

**Approved: 14 June 2020**



# Post-COVID-19 Remobilization of the Membership Plan

## Phase I: Resuming Regularly Scheduled Meetings

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

This plan has been developed for Kansas Wing, using the template provided by the Civil Air Patrol National Headquarters to enter Phase I, Resuming Regularly Scheduled Meetings.

Plan Coordinator and Point of Contact: Lt Col Mark Lahan / Vice Commander (Mission)

Primary Phone: (785) 375 - 5827

Primary Email: dos@kswg.cap.gov

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

- Kansas Wing has closely monitored the situation since 12 March when we started augmenting the State's Emergency Operation Center.
- Since 10 May the Kansas infection rate has been below 1.0 which means the number of cases is decreasing. Current rate is .94.
- On 4 May, the entire State of Kansas moved to Phase 1 which allowed among other things gatherings of 10 persons or less.
- On 22 May, the entire State of Kansas moved to Phase 2 which allowed among other things gatherings of 15 persons or less.
- On 24 May, the day following the Wing Commander Change of Command the first KSWG CoVID Planning Group meeting was held.
- Between 25 May and 30 May additional staff officer where appointed and tasked to support the KSWG CoVID Planning Group.
- On 8 June, some counties in the State of Kansas moved to Phase 3 which allowed among other things gatherings of 45 persons or less. Phase Out is anticipated no earlier than 22 June.
- On 8 June, final Phase 1 KSWG CoVID Planning Group was held.

## 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	KSWG/CV(M) Lt Col Lahan	24May20	30May20	30May20	See Attachment #1: State of Kansas Phase Plan, 1 to Out. Verified with Kansas Division of Emergency Management this is the current phase plan and is in effect.
1.2.	Hold meeting with between Plan Coordinator and Health Services Officer	KSWG/CV(M) Lt Col Lahan	24May20	30May20	30May20	Via e-mail
1.2.1.	Wing priorities for training events should be coordinated	KSWG/CV(M) Lt Col Lahan	24May20	30May20	30May20	See Attachment #2
1.2.1.1.	Check state and local health guidance regarding gatherings.	KSWG/CV(M) Lt Col Lahan	24May20	8June20	7June20	Verified with Kansas Division of Emergency Management that each county in which units meet and members reside are not more restrictive.
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	KSWG/CV(U) Lt Col Taylor	24May20	8June20	8June20	See Attachment #3 and #4
1.2.2	Consult with Wing Legal Officer about resuming meetings	KSWG/CV(M) Lt Col Lahan	24May20	8June20	8June20	Completed during virtual meeting with the following members: CC Col Roger Eaton CV(U) Lt Col Neil Taylor DCP Maj Doug Crockett HS Maj Uri Alon JA Lt Col Don Whitney PAO(A) 1Lt Cole Oakland
1.2.3	Coordinate with Wing Director of Safety	KSWG/CV(M) Lt Col Lahan	24May20	30May20	8June20	Pending appointment of KSWG/SE Lt Col Taylor has assumed this duty.
1.2.3.1	Verify proper risk planning tools are available to units	KSWG/CV(U) Lt Col Taylor	24May20	30May20	8June20	<a href="https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidm">https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidm</a>
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters.	KSWG/CV(U) Lt Col Taylor	24May20	8June20	8June20	See Attachment #3 and #4
1.2.4	Coordinate with Wing Director of Cadet Programs	KSWG/CV(M) Lt Col Lahan	25May20	8June20	8June20	Completed during virtual meeting
1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance.	KSWG/CP Maj D. Crockett	25May20	8June20	8June20	See Attachment #5
1.2.4.2	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	KSWG/CP Maj D. Crockett	25May20	8June20	8June20	See Attachment #5

Plan Completed By: Lt Col Mark Lahan

Last Updated: 8Jun2020



## 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	KSWG/CV(M) Lt Col Laham	24May20	8June20	8June20	Verified via the KDEM's data in WebEOC. None of the 105 Counties have additional guidance beyond that of the State.
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.	KSWG/CV(M) Lt Col Laham	24May20	10June20	TBD	When approved by the KSWG/CC
1.4.1.	Briefly describe/ summarize previous coordination accomplished	KSWG/CV(M) Lt Col Laham	24May20	8June20	8June20	See summary above
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	KSWG/CV(M) Lt Col Laham	24May20	8June20	8June20	Verified via the KDEM's data in WebEOC.
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	KSWG/CC	24May20	8June20	8June20	15June20 pending approval by NHQ
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	KSWG/CV(M) Lt Col Laham	24May20	10June10	TBD	Up to the CoVID-19 Planning Team
1.6.	Publish the date that meetings may resume to subordinate units	KSWG/CC	24May20	10June20	TBD	Up to the CoVID-19 Planning Team
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	KSWG/CV(U) Lt Col Taylor	24May20	8June20	6June20	Coordinated with Unit/CCs to determine what issues they would have prior to resuming meetings. PPE in short supply. See Attachment #7
1.7.1.	Unit Safety Officers s will emphasize continued use of face coverings, gloves, and hand sanitizer, as well as social distancing, hand washing and surface cleaning/disinfection	Unit/SE or CC	30May20	2 Days prior to meetings resuming	TBD	Unit/SE or CC will via e-mail/Phone Call or Text inform their membership. Information available. See Attachment #3, #6 and #9
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	KSWG/HS Maj Alon	26May20	8June20	8June	See Attachment #3, #4, #5, #6 and #9

## 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. Units will require members to take their temperature at home or may screen with no-touch thermometers prior to entry.	KSWG/HS Maj Alon	26May20	8June20	8June20	See Attachment #4
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	KSWG/CV(U) Lt Col Taylor	24May20	8June20	8June20	See Attachment #9
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)	KSWG/HS Maj Alon KSWG/CP Maj D. Crockett	26May20	8June20	8June20	Repetitive. Covered in prior messages and attachments. Actions to be completed once meetings resume.
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	KSWG/CV(M) Lt Col Lahan	24May20	30May20	26May20	Completed
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	KSWG/CP Maj D. Crockett	25May20	8June20	8June20	See Attachment #5
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	KSWG/CP Maj D. Crockett	25May20	8June20	8June20	See Attachment #5



# PHASE ONE

BEGAN MAY 4, 2020 AS DIRECTED BY EXECUTIVE ORDER 20-29



## GATHERINGS

- Mass gatherings of no more than **10** individuals allowed.



## INDIVIDUALS

- Masks are strongly encouraged in public settings.
- Maintain 6 foot social distance.



## EMPLOYERS

- Telework is strongly encouraged when possible.
- Any employee exhibiting symptoms should be required to stay home.



## TRAVEL

- Minimize or avoid nonessential travel.
- Follow KDHE travel and quarantine guidelines for travel to high-risk areas.

## X ACTIVITIES

### NOT ALLOWED TO OPEN

- Community centers
- Large entertainment venues with capacity of 2,000 +
- Fairs, festivals, parades, & graduations
- Public swimming pools
- Organized sports facilities
- Summer camps

## X ESTABLISHMENTS

### NOT ALLOWED TO OPEN

- Bars and nightclubs excluding already operating curbside and carryout services
- Casinos (non-tribal)
- Indoor leisure spaces
- Fitness centers and gyms
- Personal service businesses where close contact cannot be avoided

## ✓ EDUCATION, ACTIVITIES, & VENUES

### ALLOWED TO OPERATE

- Childcare facilities
- Libraries



# PHASE 1.5

BEGAN MAY 18, 2020 AS DIRECTED BY EXECUTIVE ORDER 20-31



## GATHERINGS

- Mass gatherings of no more than **10** individuals allowed.



## INDIVIDUALS

- Masks are strongly encouraged in public settings.
- Maintain 6 foot social distance.



## EMPLOYERS

- Telework is strongly encouraged when possible.
- Any employee exhibiting symptoms should be required to stay home.



## TRAVEL

- Minimize or avoid nonessential travel.
- Follow KDHE travel and quarantine guidelines for travel to high-risk areas.

## X ACTIVITIES

### NOT ALLOWED TO OPEN

- Community centers
- Large entertainment venues with capacity of 2,000 +
- Fairs, festivals, parades
- Swimming pools
- Organized sports facilities, tournaments, and practices
- Summer camps

## X ESTABLISHMENTS

### NOT ALLOWED TO OPEN

- Bars and nightclubs excluding already operating curbside and carryout services
- Casinos (non-tribal)
- Indoor leisure spaces

## ✓ ESTABLISHMENTS, EDUCATIONAL FACILITIES, ACTIVITIES, & VENUES

### ALLOWED TO OPERATE WITH RESTRICTIONS

- Childcare facilities
- Libraries
- Commencement ceremonies
- Personal service businesses
- Fitness center and health clubs



# PHASE TWO

BEGAN ON MAY 22, 2020



## CATHERINGS

- Mass gatherings of more than **15** individuals are not recommended.



## INDIVIDUALS

- Masks are strongly encouraged in public settings.
- Maintain 6 foot social distance.



## EMPLOYERS

- Telework is strongly encouraged when possible.
- Any employee exhibiting symptoms should be required to stay home.



## TRAVEL

- Minimize or avoid nonessential travel.
- Follow KDHE travel and quarantine guidelines for travel to high-risk areas.

## X ACTIVITIES & ESTABLISHMENTS THAT SHOULD REMAIN CLOSED

- Large entertainment venues with capacity of 2,000+
- Fairs, festivals, and parades
- Summer camps
- Most swimming pools
- Bars and nightclubs excluding already operating curbside and carryout services

## ✓ ESTABLISHMENTS THAT ARE SAFE TO OPEN

- Casinos (non-tribal) if compliant with guidelines approved by the KDHE.
- Indoor leisure spaces

## ✓ EDUCATION, ACTIVITIES, & VENUES THAT ARE SAFE TO OPEN

- Childcare facilities
- Libraries
- Community centers
- Organized sports facilities, tournaments, and practices with some exceptions



# PHASE THREE

## BEGINS NO EARLIER THAN JUNE 8, 2020

At a date determined by the Governor based on the overall progress of the State on outlined health metrics.



### GATHERINGS

- Mass gatherings of more than **45** individuals are not recommended.



### INDIVIDUALS

- Adhere to personal hygiene guidelines.
- Remain home if you feel sick.



### EMPLOYERS

- On-site staffing is unrestricted.



### TRAVEL

- Nonessential travel may resume.

## BUSINESS AND ACTIVITY RESTRICTIONS

All education, activities, venues and establishments may operate and should follow all public health guidelines.

# PHASE OUT

## BEGINS NO EARLIER THAN JUNE 22, 2020

At a date determined by the Governor based on the overall progress of the State on outlined health metrics.



### GATHERINGS

- Maintain social distance where applicable.



### INDIVIDUALS

- Adhere to personal hygiene guidelines.
- Remain home if you feel sick.



### EMPLOYERS

- Follow any additional guidance for businesses and employees that is released.



### TRAVEL

- Unrestricted.





**HEADQUARTERS KANSAS WING  
CIVIL AIR PATROL**  
UNITED STATES AIR FORCE AUXILIARY  
3010 ARNOLD AVE  
SALINA KS 67401

8 June 2020

**MEMORANDUM FOR MEMBERS**

**FROM:** Vice Commander - Mission

**SUBJECT:** Priority for Training

Kansas Wing will resume meeting in person shortly and resume training as well. Initially our priorities are as follows:

Aircrews, as we move into tornado/flooding season we want to ensure we can support the State of Kansas and the Region as whole if required. Conduct training and evaluations in a safe manner and in accordance with health guidance provided. Keep the number of members meeting together as small as possible but do train as crews! Follow aircraft cleaning procedures. Focus on the following:

- Pilots: Form 5s, Form 91s, Flight Reviews, and proficiency
- Mission Observers: aircraft radios and navigation tools
- Mission Scanners and Airborne Photographer: scanning techniques, imagery collection and data transfer.

Mission Staff training and duties can be conducted remotely or in small number 1 to 2 members in support of aircrews.

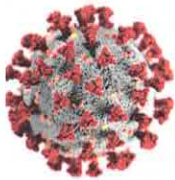
Carefully pre-scheduled local CAP Orientation Flights including Glider Flights. Everyone is wearing a mask. Pick locations where social distancing can still be done.

Professional Development Courses in person will look to resume once we move into phase 2. We are exploring a virtual option for SLS and CLC. RSC will be conducted via Teams in July.

//Signed//

MARK W. LAHAN, Lt Col, CAP  
Vice Commander - Mission

# What you should know about COVID-19 to protect yourself and others



## Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



## Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



## Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



## Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



## Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



## Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.





**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 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).



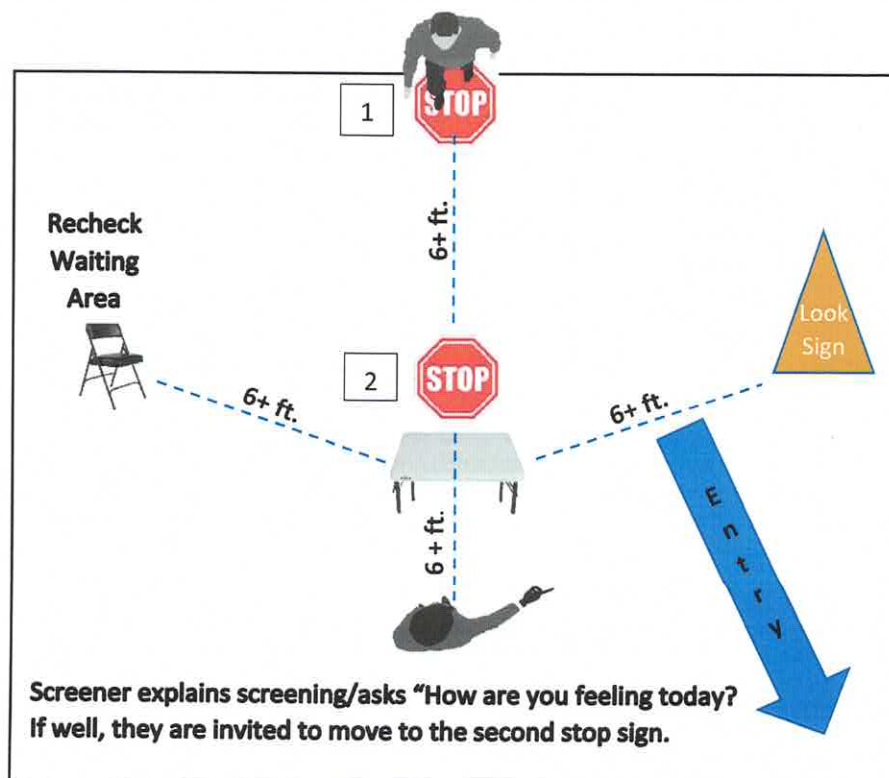
CIVIL AIR PATROL  
COVID-19 Temperature Screening Guideline

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.

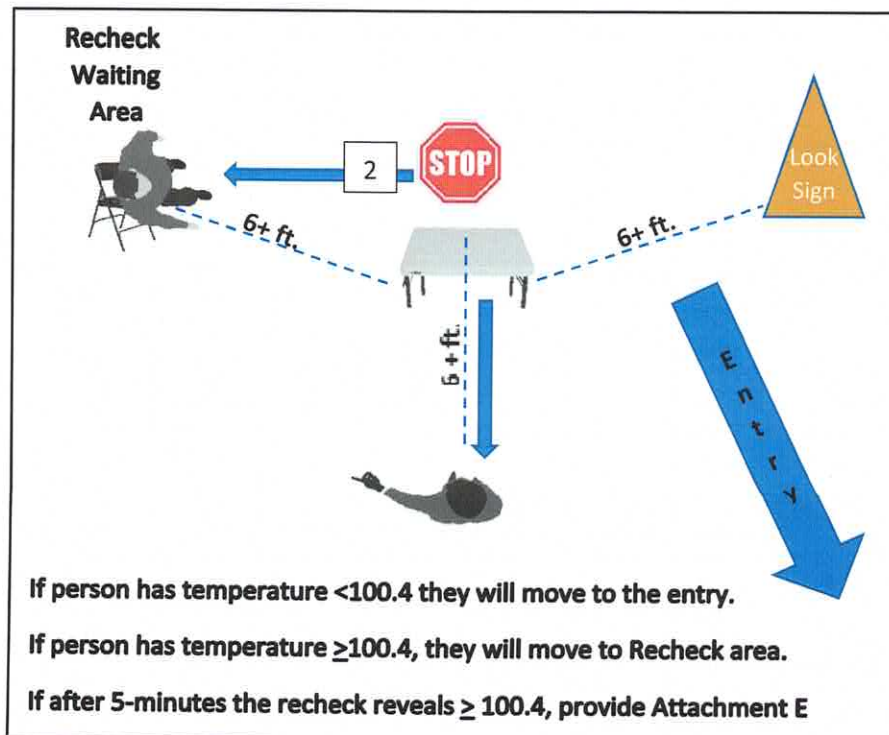
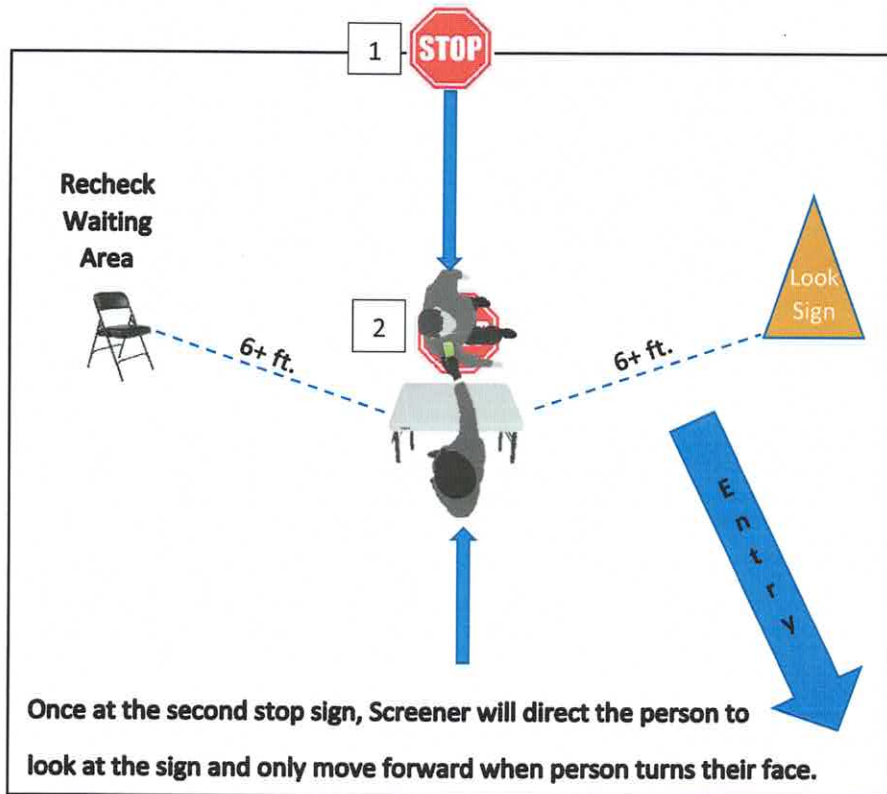
**Attachment A: Essential Equipment Recommended Set-up**

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

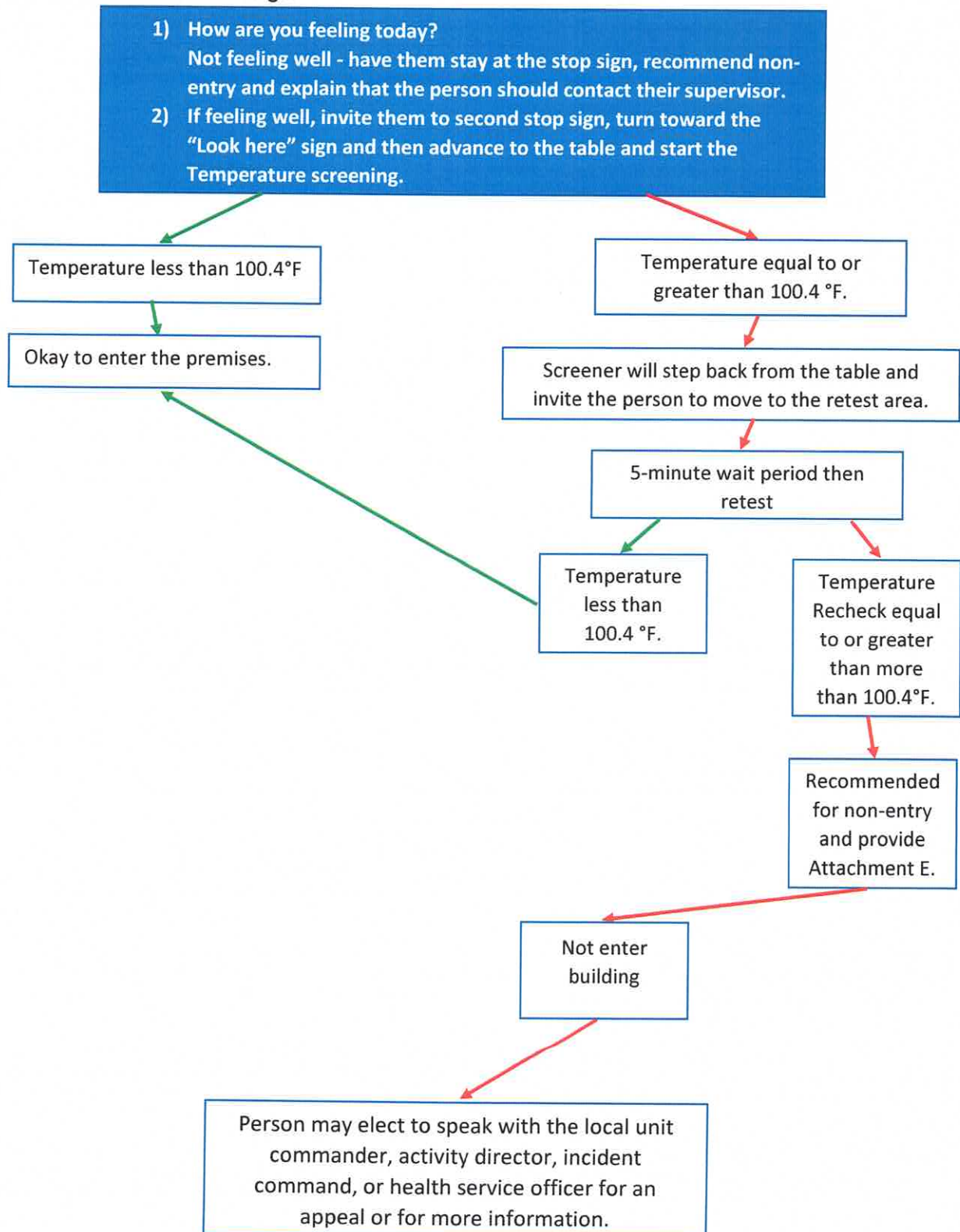
30APR2020

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>
<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>
<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>
<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>



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.

**DRAFT!!!!!!**

Greetings Squadron Commanders,

First, I'd like to introduce myself. I was asked by Colonel Roger Eaton to serve as Director of Cadet Programs. I hope to serve your squadron and cadets to the best of my ability.

Now the task at hand... As we prepare to move into phase 1 (once approved by National Headquarters, and Colonel Eaton), I have been asked to provide some ideas for cadet involved in-person meetings to Squadron Commanders.

Colonel Eaton will soon provide more specific guidelines based on the phases of reopening. The following are general suggestions as you prepare for in-person meetings:

- Numbers of people gathering should reflect the current Kansas Wing reopen phase. This may present a challenge for squadrons with more than the permitted number are usually in attendance. Consider staggering shorter meetings by flight with cadet and senior staff throughout.
- Social distancing of 6 feet will be maintained. This may present a challenge depending on architecture, room size, etc. Consider holding meetings where the space will allow. Consider conducting meetings outdoors if weather permits. Consider weather conditions when determining the uniform of the day.
- When facemasks are encouraged, ensure that this individual choice is encouraged and allowed without stigma. Also consider not only the member, but who the member lives with that may be in a high-risk category that are being protected.
- Those members in a high-risk category are encouraged to continue to stay home. Consider an option of in-person with a virtual component so these members can participate from home.
- Check with your facility regarding access during these reopening phases to include details of disinfecting efforts, especially frequently touched items and in common use areas such as bathrooms.
- Meeting tasks and activities that require closer-than 6 foot spacing should be suspended. This includes formations and drill. Consider honoring the US Flag with the National Anthem without formation similar to an Air Force Base.
- Meeting activities can continue to focus on cadet advancement such as Character Development presentations with 6-foot spacing, single-person drill testing, and physical fitness activities that do not interfere with 6-foot spacing.

I hope these ideas help you in your planning as we move toward resuming in-person meetings, while keeping our members safe and healthy. If I can be of assistance please contact me. And if I learn anything new that may help you, I will be sure to pass it on.

Thank you for your efforts toward transforming the lives of our Kansas Wing Cadets. Your leadership makes a huge difference!

Most Sincerely,

**Doug Crockett, CAP**

Director, Cadet Programs

1st Wing NCR-KS-001

1st Blue Beret, Chief Training Officer

Force Auxiliary



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

## How to Wear Cloth Face Coverings

Cloth face coverings should—

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

## CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

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 cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

## Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

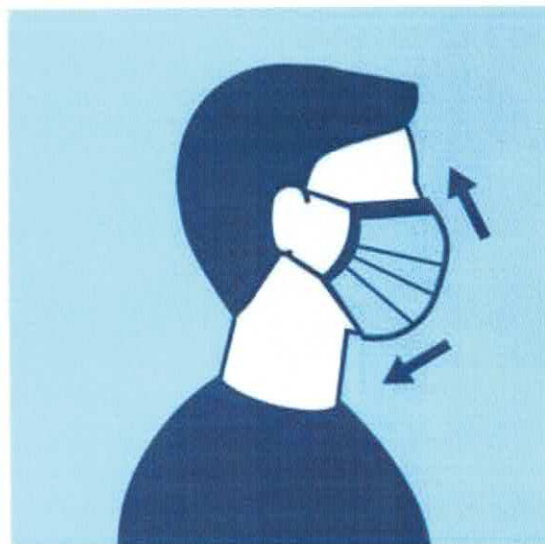
Yes. They should be routinely washed depending on the frequency of use.

## How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

## How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.



## Attachment #7

# Squadron Inputs for Remobilization Plan

Squadron	Commander	Contact Info	Meeting Issues
KS-003	Lt Chris Massey	785-410-8435	Meeting location is at the University which is closed until at least August. Before meeting at university, mandatory face mask training is required. Finding alternate places to meet on a temporary basis is feasible. PPE is the responsibility of the meeting organizers.
KS-034	Maj Charles Lamb	913-850-2938	Meet at armory. No issues with meeting space. Has supplies for disinfecting if required. No face masks to distribute.
KS-035	Maj Michael DeHaven	785-383-9078	Meet in armory. Have sufficient space for social distancing. Facility is open for use. Individuals in unit have PPE but in short supply.
KS-055	Capt John Davis	913-231-1437	Meet in church. Unknown if open yet. They have no PPE.
KS-061	1 <sup>st</sup> Lt Lewis Johnson		No issues.
KS-066	1 <sup>st</sup> Lt Eduardo Matta	334-470-7525	No known issues at this time.
KS-077	1 <sup>st</sup> Lt Kevin Bazil	620-490-0707 620-203-1069	No issues. Small unit and meet at armory with plenty of space. Everybody has their own masks/PPE.
KS-092	Lt Col Danny Phillips	785-342-4458	No issues
KS-123	Lt Col Craig Butter	913-927-1317	No issues for meeting room size to accommodate social distancing. Currently have no masks to distribute.
KS-125	Capt Brad Hawthorne	316-737-6373	No issues. Meet at armory. Large gymnasium and auditorium. May need help with PPE.
KS-999	Maj JD Spradling	913-963-3903	No issues. Does not meet on any consistent basis.



## Attachment #8

### **COVID-19 Remobilizing the Membership Frequently Asked Questions**

1. My Wing is shown in the Red on [www.covidactnow.org](http://www.covidactnow.org). Do we have to wait to create our Phase I plan?

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

2. A fourth metric was added to [www.covidactnow.org](http://www.covidactnow.org) for contract tracing on the 22<sup>nd</sup> of May and it changed the status of our state on the site negatively. Do we now need to wait until we are green under the new criteria before we can enter Phase I?

Answer: No. The fourth metric is a beta test for contact tracing and CAP will not currently use it. Please just use the remaining three metrics for now, but continue to monitor the status across your state and in local jurisdictions to be sure you do not have units that are in problem areas that may need to have limited operations or have other indications of regression. Don't hesitate to contact the CAP COVID-19 Planning team at [COVID-19Plans@capnhq.gov](mailto:COVID-19Plans@capnhq.gov) if you have any questions.

3. The COVID Act Now website color coding and background information has changed. Our Wing wants to safely open, but we really need help determining what factors are most crucial to our remobilization as the status map continues to change for our State. We are also concerned that there may be some regression in our state going forward. What factors should we be most concerned about right now and in the future as we work toward returning back to normal operations? Similarly, are there factors that we should be watching closely to determine if we should pause our remobilization or even step back?

Answer: The CAP COVID-19 Planning Team believes that we can responsibly consider Wings that are depicted in yellow or green on the COVID Act Now map for moving forward with remobilization as long as they continue to track with the improvement of the overall measures of cases decreasing, testing capacity, hospital readiness, and contact tracing. Focus should still be put on the original three metrics: infection rate, positive test rate and ICU headroom used. The contacts traced factor will become increasingly important, but for the time being it is not as critical.

The CAP COVID-19 Planning Team would place the greatest weight on the factor of infection rate and the trend that it shows followed by the positive test rate. Lacking a better or more accurate source of information like from a State's department of public health, we believe that looking for a sustained downward trend in the infection rate would be the most reliable indicator on which to base the timing for movement between the remobilization phases. A significant upward trend in new infections would seem to indicate the need to pause or even step backward to an earlier phase. Wing remobilization coordinators and commanders should pay particular attention to this and emphasize the importance of remaining vigilant to social distancing, wearing face coverings, properly cleaning aircraft, vehicles, facilities and equipment after use, and remembering and reminding personnel that this is not a race. We do not want to see, or worse be the cause of, a resurgence of the pandemic in our CAP community by attempting to return to normal activities too quickly. Wing Commanders or remobilization coordinators are encouraged to maintain an open line of communication with the CAP COVID-19 Planning Team to help address any questions



that may arise.

4. Does each unit need to complete a remobilizing plan?

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

5. Most areas of our State are in the green on [www.covidactnow.org](http://www.covidactnow.org), but a few large counties are not, and potentially skew the overall data for our State. Do we have to wait to proceed with remobilizing until the entire State truly shows green, or can we consider interim efforts, especially when most of our units are not in counties shown in Red?

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

6. COVID-19 reporting numbers in my State are fluctuating. We were green on [www.covidactnow.org](http://www.covidactnow.org), but aren't now. Does that mean that we need to start over?

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

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

Answer: No. The CAP COVID-19 Planning Team is expecting Wings to develop plans one at a time and begin executing Phase I before development of the plan for the next phase. The team will also be focusing on approving plans in order by phase. Activities and operations anticipated in each phase increase in complexity and risk, and the leadership has agreed to this approach in order to rebuild capacity to conduct activities and operations safely. We anticipate that Wings will also have lessons learned as they move through the phases that should be incorporated into plans for later phases.

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

Answer: No, there is no set date for plans to be submitted. That is entirely up to the Wing.

Wings need to understand though that the CAP COVID-19 Planning Team will be reviewing

many plans and will be asking questions of POCs in many cases. Don't expect an immediate approval or disapproval or rush to remobilize.

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

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

10. Will members be allowed to travel to neighboring Wings to participate in activities during this period?

Answer: It may be permissible for personnel from neighboring Wings to work together and attend each other's events even if the Wings are in different phases of remobilization. This should be coordinated through the chain of command in advance though and should not be used as a mechanism for personnel from higher risk areas within one Wing to participate with those from low risk areas in another Wing.

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

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

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

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

13. Who is considered high risk?

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

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

Some of the conditions that may put an individual into a higher risk category include:



- People 65 year of age 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 (but not limited to):
- 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

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

Including age 65 as a potential indicator of a high risk status reflects the observation that a higher percentage of those becoming infected with COVID-19 who are over age 65 have experienced severe illness and a higher mortality rate than other younger individuals. However, this includes a large number of individuals whose health is clearly impaired and who are living in high risk environments (e.g. nursing homes).

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

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

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



### Phase One

- Flight Evaluations
- Crew Proficiency
- Dual Instruction (including cadet flight instruction)
- Individual aircrew training

### Phase Two

- Small Group Crew Training (units or groups of locally conducted training for members to earn crew qualifications, not large area classes so that we avoid any potential for overnight activities; personnel would generally be flying with local people that they know)
- Carefully pre-scheduled local CAP Orientation Flights (Everyone does show up for the day at one time, but rather, two cadets show up for an assigned flight block with plenty of time in between to wipe the aircraft clean and leave before the next cadets arrive). Everyone is wearing a mask. Pick locations where social distancing can still be done if for some reason people show up early.

### Phase Three

- Traditional crew training allowing for large Wing or Region class sessions
- CAP, AFROTC and AFJROTC Cadet Orientation Flights including large flying days
- TOP Flights
- Flight Academies

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

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

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

Answer: As an additional risk mitigation measure, Health Services Officers recommend gloves (flying gloves, nitrile gloves, work gloves, etc.) be worn in the cockpit as long as their wear does not interfere with crew duties. When it is impractical to wear gloves, strict adherence to cockpit sanitization measures is critical to prevent the spread of COVID-19.

16. As we head into the hot summer months across the country, what's the plan for flying with masks or other face coverings that could exacerbate physiological problems?

Answer: Crews in hotter climates are currently flying with masks without interference in their operations, but that does not mean that will continue at greater temperatures as we head into the hottest months of the year. Health Services Officers recommend crews consider several things:

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

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

- Use aircraft vents. Ventilation will obviously help with reducing cockpit temperature but can also help rend the cockpit less contagious. Using the aircraft vents can produce a laminar flow environment which would keep the concentration of viral particles to a minimum when combined with masks.
- Crew members need to watch out for each other. Personnel showing milder symptoms of heat related illness like headache or weakness should be provided cool water to drink and crews should land and get impacted crew members to cool shaded areas as soon as possible.
- Incident staff should establish crew schedules to avoid excessive flying in the peak of hot conditions. Staff should also work to identify air conditioned or cool, shaded areas for breaks and recovery between sorties, or at the very least setup temporary share when crews are expected to operate in areas without easy access to shade or air conditioning.
- Crew members that are sick or otherwise have any signs or elevated infection risk due to recent exposure for example should self-quarantine and not expose other crew members to COVID-19.
- Crew members that cannot wear a mask due to impact on their ability to safely participate in flying operations should be limited to single pilot operations like local transportation flights or not participate until the contagion risk falls to a level where it is acceptable to fly without a mask.

#### 17. When are face coverings required by phase?

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

White House Open America Phases	Health Protection Condition Level	Routine Cleaning	6' Social Distancing	Targeted Public Health Education	Essential Travel Only	Telework Meetings	Face Cover <6 foot Distance	Entry Screening	Daily Workplace Disinfection	Face Covering Continuous Wear
Phase 3	Routine	X					X**			
Phase 3	Alpha	X	X	X			X**			
Phase 2	Bravo	X	X	X		X*	X	X		
Phase 1	Charlie	X	X	X	X	X	X	X	X	X
Phase 1	Delta	X	X	X	X	X	X	X	X	X

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

\*\*To protect those at high-risk



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

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

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

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

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

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

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

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

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

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



# Attachment #9

## COVID-19 Protection Measures by Phase – Kansas Wing

Revised 10 Jun 20

Phase	Missions and Activities	Airman Risk Category	Social Distancing	Body Temp Check	Symptoms	Disinfect	Hygiene	Face Covering	Gloves	Phase
3	Normal operations	no restriction	6-foot physical separation for overnight activities, Commanders and Activity Directors personally greet returning airmen	Before each sortie, meeting, etc self-checks at home are acceptable	Airmen must be free of symptoms for 14 days	Before each sortie, meeting, etc., and daily: aircraft, workspace, e.g., doorknobs, etc.	Personal measures, avoid touching face, wash hands for 20 seconds - scheduled use, hand sanitizer scheduled use	Cloth face covering required for high-risk airmen, cloth face covering recommended for aircrews when flying with non-CAP passengers, optional for all others	Optional	3
2	Essential missions, meetings of less than 51, resume non-essential travel and adhere to CDC guidelines regarding isolation following travel, small group training, no overnight activities, staggered CAP cadet orientation flights (two cadets at one time - none waiting)	Low-risk airmen only, high-risk airmen participate remotely	6-foot physical separation during missions, meetings, etc.	Before each sortie, meeting, etc self-checks at home are acceptable	Airmen must be free of symptoms for 14 days	Before each sortie, meeting, etc., and daily: aircraft, workspace, e.g., doorknobs, etc.	Personal measures, avoid touching face, wash hands for 20 seconds - scheduled use, hand sanitizer scheduled use	Cloth face covering required when physical separation is less than 6 feet	Optional	2
1	Essential missions, meetings of less than 16, minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel, flight evaluations, crew proficiency, dual instruction, individual aircrew training	Low-risk airmen only, high-risk airmen participate remotely	6-foot physical separation during missions, meetings, etc.	Before each sortie, meeting, etc.	Airmen must be free of symptoms for 14 days	Before each sortie, meeting, etc., and daily: aircraft, workspace, e.g., doorknobs, etc.	Personal measures, avoid touching face, wash hands for 20 seconds - scheduled use, hand sanitizer scheduled use	Cloth face covering required when physical separation is less than 6 feet	Optional	1
0	Essential missions, adhere to CDC guidelines regarding isolation following travel	Low-risk airmen only, high-risk airmen participate remotely	6-foot physical separation during missions, virtual meetings	Before each sortie	Airmen must be free of symptoms for 14 days	Before each sortie and daily: aircraft, workspace, e.g., doorknobs, etc.	Personal measures, avoid touching face, wash hands for 20 seconds - scheduled use, hand sanitizer scheduled use	Cloth face covering required	Optional	0

Additional Information is available at: <https://www.gocivilairpatrol.com/covid-19-remobilization>



CIVIL AIR PATROL

