

Phase 1 Approved: 24 June 2020



HEADQUARTERS
Civil Air Patrol Maryland Wing
United States Air Force Auxiliary
3085 Hernwood Road
Woodstock, MD 21163

15 June 2020

To: HQ, CAP COVID Task Force

From: HQ, Maryland Wing/CC

Re: Remobilization Plan - Maryland Wing/ Congressional Squadron

- I. The Maryland Wing in coordination with the Congressional Squadron will prepare for remobilization from the shut down due to the COVID-19 pandemic. To prepare for this remobilization, the appropriate command staff will conduct a thorough briefing with all members to assure 100% understanding of the plan and what roles each individual staff directorate will play in the execution of the plan.
2. Due to its proximity and close working relationship with the Maryland Wing, Congressional Squadron will be covered under the MDWG remobilization plan. In addition, the Maryland Wing is working in close cooperation with the National Capital and Virginia Wings on a coordinated remobilization plan.
3. It is our hope that the downward trends continue and that no requirement to go backwards will be required. It is our intent that member safety and well-being is at the forefront of any actions and will be the primary concern moving forward.
4. The Maryland point of contact for COVID remobilization is the Vice Commander, Lt Col John Henderson JHenderson@cap.gov
5. If you have any questions, please contact Lt Col Henderson or me.

Signed,

1L

WE APRE, Colonel, CAP
Commander

REMOBILIZATION PLAN

MARYLAND WING & CONGRESSIONAL SQUADRON

TABLE OF CONTENTS

I.	Introduction	Page 3
II.	Source Data	Page 3
III.	Phase Descriptions	Page 5
IV.	Phase 1 Plan	Page 8
V.	Phase 2 Plan	Page 10
VI.	Phase 3 Plan	Page 11
VII.	Current Status of the state of Maryland	Page 12
VIII.	Recommendation for Remobilization of the Maryland Wing & Cong. Sq.....	Page 12
IX.	Safety Remobilization Plan.....	Page 13
X.	Health Screening for Units.....	Page 16
XI.	Letter to Membership regarding the reopening of the Wing.....	Page 17
XII.	Aircraft and Vehicle Disinfecting Memo.....	Page 18
XIII.	COVID Information Sheets	Page 20
XIV.	State of Maryland Coronavirus excerpts from state website.....	Page 23
XV.	Post-COVID 19 Remobilization of the Membership Plan - Phase 1.....	Page 25

1. INTRODUCTION

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, China, and has since spread globally, resulting in an ongoing pandemic. As of 22 May 2020, more than 5.2 million cases have been reported across 188 countries and territories, resulting in more than 337,000 deaths. More than 2.05 million people have recovered. On March 14, 2020, General Mark Smith published a memo restricting CAP members from holding meetings and other events which were deemed non-mission critical. Since that time, many units have been holding virtual meetings in order to allow cadets to test, units to function, and members to maintain contact. Recently, CAP NHQ has authorized Wings to start the planning process for when their respective states are ready to begin the opening process. These plans, which must be approved by NHQ, will guide the state through the process of reopening through phases as long as the current health data supports the opening.

2. SOURCE DATA

- 2.1. Civil Air Patrol National HQ has adopted the federal information website <https://covidactnow.org> to serve as the main point of information for the status of each state.
- 2.2. The Covid Act Now site is run by a multidisciplinary team of technologists, epidemiologists, health experts, and public policy leaders working to provide disease intelligence and data analysis on COVID in the U.S.
 - 2.2.1. The first version of the model was released on March 20. Over 10 million Americans have used the model since. They have engaged with dozens of federal, state, and local government officials, including the U.S. military and White House, to assist with response planning.
 - 2.2.2. The site utilizes four (4) sets of criteria in conducting its assessment. These are:
 - 2.2.2.1. Infection Rate - On average, each person in Maryland with COVID is infecting a # of other people.
 - 2.2.2.2. Positive Test Rate - Percentage of COVID tests which are positive, which indicates the testing status in Maryland.
 - 2.2.2.3. ICU Headroom Used – Status of the healthcare system to absorb a wave of new COVID infections without substantial surge capacity.
 - 2.2.2.4. Contact Tracing - The ability to contact trace new COVID infections within 48 hours.
 - 2.2.3. The grading criteria for each of the assessments are listed as:
 - 2.2.3.1. Red – Critical
 - 2.2.3.2. Amber – High Risk
 - 2.2.3.3. Yellow - Medium Risk
 - 2.2.3.4. Green – Low Risk

- 2.3.** In addition to the federal website, the state of Maryland has its own local website at <https://coronavirus.maryland.gov> (Section 9.5)
- 2.3.1.** The Maryland Department of Health will update this data daily during the 10:00 a.m. hour based on the most recently available information. All data are preliminary and are subject to change based on additional reporting. Data reflects cases and deaths among Maryland residents only. Information for cases by ZIP code, cases and deaths by race/ethnicity and confirmed/probable deaths represent data that is available to MDH at this time. Death data are presented by both date of report and by date of death. Death data are updated as amendments to the death record are received. Data for ZIP codes with 7 or fewer cases are suppressed. MDH is continuously evaluating its data and reporting systems and will make updates as more data becomes available.
- 2.4.** Current state of Maryland (Covidactnow.org)
- 2.4.1.** Infection Rate: 0.91 (as of June 3) - **Yellow**
- 2.4.1.1.** Maryland was in the green as of 23 May, however the metric for this changed from 1.0 to 0.9 putting MD back in the yellow range.
- 2.4.1.2.** Once MD reaches 0.9, it will be considered low risk.
- 2.4.2.** Positive Test Rate: 8.1 % (as of June 11) - **Yellow**
- 2.4.2.1.** Per Maryland Coronavirus Team (as of 12 June): **6.72%**
- 2.4.3.** ICU Headroom used: 59% (as of June 11) – **Yellow**
- 2.4.3.1.** Once the level hits 50%, MD will be considered low risk.
- 2.4.3.2.** Lowest levels in over 2 months
- 2.4.3.3.** Based on local information, expect this number to drop below 50% this week.
- 2.4.4.** Contact Tracing: 45% (as of June 11) - **Yellow**
- 2.4.4.1.** Not a factor in CAP remobilization
- 2.5.** Current status of Maryland Goal
- 2.5.1.** For CAP to advance to the next phase of remobilization, the state must be “green” in all assessment areas for 14 days.
- 2.5.1.1.** Only Infection Rate, Positive Test Rate, and ICU Headroom being used for CAP.
- 2.5.1.2.** If local information is more current than Federal, that information can be provided for justification to move forward.
- 2.5.2.** To advance to each phase the state must remain green for two (2) weeks

3. PHASE DESCRIPTIONS

3.1. Phase 0 (Current) - Mission Essential Operations Only

3.1.1. Standard

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

3.1.2. Strategy

- 3.1.2.1. 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.
- 3.1.2.2. Monitoring members health status during missions through routine no-touch temperature checks and asking if members feel well.
- 3.1.2.3. Place seats 6-feet apart, double arm interval distancing at all times.

3.2. PHASE 1 - <10 Low-Risk Member Meetings

3.2.1. Standard

- 3.2.1.1. Self-Identified low-risk category may return to meetings as 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.
- 3.2.1.2. The metric to transition to Phase 1 is the containment strategy start date from <https://www.covidactnow.org/> after selecting your state.
- 3.2.1.3. 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.
- 3.2.1.4. **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).

3.2.2. Strategy

- 3.2.2.1. 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 cleaning, wearing of cloth face coverings, social distancing, temperature checks, and asking members if they feel well before entering a meeting/mission.
- 3.2.2.2. Monitoring members health status during meetings or missions through routine no-touch temperature checks and asking if members feel well.
- 3.2.2.3. Place seats 6-feet apart, double arm interval distancing, open air meetings, if possible.

3.3. PHASE 2 - <50 Low-Risk Member Meetings

3.3.1. Standard

- 3.3.1.1. 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.
- 3.3.1.2. Self-identified high-risk Members will continue to telework
- 3.3.1.3. 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.
- 3.3.1.4. **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).

3.3.2. Strategy

- 3.3.2.1. 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.
- 3.3.2.2. Place seats 6-feet apart, double arm interval distancing, open air meetings, if possible.
- 3.3.2.3. Food preparation should be done individually – no family style or buffet meals, due to the possibility of utensil cross-contamination.

3.4. PHASE 3 – Intermittent High-Risk Member Return

3.4.1. Standard

- 3.4.1.1. Self-identified high-risk members may gradually return to intermittent unit, activity, and mission duties, however, should continue social distancing.
- 3.4.1.2. Those with external factors, such as childcare availability or those without low risk commuting options will gradually return.
- 3.4.1.3. All members should always refrain from crowds .
- 3.4.1.4. Metric 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.
- 3.4.1.5. **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.

3.4.2. Strategy

- 3.4.2.1. 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.
- 3.4.2.2. Refrain from operations near crowds; consider double arm interval distancing.
- 3.4.2.3. For overnight activities, maintain 6-feet between bed spaces.

4. PHASE 1 REMOBILIZATION PLAN

- 4.1. Prior to implementation and on a weekly basis
 - 4.1.1. Using the memo dated March 20, 2020 as a guide, Units are to complete a thorough disinfecting of:
 - 4.1.1.1. Meeting locations (if CAP is primary occupant)
 - 4.1.1.1.1. Units which meet at a co-habitated facility will assure disinfecting has occurred.
 - 4.1.1.2. Corporate owned vehicles
 - 4.1.1.3. Corporate owned aircraft
 - 4.1.1.4. All “community equipment”
 - 4.1.2. Maryland Wing Staff is responsible to assure MDWG HQ complex has been cleaned.
 - 4.1.2.1. This includes all HQ assigned vehicles, aircraft, and equipment
 - 4.1.2.2. MDWG HQ will be responsible for joint-owned Mobile Emergency Operations Center (MEOC)
- 4.2. Member Meetings
 - 4.2.1. Meetings to be conducted outside as much as possible
 - 4.2.2. Groups of no more than 10 (low-risk) in a local vicinity
 - 4.2.2.1. Focus should be on small planning meetings
 - 4.2.2.1.1. Senior / Cadet meeting planning
 - 4.2.2.1.2. Committee meetings
 - 4.2.2.1.3. Small cadet study groups
 - 4.2.2.2. Units will consider splitting meeting times into small segments and having unit members come during different times to support social distancing.
 - 4.2.3. Maintain CDC recommendations on:
 - 4.2.3.1. All members wear cloth face coverings. Face coverings will be provided by the member.
 - 4.2.3.2. Health Screening.
 - 4.2.3.2.1. Temperature should be taken with no touch thermometer. If this is not available, members will need to self-certify prior to attending the meeting that they are asymptomatic. Any member with a temperature of 100.4 or greater will not be allowed to participate and will be sent home. Unit HSO/SE will monitor for compliance.
 - 4.2.3.2.2. Each member will be asked questions to ensure they have exhibited no symptoms. Unit SE/HSO will maintain documentation in the unit file. **(See Appendix)**

- 4.3. Emergency Services / Operations
 - 4.3.1. Emergency Services training (specific breakout below)
 - 4.3.1.1. Local areas
 - 4.3.1.2. No more than 10 members
 - 4.3.1.2.1. Units will concentrate on small training groups / individualized instruction.
 - 4.3.1.3. All members wear cloth face coverings when in close proximity to others. Face coverings will be provided by the member.
 - 4.3.1.4. Health Screening parameters in 4.1.3.2 will apply for training evenings; monitored by Team Leader / Instructors.
 - 4.3.1.5. Ground Teams
 - 4.3.1.5.1. Radios wiped with sanitizing wipes after use
 - 4.3.1.5.2. Cloth face coverings worn when in close proximity (less than 6 feet)
 - 4.3.1.6. Aircrew
 - 4.3.1.6.1. Cloth face coverings worn in aircraft at all times
 - 4.3.1.6.2. Internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight, using the memo dated March 20, 2020 as a guide
 - 4.3.1.6.3. Social distancing maintained during preflight and movements outside the aircraft
 - 4.3.1.7. Mission Base Staff
 - 4.3.1.7.1. Cloth face coverings worn at all times (unless radio operations are inhibited by it)
 - 4.3.1.7.2. Radios and all high-contact surface areas (chairs, counters, door handles, etc.) wiped with sanitizing cloths every hour
 - 4.3.1.7.3. Social distancing as practical
 - 4.3.2. Flight Operations Training
 - 4.3.2.1. Form 5/91 Checkrides, Flight Reviews
 - 4.3.2.1.1. Priority will be given to (highest to lowest):
 - 4.3.2.1.1.1. Mission Check Pilots
 - 4.3.2.1.1.1.1. Non-current
 - 4.3.2.1.1.1.2. Current
 - 4.3.2.1.1.1.3. Initial checkrides
 - 4.3.2.1.1.2. Mission Pilots
 - 4.3.2.1.1.2.1. Non-current
 - 4.3.2.1.1.2.2. Current
 - 4.3.2.1.1.2.3. Initial checkrides
 - 4.3.2.1.1.3. Mission Pilot Trainees
 - 4.3.2.1.1.4. Transport Mission Pilots
 - 4.3.2.1.1.5. All other Form 5 pilots
 - 4.3.2.1.1.6. Initial Form 5 requests
 - 4.3.2.2. Proficiency/Training Flying - Single Pilot Operations

5. PHASE 2 REMOBILIZATION PLAN

5.1. Member Meetings

- 5.1.1. Meetings to be conducted outside as much as possible
- 5.1.2. Groups of no more than 50 (low-risk) in a local vicinity
- 5.1.3. Wing staff meetings (primary staff) to resume (low-risk members)
- 5.1.4. Maintain CDC recommendations on:
 - 5.1.4.1. No more than 50 people total in attendance
 - 5.1.4.2. Day-long activities permitted
 - 5.1.4.3. Face coverings, temperature checks, and health screenings continued.

5.2. Emergency Services / Operations

- 5.2.1. Emergency Services training (specific breakout below)
 - 5.2.1.1. Local areas
 - 5.2.1.2. No more than 50 members
 - 5.2.1.3. CDC guidelines on cloth face coverings continued.
- 5.2.2. Flight operations Training
 - 5.2.2.1. Dual Instruction and Crew Training may be conducted.
 - 5.2.2.1.1. Preference will be given to those members who are expired, only in need of renewal flight then all others.

5.2.3. Orientation Flights

- 5.2.3.1. Local units
- 5.2.3.2. Cloth face coverings worn in aircraft at all times
- 5.2.3.3. Internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight
- 5.2.3.4. Social distancing maintained during preflight and movements outside the aircraft
- 5.2.3.5. Schedule o-ride so that there are no more than 10 people in the same vicinity waiting for their flight.
- 5.2.3.6. Health Screening parameters in 4.1.3.2 will apply for training evenings; monitored by on-site flight coordinators / Cadet Orientation Pilot

6. PHASE 3 REMOBILIZATION PLAN

6.1. Member Meetings

- 6.1.1. Wing Staff meetings to resume with all Staff
- 6.1.2. Hi-risk members may be integrated back into the meetings.
- 6.1.3. Maintain CDC recommendations on:
 - 6.1.3.1. Groups of no more than 50
 - 6.1.3.2. Overnight activities permitted with proper RM
 - 6.1.3.2.1. SE will review all plans under phase 3

6.2. Emergency Services / Operations

- 6.2.1. Emergency Services training (specific breakout below)
 - 6.2.1.1. Maintain CDC guidelines on social distancing and cloth face coverings.
 - 6.2.1.2. Maintain precautions as stated in Section 3.2.1.4
 - 6.2.1.3. Overnight training permitted with proper RM
- 6.2.2. Flight Operations Training
 - 6.2.2.1. Crew training may be conducted
 - 6.2.2.2. Precautions in Section 3.2.1.6 will continue to be followed.
- 6.2.3. Orientation Flights
 - 6.2.3.1. May integrate TOP Flight, ROTC, and JROTC flights.
 - 6.2.3.2. Cloth face coverings worn in aircraft
 - 6.2.3.3. Internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight
 - 6.2.3.4. Social distancing will be maintained during preflight and ground school where possible.
 - 6.2.3.5. Health Screening parameters in 4.1.3.2 will apply for training evenings; monitored by on-site coordinators/Cadet Orientation Pilot

7. CURRENT STATUS OF MARYLAND

- 7.1.** On 05 June 2020, based on the trends of illnesses in MD, the Governor moved the state of Maryland into Phase 2.
 - 7.1.1. Phase 2 eased restrictions to the following:
 - 7.1.2. Allow restaurants to reopen for outdoor dining as long as patrons are seated at least six feet away from each other (excluding family members) and establishments maintain additional sanitation practices. Restaurants must screen their staff for fevers and require the use of masks and gloves. The governor also encouraged local jurisdictions to close streets to allow restaurants to use the space for tables.
 - 7.1.3. Youth sports also may resume for “low-contact” practices outdoors in limited groups; and youth day camps could restart outdoor activities in groups no more than 10, providing the camps require masks and engage in daily COVID-19 symptom checks.
 - 7.1.4. Drive-in movie theaters could resume operations.
 - 7.1.5. Small businesses may begin to open at 50% capacity
 - 7.1.6. If the downward trends continue for next 2 weeks, the state will look to open amusement parks, sporting, and other summertime activities.
 - 7.1.7. Maryland State Government will open as of 08 June.
- 7.2.** On 12 June, based on the positive trends, the Governor has eased restrictions to allow restaurants and bars to open at 50% capacity.

8. RECOMMENDATION

It is the recommendation that the following plan be approved.

- 8.1.** Plan ready for submission: **15 June 2020**
- 8.2.** Plan Review and approval at NHQ: **15-19 June 2020**
- 8.3.** Plan briefed to staff and Commanders: **NLT 25 June 2020**
- 8.4.** Phase timeline:
 - 8.4.1.** Phase 1: **July 1, 2020**
 - 8.4.1.1. Maryland recommends this based on the local statistics being provided by the state of Maryland and the fact that by the time this plan is approved, the state could very well be into Phase 3 of the state reopening plan.
 - 8.4.1.2. If the MD plan is approved earlier than planned, then the Wing will move to Phase one +1 week after plan approval by NHQ Covid Planning Team.
 - 8.4.2.** Phase 2: **July 15, 2020**
 - 8.4.2.1. If phase 1 is implemented earlier than 01 July, Phase 2 will be planned for +2 weeks after the implementation of Phase 1.
 - 8.4.3.** Phase 3: **August 1, 2020**
 - 8.4.3.1. If phase 2 is implemented earlier than 15 July, Phase 3 will be planned for +2 weeks after the implementation of Phase 2.
- 8.5.** If at any time the state of Maryland has to roll back its opening plan, Maryland Wing will adjust its phases to meet the same requirements set by the Governor.

- 8.6. It is understood that based on Military requirements, some facilities may not be available due to differing reopening parameters. Any unit which meets on a military installation (i.e. Congressional Squadron) will be subject to those restrictions.
 - 8.6.1. Alternate meeting facilities would be encouraged to allow meetings to occur
 - 8.6.2. These restrictions will not affect the rest of the state/wing.
- 8.7. Any unit which is unable to open due to meeting location or other parameters not being met, will be encouraged to maintain the use of virtual meetings to keep members engaged while working to meet the requirements to open.

9. MDWG REMOBILIZATION SAFETY PLAN

9.1. Overview

The purpose of this high level safety plan is to provide all squadron commanders and Safety Officers a blueprint to ensure the safe resumption of CAP activities. This plan is used in conjunction with the MD wing Remobilization Plan once approved by NHQ. Any questions or help in completing any portion of the safety plan please contact the MD wing Director of Safety (Lt Col Matt Cauthen)

9.2. Phase 1

The following Safety items need to be complete for any activity under Phase 1.

- 9.2.1. All members should review the Wing Remobilization Safety Plan
 - 9.2.1.1. All members should check their temperature before they leave home.
 - 9.2.1.2. Once at the activity or meeting the member will report there temperature to (person TBD)
- 9.2.2. The member will also answer the typical health questions about any potential symptoms within the last 24 to 48 Hrs
- 9.2.3. All members should wear mask during the activity (provided by member)
- 9.2.4. All Members should abide by Social distance of 6ft unless the activity is flying or driving a corporate vehicle.
- 9.2.5. All corporate owned vehicles should be disinfected after each use by following the current guidelines that have been established by NHQ. (see NHQ videos about disinfecting vehicles)
- 9.2.6. All high touch surfaces should be disinfected as often as possible with disinfecting wipes (provided by the individual squadron)
- 9.2.7. All Activities within the Wing should have an activity Safety Officer
- 9.2.8. All activities should have a CAPF 160 completed and available to all participants
 - 9.2.8.1. A copy of the completed CAPF 160 should be sent to the MD wing Director of Safety

9.3. Phase 2

The following Safety items need to be complete for any activity under Phase 2.

- 9.3.1. All members should review the Wing Remobilization Safety Plan
- 9.3.2. Each Squadron Safety Officer shall generate a safety plan for their squadron and a CAPF 160 for the meeting location.
 - 9.3.2.1. Copy of the squadron Plan should be sent to the MD wing Safety Officer
 - 9.3.2.2. The Plan should include if the meeting space is available and other options to hold the meeting (I.E. Google Meets, WebEx, Teams, Zoom)
- 9.3.3. All members should check their temperature before they leave home.
 - 9.3.3.1. Once at the activity or meeting the member will report there temperature to (person TBD)
 - 9.3.3.2. The member will also answer the typical health questions about any potential symptoms within the last 24 to 48 Hrs
- 9.3.4. All members should wear mask during the activity (provided by member)
- 9.3.5. All Members should abide by Social distance of 6ft unless the activity is flying or driving a corporate vehicle.
- 9.3.6. All corporate owned vehicles should be disinfected after each use by following the current guidelines that have been established by NHQ. (see NHQ videos about disinfecting vehicles)
- 9.3.7. All high touch surfaces should be disinfected as often as possible with disinfecting wipes (provided by the individual squadron)
- 9.3.8. All Activities within the Wing should have an activity Safety Officer
 - 9.3.8.1. If the help is needed in determining who should be a Activity Safety officer reach out to the MD Wing director of Safety
- 9.3.9. All activities should have a CAPF 160 completed and available to all participants
 - 9.3.9.1. A copy of the completed CAPF 160 should be sent to the MD wing Director of Safety

9.4. Phase 3

The following Safety items need to be complete for any activity under Phase 2.

- 9.4.1. All members should review the Wing Remobilization Safety Plan
- 9.4.2. Each Squadron Safety Officer shall generate a safety plan for their squadron and a CAPF 160 for the meeting location.
 - 9.4.2.1. Copy of the squadron Plan should be sent to the MD wing Safety Officer
 - 9.4.2.2. The Plan should include if the meeting space is available and other options to hold the meeting (I.E. Google Meets, WebEx, Teams, Zoom)
- 9.4.3. All members should check their temperature before they leave home.
 - 9.4.3.1. Once at the activity or meeting the member will report there temperature to (person TBD)
 - 9.4.3.2. The member will also answer the typical health questions about any potential symptoms within the last 24 to 48 Hrs
- 9.4.4. All members should wear masks during the activity (provided by member.

- 9.4.5. All Members should abide by Social distance of 6ft unless the activity is flying or driving a corporate vehicle.
- 9.4.6. All corporate owned vehicles should be disinfected after each use by following the current guidelines that have been established by NHQ. (see NHQ videos about disinfecting vehicles)
- 9.4.7. All high touch surfaces should be disinfected as often as possible with disinfecting wipes (provided by the individual squadron)
- 9.4.8. All Activities within the Wing should have an activity Safety Officer
 - 9.4.8.1. If the help is needed in determining who should be a Activity Safety officer reach out to the MD Wing director of Safety
- 9.4.9. All activities should have a CAPF 160 completed and available to all participants
 - 9.4.9.1. A copy of the completed CAPF 160 should be sent to the MD wing Director of Safety

9.5. Safety Links

- 9.5.1. COVID-19 Aircraft and Vehicle Care:
<https://www.gocivilairpatrol.com/members/cap-national-hq/logistics-mission-resources/aircraft-management/hot-news/covid-19-aircraft-care>
- 9.5.2. COVID-19 - CLEANING/DISINFECTING GARMIN AVIATION PRODUCTS:
<https://www.gocivilairpatrol.com/members/cap-national-hq/logistics-mission-resources/aircraft-management/hot-news/covid-19---cleaningdisinfecting-garmi-aviation-products>
- 9.5.3. Risk Management and COVID-19:
<https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidrm>
- 9.5.4. Risk Management Worksheets and Templates:
<https://www.gocivilairpatrol.com/members/cap-national-hq/safety/risk-assessment-resources>
- 9.5.5. COVID-19 Remobilization of the Membership tools:
<https://www.gocivilairpatrol.com/covid-19-remobilization>
- 9.5.6. COVID Act Now Website:
<https://www.covidactnow.org/?s=38532>
- 9.5.7. MD COVID Information Site:
<https://coronavirus.maryland.gov/>
- 9.5.8. CDC COVID-19 Website:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

HEADQUARTERS
MARYLAND WING CIVIL AIR PATROL
3085 Hernwood Rd
Woodstock, Maryland 21163

15 June 2020

MEMORANDUM FOR ALL UNITS

FROM: CC

Re: COVID Health Screening

Members will not report to **ANY ACTIVITY** if they are sick. All members will check their temperatures and be aware of new onset of symptoms (within the past 24 hours) before leaving the house to avoid potential spread to fellow members and the public.

The criteria below should be utilized to determine health status:

- Fever ($\geq 100.4^{\circ}$)
- Cough
- Shortness of breath
- Muscle aches
- Fatigue
- Chills
- Repeated shaking with chills
- New loss of sense of taste or smell
- Sore throat
- Headache
- GI Symptoms- Vomiting or Diarrhea

Any member while participating in an activity who develops any of the above symptoms will immediately report the same to their Commander and isolate themselves from other members.

Care will be taken to protect the privacy of the member(s) involved. Units will be responsible for tracking all members who attend their meeting to assure compliance.

Any questions may be directed to Wing Safety Officer, Lt Col Matthew Cauthen at MCauthen@cap.gov, or Wing Health Services Officer, Lt Col Chris Hiles

HEADQUARTERS
MARYLAND WING CIVIL AIR PATROL
3085 Hernwood Rd
Woodstock, Maryland 21163

15 June 2020

MEMORANDUM FOR ALL MEMBERS, MARYLAND WING

FROM: CC

SUBJECT: Maryland Wing COVID-19 Safety Reopening Plan

Members, volunteers, and family members of Maryland Wing,

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

Many of our Wing's are starting the process of remobilizing to be able to start meeting and preparing to support our various missions; Maryland is one of them. State, county, and city guidelines are being vigilantly watched for each squadron's area. Each squadron will be encouraged to take specific measures to keep our members safe such as, no gatherings greater than 10 people, each member must wear a mask, temperature checks before arrival and before entrance into a building, etc.. Members also may be asked about any flu or virus related symptoms prior to arrival at a meeting. If members show any symptoms they may be asked not to attend the meeting for the safety of themselves and others. Phase I does not include regular meetings as we are still limited to 10 people and social distancing but small groups of training or planning are allowed. As we progress through Phase I and into Phase 2, additional restrictions will be eased to get us further into the process where we will eventually be resuming normal operations. This is a marathon and not a sprint, so all members are asked to be patient during this process.

As our team and local squadrons press on and plan for the reopening of the wing we may progress to further stages or regress depending on the information from our local health department. Please keep in mind these guidelines are subject to change based on the updates of our local health officials. If you are still uncomfortable attending or allowing your cadet to attend possible training we understand and none are required.

We thank you for your patience and understanding.

HEADQUARTERS
MARYLAND WING CIVIL AIR PATROL
3085 Hernwood Rd
Woodstock, Maryland 21163

March 20, 2020

MEMORANDUM FOR ALL MEMBERS, MARYLAND WING

FROM: CC

SUBJECT: Aircraft and Vehicle Disinfecting Memo

To safely operate our aircraft and vehicles during the COVID-19 outbreak we need to disinfect and sanitize them to keep our personnel safe. This video was created by the CAWG to demonstrate sanitizing of Aircraft and Vehicles for COVID-19. Remember to never spray anything directly onto the screens or displays. Lysol can be used as well as the bleach solution they demonstrate using in this video.

https://youtu.be/NOEs_jip-nU

Textron has also issued guidance about caring for our aircraft during COVID-19. We still recommend the use of a bleach solution or Lysol for disinfecting/sanitizing the aircraft if these chemicals are not available. This is a bit different than the soap and water recommended below. Soap and water will clean soiled items but will not disinfect/sanitize the items cleaned as Textron notes in their instructions. Also notice that Textron specifically recommends an alcohol solution be used on all electronic displays and that bleach solutions and Lysol not be used on these components. Please let me know if you have any questions

Caring for your aircraft

Textron Aviation is closely aligned with the guidance of government and local public health authorities in the regions we operate to ensure all necessary actions and precautions are taken.

Zip-Chem Calla 1452 and **Netbiokem DSAM** may be used to disinfect an aircraft interior.¹ In testing performed by Textron Aviation's materials engineering team, these products did not adversely affect samples of hard surfaces, interior leather, or windows. Aircraft interiors furnished with custom-based materials may need further evaluation by spot-testing on an inconspicuous area.

If you're unable to attain these disinfectants due to shortages, we recommend these alternative cleaning options (Please note, cleaning may remove germs, viruses and other contaminants from surfaces, but may not be effective to kill them):

- Aircraft furnishings: We recommend using isopropyl alcohol (IPA)/water mix (60% IPA/40% water, by volume). For best results, wipe the surface with an IPA/water mix and let it dry. This mix can also be sprayed onto soft surfaces, like carpet, but **do not use this IPA/water mix on aircraft leather and windows.**
- Leather and windows: Any commercially available soap and water, such as dishwashing soap, can be used.

- Electronic displays: For glass products with anti-reflective (AR) coating, use a concentration of greater than 50% Isopropyl Alcohol (IPA) with a micro-fiber cloth to prevent scratches. Do not use bleach or Lysol® wipes, or any cleaners with Citric Acid or Sodium Bicarbonate as these can etch the coating on these displays. AR glass is used on displays and touchscreens in the Garmin G1000, G3000, and G5000 systems, as well as Collins Proline21 and Proline Fusion. Do not use IPA on acrylic, Lexan, or Polycarbonate screens such as the Garmin GNS 430/530.

The following options are not approved for use in Textron Aviation aircraft:

- Ozone generators: Ozone can be highly reactive to organic materials. Depending on its degree of ozonation, this method may degrade surfaces or rubber hoses.
- Hydrogen Peroxide: any solution of hydrogen peroxide may evaporate when used as a mist, degrading leathers, acrylic, or polycarbonate window coatings.

In the EU, we request that any aircraft being brought to a Textron Aviation facility for maintenance is first disinfected in accordance with EASA Safety Directive 2020-02 Operational measures to prevent the spread of Coronavirus ‘SARS-CoV-2’ infection. While we are still confirming availability at all EU company-owned locations, our contracted cleaning service providers may be able to support this directive. Your Textron Aviation representative can provide you with additional information.

Symptoms of Coronavirus (COVID-19)

Your symptoms can include the following:

Fever



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

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

Cough



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

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

Shortness of breath



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



CS13605-A April 11, 2020 4:07 PM

cdc.gov/coronavirus

Stop the Spread of Germs

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

Avoid close contact with people who are sick.



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



Avoid touching your eyes, nose, and mouth.



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



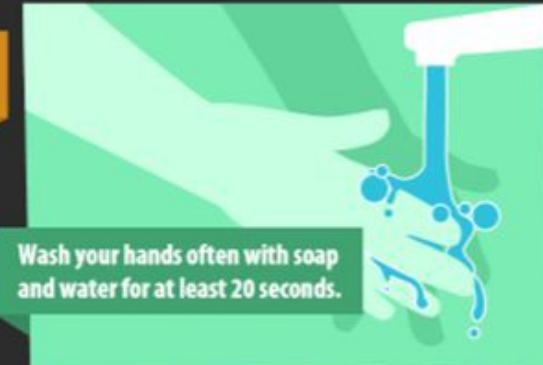
Clean and disinfect frequently touched objects and surfaces.



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



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



cdc.gov/coronavirus

3/4/2020 8:44:07 AM

Important Information About Your Cloth Face Coverings

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



Stay at home as much as possible



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



Clean your hands often



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

How cloth face coverings work

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



How cloth face coverings are different from other types of masks

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



N95 respirator



Cloth covering

General considerations for the use of cloth face coverings

When using a cloth face covering, make sure:

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



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

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



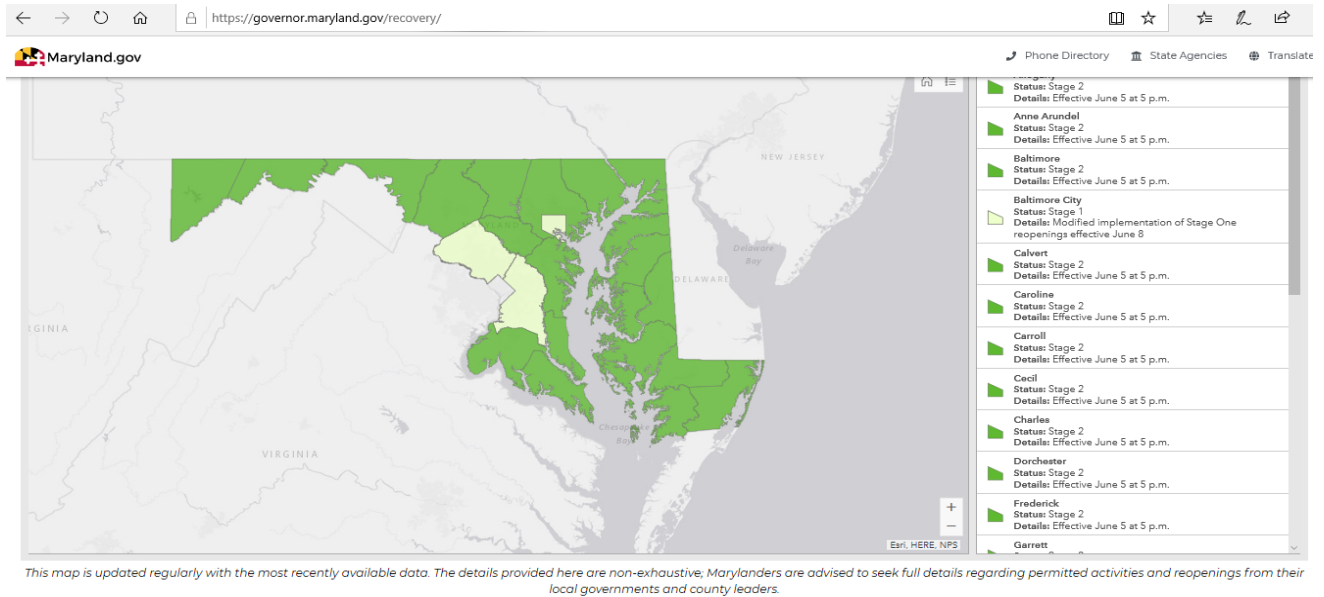
CS 116413 A 05/04/2020

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

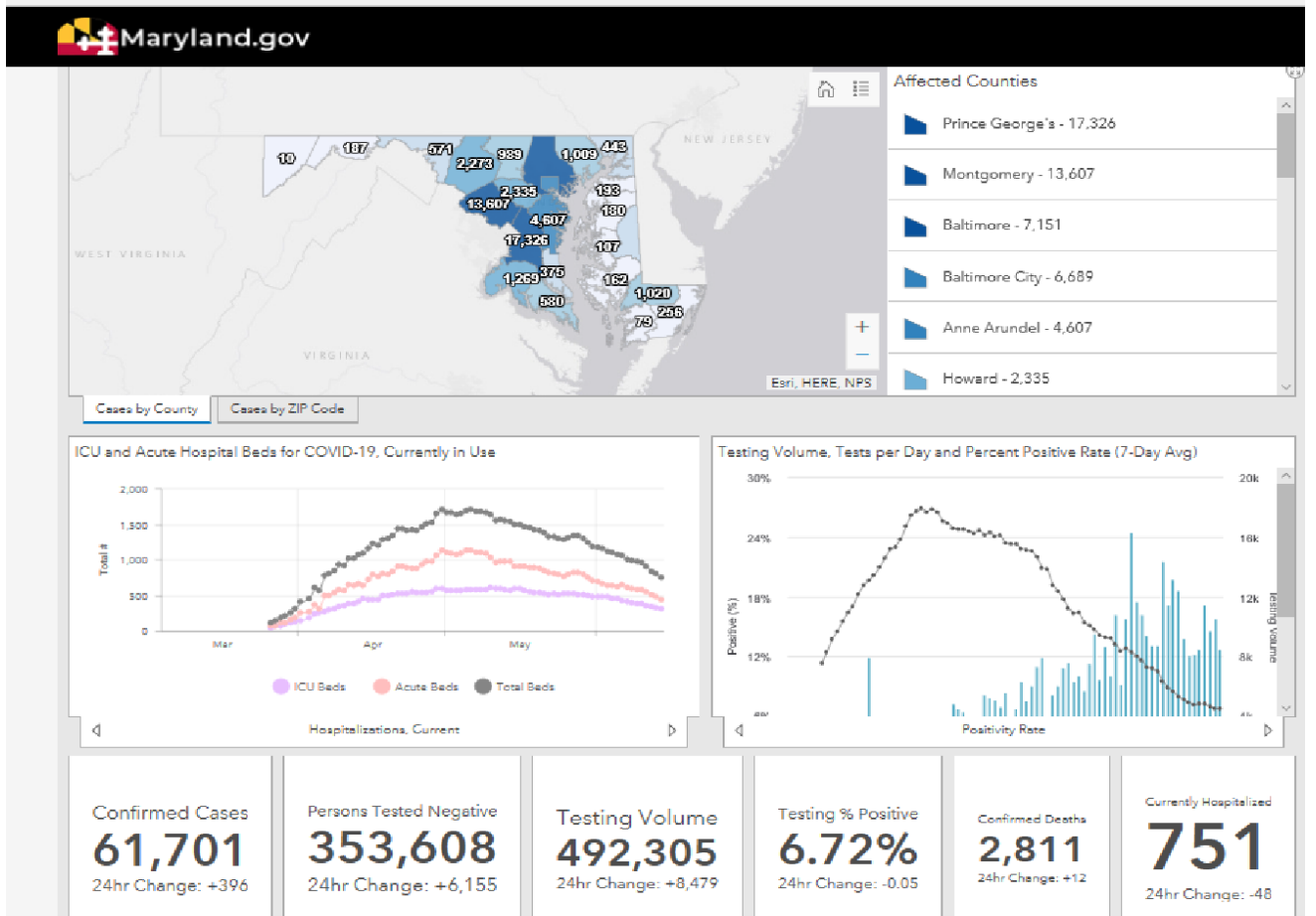
MDWG COVID-19 ReMobilization Justification

<https://governor.maryland.gov/recovery/>

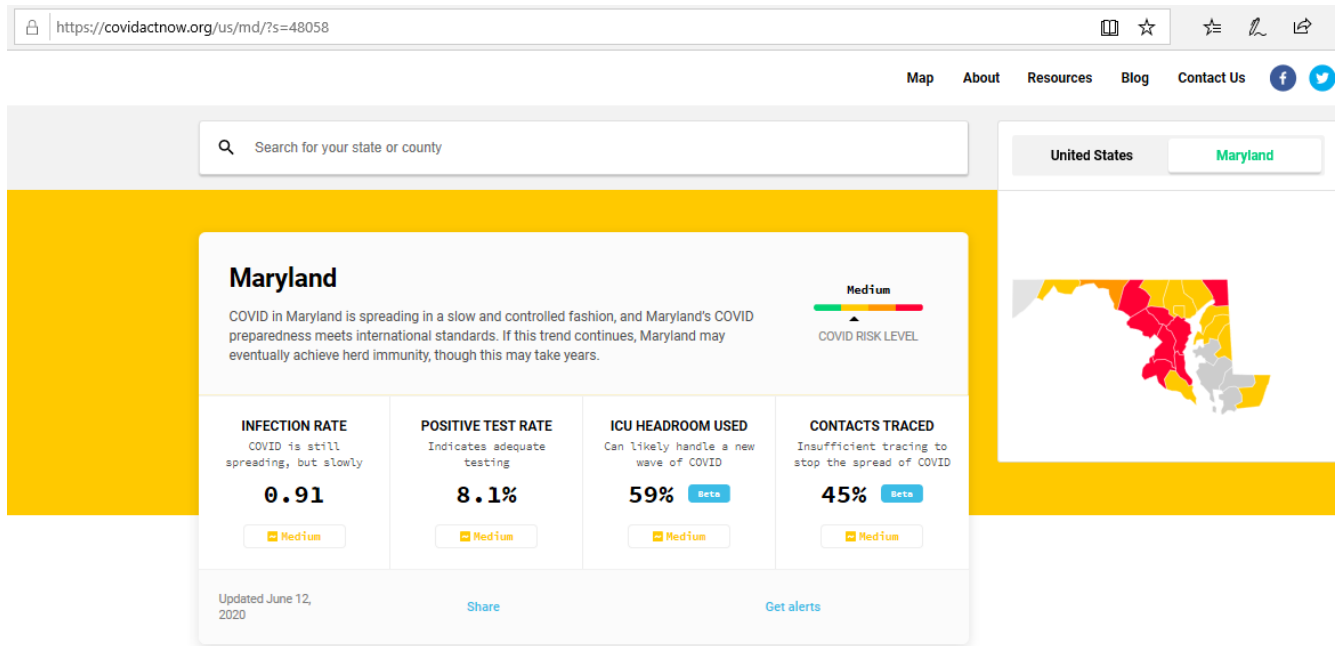
Most of Maryland was Stage2 as of 27 May 2020.



<https://coronavirus.maryland.gov/>



MDWG COVID-19 ReMobilization Justification



COVIDactNow.org shows Positive test rate of 8.1 as of 12 June 2020.

Maryland State Health Dept Positive Test rate is 6.72 on 12 June 2020. Trending lower.

Gov Hogan reported that MD had the largest decline in positivity rate in America (73% decrease from 26.91% to 7.2 (and now to 6.72%)).

Twenty three of twenty four jurisdictions have positivity rates in single digits. Baltimore City trending lower.

Additional June 12 Stage 2 openings; restaurants, recreation, fitness, studios... all open at 50% occupancy, with public health guidelines (masks, distancing, etc).



Post-COVID-19 Remobilization of the Membership Plan

Phase I: Resuming Regularly Scheduled Meetings

MDWG

Completed 14 June 2020

Template Updated 8 June 2020

COVID-19 Remobilization of the Membership Plan – Phase I

This plan has been developed for MARYLAND 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 the National Capital Wing and the Virginia 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: Lt Col John E. Henderson, Vice Commander

Primary Phone:

Primary Email: JHenderson@cap.gov

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

The Maryland Wing Commander appointed a Wing Remobilization Committee on 8 May 2020 including the Vice Commander (plan coordinator), Health Services Officer, and the Wing Safety officer. The committee has been monitoring the situation in Maryland, the District of Columbia, and Virginia. We have had regular plan development meetings with the committee and have also closely coordinated our plan with our partners in the National Capital and Virginia Wings. All three wings are targeting entering Phase I on 1 July 2020 unless the plan is approved sooner than 19 June. If this is the case, all three Wings will enter Phase 1 at approval date +1 week. Phase 2 would begin at Phase 1 + 2 weeks and then Phase 3 at Phase 2 approval + 2 weeks. This is based on the metrics remaining in a positive trend throughout this process.

Metrics on the COVID Act Now website have been trending positively in MD, DC, and VA. The infection rate in MD has remained below 1.0 since 14 May, in DC since 8 May, and in VA since 28 May. The data suggests continued positive trends and we believe it is likely we will have seen more than 15 days of reduction in infections in all jurisdictions before our planned Phase I entry.

Plan Completed By: Lt Col John Henderson

Last Updated: June 14, 2020

Template Updated 8 June 2020

MD Wing

Page 1 of 5

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)	CV	01 June	15 June	15 June	Maryland Wing HQ will monitor the state levels to assure that the appropriate phases will allow for the gathering of members under the approved guidelines.
1.2.	Hold meeting with between Plan Coordinator and Health Services Officer	CV	22 May	29 May	15 June	HSO and SE met with Plan Coordinator and reviewed the plan for completeness.
1.2.1.	Wing priorities for training events should be coordinated	Asst. A3/ES	22 May	05 June	01 June	Coordinated with appropriate training elements
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	HSO	22 May	05 June	15 June	State guidance includes a three phased process. Currently the State of Maryland is in Phase 2 with additional businesses and facilities opening up each week at 50% capacity. Outdoor dining has been authorized and small educational programs are starting to allow students.
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	SE	22 May	05 June	14 June	See health screening memo (Page 16) and COVID related sheets (Page 20) in remobilization plan.
1.2.2	Consult with Wing Legal Officer about resuming meetings	CV	22 May	12 June	14 June	Wing will comply with state mandates concerning the phased opening of Units.
1.2.3	Coordinate with Wing Director of Safety	CV	22 May	29 May	15 June	See safety plan - Page 13
1.2.3.1	Verify proper risk planning tools are available to units	SE / HSO	22 May	12 June	15 June	Providing links to NHQ risk planning material.
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	SE	22 May	19 June	15 June	See Safety Plan on Page 13 as well as being addressed in multiple other areas of the plan.
1.2.4	Coordinate with Wing Director of Cadet Programs	CV / DCP	22 May	12 June	15 June	
1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	CV	22 May	12 June	15 June	See Phase 1 plan on Page 8

Plan Completed By: Lt Col John Henderson
 Last Updated: June 14, 2020
 Template Updated 8 June 2020

MD Wing
Page 2 of 5

COVID-19 Remobilization of the Membership Plan – Phase I

1.2.4.2	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	CV	22 May	05 June	27 May	See memo on page 17
---------	--	----	--------	---------	--------	---------------------

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	CV	22 May	12 June	19 June	Maryland Wing HQ will monitor the state levels to assure that the appropriate phases will allow for the gathering of members under the approved guidelines. Any jurisdictions who roll-back their restrictions which could potentially affect a unit, will be addressed on an individual basis.
1.4.	Send copy of planning documents to the CAP COVID-19 Planning Team at COVID-19Plans@capnhq.gov , and copy the Region CC to reinstate meetings.	CV	22 May	15 June	15 June	Sent to NHQ COVID planning team with a courtesy copy to HQ, MAR.
1.4.1.	Briefly describe/ summarize previous coordination accomplished	CV	22 May	15 June	15 June	MDWG has been coordinating with the National Capital Wing and the Virginia Wing
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	CV	22 May	15 June	15 June	
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	CV	22 May	15 July	15 July	To be published within 24 hours of NHQ approval
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	CV	22 May	19 June		
1.6.	Publish the date that meetings may resume to subordinate units	CV	22 May	19 June		To be published within 24 hours of NHQ approval
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	CV	22 May	19 June	15 June	This is included in the safety plan which will be distributed to all units upon plan approval.
1.7.1.	Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated	CV	22 May	19 June	15 June	This is included in the safety plan which will be distributed to all units upon plan approval.

Plan Completed By: Lt Col John Henderson
 Last Updated: June 14, 2020
 Template Updated 8 June 2020

MD Wing
Page 3 of 5

COVID-19 Remobilization of the Membership Plan – Phase I

1.7.2.	Unit Safety Officers s will emphasize continued use of face coverings, gloves, and hand sanitizer, as well as social distancing, hand washing and surface cleaning/disinfection	CV	22 May	19 June	15 June	This is included in the safety plan which will be distributed to all units upon plan approval.
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	CV	22 May	19 June		

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.	CV / SE	22 May	19 June	15 June	Use of CAP/NHQ guidelines for temperature screening is suggested. See https://www.gocivilairpatrol.com/covid-19-remobilization .
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	SE / HSO	22 May	19 June	15 June	See https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html for an excellent summary.
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)	SE / HSO	22 May	19 June	15 June	Use of CAP/NHQ guidelines for temperature screening is suggested. See https://www.gocivilairpatrol.com/covid-19-remobilization .
1.8.4	Units will ensure no more than 10 members are together at gatherings.					This is included in the safety plan which will be distributed to all units upon plan approval.

Plan Completed By: Lt Col John Henderson
 Last Updated: June 14, 2020
 Template Updated 8 June 2020

MD Wing
Page 4 of 5

COVID-19 Remobilization of the Membership Plan – Phase I

	Squadrons with more than 10 members must submit a plan on how they will comply with restrictions	HSO	22 May	19 June	15 June	
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	CV / DCP	22 May	19 June		
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	DCP	22 May	19 June	15 June	Units will use Phase 1 to bring primary squadron staff together to plan phase 2 entry. Meetings to be limited to command staff only. All others to remain virtual until phase 2.
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	CV	22 May	19 June	15 June	See page 17 of remobilization plan
1.10.	Task Wing Director of Operations to communicate the following to subordinate units.	CS	01 June	19 June	15 June	
1.10.1	Identify flight operations permitted during Phase I	CS	01 June	19 June	15 June	See Page 8
1.10.2.	Identify requirements (Currency, etc) for senior members	CS	01 June	19 June	15 June	See Page 8
1.10.3.	Identify requirements for cadets that have earned their Private Pilot's License to return to flying	CS	01 June	19 June	15 June	See Page 9
1.10.4.	Identify requirements for cadets training to earn their Private Pilot's License	CS	01 June	19 June	15 June	See Page 10
1.10.1.	Identify cleaning standards for aircraft and vehicles before and after use	CS	01 June	19 June	15 June	See Page 18