Approved: 8 June 2020

Post-COVID-19 Remobilization of the Membership Plan

Phase I: Resuming Regularly Scheduled Meetings

Michigan Wing
Completed 05 Jun 20
Updated 07 Jun 20

Template Updated 12 May 20

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

Additional staffing and resources have been coordinated with N/A, to cover gaps in this wing's available resources.

NOTE: *Deviations from the template are authorized, but should be coordinated by contacting the COVID-19 Planning Team at COVID-19Plans@capnhq.gov.*

Plan Coordinator and Point of Contact: Lt Col Eric Scott

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

On 16 May 2020, Col Rajesh Kothari hand-selected a team to prepare this Phase I remobilization plan for your review. This team consists of CAP officers with duty positions in Health Services, Safety, Operations, Emergency Services, and Cadet Programs. We also received valuable assistance from Government Relations, Legal, and Professional Development. The state of Michigan has maintained a weeks-long steady decline in the areas infection rate, positive test rate, and overall ICU headroom used, and has now achieved GREEN ratings across the three monitored metrics. Our team has spent a considerable amount of time developing a plan that will provide enduring health and safety information and practices, which will carry us through the remobilization process and beyond. With positive indications from National-level metrics and with the State of Michigan taking similar steps to opening the state, the team is requesting a Phase I transition date of 12 Jun 20. The requested date will give appropriate time for NHQ review and approval of our plan and allow commanders time to communicate to communicate the approved plan to the membership.

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)	GR/Lt Col James Matthews CV/Lt Col Eric Scott	19 May 20	05 Jun 20	05 Jun 20	Our requested Phase I open date is 12 Jun. Executive Order 2020-110 (**Attachment #1**) by the Governor of Michigan will allow indoor gathering of no more than 10 before/on 12 Jun.
1.2.	Hold meeting with Plan Coordinator and Health Services Officer	HS/Col Kay McLaughlin CV/Lt Col Eric Scott,	19 May 20	05 Jun 20	05 Jun 20	There have been weekly meeting/discussions with all team members about the planning and coordination of Phase I opening.
1.2.1.	Wing priorities for training events should be coordinated	DO/Lt Col Gus Gettas DOS/Lt Col Tony Gutierrez CP/Maj Michelle Benn PD/Maj Mike Hoekstra	19 May 20	05 Jun 20	05 Jun 20	See Training Priorities and Procedures (**Attachment #2**).
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	GR/Lt Col James Matthews	19 May 20	05 Jun 20	05 Jun 20	After review, there is no local guidance that is more restrictive than state guidance, allowing indoor gatherings of no greater than 10 members.
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation (see 1.8. below)	HS/Col Kay McLaughlin	19 May 20	05 Jun 20	05 Jun 20	See Public Health Measures for Safe Meetings (**Attachment #3**).
1.2.2	Consult with Wing Legal Officer about resuming meetings	JA/Maj Chris Ballard CV/Lt Col Eric Scott	19 May 20	05 Jun 20	05 Jun 20	After consultation between the CV and JA, there are no issues with the requested Phase I open date.
1.2.3	Coordinate with Wing Director of Safety	SE/1st Lt Rick Louys CV/Lt Col Eric Scott	19 May 20	05 Jun 20	05 Jun 20	There have been weekly meeting/discussions with all team members about the planning and coordination of Phase I opening.
1.2.3.1	Verify proper risk planning tools are available to units	SE/1st Lt Rick Louys	19 May 20	05 Jun 20	05 Jun 20	
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	SE/1st Lt Rick Louys	19 May 20	05 Jun 20	05 Jun 20	See The Safe Remobilization of Michigan Wing **(Attachment #4).**
1.2.4	Coordinate with Wing Director of Cadet Programs (see 1.9. below)	CP/Maj Michelle Benn CV/Lt Col Eric Scott	19 May 20	05 Jun 20	05 Jun 20	There have been weekly meeting/discussions with all team members about the planning and coordination of Phase I opening.

1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	CP/Maj Michelle Benn	19 May 20	05 Jun 20	05 Jun 20	We are encouraging minimal cadet participation, until Phase II. See CP Training Priorities and Procedures (**Attachment #2**).
1.2.4.2	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	CP/Maj Michelle Benn	19 May 20	05 Jun 20	05 Jun 20	See DRAFT Letter to Michigan Wing Families (**Attachment #5**).

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	GR/Lt Col James Matthews Gp/CCs, Sq/CCs	19 May 20	05 Jun 20	05 Jun 20	After review, there are no localities that have more restrictive social-distancing guidelines than those of the state level.
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/Lt Col Eric Scott	19 May 20	05 Jun 20	05 Jun 20	
1.4.1.	Briefly describe/summarize previous coordination accomplished	CV/Lt Col Eric Scott	19 May 20	05 Jun 20	05 Jun 20	
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	GR/Lt Col James Matthews JA/Maj Chris Ballard	19 May 20	05 Jun 20	05 Jun 20	After review, there are no jurisdictional restrictions.
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	CV/Lt Col Eric Scott	19 May 20	05 Jun 20	05 Jun 20	We are requesting a 12 Jun Phase I date, we anticipates that Phase II would start around 28 Jun (Phase I +14 days).
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	CV/Lt Col Eric Scott	19 May 20	05 Jun 20	Pending plan approval	The requested date should give appropriate time for NHQ review and approval of our plan.
1.6.	Publish the date that meetings may resume to subordinate units	CV/Lt Col Eric Scott	19 May 20	05 Jun 20	Pending plan approval	
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	SE/Maj Kent Bankhead	19 May 20	05 Jun 20	05 Jun 20	See Memo, The Safe Remobilization of Michigan Wing **(Attachment #4)**
1.7.1.	Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated	SE/Maj Kent Bankhead Gp/CCs, Sq/CCs	19 May 20	05 Jun 20	05 Jun 20	

1.7.2.	Unit Safety Officers will emphasize continued use of face coverings and hand sanitizer, as well as social distancing, hand washing and surface cleaning/disinfection	SE/Maj Kent Bankhead Gp/CCs, Sq/CCs	19 May 20	05 Jun 20	05 Jun 20	
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	HS/Col Kay McLaughlin	19 May 20	05 Jun 20	05 Jun 20	See Public Health Measures for Safe Meetings (**Attachment #3**)

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.	HS/Col Kay McLaughlin Gp/CCs, Sq/CCs	19 May 20	05 Jun 20	05 Jun 20	
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	HS/Col Kay McLaughlin SE/1st Lt Rick Louys Gp/CCs, Sq/CCs	19 May 20	05 Jun 20	05 Jun 20	
1.8.3.	Units perform all appropriate public health measures (e.g., social distancing, surface cleaning/disinfection, face coverings, hand sanitizer, at-home temperature check or no-touch temperature check prior to entry and routine symptom checks)	HS/Col Kay McLaughlin Gp/CCs, Sq/CCs	19 May 20	05 Jun 20	05 Jun 20	
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	CP/Maj Michelle Benn	19 May 20	05 Jun 20	05 Jun 20	
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	CP/Maj Michelle Benn Gp/CCs, Sq/CCs	19 May 20	05 Jun 20	05 Jun 20	We are encouraging minimal cadet participation, until Phase II. See CP Training Priorities and Procedures (**Attachment #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	CP/Maj Michelle Benn Gp/CCs, Sq/CCs	19 May 20	05 Jun 20	05 Jun 20	See DRAFT Letter to Michigan Wing Families (**Attachment #5**)

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
OFFICE OF THE GOVERNOR
LANSING

GARLIN GILCHRIST II
LT. GOVERNOR

EXECUTIVE ORDER

No. 2020-110

Temporary restrictions on certain events, gatherings, and businesses

Rescission of Executive Orders 2020-69 and 2020-96

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine or antiviral treatment for this disease.

On March 10, 2020, the Department of Health and Human Services identified the first two presumptive-positive cases of COVID-19 in Michigan. On that same day, I issued Executive Order 2020-4. This order declared a state of emergency across the state of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the Emergency Management Act, 1976 PA 390, as amended (EMA), MCL 30.401 et seq., and the Emergency Powers of the Governor Act of 1945, 1945 PA 302, as amended (EPGA), MCL 10.31 et seq.

Since then, the virus spread across Michigan, bringing deaths in the thousands, confirmed cases in the tens of thousands, and deep disruption to this state's economy, homes, and educational, civic, social, and religious institutions. On April 1, 2020, in response to the widespread and severe health, economic, and social harms posed by the COVID-19 pandemic, I issued Executive Order 2020-33. This order expanded on Executive Order 2020-4 and declared both a state of emergency and a state of disaster across the State of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the Emergency Management Act, and the Emergency Powers of the Governor Act of 1945. And on April 30, 2020, finding that COVID-19 had created emergency and disaster conditions across the State of Michigan, I issued Executive Order 2020-67 to continue the emergency declaration under the Emergency Powers of the Governor Act, as well as Executive Order 2020-68 to issue new emergency and disaster declarations under the Emergency Management Act.

Those executive orders have been challenged in *Michigan House of Representatives and Michigan Senate v Whitmer*. On May 21, 2020, the Court of Claims ruled that Executive Order 2020-67 is a valid exercise of authority under the Emergency Powers of the Governor Act but that Executive Order 2020-68 is not a valid exercise of authority under the Emergency Management Act. Both of those rulings are being challenged on appeal.

On May 22, 2020, I issued Executive Order 2020-99, again finding that the COVID-19 pandemic constitutes a disaster and emergency throughout the State of Michigan. That order constituted a state of emergency declaration under the Emergency Powers of the Governor Act of 1945. And, to the extent the governor may declare a state of emergency and a state of disaster under the Emergency Management Act when emergency and disaster conditions exist yet the legislature has declined to grant an extension request, that order also constituted a state of emergency and state of disaster declaration under that act.

The Emergency Powers of the Governor Act provides a sufficient legal basis for issuing this executive order. In relevant part, it provides that, after declaring a state of emergency, "the governor may promulgate reasonable orders, rules, and regulations as he or she considers necessary to protect life and property or to bring the emergency situation within the affected area under control." MCL 10.31(1).

Nevertheless, subject to the ongoing litigation and the possibility that current rulings may be overturned or otherwise altered on appeal, I also invoke the Emergency Management Act as a basis for executive action to combat the spread of COVID-19 and mitigate the effects of this emergency on the people of Michigan, with the intent to preserve the rights and protections provided by the EMA. The EMA vests the governor with broad powers and duties to "cop[e] with dangers to this state or the people of this state presented by a disaster or emergency," which the governor may implement through "executive orders, proclamations, and directives having the force and effect of law." MCL 30.403(1)–(2). This executive order falls within the scope of those powers and duties, and to the extent the governor may declare a state of emergency and a state of disaster under the Emergency Management Act when emergency and disaster conditions exist yet the legislature has not granted an extension request, they too provide a sufficient legal basis for this order.

To suppress the spread of COVID-19, to prevent the state's health care system from being overwhelmed, to allow time for the production of critical test kits, ventilators, and personal protective equipment, to establish the public health infrastructure necessary to contain the spread of infection, and to avoid needless deaths, it was reasonable and necessary to direct residents to remain at home or in their place of residence to the maximum extent feasible. To that end, on March 23, 2020, I issued Executive Order 2020-21, ordering all people in Michigan to stay home and stay safe. In Executive Orders 2020-42, 2020-59, 2020-70, 2020-77, 2020-92, and 2020-96, I extended that initial order, modifying its scope as needed and appropriate to match the ever-changing circumstances presented by this pandemic.

The measures put in place by these executive orders have been effective: the number of new confirmed cases each day continues to drop. Although the virus remains aggressive and persistent—on May 31, 2020, Michigan reported 57,397 confirmed cases and 5,491 deaths—the strain on our health care system has begun to relent, even as our testing capacity has increased. We are now in the process of gradually resuming in-person work and activities. In so doing, however, we must move with care, patience, and vigilance, recognizing the grave harm that this virus continues to inflict on our state and how quickly our progress in suppressing it can be undone.

With this order, I find it reasonable and necessary to move the state to Stage 4 of the Michigan Safe Start Plan. As a result, Michiganders are no longer required to stay home. Instead, certain businesses will remain closed and specific activities that present a

heightened risk of infection will remain prohibited. Any work that is capable of being performed remotely must be performed remotely.

Under this order, retailers will be allowed to resume operations on June 4. Restaurants and bars may reopen fully on June 8. Swimming pools and day camps for kids will also be permitted to reopen on the same day. Those businesses and activities will be subject to safety guidance to mitigate the risk of infection. Other businesses and activities that necessarily involve close contact and shared surfaces, including gyms, hair salons, indoor theaters, tattoo parlors, casinos, and similar establishments, will remain closed for the time being.

Michiganders must continue to wear face coverings when in enclosed public spaces and should continue to take all reasonable precautions to protect themselves, their co-workers, their loved ones, and their communities. Indoor social gatherings and events of more than 10 people are prohibited. Outdoor social gatherings and events are permitted so long as people maintain six feet of distance from one another and the assemblage consists of no more than 100 people.

Acting under the Michigan Constitution of 1963 and Michigan law, I order the following:

1. For purposes of this order, Michigan comprises eight separate regions.

   (a) Region 1 includes the following counties: Monroe, Washtenaw, Livingston, Genesee, Lapeer, Saint Clair, Oakland, Macomb, and Wayne.

   (b) Region 2 includes the following counties: Mason, Lake, Osceola, Clare, Oceana, Newaygo, Mecosta, Isabella, Muskegon, Montcalm, Ottawa, Kent, and Ionia.

   (c) Region 3 includes the following counties: Allegan, Barry, Van Buren, Kalamazoo, Calhoun, Berrien, Cass, Saint Joseph, and Branch.

   (d) Region 4 includes the following counties: Oscoda, Alcona, Ogemaw, Iosco, Gladwin, Arenac, Midland, Bay, Saginaw, Tuscola, Sanilac, and Huron.

   (e) Region 5 includes the following counties: Gratiot, Clinton, Shiawassee, Eaton, and Ingham.

   (f) Region 6 includes the following counties: Manistee, Wexford, Missaukee, Roscommon, Benzie, Grand Traverse, Kalkaska, Crawford, Leelanau, Antrim, Otsego, Montmorency, Alpena, Charlevoix, Cheboygan, Presque Isle, and Emmet.

   (g) Region 7 includes the following counties: Hillsdale, Lenawee, and Jackson.

   (h) Region 8 includes the following counties: Gogebic, Ontonagon, Houghton, Keweenaw, Iron, Baraga, Dickinson, Marquette, Menominee, Delta, Alger, Schoolcraft, Luce, Mackinac, and Chippewa.

2. Any work that is capable of being performed remotely (i.e., without the worker leaving his or her home or place of residence) must be performed remotely.

3. Any business or operation that requires its employees to leave their home or place of residence for work is subject to the rules on workplace safeguards in Executive Order 2020-97 or any order that may follow from it.

4. Any individual who leaves his or her home or place of residence must:

   (a) Follow social distancing measures recommended by the Centers for Disease Control and Prevention ("CDC"), including remaining at least six feet from people from outside the individual's household to the extent feasible under the circumstances.

   (b) Wear a face covering over his or her nose and mouth—such as a homemade mask, scarf, bandana, or handkerchief—when in any enclosed public space, unless the individual is unable medically to tolerate a face covering.

      (1) An individual may be required to temporarily remove a face covering upon entering an enclosed public space for identification purposes. An individual may also remove a face covering to eat or drink when seated at a restaurant or bar.

      (2) Businesses and building owners, and those authorized to act on their behalf, are permitted to deny entry or access to any individual who refuses to comply with the rule in this subsection (b). Businesses and building owners will not be subject to a claim that they have violated the covenant of quiet enjoyment, to a claim of frustration of purpose, or to similar claims for denying entry or access to a person who refuses to comply with this subsection (b).

      (3) Supplies of N95 masks and surgical masks should generally be reserved, for now, for health care professionals, first responders (e.g., police officers, fire fighters, paramedics), and other critical workers who interact with the public.

      (4) The protections against discrimination in the Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2101 et seq., and any other protections against discrimination in Michigan law, apply in full force to individuals who wear a face covering under this order.

5. Indoor social gatherings and events among persons not part of a single household are permitted, but may not exceed 10 people.

6. Outdoor social gatherings and events among persons not part of a single household are permitted, but only to the extent that:

   (a) The gathering or event does not exceed 100 people, and

   (b) People not part of the same household maintain six feet of distance from one another.

7. Unless otherwise prohibited by local regulation, outdoor parks and recreational facilities may be open, provided that they make any reasonable modifications necessary to enable employees and patrons not part of the same household to maintain six feet of distance from one another, and provided that areas in which social distancing cannot be maintained be closed, subject to guidance issued by the Department of Health and Human Services.

8. Unless otherwise prohibited by local regulation, public swimming pools, as defined by MCL 333.12521(d), may open as of June 8, 2020, provided that they are outdoors and limit capacity to 50% of the bather capacity limits described in Rule 325.2193 of the Michigan Administrative Code, and subject to guidance issued by the Department of Health and Human Services. Indoor public swimming pools must remain closed.

9. Day camps for children, as defined by Rule 400.11101(i) of the Michigan Administrative Code, may open as of June 8, 2020, subject to guidance issued by the Department of Licensing and Regulatory Affairs. Residential, travel, and troop camps within the meaning of Rule 400.11101(n), (p), or (q) of the Michigan Administrative Code must remain closed for the time being.

10. Unless otherwise prohibited by local regulation, libraries and museums may open as of June 8, 2020, subject to the rules governing retail stores described in Executive Order 2020-97 or any order that may follow from it.

11. Stores that were closed under Executive Order 2020-96 (or that were open only by appointment under the same order) must remain closed to the public (or open only by appointment) until June 4 at 12:01 am. Such stores may then resume normal operations, subject to local regulation and to the capacity constraints and workplace standards described in Executive Order 2020-97 or any order that may follow from it.

12. Subject to the exceptions in section 14, the following places are closed to ingress, egress, use, and occupancy by members of the public:

    (a) Indoor theaters, cinemas, and performance venues.

    (b) Indoor gymnasiums, fitness centers, recreation centers, sports facilities, exercise facilities, exercise studios, and the like.

    (c) Facilities offering non-essential personal care services, including hair, nail, tanning, massage, traditional spa, tattoo, body art, and piercing services, and similar personal care services that involve close contact of persons.

    (d) Casinos licensed by the Michigan Gaming Control Board, racetracks licensed by the Michigan Gaming Control Board, and Millionaire Parties licensed by the Michigan Gaming Control Board.

(e) Indoor services or facilities, or outdoor services or facilities involving close contact of persons, for amusement or other recreational or entertainment purposes, such as amusement parks, arcades, bingo halls, bowling alleys, indoor climbing facilities, indoor dance areas, skating rinks, trampoline parks, and other similar recreational or entertainment facilities.

13. Unless otherwise prohibited by local regulation, restaurants, food courts, cafes, coffeehouses, bars, taverns, brew pubs, breweries, microbreweries, distilleries, wineries, tasting rooms, special licensees, clubs, and like places may be open to the public as follows:

    (a) For delivery service, window service, walk-up service, drive-through service, or drive-up service, and may permit up to five members of the public at one time for the purpose of picking up their food or beverage orders, so long as those individuals are at least six feet apart from one another while on premises.

    (b) In Regions 1, 2, 3, 4, 5, and 7, beginning at 12:01 am on June 8, 2020, for outdoor and indoor seating, subject to the capacity constraints and workplace standards described in Executive Order 2020-97 or any order that may follow from it.

    (c) In Regions 6 and 8, for outdoor and indoor seating, subject to the capacity constraints and workplace standards described in Executive Order 2020-97 or any order that may follow from it.

14. The restrictions imposed by sections 12 and 13 of this order do not apply to any of the following:

    (a) Outdoor fitness classes, athletic practices, training sessions, or games, provided that coaches, spectators, and participants not from the same household maintain six feet of distance from one another at all times during such activities, and that equipment and supplies are shared to the minimum extent possible and are subject to frequent and thorough disinfection and cleaning.

    (b) Services necessary for medical treatment as determined by a licensed medical provider.

    (c) Health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities.

    (d) Crisis shelters or similar institutions.

    (e) Food courts inside the secured zones of airports.

    (f) Employees, contractors, vendors, or suppliers who enter, use, or occupy the places described in section 12 of this order in their professional capacity.

15. Nothing in this order should be taken to interfere with or infringe on the powers of the legislative and judicial branches to perform their constitutional duties or exercise their authority. Similarly, nothing in this order shall be taken to abridge

protections guaranteed by the state or federal constitution under these emergency circumstances.

16. Consistent with prior guidance, neither a place of religious worship nor its owner is subject to penalty under section 19 of this order for allowing religious worship at such place. No individual is subject to penalty under section 19 of this order for engaging in religious worship at a place of religious worship, or for violating the face covering requirement of section 4(b) of this order.

17. Executive Orders 2020-69 and 2020-96 are rescinded. Except as specified, nothing in this order supersedes any other executive order. This order takes effect immediately unless otherwise specified.

18. In determining whether to maintain, intensify, or relax the restrictions in this order, I will consider, among other things, (1) data on COVID-19 infections and the disease's rate of spread; (2) whether sufficient medical personnel, hospital beds, and ventilators exist to meet anticipated medical need; (3) the availability of personal protective equipment for the health care workforce; (4) the state's capacity to test for COVID-19 cases and isolate infected people; and (5) economic conditions in the state.

19. Consistent with MCL 10.33 and MCL 30.405(3), a willful violation of this order is a misdemeanor.

Given under my hand and the Great Seal of the State of Michigan.

Date: June 1, 2020

Time: 2:27 pm

GRETCHEN WHITMER
GOVERNOR

By the Governor:

SECRETARY OF STATE

Attachment #2 – Training Priorities and Procedures

Operations and Emergency Service Priorities and Procedures

1. Continue with AFAM/Corporate missions which are tasked by the NOC or AFRCC including COVID-19 support missions
    a. During those missions maintain CDC safety guidelines

2. Follow the guidelines set forth for safely operating aircraft and vehicles during this time. We need to disinfect and sanitize them to keep our personnel safe. Please go to the following link for more information: https://www.gocivilairpatrol.com/members/cap-national-hq/logistics-mission-resources/aircraft-management/hot-news/covid-19-aircraft-care

3. Aircrew Training for group and unit levels
    a. This includes onboard pilot training, instructor pilot training, check pilot training, CAPF 5, CAPF 91s, and MP/MO/MS/AP/DAART. all sUAS SQTRs
    b. Prior to the training, wellness screening shall be conducted
        i. Health screening with questions to ensure member has exhibited no symptoms
        ii. Temperature should be taken with no touch thermometer
            1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
    c. Face coverings shall be worn in aircraft and internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight (see above)
    d. Social distancing will be maintained during preflight or during any ground school where possible.
    e. Schedule training so that there are no more than 10 members in the same immediate proximity.

4. sUAS Training for group and unit levels
    a. This includes pilot training, instructor pilot training, check pilot training, CAPF 5U, CAPF 91U, and sUAS SQTRs
    b. Prior to the training, wellness screening shall be conducted
        i. Health screening with questions to ensure member has exhibited no symptoms
        ii. Temperature should be taken with no touch thermometer
            1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
    c. Face coverings shall be worn while operating the sUAS and sUAS surfaces (control unit, aircraft touch points, etc) wiped with sanitizing cloths after each flight (see above)
    d. Social distancing will be maintained during preflight or during any ground school where possible.
    e. Schedule training so that there are no more than 10 members in the same immediate proximity.

5. Cadet Orientation Flights
    a. O-Flights for CAP Cadets <u>will not begin until Phase II</u>
    b. O-Flights for JROTC and ROTC Cadets <u>will not begin until Phase III</u>
    c. Prior to O-Flights, wellness screening shall be conducted
        i. Health screening with questions to ensure member has exhibited no symptoms
        ii. Temperature should be taken with no touch thermometer
            1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.

c. Face coverings shall be worn in aircraft and internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight (see above)
d. Social distancing will be maintained during preflight and ground school where possible.
e. Schedule O-Flights so that there are no more than 10 members in the same vicinity waiting for their flight.

6. Other Emergency Services training for group and unit levels
We are encouraging the membership to continue conducting virtual emergency services training as much as possible. For those tasks that require face to face training and/or evaluation, conduct those tasks with the guidance below:
    a. No more than 10 members in the same proximity
    b. Maintain CDC guidelines on social distancing and cloth face coverings
        i. See d, e, and f for more specific guidelines
    c. Wellness screening shall be conducted prior to starting the training
        i. Health screening with questions to ensure member has exhibited no symptoms
        ii. Temperature should be taken with no touch thermometer
            1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
    d. Ground Teams - maintain social distancing, radios, DF units, etc wiped with sanitizing wipes after use, cloth face coverings worn when in close proximity (less than 6 feet)
    e. Aircrew - cloth face coverings worn in aircraft at all times, internal aircraft surfaces such as all touch points (including CAP owned headsets) wiped with sanitizing cloths after each flight, social distancing maintained during preflight and movements outside the aircraft
    f. Mission Base Staff - cloth face coverings will be worn if unable to maintain 6 feet separation (unless radio operations are inhibited by it), radios and all high-contact surface areas (chairs, counters, door handles, etc.) wiped with sanitizing solution/cloths every hour, social distancing as practical

Cadet Programs Procedures for Group and Unit Levels

1. We are encouraging units to continue conducting virtual Cadet Programs training through Phase I. Limited activities may occur only when necessary. For those activities that require face-to-face training and/or evaluation, conduct those tasks with the guidance below:
    a. No more than 10 members in same training area/location
    b. Maintain CDC guidelines on social distancing and cloth face coverings
        i See d, e, and f for more specific guidelines
    c. Wellness screening shall be conducted prior to starting the training
    d. Health screening with questions to ensure member has exhibited no symptoms
        i Temperature should be taken with no touch thermometer
        ii If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
    e. Meetings – maintain social distancing, surfaces and equipment wiped with sanitizing wipes after use, cloth face coverings worn when in close proximity (less than 6 feet)
        i Handwashing should be conducted following CDC guidelines
        ii Utilize outdoor training venues when possible
2. If cadets are going to attend meetings, we recommend the following:
    a. meeting outdoors to allow for improved social distancing
    b. stagger attendance of week-to-week meeting participation
    c. consider a blended platform to encourage increased participation

Unit Professional Development Procedures for Group and Unit Levels

1. To ensure we continue to the opportunity for training progression, for OJT and PD training courses, use the guidance below:
    a. The classroom/training area will have no more than 10 students.
    b. Wellness screenings for every member shall be conducted prior to allowing the member inside the training facility. If any of the following conditions are present, the member will not be allowed to enter the training facility or participate in person:
        i. Internal body temperature on a no touch thermometer displays 100.4 degrees or higher
        ii. Known symptoms of COVID-19 are present or generally feeling ill.
        iii. The member replies "Yes" when asked if they may have come in contact with someone who may have contracted COVID-19.
    c. The Course Director is encouraged to have a Health Services Officer or Safety Officer on staff to evaluate whether or not additional measures should be put in place to not only reduce the risk of spreading COVID-19. The safety briefing should include a segment about strict enforcement of social distancing guidelines.
    d. Maintain social distancing and use of personal protective equipment (PPE) within 6 feet of each other. Hand sanitizer must be made available. Sanitize all hard surfaces that are used by members with Disinfecting Wipes or Hydrogen Peroxide wipes before, during breaks, and after training event.
    e. To maximize participation, students are first encouraged to attend courses via video conferencing, with an option for in-person training to accommodate those who are high-risk or have with technology limitations.

Attachment #3 – Public Health Measures for Safe Meetings

1. Follow provisions of the Governor's Executive Order 2020-110, Dated 1 June 2020
2. Ensure indoor gatherings consist of no more than 10 members with masks and social distancing.
3. Ensure that hand sanitizer, handwashing stations, and approved sanitation supplies are available (gloves, eye protection when needed, wipes, disinfectant, etc.)
4. Ensure that members doing cleaning and sanitation are properly trained in cleaning techniques and safe use of supplies (See Attachment #3.1 - Cleaning and Disinfection Information)
    a. Disposable gloves will be worn while cleaning.
    b. See checklist of types of surfaces to be cleaned (See Attachment #3.2 - High Touch Surface Checklist)
    c. See CDC List "N" for cleaning/disinfection solutions approved to kill COVID: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19
    d. Encourage members to close toilet lid (when available) prior to flushing to reduce fomite spread, as the COVID-19 virus is shed in the stool.
5. **Sanitizing.** High touch surfaces should be sanitized prior to the activity and at the close of activity. Some areas may need sanitizing every 2 hours.
6. **Handwashing.** Hand Sanitizer or Handwash stations should be readily available in the room/area where members are gathered. (See Attachment #3.3 - Handwashing)
    a. Handwashing for 20seconds is the best method of hand cleaning
    b. If not readily available, hand sanitizer containing at least 60% alcohol is acceptable and should be used for 30 seconds.
7. **Social Distancing.** Maintain 6 foot social distancing (approximately 2 arm lengths)
8. **Face Covering.** Members will wear face covering use properly when indoors, in a vehicle or aircraft, and outdoors if adequate social distancing is not possible. Masks with valves will not be used. (See Attachment #3.4 - Proper Wear of Mask)
9. **Symptoms.** Members should review the COVID-19 Symptoms list, self-assess, and take their temperature prior to departing to a meeting. Do not attend if one or more screening questions are positive, or a fever of 100.4° or higher is present. (See Attachment #3.5 - Screening Questions, Symptom List)
10. **Screening Station.** Set up screening station as per National Health Services guidelines: https://www.gocivilairpatrol.com/covid-19-information-cena
    a. Plan traffic flow for your individual meeting location; only one entry point to the screening location.
    b. Screening Station Set up with required postings and conducted according to the National template
    c. Ensure that no one enters who has not passed screening and is not properly wearing a mask. Ensure a method of verifying the individual had passed screening
    d. Obtain non-contact temperature screening device.
    e. Ensure method for segregating a person who arrives with a fever or symptoms
    f. Ensure disinfection protocols are in place for screening area.

11. **Attendance Sheets.** Attendance sheets should be completed by one individual, to avoid multiple members handling the paper, pen.
    a. High Risk Individuals. High risk individuals, as self-assessed by risk list, should not attend meetings at this time and should participate in CAP activities remotely.
12. **High Risk Conditions.** Conditions that may put a person at high risk for severe disease include:
    a. Age 65 and older
    b. People who live in nursing home, long-term care facility, or group home.
    c. People of all ages with underlying medical conditions, particularly if not well controlled. Including
        i. Obesity, especially BMI 40+, BMI in 30s also carry increased risk.
        ii. Lung disease-moderately severe asthma, COPD, pulmonary fibrosis, pulmonary hypertension, smokers, individuals who vape.
        iii. high blood pressure
        iv. immune compromised- active cancer, chemotherapy, HIV, organ/bone marrow transplant, use of immune suppressive meds for inflammatory disease like rheumatoid, lupus, inflammatory bowel
        v. heart disease- coronary disease, heart failure, cardiomyopathy
        vi. diabetes
        vii. kidney disease, especially dialysis
        viii. liver disease – cirrhosis
13. **Location Survey.** Survey meeting location prior to resumption of activities for the lowest risk location. Outside is preferable, but when not possible:
    a. A larger room with good air circulation and air exchange is better than a smaller room without airflow where droplets will remain in the area for a longer time.
    b. Open windows when possible
    c. Using a fan in a closed room to circulate air is not recommended.
    d. CDC has outlined four levels of exposure risk:
        i. No Risk- Briefly walking by a person who tested positive for COVID-19 and was not experiencing symptoms.
        ii. Low risk- Being in the same room as a person who tested positive for COVOD-19 and had symptoms and you were within 6 feet.
        iii. Medium risk- Sustained close contact (10 minutes or longer) within 6 feet of a person while they had symptoms.
        iv. High risk- Close household contact with a person who tested positive for COVID 19.
14. **Food, Beverage.** No food or beverage service will be supplied at this time. Any food or beverages needed should be brought by members for their own use.
15. **Stay Healthy!** Members should ensure they stay healthy by not postponing needed medical care, staying well rested, and eating healthy.

Attachment 3.1 - Cleaning and Disinfection Procedures

Sources: CDC cleaning and disinfection recommendations, others

1. **Why Clean?**
    a. **Droplet Transmission**. Most transmission of COVID-19 is thought to be from respiratory droplets from close (less than 6 feet) person-to-person contact. COVID can still be detected in respiratory secretions 27 days after symptoms began.
        i. A person with COVID exhales droplet particles into the air as they breathe, talk and cough. Loud talking and shouting expresses more droplets.
        ii. It is not known how long the air in a room occupied by an individual with COVID remains infectious. It may depend on the size of the room, the amount of ventilation, the flow rate or air changes per hour, and the location of supply and exhaust vents.
        iii. Improving ventilation in an area where someone was ill or suspected to be ill will help shorten the time it takes respiratory droplets to be removed from the air.
        iv. Allow at least an hour for droplets to dissipate from a room where a COVID infected individual has been before others enter the area.
    b. **Surface Transmission, fomites.** COVID-19 may survive on surfaces from hours to days on various materials. If someone touches that surface, then touches their face they could become ill.
        i. Virus can live on a non-porous surface like plastic or steel for 3-4 days.
        ii. On rough surfaces like paper, cardboard, wood, and cloth for about 1 day.
        iii. On glass for 2 days
        iv. Covid only lives on copper for about 4 hours.
        v. The good news is that the amount of viable virus on the surface drops by half after several hours and continues to drop.
        vi. If it has been more than 7 days since a COVID infected person visited a facility, additional cleaning and disinfection is not necessary.
    c. **Fecal-oral transmission.**
        i. Live COVID virus is found in feces, so good bathroom hygiene is very important.
        ii. Handwashing after bathroom use and before eating is very important.
        iii. Virus can be detected in stools for 30 days after infection.
        iv. Close toilet lids prior to flushing to limit spread of droplet plumes.
2. **Cleaning vs. Disinfection**
    a. **Cleaning.** Cleaning is removing germs, dirt, and other substances from surfaces. This process does not kill germs, but removes them, lowering the numbers and the risk of spreading infection.
    b. **Disinfection.** Disinfection means to use chemicals to kill germs on surfaces. This process may not necessarily clear dirty surfaces or remove germs. If disinfection is used to kill germs on a surface **after** cleaning, it can further lower the risk of spreading infection.

c. **Clean then Disinfect.** Cleaning of visible dirty surfaces followed by disinfection is a best practice for preventing COVID infection.

3. **Safety and technique considerations with cleaning solutions.**
    a. **Appropriate Product.** Use a cleaner that is appropriate for the surface.
    b. **Read Labels.** Follow the label for instructions on safe and effective use of the cleaning product including safety precautions such as wearing gloves and ensuring good ventilation.
    c. **Eye Protection.** Wear goggles if any risk of splashing.
    d. **Application.** Be sure to use proper concentration, application method and contact time.
    e. **Gloves.** Wear disposable gloves when cleaning and disinfecting. Discard gloves after each cleaning. Wash hands immediately after gloves are removed.
    f. **Preparation.** Disinfectant solutions should be prepared at the correct dilution for effectiveness and used according to manufacturer's recommendations for volume and contact time.
    g. **Contact time.** Enough disinfectant solution should be applied to allow surfaces to remain wet and untouched long enough for the disinfectant to inactivate pathogens as recommended by the manufacturer.
    h. **Degree of soiling.** Cleaning should progress from least soiled (cleanest) to the most soiled (dirtiest areas).
    i. **Height**. Cleaning should also progress from higher to lower levels so that debris may fall on the floor and is cleaned last.
    j. **Start with a fresh cloth for each session**. Change cloths when they are no longer saturated with solution. Wipe firmly to clean and leave wet to disinfect.
    k. **High Risk Areas.** In areas at high risk of COVID contamination, use a fresh new cloth saturated with solution for that area only, then change cloths. Soiled clothes should be properly laundered.
    l. **Bucket Change.** When using buckets of cleaning solution, change water if it is getting dirty as it will be progressively less effective and potentially spread microorganisms to subsequent surfaces.
    m. **Bucket Cleaning**. After using bucket, wash with detergent, rinse and dry. Store inverted to drain fully when not in use.
    n. **Priority Areas.** Disinfection in non-health care settings should focus on high touch areas for priority disinfection.
4. **Cleaning hard surfaces**
    a. **Soiled surfaces.** If surfaces are dirty, they should be cleaned using a detergent or soap and water to remove organics prior to disinfection
    b. **Using Bleach.** If cleaning with dilute bleach solution, be sure to clean first to reduce organics to prevent bleach inactivation. Use with proper ventilation. Allow a contact time of at least one minute and allow proper ventilation during and after application. Be sure product is not past expiration date. Never mix bleach with ammonia or another cleaner. Bleach solution is 5 Tablespoons or 1/3 cup of bleach per gallon of water or 4 teaspoons per quart of water. Solutions must be used within 24 hours or they will no longer be effective.
5. **Disinfection solutions that may be used after cleaning to sanitize with at least a 1 minute contact time:**
    a. **Alcohol**. Ethanol 70-90% , also methyl alcohol (rubbing alcohol)

   b. **Chlorine.** Chlorine based products (hypochlorite) at 0.1% (1000 ppm) for general non-health care settings
   c. **Hydrogen Peroxide.** Hydrogen peroxide >0.5%. Works very fast, short contact time.

6. **Cleaning soft, porous surfaces (carpets, rugs, drapes, clothing)**
   a. **Decontaminate.** Remove any visible contamination and clean with appropriate cleaners for those surfaces then launder.
   b. **Launder**. Launder items using the warmest appropriate water setting for the items as recommended on the label and dry items completely.
   c. **Surface Clean.** If not able to launder, then use products that are EPA approved for use against COVID.
7. **Cleaning Food Service Items**
   a. **Wash.** Wash in hot water or in a dishwasher
   b. **Handwashing.** Clean hands after handling used food service items
8. **Cleaning Electronics**
   a. **Instructions.** Follow manufacturer's instructions for all cleaning and disinfection products.
   b. **Covers.** Consider using wipeable covers for electronics.
   c. **Alcohol**. If no manufacture guidance is available, consider the use of alcohol based wipes or spray containing at least 70% alcohol to disinfect touch screens.
   d. **Dry.** Dry surfaces thoroughly to avoid pooling of liquids.
9. **Suggested Supplies**
   a. **Gloves.** Gloves should be worn when cleaning and wiping down surfaces
   b. **Eye Protection.** Goggles for eye protection if cleaning solution splashes may occur.
   c. **Wipes.** Paper towels or cleaning cloths
   d. **Detergent.**
   e. **Bucket.**
   f. **Disinfectant.** Spray bottle of disinfectant (see list of EPA approved products that will kill COVID). Products used should be readily available disinfectants made for household use and not require special training to safely use.
   g. **Toilet.** Bowl Cleaner, brush.
10. **List of frequently touched surfaces for frequent cleaning/disinfection**
   a. Tables, workstations, desks
   b. Handrails on stairways, buttons on elevators
   c. Chair backs
   d. Doorknobs
   e. Light switches
   f. Handles on faucets, toilets, drawers, cabinets, refrigerators, microwaves, other appliances
   g. Toilets and toilet handles
   h. Sinks, faucets
   i. Electronics- phones, tablets, touch screens, remote controls, keyboards, appliance controls, mouse controls
   j. Central phones
   k. Pens, pencils
   l. Flag staffs

11. Bathroom Cleaning and disinfection

a. Start with cleaner areas and work down to dirtier areas.
b. Put on gloves
c. Put bowl cleaner in toilet bowl, be sure to squirt cleaner up under the rim. Let the bowel sit to sanitize while you clean the rest of the bathroom. Note: toilet bowl cleaners also disinfect.
d. Clean faucets, sink by spraying on surfaces and wiping (those irritated by aerosols can spray disinfectant on a cloth then wipe.)
e. Wipe down toilet tank, lid, seat, and top rim of bowl.
f. Use toilet brush to scrub bowl including up under rim, and around top inner edge of bowl
g. Remove gloves, wash hands

12. General Areas

a. Should be cleaned prior the start of the activity, at the end of the activity and every 2 hours during the day.
b. Soap and water should be used to clean soiled surfaces, then dry the surfaces, followed by wipe down disinfection.
c. Spray disinfectant on the area and wipe (using cloth or paper towel saturated with solution) to spread evenly over surface. Use enough solution to dampen area well and remain wet for the appropriate contact time.
d. Allow disinfectant to air dry.
e. Work systematically around in a room to be sure all needed surfaces are sanitized.

13. Aircraft

a. If flying commercially, sit in a window seat if possible, as there is less contact with potentially sick people, wear a mask, disinfect hard surfaces at your seat like head and arm rests, seatbelt buckle, remote, screen, seat back pocket, tray table.
    i. Don't wipe down upholstered seats as wet seat may spread germs rather than killing them.
b. Follow the guidelines set forth for safely operating aircraft during this time. We need to disinfect and sanitize them to keep our personnel safe. Please go to the following link for more information: https://www.gocivilairpatrol.com/members/cap-national-hq/logistics-mission-resources/aircraft-management/hot-news/covid-19-aircraft-care
c. Wash hands prior to entry into aircraft
d. Disinfect hard surfaces prior to first flight of day and after each subsequent flight and at the end of the day.
    i. Head and arm rests
    ii. Seatbelt Buckles
    iii. Touch screens, controls, yoke
    iv. Headsets and cords
    v. Latches, door handles, window latches and other touch surfaces.
    vi. Interior Windows next to seat positions.

vii. Seatbelts and upholstery may be cleaned/disinfected if there will be time to dry prior to use. Use only disinfectants, cleaners that will not affect the strength of the belts or compromise upholstery and are approved by the manufacturer.

e. Disinfect tow bars prior to and after each use.

Attachment #3.2 - High Touch Surface Checklist

1. **List of frequently touched surfaces for frequent cleaning/disinfection**
    a. Tables, workstations, desks
    b. Handrails on stairways, buttons on elevators
    c. Chair backs
    d. Doorknobs
    e. Light switches
    f. Handles on faucets, toilets, drawers, cabinets, refrigerators, microwaves, other appliances
    g. Toilets and toilet handles
    h. Sinks, faucets
    i. Electronics- phones, tablets, touch screens, remote controls, keyboards, appliance controls, mouse controls
    j. Central phones
    k. Pens, pencils
    l. Flag staffs

Attachment #3.3 - Handwashing, Hand Hygiene

Source: CDC guide for When and How to wash hands

1. **Why do we need to wash hands?**
    a. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:
        i. Touch your eyes, nose, and mouth with unwashed hands
        ii. Prepare or eat food and drinks with unwashed hands
        iii. Touch a contaminated surface or objects
        iv. Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects.
2. **Key times to wash hands!**
    You can help yourself and others stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:
    a. **Before, during,** and **after** preparing food.
    b. **After** handling raw meat, poultry, seafood, and eggs.
    c. **After** wiping counters or cleaning other surfaces with chemicals.
    d. **Before** eating food.

e. **Before and after** providing routine care for another person who needs assistance such as a child.
f. **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
g. **Before** and **after** treating a cut or wound
h. **After** using the toilet
i. **After** changing diapers or cleaning up a child who has used the toilet
j. **After** blowing your nose, coughing, or sneezing
k. **After** touching an animal, animal feed, or animal waste
l. **After** handling pet food or pet treats
m. **After** touching garbage
n. **After** removing gloves
o. **After** emptying trash/garbage and taking off gloves.

3. **During the COVID-19 pandemic, you should also clean hands:**
   a. **After** you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
   b. **Before** touching your eyes, nose, or mouth because that's how germs enter our bodies.
4. **Follow Five Steps to Wash Your Hands the Right Way**

   Washing your hands is easy, and it is one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals. Follow these five steps every time:
   a. **Wet** your hands with clean, <u>running</u> water (warm or cold), turn off the tap, and apply soap.
      i. Do not wash hands in a basin of water as hands can become re-contaminated if standing water is no longer clean. Any water temp is OK, but warmer water may cause more skin irritation.
      ii. Using soap is more effective than water alone, as surfactants in soap lift soil and microbes from skin. Also, people tend to scrub more thoroughly when using soap, which removes more germs.
      iii. Antibacterial soaps are not really any more effective than regular soap, so they are no longer able to market them to the general public.
   b. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
      i. Lathering and scrubbing hands causes friction, that helps lift microbes from skin. Microbes are present on all surfaces of the hands, especially under nails, so be sure to scrub entire hand.
   c. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

      i. Washing at least this long removes more germs from hands than washing for shorter periods.
   d. **Rinse** your hands well under clean, running water.
   e. **Dry** your hands using a clean towel or air dry. Use the paper towel to turn off the faucet. Germs transfer more easily to and from wet hands, so dry well after washing.

5. Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

a. **Sanitizers can quickly reduce the number of germs on hands in many situations, however**
    i. Sanitizers do **not** get rid of all types of germs.
    ii. Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
    iii. Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

b. **How to use sanitizers**
    i. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
    ii. Rub your hands together
    iii. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 30 seconds.

Attachment #3.4 - Proper Mask Wear

1. **Why do we need masks?**
    a. Imagine people smoking really bad and try to avoid breathing it in.
    b. The greatest COVID-19 risk is being around breathing, laughing, singing, coughing, sneezing, talking people! More droplets are produced.
    c. Wear a mask to protect yourself by filtering out droplets and virus particles from the air you breathe in to prevent you from becoming ill.
    d. Wear your mask to protect others from your droplets, in case you have COVID-19 and are not having symptoms yet. (asymptomatic spread)
    e. Masks with exhalation valves do not protect others from what you breathe out, as the exhalation is unfiltered. This type of mask should not be use at CAP activities.
    f. Masks, even homemade ones, do work to help stop spread of COVID-19
2. **When do we need to wear masks?**
    a. Whenever inside on a CAP activity keep your mask properly in place the entire time.
    b. When in an aircraft or vehicle with others.
    c. If outside and unable to maintain social distancing while doing a necessary task
3. **How to wear mask for best protection.**
    a. Wash your hands before putting on face covering
    b. Place the mask over your nose and mouth and be sure the bottom edge wraps around and under your chin.
    c. Be sure the mask fits snugly against the sides of your face and contours around your nose so there are not air gaps.
    d. Be sure the mask comes up high on the nose and under glasses. (Don't barely cover the tip of your nose or allow the mask to drop off the nose)

e. Don't wear the mask down under the chin with the nose and mouth exposed.
f. Don't touch your face or the mask. If you touch the face or mask to adjust, you should use hand sanitizer or wash hands for 20 seconds.
g. An improperly fitting mask can allow viral droplets to slip around the side. Facial hair can also affect their performance and prevent a good seal.

4. **Taking off the mask.**
   a. Untie the strings behind your head or grasp the ear loops and take off the mask, handing the mask only by the ties or loops.
   b. Fold outside corners together
   c. Do not touch your eyes, nose or mouth when removing face covering.
   d. Place covering in washing machine or in a plastic bag to go to the wash and tie it closed.
   e. Wash your hands with soap and water.
   f. Wash mask daily and whenever soiled in hot water and mild detergent and dry completely in a hot dryer. Store in a clean container or bag.

Attachment #3.5 - Screening Questions and COVID-19 Symptom List

1. **Have you been exposed to anyone with COVID in the last 14 days?**
2. **Have you traveled outside the U.S. in the last 14 days?**
3. **Have you had a fever of 100.4° or greater?**
4. **Do you feel unwell or do you have any flu-like symptoms?**
5. **Have you had any of the following symptoms recently:**
   a. Cough (dry or with sputum or blood)
   b. Shortness of breath or difficulty breathing
   c. Fever, chills
   d. Muscle aches, pain
   e. Sore throat
   f. New loss of taste or smell
   g. Nausea, Vomiting
   h. Diarrhea
   i. Conjunctivitis (red, irritated, watery eyes)
   j. Headache
   k. Fatigue
   l. Pleuritic chest pain
   m. Nasal congestion
   n. Rash on fingers and toes or elsewhere on body
   o. seizure, numbness, confusion

Symptoms of Coronavirus (COVID-19)

Your symptoms can include the following:

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.

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

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

cdc.gov/coronavirus

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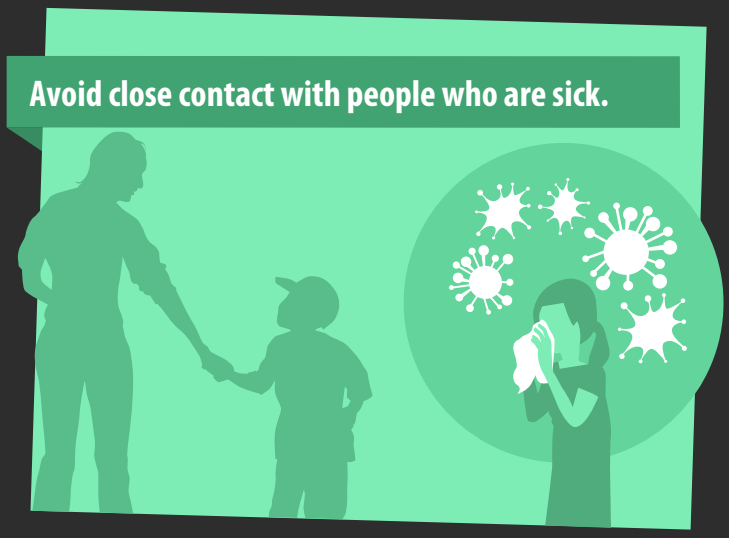
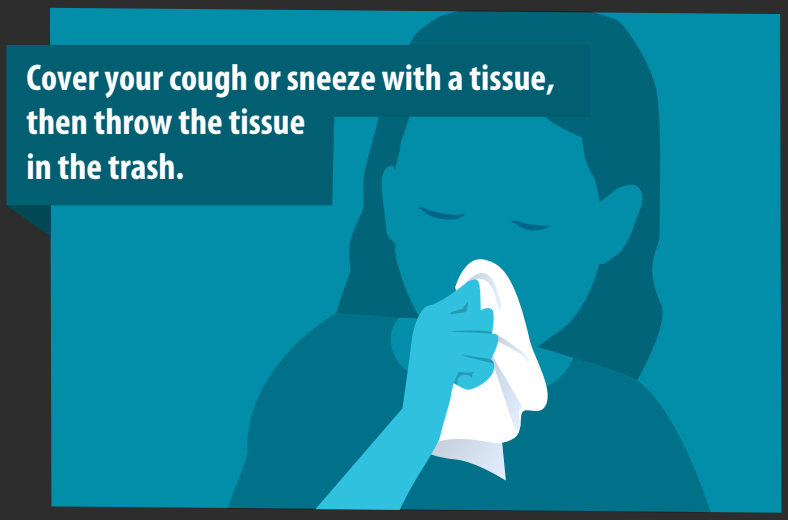
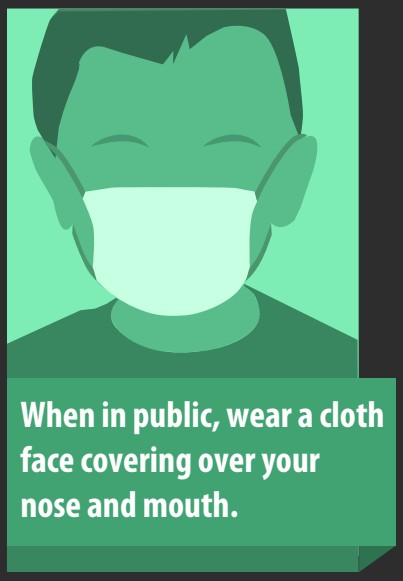
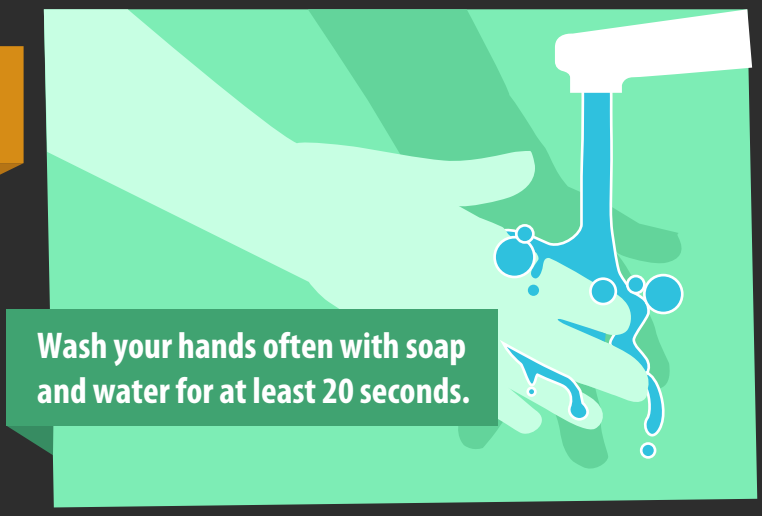
Stop the Spread of Germs

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









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Important Information About Your Cloth Face Coverings

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

Stay at home as much as possible

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

Clean your hands often

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

How cloth face coverings work

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

How cloth face coverings are different from other types of masks

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

N95 respirator

Cloth covering

General considerations for the use of cloth face coverings

When using a cloth face covering, make sure:

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

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

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

cdc.gov/coronavirus

CS 316651-A 05/04/2020

HEADQUARTERS MICHIGAN WING
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
43401 North Jefferson
Bldg 825, Rm 317
Selfridge ANGB, MI 48045-4918

05 Jun 2020

MEMORANDUM FOR ALL UNIT COMMANDERS

FROM: MIWG/SEA

SUBJECT: The Safe Remobilization of Michigan Wing

1. We anticipate the imminent Phase I Remobilization of Michigan Wing. This will allow for limited in-person meetings of 10 members or less, subject to pre-meeting temperature checks and health questioning, Personal Protective Equipment (PPE), social distancing, and sanitization measures before, during, and after meetings.

2. Please reference the following guidance to keep our membership safe during all phases of the plan. You will need to familiarize yourself with the following guidance material:

a. Public Health Measures for Safe Meetings. Provided by the COVID-19 Planning Team, this information provides guidance for each unit, for the Remobilization process.

b. The COVID-19 resource material that CAP National Headquarters (CAP NHQ) has developed for our use. This material includes COVID-19 ORM forms to mitigate local risks and are available at: https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidrm

c. "The "5 M's" for Coronavirus-Special Risk Considerations During COVID-19 Crisis" (attached to this memo).

3. Commanders with no Health Service Officers (HSO) assigned, or without HSOs present, should delegate the pre-meeting temperature screenings, health questioning, and other pre-meeting steps to their Safety Officer. Safety Officers will ensure and encourage compliance of PPE use and health safety measures.

4. Throughout remobilization, it is required units use the CAP Safety Operational Risk Management (ORM) process as defined in the new CAPR-160-1, Civil Air Patrol Safety Program, prior to your planned meetings. Each unit must complete the appropriate written ORM (CAPF 160-Deliberated Risk Assessment Worksheet, CAPF 160S-Real Time Risk Assessment Worksheet, and/or CAPR 160HL-Hazard Listing Worksheet) documents for all meetings as defined in CAPR 160-1, paragraph 3.3. The ORM process should be reaccomplished as circumstances warrant. This could include a change in meeting location, a change in meeting activity which could increase risk of COVID-19 transmissibility, or the eventual increase in allowed in-person attendees as we transition Phases.

5. Included in each risk assessment there should be focus on COVID-19 transmissibility risks and all possible mitigation efforts for those defined risks. This includes meeting attendance limits, the identification of PPE which includes, but not limited to, face masks, gloves, no-touch thermometers, hand sanitizer, social distancing, hand washing, surface cleaning/disinfection, and any other equipment designated as needed by the COVID-19 Planning Team's information for meetings to reduce risk of exposure.

6. Adequate supplies of PPE, sanitizer, and disinfectant products should be on-hand prior to any meetings. If the required PPE, as defined in the meeting's risk assessment is not available, then the meeting should not be conducted. Members are encouraged to provide their own PPE, but the units should assist with supply of additional PPE and all other necessary items. Bear in mind that local shortages of PPE and sanitizing products have been varying or persistent in some locations, so plan accordingly.

7. All ORM documentation and attendance logs must be accurately recorded and maintained, for a date yet to be determined, to allow for later contact tracing by local Public Health Departments if necessary. The Unit Commander and the Safety Officer should know the location of this documentation, to ensure immediate access if needed.

8. Commanders at the unit level should be deliberate in selecting those members who will initially participate in-person, selecting only those members who are at Low-Risk and have the maturity and responsibility required to help establish and maintain procedures. Members should be encouraged to self-assess their individual health factors that would place them at a High Risk, while keeping their health information private and confidential. Those at High Risk will not attend in-person and should continue to participate virtually to protect themselves until Phase III.

9. In the event of possible exposure, hospitalization, or death of a wing member due to COVID-19, CAPR 35-2, Notification Procedures in Case of Death, Injury or Serious Illness, should be referenced and immediately reported to the Wing Commander.

10. Please review this email with your unit leadership. If you have any questions, comments, or concerns about the ORM process, remobilization, or any other aspect of the Safety Program, please do not hesitate to contact the Safety Team.

//SIGNED//
RICHARD C. LOUYS JR, 1st Lt, CAP
ASSISTANT DIRECTOR OF SAFETY

Attachment: The 5 M's for Coronavirus

The "5 M's" for Coronavirus

Special Risk Considerations During COVID-19 Crisis

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

Using the 5 M's in A Risk Assessment:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HEADQUARTERS MICHIGAN WING
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05 Jun 2020

MEMORANDUM FOR OUR MICHIGAN WING FAMILIES

FROM: GLR-MI-001/CC

SUBJECT: The Safe Opening of Regularly Scheduled Meeting

1. Firstly, let me say thank you for your patience and perseverance during these strange and trying times. We appreciate your understanding for the need for new and enhanced safety precautions. The safety and well-being of our members and volunteers is our top priority.

2. Michigan Wing has established a team to meet the criteria, set forth by National Headquarters (NHQ), to start the three phase process of reopening the wing. State 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 when in close proximity, temperature checks before arrival and/or before entrance into a building, etc. Members will be asked about any flu or virus related symptoms prior to arrival at a meeting. If members show any symptoms, they are asked not to attend the meeting for the safety of themselves and others. Phase I does not include a full attendance of meetings as we will be limited to 10 people and social distancing, but small groups of training or planning are allowed.

3. As planning for the reopening of the wing continues, we may progress to further stages or regress depending on the information from our local health department, CDC, wing, and NHQ. 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 they are not required. We thank you for your patience and understanding. It is important through these non-ideal times to stay connected and maintain a strong Michigan Wing family.

4. If you have any questions or concerns, please contact me by phone 248-320-2778, or by email rkothari@cap.gov.

//SIGNED//
RAJESH U. KOTHARI, Col, CAP
Commander