including storing them securely away from children.
- **Notify Health Officials and Close Contacts**
 - In accordance with state and local laws and regulations, camp administrators should notifying [local health officials](#), staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the

[Americans with Disabilities Act \(ADA\)](#) [↗](#) .

- Advise those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home, [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.

Special Considerations for Overnight Camps

In addition to the considerations listed above, sleep away camps may also consider:

- Limit camp attendance to staff and campers who live in the local geographic area (e.g., community, city, town, or county).
- Align mats or beds so that campers and staff sleep head-to-toe at least 6 feet apart.
- Add physical barriers, such as plastic flexible screens, between bathroom sinks and between beds, especially when they cannot be at least 6 feet apart.
- Monitor and enforce [social distancing](#) and [healthy hygiene](#) behaviors throughout the day and night.
- [Clean and disinfect](#) bathrooms regularly (e.g., in the morning and evening, after times of heavy use) using [EPA-registered disinfectants](#) [↗](#) .
- Encourage staff and campers to avoid placing toothbrushes or toiletries directly on counter surfaces.
- Work with camp administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like [symptoms](#). If the camp has a nurse or other healthcare provider, they should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
- Staff and campers with [symptoms](#) (fever, cough, or runny nose) at camp should immediately be separated and sent home and referred to their healthcare provider. Families of sick campers may follow [CDC Guidance for caring for oneself and others](#) who are sick.
- Staff and campers who have had [close contact](#) with a person who has [symptoms](#) should be separated and sent home as well, and follow [CDC guidance for community-related exposure](#). If symptoms develop, families should follow [CDC guidance for caring for oneself and others](#) who are sick.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility in an emergency.
- Take steps to ensure any external community organizations that share the camp facilities follow these considerations.

Other Resources

[Latest COVID-19 Information](#)

[Face Coverings](#)

[Cleaning and Disinfection](#)

[Social Distancing](#)

[Guidance for Businesses and Employers](#)

[COVID-19 Frequently Asked Questions](#)

[Guidance for Schools and Childcare Centers](#)

[Persons at Higher Risk](#)

[Guidance for Park Administrators](#)

[Managing Stress and Coping](#)

[Shared and Congregate Housing](#)

[HIPAA and COVID-19](#) [↗](#)

[COVID-19 Prevention](#)

[CDC Communication Resources](#)

[Handwashing Information](#)

[Community Mitigation](#)



**HEADQUARTERS
ILLINOIS WING CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
P O Box 4027
St. Charles IL 60174-9082**



27 May 2020

LETTER OF INFORMATION FOR: Members and Families of Illinois Wing

FROM: Illinois Wing Commander and (Squadron Commander)

SUBJECT: Illinois Wing COVID-19 Reopening Plan

First, we would like to thank all of you for your patience and understanding of the safety precautions we must take, and we hope that you and your families are well at this time. As always, the safety of our members and volunteers is our top priority.

As Illinois Wing prepares for reopening, Civil Air Patrol National Headquarters has set criteria for a three-phase reopening process. State of IL, local county, and city guidelines are being vigilantly watched for each squadron's meeting location. Each squadron will be directed to take specific measures to keep our members safe.

Measures for Phase I will be:

- no gatherings greater than ten members (no guests until Phase II or Phase III);
- each member is to wear a mask (unless medically unable to);
- temperature checks before entrance into a building;
- social-distancing while meeting;
- meeting area disinfection prior/after each meeting;
- Members will be asked about any flu or virus-related symptoms prior to arrival at a meeting. If a member shows any symptoms, he or she will be asked not to attend the meeting for the safety of themselves and others.

As our team and local squadrons press on and plan for the reopening of the Wing, we may progress to further phases or regress depending on the information from our local health department. If you are still uncomfortable attending or allowing your cadet to attend possible training, we understand, and attendance will not be required.

As federal, state, and local governments release their public health phases, we will communicate the corresponding CAP phases (II and III) to you and our members.

We thank you for your patience and understanding. It is important through these non-ideal times to stay connected and maintain a strong Illinois Wing family.

Respectfully,

Colonel Robert Dempsey, Jr, CAP
Commander, IL Wing

Captain Unit Commander, CAP
Commander, Anytown Composite Squadron

How to Protect Yourself and Others

Know how it spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - » Between people who are in close contact with one another (within about 6 feet).
 - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often



- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact



- **Stay home if you are sick.**
- **Avoid close contact** with people who are sick.
- **Put distance between yourself and other people.**
 - » Remember that some people without symptoms may be able to spread virus.
 - » This is especially important for **people who are at higher risk of getting very sick.** www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html



Cover your mouth and nose with a cloth face cover when around others



- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a cloth face cover when they have to go out in public**, for example to the grocery store or to pick up other necessities.
 - » 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.
- **The cloth face cover is meant to protect other people** in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others**. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes



- **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect



- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant.** You can see a list of [EPA-registered household disinfectants here](#).



CIVIL AIR PATROL
COVID-19 Temperature Screening Guideline

30APR2020

Purpose: Provide a template for CAP Health Services Officers (or their designee) to conduct temperature screening operations for the protection of the force to identify individuals who are potentially ill and should not be allowed into a CAP activity. **Note:** this is a voluntary screening, but failure to conduct a screening may result in non-entry to the work site. Screeners may only be senior members.

- I. **Authorities:** The U.S. Centers for Disease Control and Prevention (CDC) has recommended that temperature checks may be instituted in some areas where there have been acute COVID-19 outbreaks, per <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>.

- II. **Essential Equipment (see attachment A)**
 - A. Minimum of: (1) table and (1) chair and (1) place for a sign
 - B. Two paper Stop signs (Attachment B)
 - C. One paper "Instructions" sign (Attachment C)
 - D. One paper "Look here" sign (Attachment D)
 - E. No touch thermometer (2)
 - F. Pass marker system (colored dots, tags, markers, wristbands, etc.)
 - G. Hand sanitizer
 - H. EPA approved sanitizing solution and wipes for equipment, chair, and table cleaning
 - I. Instruction card for a person who does not meet the standard for the recheck (Attachment E).
 - J. Clock or timer that can measure 5-minutes
 - K. Appropriately sized examination gloves (wash hands after duty is completed).
 - L. Face covering for temperature taker

- III. **Competency**

- A. Thermometer screener will review the manufacturer's instructions and a supervisor will review the protocol below with the temperature screener and be shown proficiency with the protocol.

IV. Voluntary Screening Protocol

- A. Set-Up: Establish screening area using table and chairs at a set distance apart. Place a marker halfway between and perpendicular to the location where the person is being screened so they can look at the item when being screened and if they cough, the cough will not be in the screener's direction. When possible, remove cover/hat and have person being screened remain in room temperature environment for ten minutes before screening. Ensure people awaiting screening maintain 6-foot social distancing.
- B. Greeting: Upon approach of personnel, ask two initial statements to the individual:
- 1) "Hello, we are screening people for elevated temperatures and COVID symptoms."
 - 2) "How are you feeling today?"
 - a. If the person is feeling ill, inform them that they should not participate today and ask the person to leave the screening area.
 - b. If the person states that they are feeling well, proceed to temperature check and invite the person to voluntarily be screened for fever.
- C. Temperature Check: Take the person's temperature using the "no touch thermometer" with the table as a barrier between the temperature-taker and the person. A temperature at or above 100.4°F is the CDC recognized point where there is a fever.
1. If the temperature is less than 100.4°F, place a colored indicator on the person's ID Badge and welcome the person to enter.
 2. If the temperature is greater than or equal to 100.4°F, have the person wait in the secondary waiting area for five (5) minutes before rechecking the temperature.
- D. Temperature Recheck: After five (5) minutes, recheck the person's temperature reading.
1. If the temperature is now less than 100.4°F, place a colored indicator on the person's ID Badge and welcome the person to enter.
 2. If the temperature is still greater than or equal to 100.4°F, the temperature taker will explain that the person is being recommended for non-entry and provide them with the temperature at or above 100.4 °F Card (attachment E).

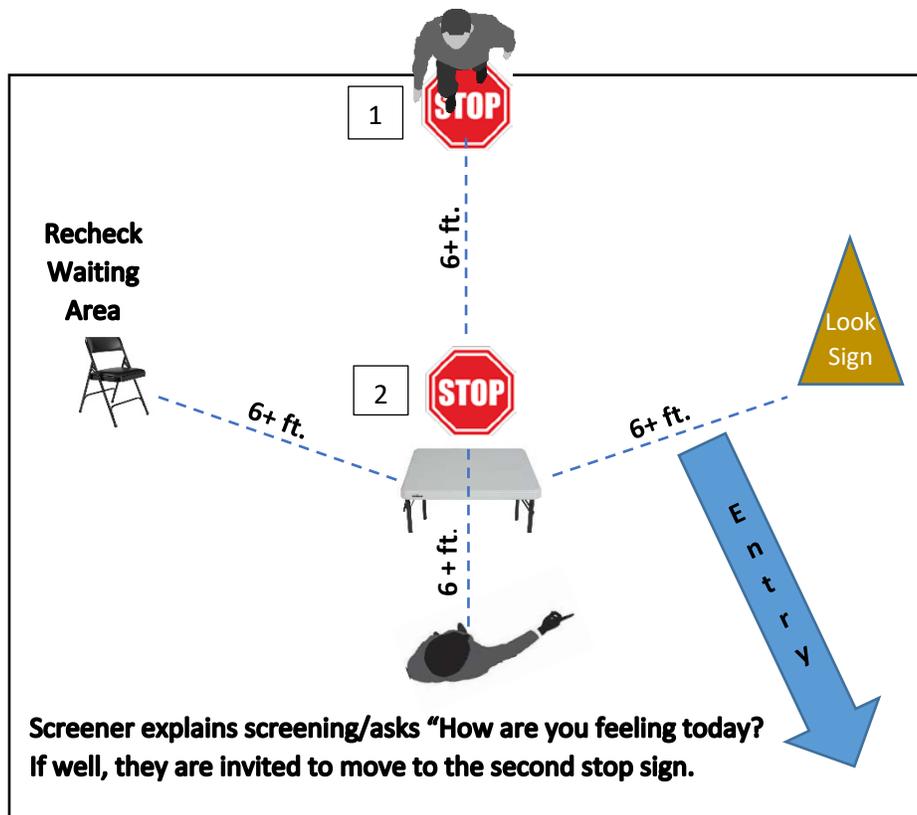
**CIVIL AIR PATROL
COVID-19 Temperature Screening Guideline**

30APR2020

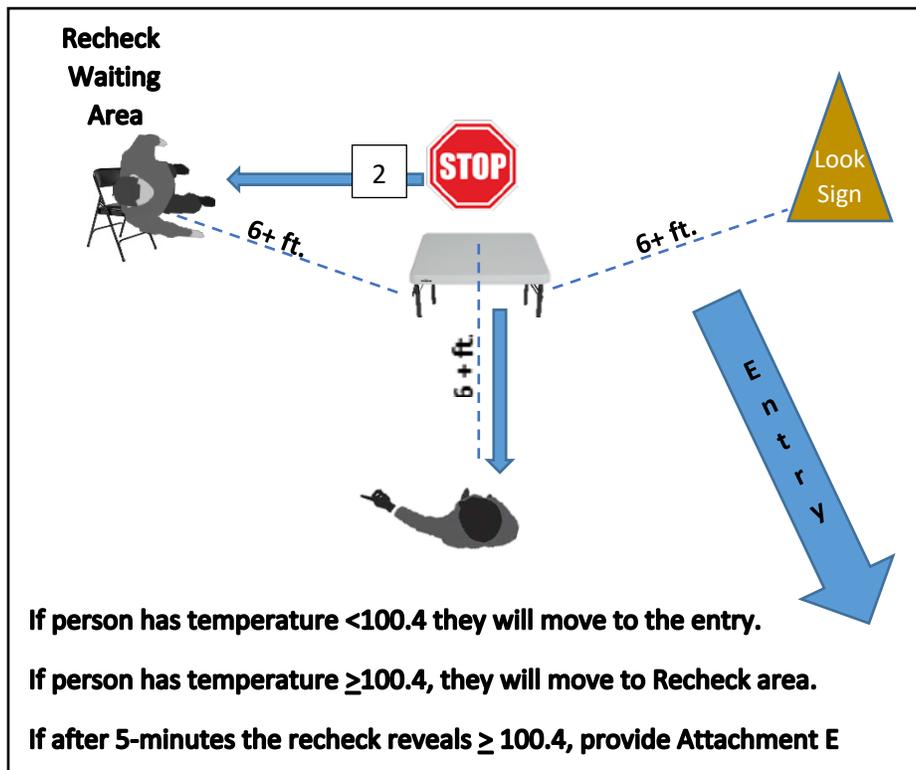
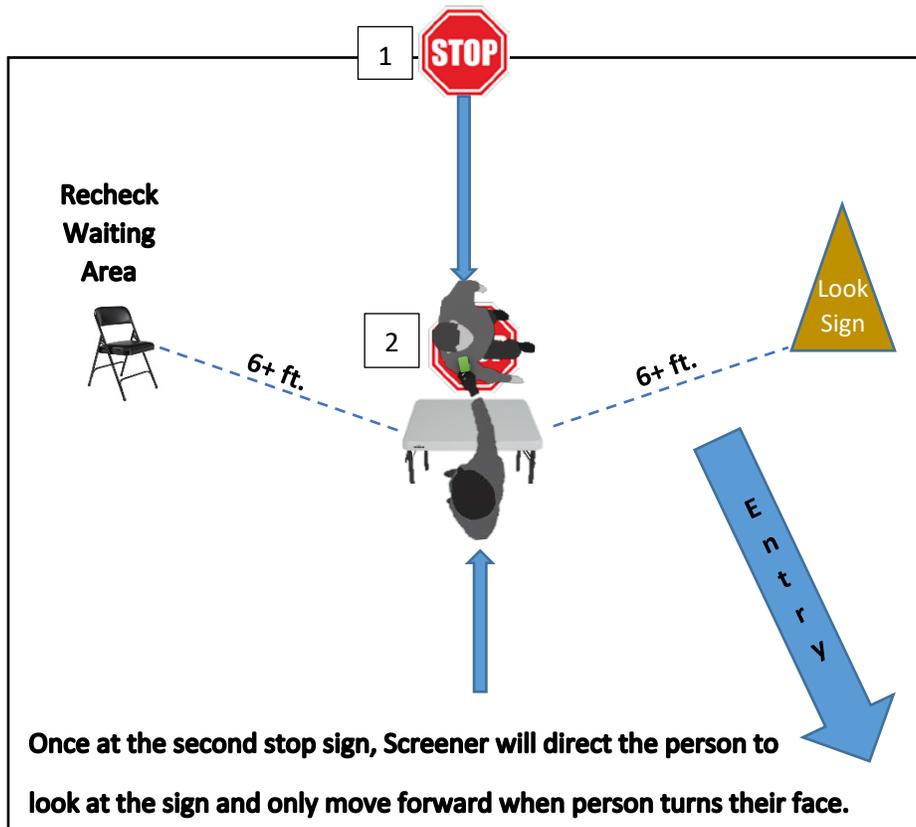
3. **Note:** Person may elect to speak with the local unit commander, activity director, incident command, or health service officer for an appeal or for more information.

Attachment A: Essential Equipment Recommended Set-up

1. Person stops at first stop sign and the screener states “Hello, we are screening people for elevated temperatures and respiratory symptoms” and then asks “How are you feeling today?” (Attachment B).
2. Person is invited to walk to the second stop sign (Attachment B).
3. Person is instructed that this is a voluntary temperature screening (Attachment C)
4. Person is asked to look at the “Look here” sign (Attachment D).
5. Only once the person looks to the side will the temperature taker advance to the table.
6. The person’s temperature will be taken, while they continue to look at the “Look here” sign.
7. If the person’s temperature is less than 100.4° F, they are invited to enter the building, while if the temperature is greater than or equal to 100.4° F, they are asked to have a seat at the waiting chair and have a recheck.
8. If the recheck is greater than 100.4° F, they will be given a card and informed that they are being recommended for non-entry into the building (Attachment E).



Attachment A: Essential Equipment Recommended Set-up (continued)



Attachment B: Stop Sign



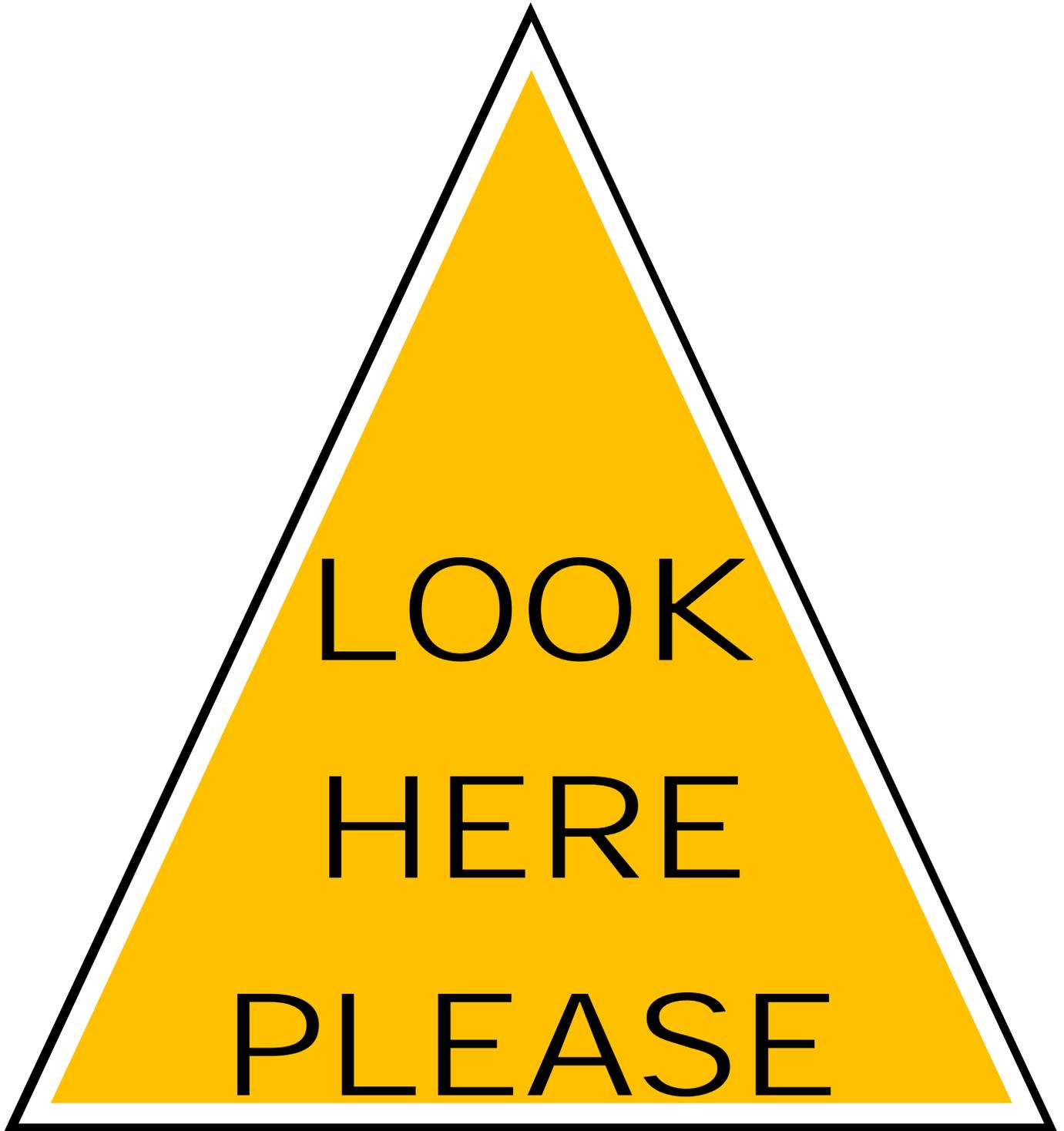
Attachment B: Stop Sign (continued)



Attachment C: Voluntary Instructions Sign

This is a Voluntary
Temperature
Check to protect
our members.
Failure to do so
may result in
non-entry.

Attachment D: Look Here Please Sign



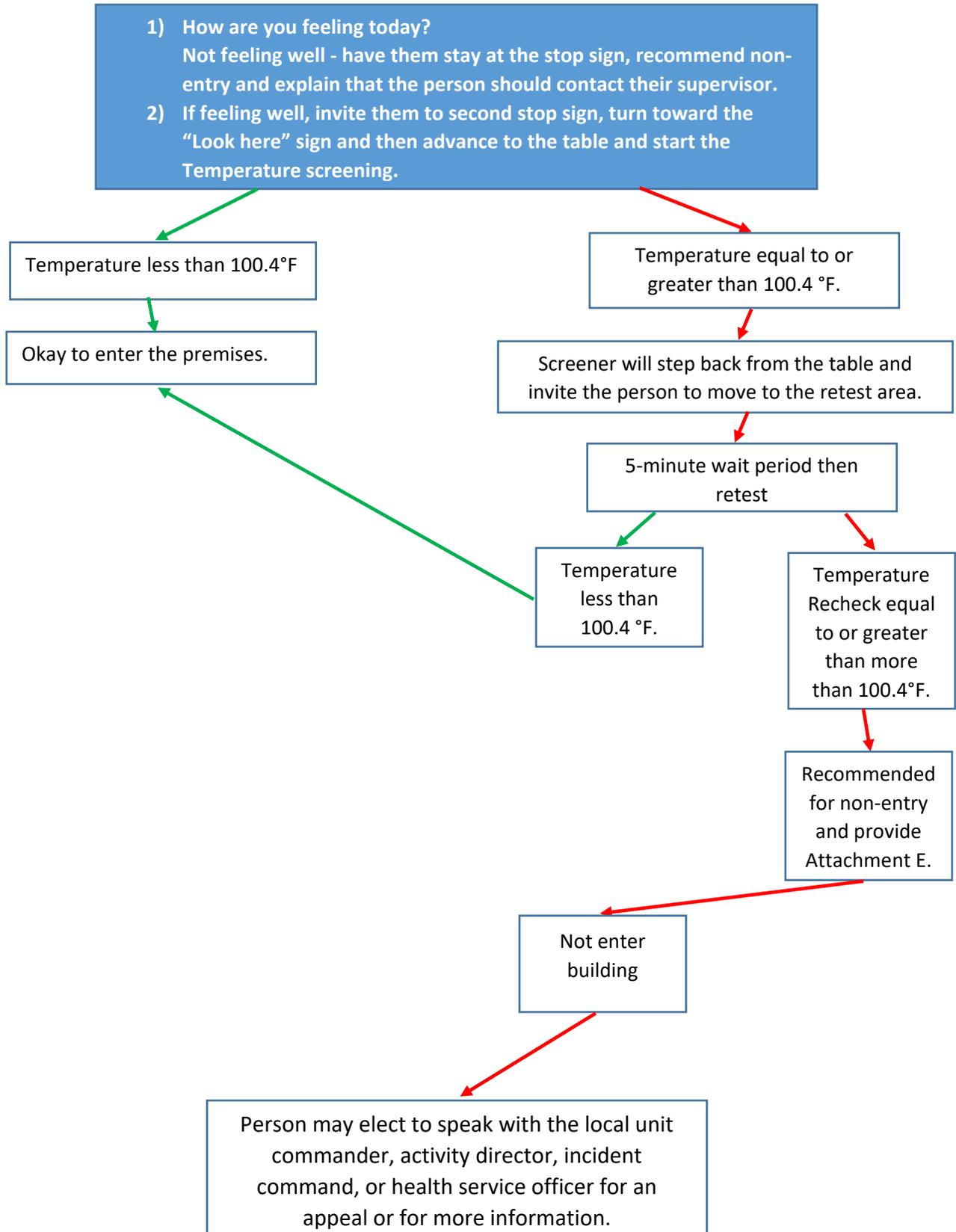
**CIVIL AIR PATROL
COVID-19 Temperature Screening Guideline**

30APR2020

Attachment E: Recheck Temperature equal to or above (\geq) 100.4°F card

<p>You have been found to have a temperature of at least 100.4° F or above and are being recommended for non-entry into this event/activity. Please contact your healthcare provider and notify them that you had a temperature or are feeling ill. If you have any questions, please contact your supervisor, health service officer, or commander.</p>	<p>You have been found to have a temperature of at least 100.4° F or above and are being recommended for non-entry into this event/activity. Please contact your healthcare provider and notify them that you had a temperature or are feeling ill. If you have any questions, please contact your supervisor, health service officer, or commander.</p>
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Attachment F: Overall Paradigm



Attachment G: Sanitization of Chair, Table, and/or Thermometer Process

- **Routinely during the Screening Process:**
 - **Spray table surface with sanitizing solution and wipe/rub for 10 seconds.**
 - **Wipe thermometer with sanitizing solution or a disinfecting wipe, place on the clean area of the table and wait for it to dry.**
 - **Spray chair and table legs with sanitizing solution and wipe from top to bottom, then wait to dry.**
 - **Remove gloves and wash hands with hand sanitizer routinely.**
- **After Someone Screens with a Temperature ($\geq 100.4^{\circ}\text{F}$):**
 - **Spray your gloves with sanitizing solution.**
 - **Sanitize areas:**
 - **Spray table surface with sanitizing solution**
 - **Wipe thermometer with sanitizing solution or a disinfecting wipe, place on the clean area of the table and wait for it to dry.**
 - **Spray chair and table legs with sanitizing solution and wipe from top to bottom**
 - **Remove gloves, wash hands with hand sanitizer, reapply a new pair of gloves and then continue.**

People Who Are at Higher Risk for Severe Illness

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

The following recommendations are from the CDC. This document gives guidance to those who could be at higher risk for serious disease from a COVID-19 infection. If you do not fall into the high-risk category, then you may consider yourself low risk, but you must still take the standard precautions outlined by CAP and the CDC.

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

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

- [People 65 years and older](#)
- People who live in a nursing home or long-term care facility

People of all ages with [underlying medical conditions, particularly if not well controlled](#), including:

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



DOCUMENT # 12 - ITEM # 1.9.1
HEADQUARTERS
ILLINOIS WING CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
P O Box 4027
St. Charles IL 60174-9082



27 May 2020

ILWG Unit Commanders,

I have been asked to reach out to all the squadrons to implement Phase 1: Resuming Regularly Scheduled Meetings for cadets.

In Phase 1, there are to be no more than ten people at a meeting. This meets the guidelines for the state of Illinois Phase III which limits gatherings to 10 people. During Phase 1, virtual meetings should continue, but Squadron Commanders, Deputy Commanders for Cadets, Cadet Commander, Flight Officers/Flight Sergeants, and other necessary staff with a maximum of ten can gather for planning of the virtual meetings. All will need to follow the CDC's recommendations of social distancing and washing of hands. Also, if personnel are feeling sick, they must stay at home.

Most squadrons are doing a great job with keep our cadets engaged, I would like to offer to help keep cadets engaged as Illinois Wing moves into Phase 1:

- Testing/promotion contest (some already doing this)
- Virtual Guest Speakers
- STEM Kits / Model Rocketry
- Bingo/Jeopardy/Flight Simulators
- Orientation Flights can resume
- Small group activities (example: Highway clean up, helping at a local food pantry, etc.)

The above are just a few ideas on ways to keep cadets engaged during this time.

Once we move into Phase 2, we will be able to welcome more cadets to a physical meeting. For larger squadrons, one idea would be to assign flights to alternate meeting weeks for in person meetings as they become allowed again. The remainder would still attend virtual meetings. This would be a way to welcome cadets back into physical meetings while still complying with requirements for size of gatherings.

Respectfully,

Lt Col John J. Higgins, Jr., CAP
Director of Cadet Programs, IL Wing
(C) 630-292-9647
jhiggins@ilwg.cap.gov

Illinois Wing Unit Remobilization Update Survey

* Required

What unit are you responding for? (IL-xxx) *

Your answer

As the state starts opening up again, are you still going to be able to use your meeting location when we are ready to resume in-person meetings? (eg, if you meet in a school, will they allow you to use the facility before August?) *

Yes

No

I need to get a definitive answer

If you find that you are not able to use your previous meeting location, are you able to find an alternate location? *

Yes

No

N/A

Does your meeting location have an adequate area for a health screening/temperature check separate from where the actual meeting will be held? *

Yes

No

Does your meeting area allow enough space for maintaining a required 6 feet of separation between attendees? *

Yes

No

Will the host require specific training (cleaning, procedures, areas off-limits, etc) before allowing outside groups to use their facility? *

Yes

No

We are waiting for an answer

Do you know if you will be responsible for cleaning and sanitizing the equipment/room before and after your meeting? *

Yes

No

If you are going to be responsible for the cleaning/sanitizing, will you have the supplies to do that by the time we start meeting again? *

Yes

No

N/A

Have you checked the website of your town and county to determine if there are any local sanctions or procedures in place before you would be allowed to gather? *

Yes

No

Submit

Never submit passwords through Google Forms