

**Approved: 11 June 2020**



# Post-COVID-19 Remobilization of the Membership Plan

Phase I: Resuming Regularly Scheduled Meetings

INWG  
Completed 06 JUN 2020

Template Updated 12 May 2020

## COVID-19 Remobilization of the Membership Plan – Phase I

This plan has been developed for INDIANA 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 (not applicable), 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](mailto:COVID-19Plans@capnhq.gov).

Plan Coordinator and Point of Contact: Lt Col Brian Schmuck

Primary Phone:

Primary Email:

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

Col Freese appointed an interdisciplinary team to prepare Indiana Wing's Phase 1 remobilization plan for your review. The team consists of members with a variety of background from public safety, public health, cadet programs, squadron command, group command, and operations/emergency services. Serving on the team are the wing chief of staff for missions, wing health services officer, wing director of safety, wing director of operations, and wing director of cadet programs. The state of Indiana currently shows in the yellow on the COVID Act Now website with an infection rate of 0.95, a positive test rate of 7.3%, 29% of ICU beds used, and 23% of contacts traced. The infection rate has dropped steadily since 20-Mar and the positive test rate has been declining since 29-Apr, with multiple spikes and drops prior to that date. The state of Indiana has only been testing the population that is symptomatic, which results in a falsely high positive test rate as well as impacting the infection rate. The Indiana Department of Health's COVID website shows only 14.2% of ICU beds are being used due to COVID infection. The trends for positive test results on the ISDH website are similar to the national COVID Act Now site. The State of Indiana has begun opening back up with limited restrictions and is tracking significantly ahead of CAP's phase-in plan, the Governor calls this plan "Back on Track-IN." The Governor's plan to slowly and deliberately re-open the state is based on four principals: 1) the state's number of hospitalized COVID-19 patients has decreased for a period of 14 days, 2) The state retains its surge capacity for critical care beds and ventilators, 3) The state retains the ability to test all Hoosiers who are COVID-19 symptomatic, as well as healthcare workers, essential workers, first responders, and others as delineated on the ISDH website, and 4) Health officials have systems in place to contact all individuals who test positive for COVID-19 and complete contact tracing. We believe that the

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state's plan and current state, combined with the testing methodology used by the state justifies our move into Phase 1 of the remobilization plan. We feel the following statistics justify this:

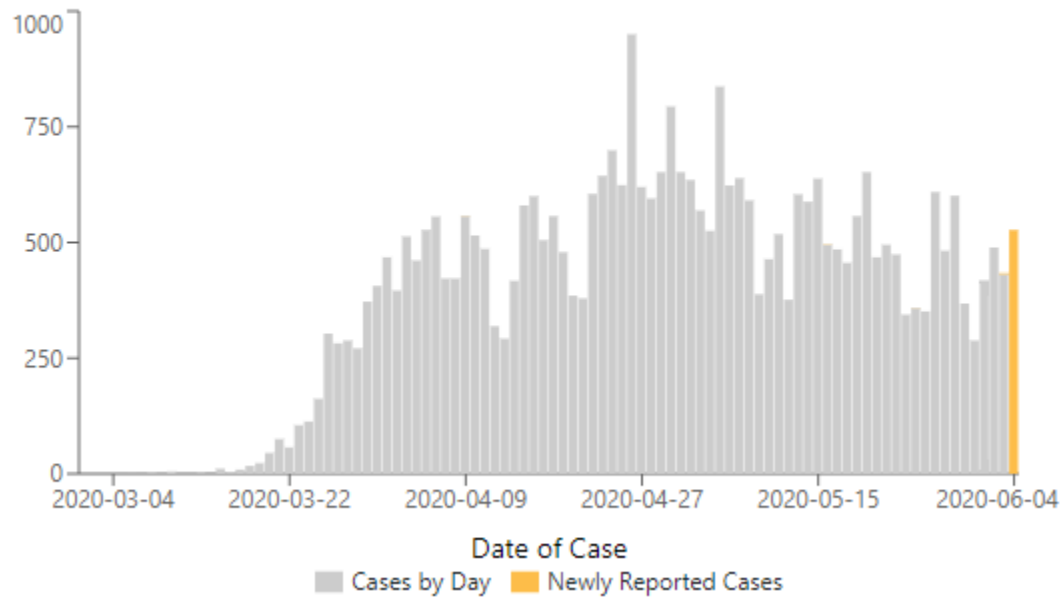
- 1) The number of new positive cases has declined since 29-APR
- 2) The number of new daily tests has decreased since 15-MAY: 15-MAY = 9200, 18-MAY = 7961, 26-MAY = 7285, 2-JUN = 3868
- 3) Only symptomatic residents and first responders are being tested, creating a falsely high infection rate
- 4) The state of Indiana is currently open and allowing gatherings of up to 100 people, and the CAP Phase 1 plan only allows groups of up to 10
- 5) The state of Indiana is on track to begin phase 5 on 4-JUL which will allow for the state to be completely re-opened with no restrictions on group sizes, overnight activities, or other activities.
- 6) The state showing downward reports of new infections while simultaneously increased daily testing the resulting trend is showing Indiana has positive control over the spread of the virus and preventative measures put in place have been effective
- 7) We can and will protect Indiana Wing members by following CAP's phased guidelines which are significantly behind what the state allows. This puts us in the position to be able to quickly respond to changing conditions within the state and revert back to Phase 0 if warranted.

## COVID-19 Remobilization of the Membership Plan – Phase I

### Statewide Positive Cases by Day



Showing: All

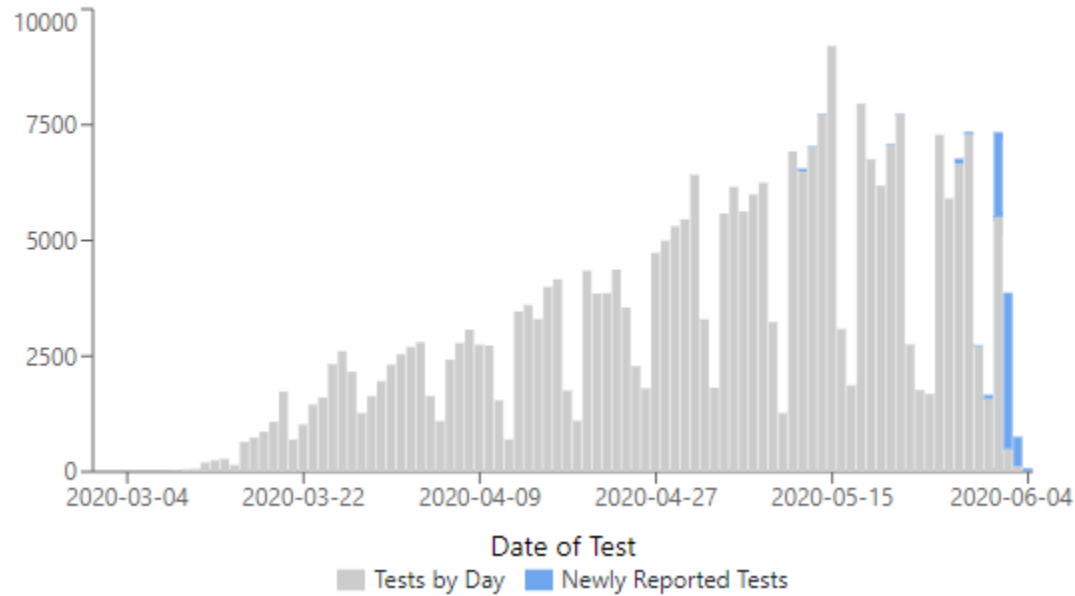


## COVID-19 Remobilization of the Membership Plan – Phase I

### Statewide Tests by Day



Showing: All



## COVID-19 Remobilization of the Membership Plan – Phase I

### Phase I: Resuming Regularly Scheduled Meetings

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.1.	Verify state government guidance currently allows or will allow gatherings on the date proposed for resuming meetings (Review of overall directives in impacted state)	Lt Col John Bryan	25 May 20	28 May 20	25 May 20	Indiana is currently in Phase 3 of 5, allowing for gatherings up to 100 people. Indiana will enter phase 4 on 14 June.
1.2.	Hold meeting with between Plan Coordinator and Health Services Officer	Lt Col John Bryan	25 May 20	25 May 20	25 May 20	
1.2.1.	Wing priorities for training events should be coordinated	1 <sup>st</sup> Lt Mike McGregory	30 May 20	3 Jun 20	1 Jun 20	
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	Lt Col John Bryan	30 May 20	3 Jun 20	3 Jun 20	There are no counties or cities within Indiana with more restrictive measures in place than allowed by CAP's phase 1 plan.
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	Lt Col John Bryan	30 May 20	3 Jun 20	3 Jun 20	See attached documentation
1.2.2	Consult with Wing Legal Officer about resuming meetings	Lt Col Brian Schmuck	30 May 20	6 Jun 20	6 Jun 20	Our wing legal officer is in agreement that our phase 1 plan is appropriate.
1.2.3	Coordinate with Wing Director of Safety	Lt Col Matt Chastain	30 May 20	30 May 20	30 May 20	Wing SE is a team member
1.2.3.1	Verify proper risk planning tools are available to units	Lt Col Matt Chastain	30 May 20	3 Jun 20	3 Jun 20	Units will use CAPF 160 as necessary
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	Lt Col Matt Chastain	30 May 20	3 Jun 20	3 Jun 20	Planning Coordinator will consolidate information from CP, DO, HS, and SE for a single communication to the units per this plan
1.2.4	Coordinate with Wing Director of Cadet Programs	Maj Rick Mearse	30 May 20	30 May 20	30 May 20	Wing CP is a member of the team
1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	Maj Rick Mearse	30 May 20	3 Jun 20		See attached
1.2.4.2	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	Maj Rick Mearse	30 May 20	3 Jun 20		See attached

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## COVID-19 Remobilization of the Membership Plan – Phase I

### Phase I: Resuming Regularly Scheduled Meetings (Continued)

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.3.	Have subordinate unit commanders verify that local governments do not have more restrictive social-distancing guidelines than those at the state level	Maj Rick Mearse	30 May 20	3 Jun 20	3 Jun 20	Lake, Cass, and Marion counties are on a 1-week delay from the state phased re-opening plan. School squadrons are exempt from this plan as they are closed until August at which time they will be subject to DOE guidelines. No county or city government is more restrictive than the CAP phase 1 plan.
1.4.	Send copy of planning documents to the CAP COVID-19 Planning Team at <a href="mailto:COVID-19Plans@capnhq.gov">COVID-19Plans@capnhq.gov</a> , and copy the Region CC to reinstate meetings.	Lt Col Brian Schmuck	30 May 20	10 Jun 20		
1.4.1.	Briefly describe/ summarize previous coordination accomplished	Lt Col Brian Schmuck	30 May 20	8 Jun 20		No previous coordination has been accomplished as this is the first plan for phase 1.
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	Lt Col John Bryan	30 May 20	3 Jun 20		Local units will contact local health department and report back to planning team
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	Lt Col Brian Schmuck	30 May 20	29 Jun 20		Date for entering Phase II dependent on approval of Phase I plan.
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	Lt Col Brian Schmuck	30 May 20	6 Jun 20	TBD	Pending INWG/CC review of the plan prior to submission to CAP COVID-19 Planning Team
1.6.	Publish the date that meetings may resume to subordinate units	Lt Col Brian Schmuck	30 May 20	15 Jun 20		Will do after Phase 1 approval has been given to the wing by the CAP COVID-19 Planning Team. Note that phase 1 will not allow for the resumption of regular meetings due to the limit on number of personnel, see attached.
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	Lt Col Matt Chastain	30 May 20	6 Jun 20	6 Jun 20	See attached
1.7.1.	<a href="#">Units</a> will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated	Lt Col Matt Chastain	30 May 20	6 Jun 20		
1.7.2.	Unit Safety Officers s will emphasize continued use of face coverings, gloves, and hand sanitizer, as well as social	Lt Col Matt Chastain	30 May 20	30 May 20	30 May 20	This will be communicated to the units per the plan.

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## COVID-19 Remobilization of the Membership Plan – Phase I

	distancing, hand washing and surface cleaning/disinfection					
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	Lt Col John Bryan	30 May 20	30 May 20	30 May 20	See attached

### 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.	Lt Col John Bryan	30 May 20	30 May 20	30 May 20	
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	Lt Col Matt Chastain	30 May 20	30 May 20	30 May 20	
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)	Lt Col John Bryan	30 May 20	30 May 20	30 May 20	
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	Maj Rick Mearse	30 May 20	30 May 20	30 May 20	
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	Maj Rick Mearse	30 May 20	30 May 20	30 May 20	
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	Maj Rick Mearse	30 May 20	30 May 20	30 May 20	





HEADQUARTERS INDIANA WING  
CIVIL AIR PATROL  
UNITED STATES AIR FORCE AUXILIARY  
955 South Petercheff Street  
Terre Haute IN 47803

6 June 2020

MEMORANDUM FOR SQUADRON COMMANDERS

FROM: INWG/CSM

SUBJECT: Remobilization of Membership – Phase 1

1. Indiana Wing is prepared to enter Phase 1 of the membership re-mobilization and this letter along with the attached guidance will help the membership through this first phase. Additional guidance will be forthcoming as the wing obtains the approval to enter subsequent phases of remobilization.
2. As we enter Phase 1, in-person meetings of command and mission critical staff may resume following the guidelines below.
  - a. All in-person meetings must be of 10 persons or less.
  - b. Guests are not allowed or must remain outside of the meeting area.
  - c. Touch free temperatures must be taken prior to entering meeting area
  - d. Follow CDC social distancing guidelines and remain 6 ft away from one another.
  - e. Members must continue to wear facemasks unless there is an underlying medical issue.
  - f. Frequent hand washing, hand sanitizer, and/or sanitizing wipes must be used.
  - g. Members in a high-risk medical category are encourage not to resume attending in-person meetings during Phase I.
  - h. Units will not hold formations or conduct drill and ceremonies, including color guard training.
  - i. Classrooms and meeting rooms will be adjusted to allow for 6 feet of separation between individuals.
3. Squadrons will continue to utilize virtual methods for engaging unit members but may have small planning or staff meetings provided the above requirements are followed. Entering phase 1 also allows for the resumption of cadet milestone testing excepting the Cadet Physical Fitness Examination. The CPFT will not be resumed until a later phase due to the physical closeness required for many of the required activities.
4. Phase 1 does not allow overnight or weekend activities or any gatherings of more than 10 people. Please continue to provide the exceptional virtual programs you have been providing. Here are some ideas to help: guest speakers, jeopardy style games, continuing to serve COVID-19 support missions at food banks, leadership and AE labs, and online STEM activities.
5. We appreciate your continued support of operations during this difficult time. Please encourage your members that we are planning ahead to begin having meetings as soon as it is approved.

A handwritten signature in blue ink, reading "Brian W. Schmuck". The signature is fluid and cursive, with the first name "Brian" and last name "Schmuck" clearly legible.

BRIANW. SCHMUCK, LtCol, CAP  
Indiana Wing Chief of Staff - Missions

## **COVID-19 INWG Phase 1 Training Priorities**

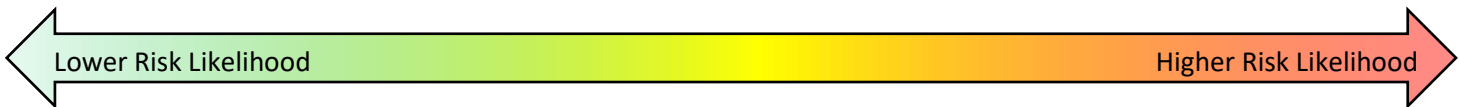
1. Continue with AFAM/Corporate missions for COVID-19 support and maintain CDC safety guidelines.
2. All Wing training events are postponed until Phase 2.
3. Squadron level ground training may take place provided all parameters for phase 1 meetings described in this plan are followed. Inter-squadron training is not authorized.
4. Air operations will prioritize aircrew proficiency to ensure mission readiness and support resumption of new aircrew qualification training in Phase 2.
  - a. No Overnight Activities
  - b. Aircrew must clean and sanitize aircraft before and after each sortie IAW [NHQ / Garmin guidance](#).
  - c. Face coverings must be worn at all times except in cases where the face covering interferes with communications or safety of flight (coverings may be removed in such cases).
  - d. Dual instruction, aircrew proficiency and flight evaluations are authorized.
    - i. Aircrew size should be the minimum necessary to complete training / recertification. During phase 1, fully qualified aircrew proficiency and requalification is prioritized. Training for new initial qualifications should be delayed until phase 2.
    - ii. Any pilot qualified to fly AFAM or Corporate Proficiency Profiles may do so. Flying with a CAP Instructor Pilot is encouraged.
    - iii. Form 5 and Form 91 checkrides may be completed IAW all phase 1 guidelines and CAP Standards.



# 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](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  $\geq 65$  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 ACCEPTANCE 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				

# *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:

**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.

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 CAPP 163: <ul style="list-style-type: none"><li>- Member</li><li>- Media</li><li>- Machine</li><li>- Mission/Activity</li><li>- Management</li></ul>

**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 income 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**  
**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**

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

**30APR2020**

- 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 persons 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 persons 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).



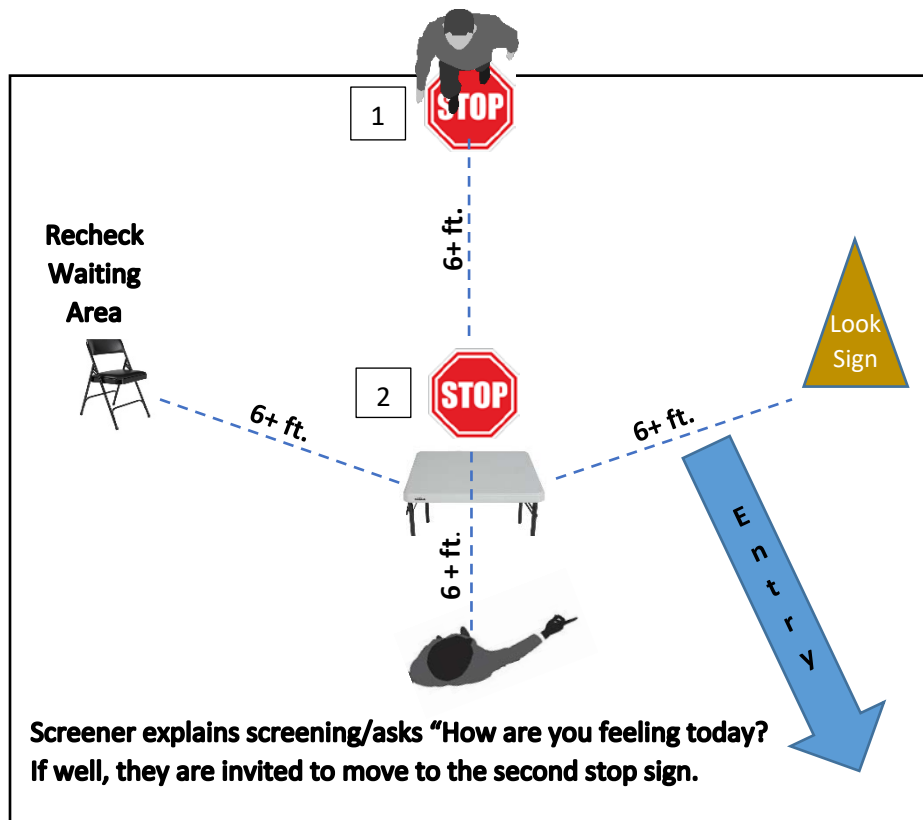
**CIVIL AIR PATROL**  
**COVID-19 Temperature Screening Guideline**

**30APR2020**

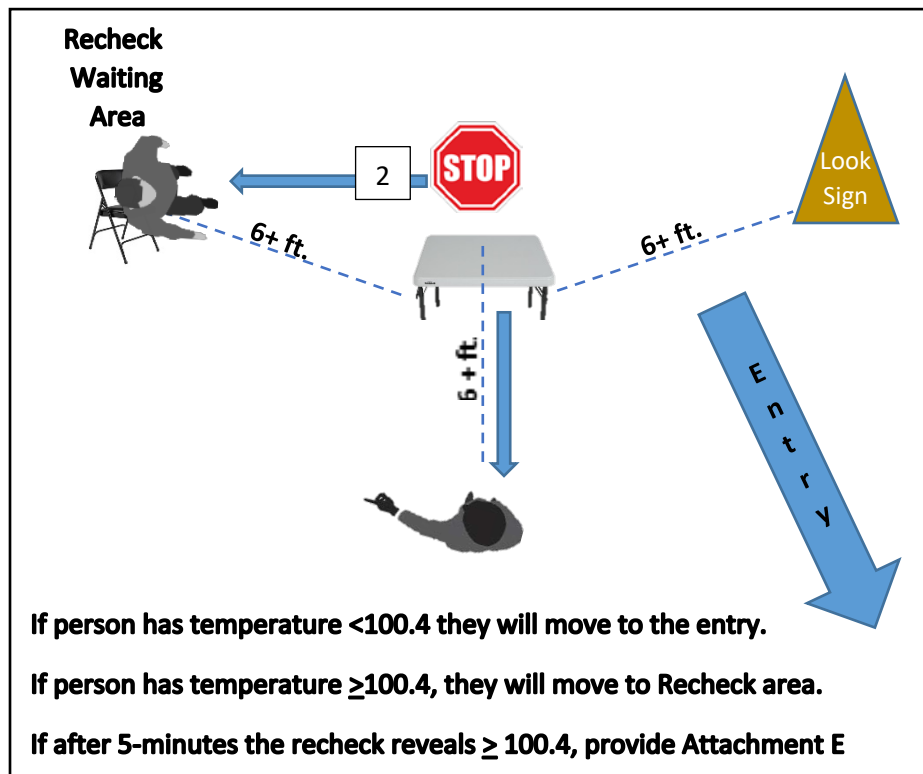
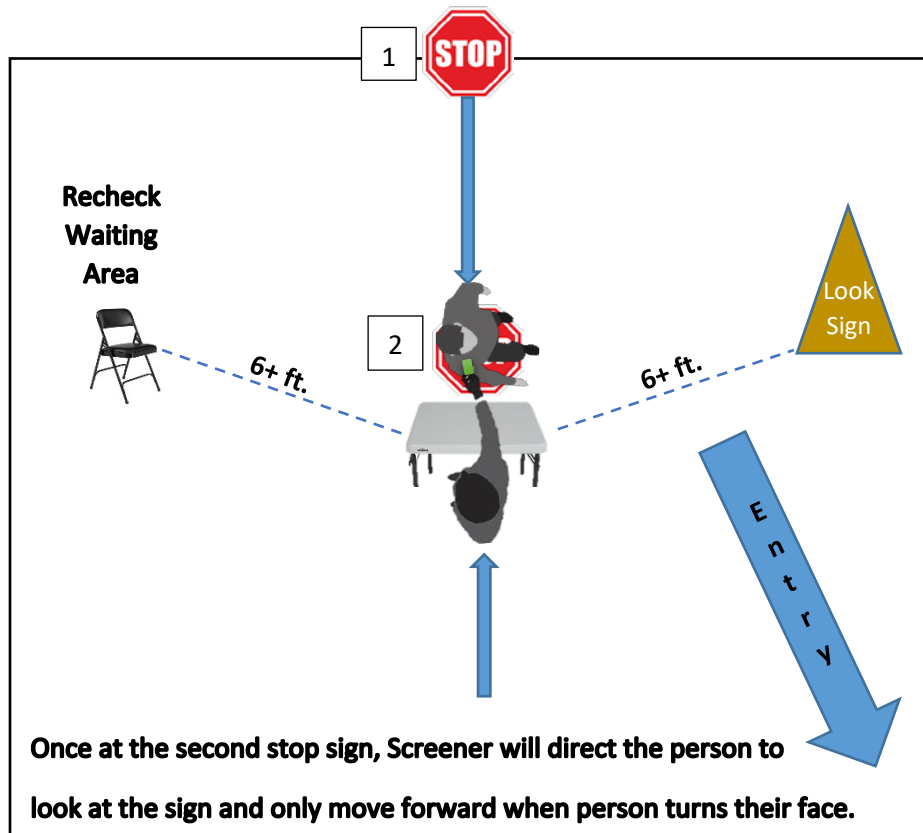
3. **Note:** Person may elect to speak with the local unit commander, activity director, incident command, or health service officer for an appeal or for more information.

### 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



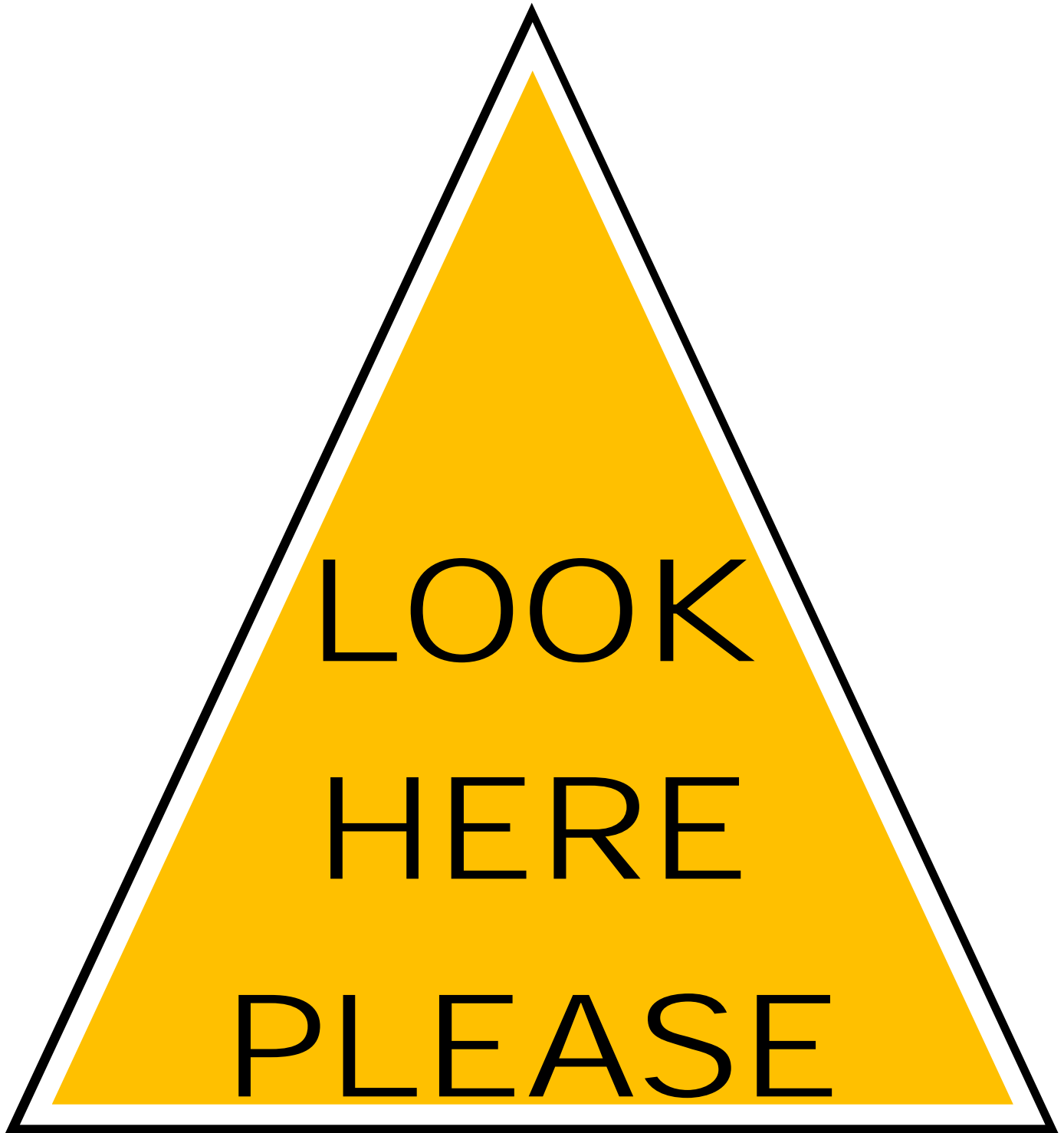
Attachment B: Stop Sign (continued)



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**

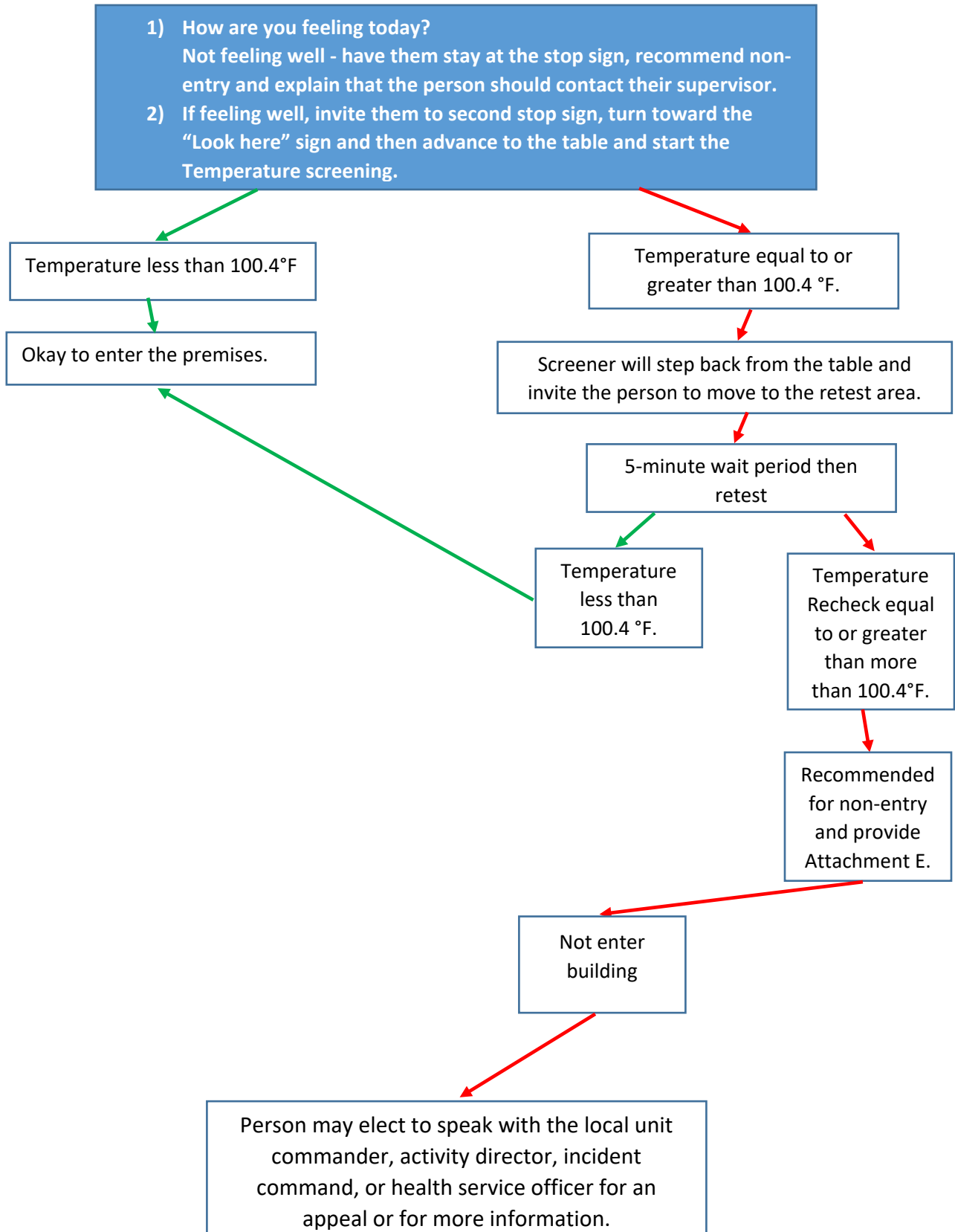
**30APR2020**

**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.