



Post-COVID-19 Remobilization of the Membership Plan

Phase I: Resuming Regularly Scheduled Meetings

NDWG
Completed 5 June 2020

Template Updated 12 May 2020

COVID-19 Remobilization of the Membership Plan – Phase I

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

Health Services Officer data from CAP National CODID-19 approved plans has been used to cover gaps in this wing's available resources.

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

Plan Coordinator and Point of Contact: Lt Col Dean Reiter, CAP

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Alternate POC: North Dakota Wing CC, Col Schuler, 701-330-4200, Ken.Schuler@ndcap.us

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

North Dakota wing has been monitoring the situation intensely over the last few weeks in anticipation of reopening. North Dakota state has moved from red to yellow on the Covid Act Now website on 28 April 2020 with a current infection rate of 1.06 as of 23 May 2020. Since then, the state's infection rate has decreased to a recent 7-day rate of .92 in the green. The state's positive test rate has been in the green three times. As of 24 May, our rate has steadily decreased with a current positive test rate of 2.6 in the green. Our ICU headroom used is at 7 and has always been in the green. As of 29 May 2020, our governor moved the state of North Dakota into the green – low risk level under the states ND Smart Restart Plan. [https://ndresponse.gov/covid-19-resources/covid-19-business-and-employer-resources/nd-smart-restart-](https://ndresponse.gov/covid-19-resources/covid-19-business-and-employer-resources/nd-smart-restart/) [protocols?fbclid=IwAR1X-UjDdCd6iZ26znyWEWclOVNDbCh2SDP9Xe_y-GtWhd8_XXUJ5f7Q1ycs](https://ndresponse.gov/covid-19-resources/covid-19-business-and-employer-resources/nd-smart-restart-protocols?fbclid=IwAR1X-UjDdCd6iZ26znyWEWclOVNDbCh2SDP9Xe_y-GtWhd8_XXUJ5f7Q1ycs). ND has conducted 74,502 tests resulting in 2,679 positive cases and 71,823 cases with negative results. The state currently has 34 hospitalized out of 172 totals. 2,169 have recovered with only 66 deaths in the state. Once this plan is approved, NDWG CC will work with squadron commanders and the planning team on how to best open their squadrons for operations and training. NDWG's remobilization planning team will monitor the process daily and let us know if anything changes. Any changes will be reported, and proper measures put in place. All counties in ND do not have heavier restrictions than the state. We will continually monitor the rate of cases testing positive and adjust our plans accordingly. Our proposed phase 1 transition is 15 June 2020, at the earliest.

Plan Completed By: Lt Col Reiter

Last Updated: 9 June 2020

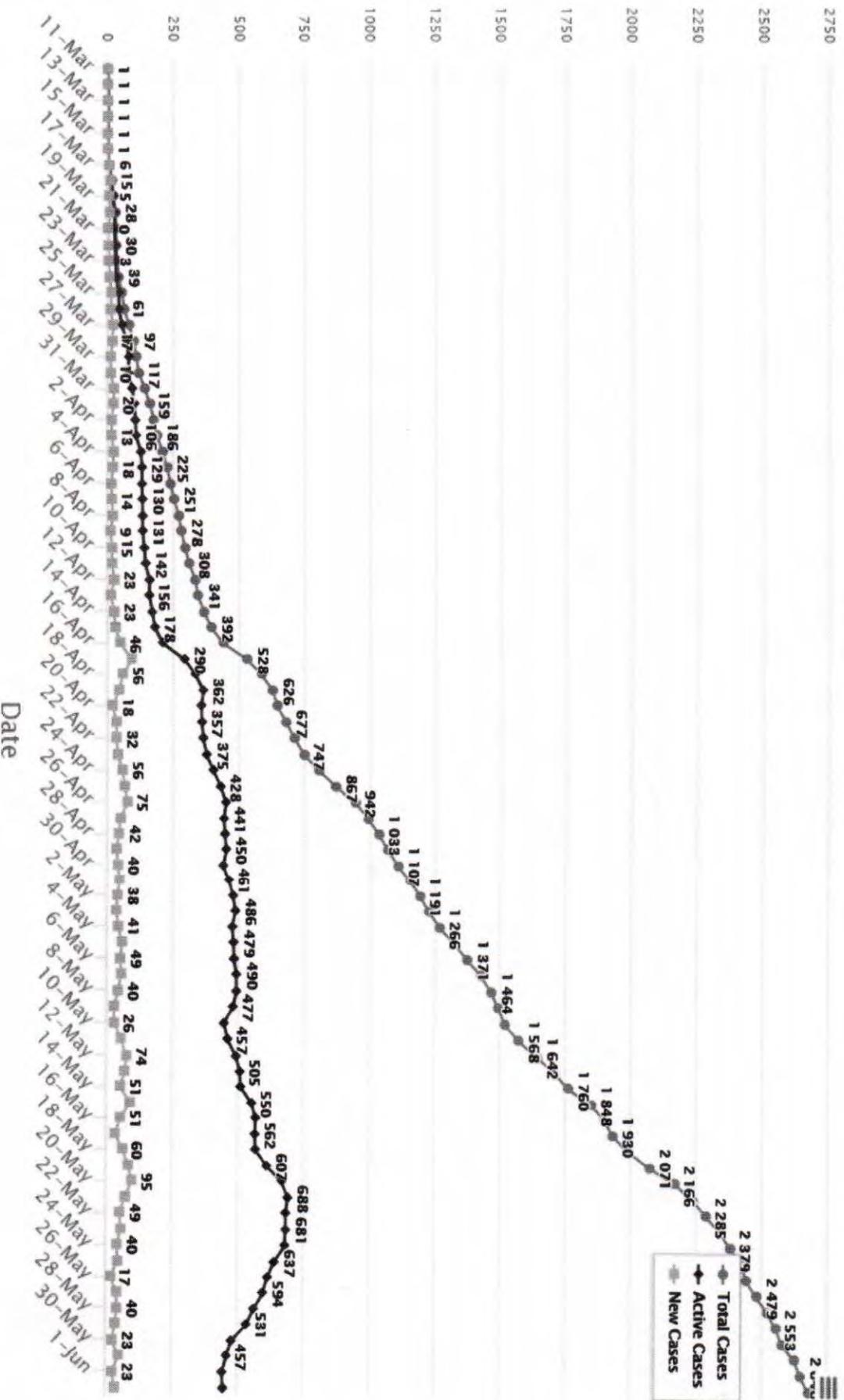
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ND Wing

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Trending Curve

Best viewed on desktop or in landscape mode on mobile (i.e. holding the phone sideways)



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)	Sean Johnson	2 June		2 June	State government guidance currently allows gatherings. Hyperlink - www.ndresponse.gov
1.2.	Hold meeting with between Plan Coordinator and Health Services Officer	Dean Reiter	3 June		4 June	Wing has no HSO. Wing is using health guidelines from <i>previously approved</i> CAP National COVID-19 team plans.
1.2.1.	Wing priorities for training events should be coordinated	Ken Schuler	3 June		3 June	Coordinated with DO/D/CP. Phase I training priorities plan attached
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	Sean Johnson	2 June		2 June	State and local health guidance for jurisdictions where units reside agree, see 1.1.
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	Ken Schuler	2 June		2 June	CDC documents attached.
1.2.2.	Consult with Wing Legal Officer about resuming meetings	Ken Schuler	4 June		5 June	Wing legal officer agrees that phase I plan is appropriate. Memo attached.
1.2.3.	Coordinate with Wing Director of Safety	Ken Schuler	3 June		4 June	Coordination completed
1.2.3.1.	Verify proper risk planning tools are available to units	Shawn Huizenga	3 June		4 June	Units notified by email. See attachment
1.2.3.2.	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	Shawn Huizenga	3 June		4 June	Units notified by email. See attachment
1.2.4.	Coordinate with Wing Director of Cadet Programs	Dean Reiter	3 June		3 June	Coordination completed.
1.2.4.1.	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	Trevor McDowell	3 June		4 June	Email and recommendations letter attached
1.2.4.2.	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	Ken Schuler	4 June		4 June	Units will use attached wing commander reopening memo

Plan Completed By: Lt Col Reiter

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COVID-19 Remobilization of the Membership Plan – Phase I

Phase I: Resuming Regularly Scheduled Meetings (Continued)

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.3.	Have subordinate unit commanders verify that local governments do not have more restrictive social-distancing guidelines than those at the state level	Sean Johnson	2 June		2 June	No local government has more restrictive social distancing guidelines than those at state level. See 1.1
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.	Dean Reiter	TBD		TBD	
1.4.1.	Briefly describe/ summarize previous coordination accomplished	Dean Reiter	9 June		9 June	Changed training priority plan and cadet safety plan orientation ride verbiage for clarification
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	Sean Johnson	2 June		2 June	No jurisdictional restrictions are in place from State or Local Governments. See 1.1.
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	Dean Reiter	TBD		TBD	Phase 2 start and reinstate meetings dependent on Phase 1 start approval
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	Dean Reiter	TBD		TBD	
1.6.	Publish the date that meetings may resume to subordinate units	Dean Reiter	TBD		TBD	After approval by COVID response team. Meeting to be accomplished with wing staff and all unit commanders to cover plan details
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	Ken Schuler	2 June		4 June	Wing director of safety tasked
1.7.1.	Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated	Shawn Huizenga	2 June		4 June	Email sent. See attachments
1.7.2.	Unit Safety Officers will emphasize continued use of face coverings, gloves, and hand sanitizer, as well as social distancing, hand washing and surface cleaning/disinfection	Shawn Huizenga	2 June		4 June	Email sent. See attachments
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	Ken Schuler	4 June		4 June	Wing has no HSO. Wing is using health guidelines from previously approved CAP National COVID-19 team plans.

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COVID-19 Remobilization of the Membership Plan – Phase I

Phase I: Resuming Regularly Scheduled Meetings (Continued)

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.8.1.	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.	Ken Schuler	4 June		4 June	See attached health services document
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	Ken Schuler	4 June		4 June	See attached health services document
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)	Ken Schuler	4 June		4 June	See attached health services document
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	Trevor McDowell	3 June		4 June	Wing DCP tasked
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	Trevor McDowell	3 June		4 June	Critical or command staff only due to meeting size limit. See attached DCP letter of information
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	Trevor McDowell	3 June		4 June	Units will use attached wing commander memo

NDWG PHASE 1 TRAINING PRIORITIES

1. Continue with AFAM/Corporate missions for COVID-19 support - maintain CDC safety guidelines
2. Regular Unit Meetings - outside as much as possible, maximum groups of 10 in local vicinity, maintain CDC guidelines on social distancing and cloth face coverings
 - a. Safety
 - b. Character Development
 - c. Aerospace Education
 - d. Leadership
 - e. Physical Training
3. Emergency Services training - maintain CDC guidelines on social distancing and cloth face coverings
 - a. Ground Teams - maintain social distancing, radios wiped with sanitizing wipes after use, cloth face coverings worn when in close proximity (less than 6 feet)
 - b. Aircrew - cloth face coverings worn in aircraft at all times, internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight, social distancing maintained during preflight and movements outside the aircraft
 - c. Mission Staff - cloth face coverings worn at all times (unless radio operations are inhibited by it), radios and all high-contact surface areas (chairs, counters, door handles, etc.) wiped with sanitizing cloths every hour, social distancing as practical
4. Professional Development - maintain CDC guidelines on social distancing and cloth face coverings
 - a. GTA/CLC - all high-contact surfaces wiped with sanitizing cloths every hour
 - b. ES / Specialty Track Training - all high-contact surfaces wiped with sanitizing cloths as often as deemed practical based on length/intensity of training
 - c. Wing Conference (if held during Phase 1) - cloth face coverings required, all high-contact surfaces wiped with sanitizing cloths between seminars, social distancing where possible, no more than 10 people in a classroom/conference area
5. Cadet Flight Training - May be conducted. Cloth face coverings worn in aircraft, internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight, social distancing maintained during preflight and ground school where possible

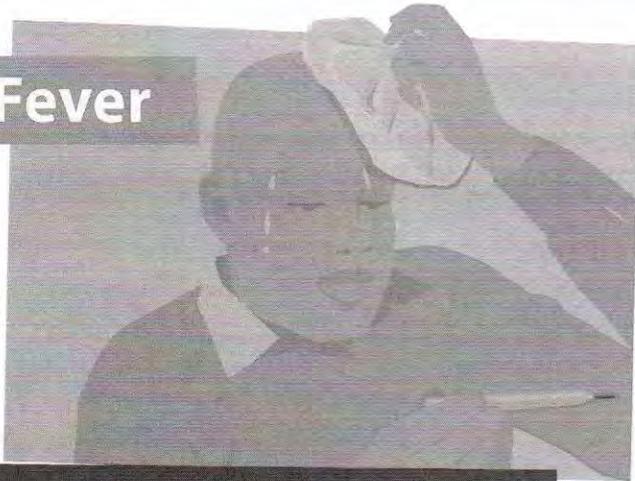
SPECIFIC ES TRAINING

1. Pilot training as needed
2. MP training as needed
3. MS & MO training as needed
4. Mission staff training as needed
5. All ground team position training as needed
6. UAS training and certifications
7. Communications training as needed

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.

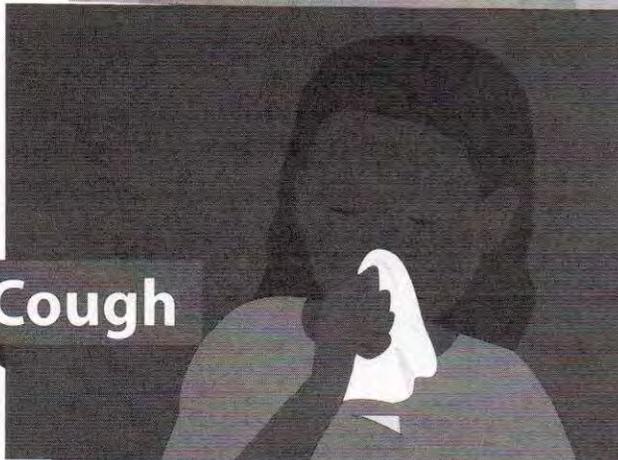
Symptoms can appear 2-14 days after you are exposed to the virus that causes COVID-19.

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

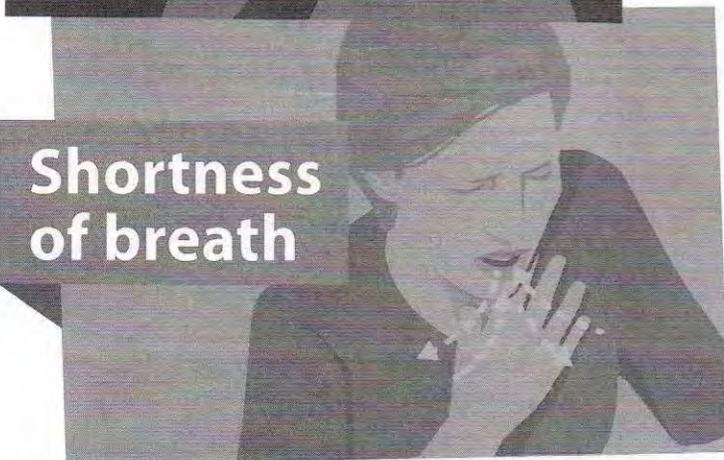
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

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

Cough



Shortness of breath

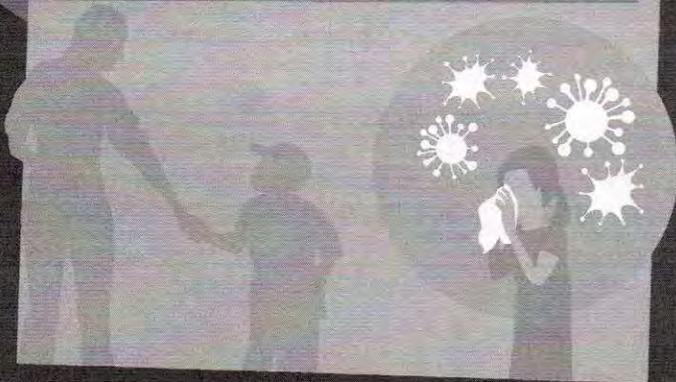


[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

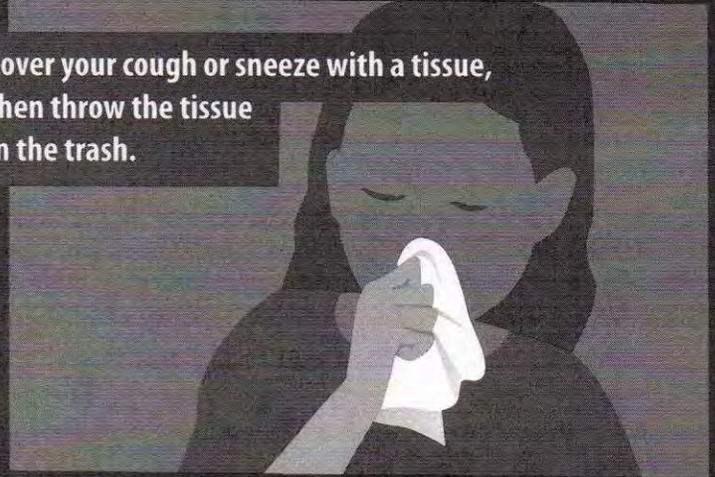
Stop the Spread of Germs

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.



Clean and disinfect frequently touched objects and surfaces.



Avoid touching your eyes, nose, and mouth.



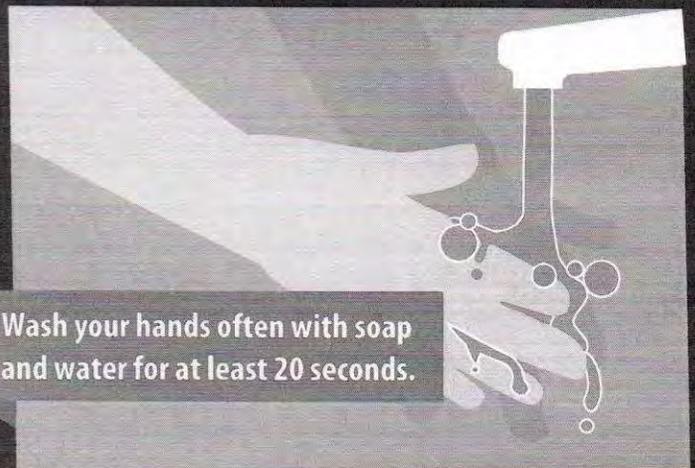
When in public, wear a cloth face covering over your nose and mouth.



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

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

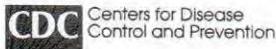


Avoid touching your face as much as possible. Keep the covering clean. Clean hands with soap and water or alcohol-based hand sanitizer immediately, before putting on, after touching or adjusting, and after removing the cloth face covering. Don't share it with anyone else unless it's washed and dried 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](https://www.cdc.gov/coronavirus)



Coronavirus Disease 2019

When to wear gloves

For the general public, CDC recommends wearing gloves when you are cleaning or caring for someone who is sick.

In most other situations, like running errands, wearing gloves is not necessary. Instead, practice everyday preventive actions like keeping social distance (at least 6 feet) from others, washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol), and wearing a cloth face covering when you have to go out in public.



When cleaning

When you are routinely cleaning and disinfecting your home.

- Follow precautions listed on the disinfectant product label, which may include-
 - wearing gloves (reusable or disposable) and
 - having good ventilation by turning on a fan or opening a window to get fresh air into the room you're cleaning.
- Wash your hands after you have removed the gloves.



When caring for someone who is sick

If you are providing care to someone who is sick at home or in another non-healthcare setting

- Use disposable gloves when cleaning and disinfecting the area around the person who is sick or other surfaces that may be frequently touched in the home.
- Use disposable gloves when touching or having contact with blood, stool, or body fluids, such as saliva, mucus, vomit, and urine.
- After using disposable gloves, throw them out in a lined trash can. Do not disinfect or reuse the gloves.
- Wash your hands after you have removed the gloves.



When gloves aren't needed

Wearing gloves outside of these instances (for example, when using a shopping cart or using an ATM) will not necessarily protect you from getting COVID-19 and may still lead to the spread of germs. The best way to protect yourself from germs when running errands and after going out is to regularly wash your hands with soap and water for 20 seconds or use hand sanitizer with at least 60% alcohol.



Other ways to protect yourself

COVID-19 is a respiratory virus and is mainly spread through droplets created when a person who is infected coughs, sneezes, or talks. You can protect yourself by keeping social distance (at least 6 feet) from others and washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol) at key times, and practicing everyday preventive actions.



Gloves in the workplace

Guidelines and recommendations for glove use in healthcare and work settings will differ from recommendations for the general public.

Page last reviewed: May 9, 2020



Civil Air Patrol Guideline for Gatherings

Coronavirus Risk Assessment

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



HEADQUARTERS NORTH DAKOTA WING
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
PO Box 608
Bismarck ND 58502-0608



5 June 2020

MEMORANDUM FOR NDWG/CC

FROM: NDWG/JA

SUBJECT: Review of Phase 1 Reopening Plan

1. I have reviewed the North Dakota Wing Post-COVID-19 Phase 1 Remobilization Plan. It complies with the most restrictive requirements of the State of North Dakota and the reopening plan issued by Civil Air Patrol (CAP) National Headquarters.
2. In particular regarding compliance with North Dakota requirements, North Dakota does not have a "stay-at-home" order in effect. While there have been restrictions on businesses, those restrictions were largely lifted on 30 April 2020. There remain some limitations as to percent of capacity allowed in businesses, and large group gatherings are limited to 500 people. I cannot envision a CAP gathering in North Dakota exceeding those limits. As of 1 June 2020, the State allowed public and non-public schools to host certain activities, including summer school, driver's education and college admissions testing.
3. The State has a requirement that all individuals who test positive for COVID-19 and their household members must self-quarantine in their residence for 14 days. I note that the Phase 1 Reopening Plan addresses this requirement in the "ND Wing Health Services Information" attachment.
4. Please do not hesitate to contact me if you have questions.

//Signed, twh, 5 Jun 2020//
TED W. HINESLEY, Major, CAP
Legal Officer

Remobilization Phase 1 Safety Officer Message

Shawn Huizenga <Shawn.Huizenga@ndcap.us>

Thu 6/4/2020 7:03 PM

To: Commanders <commanders@ndcap.us>

 3 attachments (1 MB)

Aircraft Sanitizing Procedures.docx; Attachment #2 Covid-19 symptoms, sanitation, and other information.pdf; Vehicle Sanitizing Procedures.docx;

Safety officers and squadron commanders

As the wing begins the process of Remobilization, it is extremely important to use the CAP Safety Risk Management process defined in CAPR 160-1 Civil Air Patrol Safety Program during all your activities. Each squadron must complete the appropriate Risk Management (RM) review (CAPF 160 - Deliberated Risk Assessment Worksheet, CAPF 160S- Real Time Risk Assessment Worksheet, and/or CAPR 160HL- Hazard Listing Worksheet) for all activities defined in paragraph 3.3. Each review must include risks assessed for COVID-19 and all mitigation efforts for those risks. This includes the identification of Personal Protective Equipment (PPE) which may include, but not limited to, gowns, face masks, face shields, gloves, temperature reading devices, or any other equipment needed for activities to reduce exposure risk. If the required PPE as defined in the activity Risk Assessment is not available, then the activity will not be conducted. Other factors that you must consider during your Risk Assessment is the use of hand sanitizer, social distancing, hand washing and surface cleaning/disinfection.

A Centers for Disease Control and Prevention (CDC) brochure that includes information about COVID-19 symptoms, how to stop the spread of germs, face mask facts, and other related information is attached. Make sure all members of your squadron are aware of this important COVID-19 related information.

If you have any question about the Risk Management (RM) process and Remobilization, please let me or the plan POC know. Once you have a plan for the implementation of RM in your Remobilization activities, please respond via email to myself and the plan POC.

Attached are documents regarding Aircraft and Vehicle sanitizing as well as CDC COVID-19 guidance.

Thank You

Shawn Huizenga



4 June 2020

LETTER OF INFORMATION FOR: NDWG members
FROM: Capt. Shawn Huizenga
SUBJECT: NDWG aircraft cleaning / sanitizing procedures

All ND aircrews and crew members. The following provides general guidance for cleaning / sanitizing CAP aircraft before and after use. All high-touch surfaces **MUST** be sanitized **BEFORE** and **AFTER** each flight or operations involving pilot or crew changes. The following are various examples, but are not limited to, high touch surfaces:

- Control yokes
- Throttle, propeller and mixture controls
- G1000 buttons and knobs (NOT the screen – If screen was touched, see note below*)
- All miscellaneous switches and knobs
- Radio controls, including mission radio
- Seat belt buckles and shoulder restraints
- Fuel sample collector cup
- Aircraft checklist
- AIF binder

Pilots and crews are required to wear a facial covering and are encouraged to wear gloves during flight and cleanup operations.

When selecting cleaners, the following guidance has been provided by the manufacturers.

***GARMIN (Avionics):**

- Cleaners containing ammonia will harm the anti-reflective coating on many Garmin aviation display lenses.
- Disinfect using a solution of 70% isopropyl alcohol that does not contain ammonia. Solutions of up to 91% isopropyl alcohol are acceptable.

- Clean the display lens using a clean lint-free cloth and a cleaner that is specified as safe for anti-reflective coatings.
- For other exposed surfaces such as knobs, buttons, and bezels, a damp cloth with soap and water is acceptable. Garmin does not recommend bleach-based cleaners, ammonia-based cleaners, or other harsh chemicals on any surface.
- Remove all soap/soap residue to prevent buttons and knobs from gumming up or becoming slippery.
- Many aviation products are not rated as waterproof. Spraying or wetting the units to the extent where moisture could go beyond the exterior surfaces could damage the unit.

Textron (Aircraft and Hardware):

Aircraft furnishings: Use 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.

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 coating.

This directive will be in place until rescinded by Wing, Region, or National Headquarters or replaced with a directive for Phase 2 of the ND Wing remobilization.

v/r

Shawn Huizenga, Capt, CAP
NDWG Safety Officer



4 June 2020

LETTER OF INFORMATION FOR: NDWG members

FROM: Capt. Shawn Huizenga

SUBJECT: NDWG vehicle cleaning / sanitizing procedures

All NDWG members. The following provides general guidance for cleaning / sanitizing CAP vehicles before and after use. All high-touch surfaces **MUST** be sanitized **BEFORE** and **AFTER** each use. The following are various examples, but are not limited to, high touch surfaces:

- Steering wheel and all associated controls
- Radio Controls (both CAP FM and standard radio, to include Mike buttons/speaking area)
- Seat belt buckles (both ends)
- All door handles / window controls
- Seat adjustment controls (fore/aft, up/down, lumbar support)
- Hood opening handles
- Vehicle binder wiped down after use

Using a minimum of a 60% alcohol-based solution, wipe all surfaces down and allow to air dry. In the case of door handles and seat belts, sanitize all handles and seat belts before the first use of the day and after that, only the ones that were used will need to be re-sanitized.

Drivers are required to wear a facial covering and are encouraged to wear gloves while operating the CAP corporate vehicles.

This directive will be in place until rescinded by Wing, Region, or National Headquarters and replaced with a directive for Phase 2 of the ND Wing remobilization.

v/r

Shawn Huizenga, Capt, CAP
NDWG Safety Officer

Cadet Programs Rules-ND Wing Phase I Plan (COVID-19)

Trevor McDowell <Trevor.McDowell@ndcap.us>

Thu 6/4/2020 9:46 PM

To: ND005 Commander <005cc@ndcap.us>; ND021 Commander <021cc@ndcap.us>; ND021 Deputy Commander <021dc@ndcap.us>; ND030 Commander <030cc@ndcap.us>; ND031 Commander <031cc@ndcap.us>; ND044 Commander <044cc@ndcap.us>; ND119 Commander <119cc@ndcap.us>; v1flemming@hotmail.com <v1flemming@hotmail.com>; Eve Mercer <eve.mercer@ndcap.us>; rapidcitycap@gmail.com <rapidcitycap@gmail.com>; Rebecca Nyberg <jmran@daktel.com>; 2ltjohndscott <2ltjohndscott@gmail.com>; Richard Mehrer <richardm_83@outlook.com>; John Hoeck <jhoeck2002@gmail.com>
Cc: Ken Schuler <Ken.Schuler@ndcap.us>; Dean Reiter <Dean.Reiter@ndcap.us>; Justin McDowell <Justin.McDowell@ndcap.us>

📎 1 attachments (102 KB)

1.2.4.1 DCP recommendations ND Wing.docx;

Good Evening Senior Wing Cadet Program Officers,

Attached you will find a letter with some safety rules that must be followed when conducting cadet programming activities during Phase I operations. These safety rules will be implemented once the Wing Commander & NHQ Staff has determined that our Wing OR an individual Squadron(s) can move into Phase I operations of restarting CAP in-person type events (stay tuned for an email announcement).

It is all of our responsibilities as Senior Cadet Program Officers to ensure that these safety rules are followed within each of our Squadrons. Your commitment to CAP core values in relation to following these safety rules is key to operating a successful Phase I operation. Only after a successful Phase I operation as determined by Col. Schuler & NHQ staff, can the Wing or Squadron(s) move into Phase II operations and beyond.

I appreciate how difficult it has been over the last few months to keep cadets engaged in your home Squadrons. I look forward to moving through these phases in a controlled manner that demonstrates how resilient we can be as an organization. If you have questions about the attached safety rules, please reach out to me and also Maj. Justin McDowell.

Thank You,



Maj Trevor McDowell, CAP

ND Wing Director of Cadet Programs
ND Wing Director of Professional Development
(C) 218.329.8693
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U.S. Air Force Auxiliary
gocivilairpatrol.com
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4 June 2020

LETTER OF INFORMATION FOR: **Senior Cadet Program Officers**

FROM: Major Trevor McDowell, Director of Cadet Programs, ND Wing

SUBJECT: NDWG COVID-19 Safety Plan for Cadets

Cadet Program Officers,

Our Wing Commander will soon release information to our membership on Phase I operations regarding our remobilization plan for North Dakota Wing. CAP remains committed to safety and ensuring we are taking measures to keep cadets safe while they participate in CAP activities.

To reiterate what Phase I operations means for North Dakota Wing: In person meetings for mission critical personnel and command personnel may resume following safety rule criteria below:

- A. Meetings held in person must be 10 or less members (including supervising parent sponsors).
- B. Guests are not allowed or must remain completely outside of the meeting area.
- C. Touch free temperatures must be taken prior to entering the meeting area.
 - a. An alternate is for the member to take their temperature at home and report their temperature upon sign in.
- D. Attendance log is mandatory and must be saved for future review by the Squadron or Wing.
 - a. Please designate one member to fill out the attendance log and have members provide information for the attendance log virtually or using social distancing guidelines, 6 +ft.
- E. Frequent hand washing, use of sanitizer, and sanitizing wipes must be used during the meeting activity.
- F. Members must socially distance and remain 6 ft from one another during their meeting. If 6ft distancing is not allowed due to meeting limitations, the members are not authorized to meet.
- G. Members must always wear face masks while performing CAP duties unless an underlying health condition has exempted them from the requirement (to be reported and documented via email to the Squadron Commander).
- H. Members may be asked about general symptoms related to COVID19 prior to a meeting. If members show or report any symptoms, they may be asked to not attend the meeting for the safety of themselves and others.
- I. Cadets in a high-risk medical category are encouraged not to resume in person meetings during Phase I.
- J. Phase I operations **do not include** resuming normal squadron meetings even if your attendance would remain under 10 members.
- K. Phase I operations **do not include** weekend activities, overnight activities, or gathering in groups larger than 10 even if the members can adequately distance themselves.

It is essential that we find creative ways for our cadets to continue participating in virtual meetings and activities during Phase I operations. Each cadet/composite squadron should hold at least two virtual online meetings a month. I encourage each Squadron to work together to plan continuing education and training opportunities through virtual leadership academies, curry challenges, remote drill instruction, aerospace online games, etc. This is the time to get creative and allow our cadets to explore all areas of our program, even if we are restricted

When it is time to progress to Phase II operations and allow in person meetings, you can plan for various changes in meeting formats. Those changes will include the items listed for Phase I operations but will include the following rule modifications:

- A. All SM & Cadet membership categories may now meet.
- B. Cadet Drill to be held at double arm interval.
- C. Meetings to occur outdoors as much as possible.
- D. Groups often to be separated by at least 10 feet.
- E. **UNDER PHASE II ONLY:** Cadet O-Rides may resume but will require the wearing of face masks and sanitizing internal aircraft surfaces, to include headphone gear after each flight.
 - a. Preflight briefings and checks are to be conducted while maintaining social distancing whenever possible.

Lastly, your dedication and commitment to the cadet program and more specifically for our cadets is admirable. I appreciate how difficult it has been over the last few months to keep cadet engaged in your home Squadrons. I look forward to moving through these phases in a controlled manner that demonstrates how resilient we can be as an organization.

V/R

Maj Trevor McDowell, CAP

ND Wing Director of Cadet Programs

ND Wing Director of Professional Development

(C) 218.329.8693

(E) Trevor.McDowell@ndcap.us

[Note: these safety rules are subject to change at any time as determined by Maj. Trevor McDowell, Col. Schuler, Region or NHQ Staff]



HEADQUARTERS NORTH DAKOTA WING
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
PO Box 608
Bismarck ND 58502-0608



6 June 2020

LETTER OF INFORMATION FOR: Members, volunteers, and family of North Dakota Wing

FROM: Col Ken Schuler, NDWG Commander

SUBJECT: NDWG COVID-19 Safety Reopening Plan

Members, volunteers, and family members of North Dakota Wing.

The last several months has required a lot of patience and understanding of the safety precautions and orders from National, State, and Local governments. I hope you and your families are well during this current challenge with COVID-19. The safety of our members and our volunteers will always remain as our top priority. National has provided additional guidance for Wings as we move from a Phase 0 which we are currently operating. We have prepared and submitted our plan for approval to move to Phase I.

National has a three-phase process for reopening and resuming CAP in person activities. State, and local guidelines are being monitored daily and we have formed a re-mobilization committee that will continue to monitor health guidelines, communicate recommendations, and prepare our Wing for each phase.

North Dakota Wing has applied for a Phase I release from National. Phase 1 for North Dakota includes the following:

In person meetings for mission critical personnel and command personnel may resume following the safety criteria below:

- a. Meetings in person must be 10 or less members including supervising parent sponsors.
- b. Guests are not allowed or must remain outside of the meeting area
- c. Touch free temperatures must be taken prior to entering the meeting area, an alternate is for the member to take their temperature at home and report their temperature upon sign in.
- d. Attendance log is mandatory and must be saved for future review.
- e. Frequent hand washing, use of sanitizer, and sanitizing wipes must be used during the meeting activity.
- f. Members must socially distance and remain 6 ft from one another during their meeting. If 6ft distancing is not allowed due to meeting limitations; the members are not authorized to meet.

- g. Members must always wear face masks while performing CAP duties unless an underlying health condition as exempted them from the requirement.
- h. Members may be asked about general symptoms related to COVID19 prior to a meeting. If members show or report any symptoms, they may be asked to not attend the meeting for the safety of themselves and others.
- i. If you are in a high-risk medical category, you are encouraged not to resume in person meetings at Phase I.

Phase I includes resuming normal squadron meetings **if** meeting attendance remains under 10 members. During phase 1, virtual meetings should continue, but squadron commanders, Deputy Commanders for Cadets, Cadet Commander, Flight Officers/Flight Sergeants, and other necessary staff with a maximum of ten can gather for the planning of the virtual meetings. Phase I does not include weekend activities, overnight activities, or gathering in groups larger than 10 members even if the members can adequately distance themselves.

As our remobilization team continues to monitor National, State, and Local guidelines, recommendations to progress to further stages of our remobilization plan can occur, along with the possibility of regressing to a more restrictive phase. Your safety is our top priority and that will continue to drive North Dakota Wing in our decisions that impact our members and our families.

It is important through these challenging times that we stay connected. I hope many, if not all of you, have been able to stay connected and engaged in online squadron meetings. I thank you for your patience and understanding.

V/R

Ken Schuler
Ken D. Schuler, Colonel, CAP
Commander, NDWG

ND Wing Health Services Information

TO: NDWG squadron commanders

FROM: Col Ken Schuler

RE: NDWG reopening health services information

DATE: 4 June 2020

1. In anticipation of the re-opening of the North Dakota wing, please consider the following guidance to keep our membership safe during phase I. In person, meetings will be allowed once our plan is approved. These will be limited to no more than **TEN** members.

- a. Before opening the building to members, the squadron commander **MUST** do a thorough cleaning/disinfecting of the entire building, focusing on high-touch areas such as tables, chairs, and bathrooms etc.
- b. Squadron commanders will reconfigure their building seating areas to allow for "social distancing" requirements of 6 feet on all sides of any one person.
- c. If a squadron commander wishes to have multiple groups (e.g. Cadet Airmen, Cadet NCO's etc.) on the same meeting night, that is allowed if the total number in attendance does not exceed 10 people. Proper sanitization of any high touch surfaces (tables, chairs, doorknobs etc.) **MUST** be accomplished before the next group is allowed in the building.

2. Units should set up and conduct a brief screening at the entrance to the meeting. Screening questions should include the following:

- a. Has the member had any symptoms of a new fever, cough, or body aches?
- b. Has the member tested positive for, or have a test pending for COVID-19?
- c. Has the member had a household exposure to a confirmed or suspected case of COVID- 19 in the last 2 weeks?
- d. Has the member, or any member of their household traveled outside the state in the last 2 weeks?

Any positive responses should be referred to the squadron commander who should recommend non-admittance to the meeting. The reporting of any active symptoms or fever should prompt a recommendation of non-admittance and an immediate assessment by the member's primary care provider.

3. Units should consider screening with no-touch thermometers prior to entry to the meeting and/or require members to take their temperature at home prior to attending the activity. CDC defines a fever as greater than 100.4 F. Please see the guidance document at:

https://www.gocivilairpatrol.com/media/cms/CAP_COVID_19_Temperature_Screening_29C5E049DA530.pdf

4. Units should perform all appropriate public health measures including social distancing, surface cleaning/disinfection, masks, and hand washing/sanitizing. The wearing of masks during the meeting is **MANDATORY**. The wearing of gloves is recommended if available but should not be considered a substitute for appropriate hand washing/sanitizing and surface decontamination.

- a. Where surface disinfection is being conducted, please reference the list of products tested for

efficacy against COVID-19.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

5. Members considered to be “high-risk” by CDC guidelines should be encouraged to participate in the meetings virtually. Also, members with a household contact with any of these risks should consider participation virtually. These include:

a. People 65 years and older or live in a nursing home or long-term care facility
b. People of all ages with underlying medical conditions, particularly if not well controlled, including:

1. People with chronic lung disease or moderate to severe asthma, serious heart conditions, diabetes, liver disease, or immunocompromised

c. Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

1. People with severe obesity (body mass index [BMI] of 40 or higher)

2. People with chronic kidney disease undergoing dialysis

We are relieved that North Dakota has had a relatively low COVID-19 burden. While that is exciting, we must continue to remain vigilant and behave responsibly when it comes to the meaningful implementation of the recommendations meant to protect our members and their families. Please reach out to your wing staff to stay informed of any additional restrictions that your own localities may have implemented in addition to those at the National and State levels. Where discrepancies exist, it is the current practice to follow the most restrictive directives regarding gatherings.



Col Ken Schuler
NDWG CC