

Approved: 10 December 2020



COVID-19 Remobilization of the Membership Plan

Phase I: Resuming Regularly Scheduled Meetings and Limited Flight Operations

OKWG
Completed 18 NOV 2020

Template Updated 8 June 2020

COVID-19 Remobilization of the Membership Plan – Phase I

This plan has been developed for Oklahoma 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 Southwest Region, 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.*

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

On 7 MAR 2020, the first patient, a male in his 50s from Tulsa, OK, was diagnosed with COVID-19 after returning from travel to Italy. By 13 MAR, there were four cases, including the first in Oklahoma City, a woman in her 60s who had returned from Florida. By 15 MAR 20, 7 cases had been diagnosed, and by 18 MAR, there were 29 diagnosed, active cases and the first fatality, in Tulsa. Through this period, access to testing was severely limited. On 22 MAR, there were 67 cases and a second death. By 23 MAR, 81 cases had been diagnosed, and people were urged to voluntarily stay home and practice social distancing. The 18-49 year age group comprised the largest number of cases at this time.

The third death occurred 24 MAR, and the diagnosed case load had increased to 106, a daily increase of 26, or, a 31% increase over the previous day. Oklahoma State Department of Health recommended home isolation, social distancing and frequent and effective hand washing as mitigating measures. The Governor issued executive orders requiring at risk persons to stay at home until 30 APR, and barring visitors at nursing homes and long-term care facilities. Gatherings were limited to 10 persons or less, and the counties with reported cases saw non-essential businesses closed. The infected rate continued to increase in an exponential fashion. Restaurants were allowed and encouraged to remain open for to-go and curbside pickup.

On 25 MAR, a 55% day-to-day increase was observed (50 new cases), and the 65 and older group was the predominant group affected. Two more patients died, bringing the total to 5. Testing supplies and facilities remained restricted.

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By 31 MAR, 525 people were positively diagnosed with COVID-19, and 23 had died. A significant percentage of tests were returning positive results (31%), a product of the limits on testing due to supply availability. OSDH reported orders for significant amounts of personal protective equipment (PPE) had been placed.

On 1 APR, cases grew to 719, or 21% over the previous day. Sufficient testing supplies were judged available to encourage all healthcare providers to test any patient with COVID-like symptoms. On 3 APR, the case count had reached 988, with 38 deaths. Drive-thru testing was available in 17 counties.

By 7 APR, cases had risen to 1462 and deaths to 67 (case-fatality ratio: 4.58%). by 10 APR, 865 *Recovered* cases, and 88 deaths. With 841 *active* cases, the State had begun to see recoveries. The case:fatality ratio was 5.16%, and the rate per 100,000 people was 45.5.

For the week of 17-23 APR, 660 cases were confirmed, and two, unconfirmed but probable cases were noted. By this time, the rate of change in cases/week had begun to decline. Total confirmed cases stood at 3017, and total probable cases were 41. Total deaths ascribed to COVID-19 were 179. Testing had risen to 47,984 total specimens received with a total of 31309 positive specimens. 69 of 77 counties in Oklahoma had at least one confirmed case of COVID-19.

For the 23-29 APR timeframe, 579 cases were confirmed (8% decrease vs the previous week). Total cases stood at 3473. 44 deaths were attributed to COVID-19. As of 28 APR, 61,619 tests had been administered; 3717 were positive.

Based on the epidemiology report from the Oklahoma State Department of Health, 1-7 MAY, an additional 712 cases were confirmed (18.5% increase) and the total of confirmed cases was 4330. However, an 11.6% decrease in deaths for the period (38) was noted. Total deaths stood at 250. Of 89,857 total tests performed, 4779 were positive. 71 of 77 counties have had at least one confirmed case of COVID-19.

For the week of 8-14 MAY, the State Epidemiology report stated that an additional 632 cases were confirmed (week-to-week decrease of 11.2%) and the total number of confirmed cases stood at 4962. An additional 24 deaths were recorded, 37% less than the week prior, for a total of 284. 118,751 tests had been administered of which 5645 were positive. An additional county, for a total of 72 of 77, has had at least one confirmed case of the disease. Antibody testing was introduced into the report, but not used to calculate case rates, as integrating the results of serology testing is not as straightforward as testing for the acute disease. Also, an outbreak in Texas County posed problems in accounting for total cases and deaths, as the persons under investigation comingled between Oklahoma and Kansas.

For 15-21 MAY an additional 718 cases (+13.6%) were seen for a total of 5680. 20 deaths were recorded for a total 304. of 152,998 tests performed, 6589 were positive. Hospitalizations for this period stood at 190, with a total of 917 individuals, to date, requiring hospitalization. 73 of 77 counties had recorded at least a single COVID-19 case.

For 28 MAY, the last Epidemiology Report published, an additional 590 cases have been confirmed (-17.8%) for a total of 6270. An additional 22 deaths (+10%) brings the death toll to 326. 7114 of 188,665 specimens have tested positive. 160 individuals remain in-hospital with a total ever admitted to 975. No additional counties were added to the list with cases.

Subsequent to MAR 2020, cases, hospital admissions and deaths continued to rise in Oklahoma into APR 2020. By mid MAY, cases were declining, as were hospitalizations and daily deaths, and OKWG appeared to be on the verge of meeting the original criteria. The State of Oklahoma relaxed

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all restrictions and rapidly progressed to an interpretation of guidance to Phase 3 status, relaxing all mitigating methodologies save recommending a “Safer At Home” policy for at-risk persons. The OKWG plan was presented to the National coordinating committee for remobilization and approved. By the time the plan was submitted and approved, cases were again rising, and using the strict criteria outlined in the plan, as well as guidance from the Covid Act Now website, remobilization was delayed virtually indefinitely.

Cases peaked in the late JUL timeframe, and a gradual decline was appreciated in statistics, but the criteria for entry were never strictly met. By late August, it became evident that the case, hospitalization and mortality trend had again become positive, with a sharp increase into late SEP, and a slightly more gradual increase subsequently. It became obvious that there was little chance of reentering a training and general mission readiness state using the original criteria, and other avenues were sought to justify action.

The Wing Health Services Officer engaged with the Public Health Officer (also Public Health Emergency Officer) at Tinker AFB to gain additional insight into the status of the disease, and what she was recommending for a return to operational status to meet mission requirements. This was an opportunity to gain information that was not as readily available from public sources. A plan to continue to discuss was rapidly agreed to. This partnership does not obligate OKWG Command or Leadership to follow guidance or recommendations from the PHEO, Tinker AFB, but does allow continued information exchange.

In AUG 20, the OKWG HSO initiated regular teleconferences with the licensed Medical Officers in OKWG as a professional group to discuss and advise on the state of the disease, and provide input to an OKWG Command Staff teleconference occurring later in the week. This provided a diverse experience set both in terms of medical practice and acumen and geographic distribution which could influence the overall assessment of the situation from a clinical perspective, and prevented a biased assessment by any one individual. These meetings have been valuable in meeting those goals. It has consistently been the consensus of the Medical Officers that we did not meet the criteria to remobilize per our original plan. With that in mind, the entire conference of Medical Officers reviewed and approved the amended plan, working within the constraints of defining acceptable risk, and balanced with the effects of social isolation and its attendant problems to evolve the amendments.

As of 18 NOV 20, Oklahoma has 161,425 cumulative cases, with 120,426 recovered (40,999 active). 1434 patients are currently hospitalized, with 447 requiring intensive/critical care admission (31%). For the last week, the Johns Hopkins method for calculating Positivity yielded 14.7%. Based on these criteria and the color coded scheme from Covid Act Now, OKWG does not meet any criteria to resume any group-level activities. In point of fact, the State of Oklahoma is beginning to enact some restrictions designed to mitigate spread of COVID-19, which may preclude immediate reopening. However, since the original guidance promulgated in the APR-MAY 20 time frame, the course of the disease has demonstrated that it is not behaving, in this Country, like a “normal” pandemic in terms of spread and recovery or mortality. Instead, due primarily to intermittent and variable applications of mitigating strategies, each successive outbreak as resulted in a muted downward removal response, leaving the downward trends plateauing at increasing levels. Regardless, some organizations, e.g., the Uniformed Services, have been able to return from initial mitigating efforts, bordering on skeleton crews or minimal exposure pods or bubbles of crews, to near-normal staffing, including, with modifications, resumption of basic military training, flight training, and as evidenced by recent CAP participation, the Air Force Rated

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Preparatory Program. We believe that with vigilance and increased input from experts in support of the decision process, OKWG can provide a template to evaluate conditions and instill some degree of agility into the remobilization process across the OKWG Area of Responsibility.

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Mitigating actions

The Governor instituted the following actions to mitigate spread of the virus. Additional actions by the State Health Department are noted above.

Safer At Home 24 MAR

Schools closed 17 MAR

Gathering restrictions 24 MAR to 24 MAY

Non-essential business closures 1 APR to 24 APR

Contact tracking and tracing were always a priority in Oklahoma for infectious diseases, but the rapid rate of infection for COVID-19 overwhelmed the existing system. At this time contact tracing personnel are still being recruited and trained; with repeated surges in cases, contact tracing, while occasionally attempted cannot maintain the pace of infections.

Testing strategies in Oklahoma have been selectively adequate but highly subject to availability of test materials and processing capacity (hardware and personnel). Early in the course of the pandemic, testing was reserved solely for those who had traveled to a known hot-spot (overseas), had been in close contact with a traveler, or had been in close contact with a person who had tested positive, **AND** who exhibited COVID-19 or Influenza-Like-Illness (ILI) symptoms. As more tests became available in the state, testing criteria were modified to allow testing of symptomatic persons where a positive or negative test would materially affect the course of treatment. Eventually, as drive-through testing sites became available, criteria were eased to allow testing of any symptomatic person, but required a health care provider's referral. Eventually, testing guidance was relaxed to allow testing at will without a provider's order, although a provider of record was required to receive the results. After the initial spring outbreak in Oklahoma, positivity rates dropped and testing rates lagged but have continued to trend downward until late September when testing incidence again began to rise. As the surge continued, and coupled with more ILI/COVID symptoms being recognized, positivity rates again climbed.

Serology testing, essential on-demand, is also now available. Of note, serology, or antibody testing for COVID-19 is not as reliable as that for the various forms of influenza because of the potential for detection of similar but less virulent coronavirus strains (diminished specificity) and the need to amplify the total antibody response (limited sensitivity). Most of the serology testing is more than adequately specific at this time for COVID-19 and SARS-CoV-2, but sensitivity of the two primary tests is disappointingly low, ranging from 97-91%. Although these numbers appear to be adequate, in terms of laboratory evaluation for serological testing, they are lacking. Finally, conferred immunity following infection and recovery from COVID-19 is not assured and has not been demonstrated. Some studies have found few, or no antibodies (nominally, immune globulin G, or IgG) in recovered patients. These findings are being investigated in larger trials than those initially reported, but the results, until then, cannot be viewed as favorable. Conversely, at least one vaccine in clinical trials provided an early report that 20% (8 of 40 participants) demonstrated a neutralizing antibody response after a single, nominal dose of the vaccine at several weeks. Thus, the utility of serology testing, and the future of conferred immunity remain rather opaque at this time. UPDATE: As of 18 NOV 20, a preprint article shows strong indications of cellular immune

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response persisting for longer periods, which were not studied in earlier projects. In addition, 5-6 months of conferred immunity are generally observed in at least one relatively small study, significant primarily for its design if not its power.

As the text of the White House gating guidelines allow for some interpretive leeway, Oklahoma took a rather expansive view of these criteria versus the approach mandated by Civil Air Patrol. The Oklahoma criteria are listed below. Each 14 day period allowed for advancement to a more lenient phase of open operations and return to normal business and leisure activities.

Proposed State or Regional Gating Criteria Satisfy Before Proceeding to Phased Comeback

SYMPTOMS	CASES	HOSPITALS
Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period AND	Downward trajectory of documented cases within a 14-day period OR	Treat all patients without crisis care AND
Downward trajectory of covid-like syndromic cases reported within a 14-day period	Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)	Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

Daily case and testing statistics, as well as hospitalizations and deaths, are available but are not required for this report. The State of Oklahoma elected to use a linear trend line to demonstrate tendencies rather than a 14 day moving average. In addition, as long as the linear interpolation retains the correct orientation, and regardless of spikes, Oklahoma has chosen to continue to pursue opening operations. Thus, a full three phase return to normal operations (or close) was achieved in approximately 6 weeks, despite the occasional spike in cases or rates.

On the other hand, Oklahoma was lucky in that only a small percentage of positive cases required hospitalization. Because of this, and of adequate hospital facilities around the state, headroom for hospitals and ICUs remains strongly positive.

At this time, Oklahoma has been declared to be in Phase 3. Restrictions remain on at risk populations, and social distancing and use of cloth face coverings is recommended. Whether this will be sufficient to continue a downward trend, or whether early and aggressive reopening will lead to another spike, or wave of cases remains to be seen.

All cities and counties in Oklahoma have eased restrictions on businesses, gatherings and travel. Restrictions on other activities, including nursing home visitation (considered a significantly at-risk population) are slated to be eased within the next 10 days. Unlike some other states, Oklahoma has not seen a sharp increase in cases (in excess of those attributable to greater testing), hospital admissions, or deaths. Because deaths are not,

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however, reported in a timely manner (one recent daily summary included deaths from April), we do not consider the day-over-day death total an adequate indicator of status of the disease in the State.

The most recent COVID-19 State Epidemiological Weekly Summary is included as a separate addendum (PDF).

OKWG proposes opening no earlier than 7 DEC 2020 based on an in-depth evaluation of available data from all sources, such evaluation provided by OKWG Safety and Health Services (Medical Officers) personnel with final evaluation and approval by the Wing Commander.

Approval from the CAP COVID-19 Planning Committee has **NOT** been received at this time, but is anticipated as a result of submission of this modification to the original, and approved proposal

OKWG proposes to reopen with limited in-person cohorts (≤ 10 members including supervision) and is recommending an outdoor venue to allow better dispersion of viral aerosols. Indoor venues must be well-ventilated, provide at least 36 square feet of space per participant to allow and promote social distancing, and be cleaned and disinfected regularly. Masks, social distancing, and hand hygiene are mandated in the plan. Limited flight operations and sUAS training have resumed per memorandum from Maj Gen Smith. We also propose limited Emergency Services operations and training for Phase I. OKWG intends to implement, as possible, all of the activities identified in the National guidance for Phase I remobilization.

Ongoing evaluation of cases and statistics for the State of Oklahoma and OKWG will be performed with a weekly tag-up of the Medical Officers in the Wing, with, at best, consensus evaluations taken to a teleconference of Command staff with their concurrence/recommendation forwarded to the Wing Commander.

Notification of Phase transitions will be by email, sent by the Wing Commander or his designee, and shall occur at least 5 days prior to a forward transition, but may provide short notice if a need to revert to an earlier phase is determined to be necessary. In both cases, an *Execute/Effective* date and time will be given for implementation of the transition.

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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)	G. Creager	13 MAY 20		13 MAY 20 Updated: 1 JUN 20	Oklahoma is in Phase 3 status with a Safer-at-Home requirement for older and at risk populations; Update 18 NOV: Mandatory masking for state employees, no mandatory mask or closures for businesses, although a restaurant/bar curfew of 2300 local time is set to commence.
1.2.	Hold meeting with between Plan Coordinator and Health Services Officer	G. Creager. R. Platner	13 MAY 20		13 MAY 20	Plan Coordinator/HSO: G. Creager Asst HSO: R. Platner
1.2.1.	Wing priorities for training events should be coordinated	D. McCollum, B. Herold	1 JUN 20	3 JUN 20	13 JUN 20	Operations Order for Phase I Update: unchanged
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	G. Creager, R. Platner	1 JUN 20	3 JUN 20	8 JUN 20 Updated 10 JUN 20	State guidance supercedes local guidance per Executive Order. Some municipalities have retained mask mandates but no more severe restrictions
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	R. Platner	4 JUN 20	8 JUN 20	7JUN 20	One page training document suitable for posting in all Squadron, SAREX/OPEX and Mission spaces
1.2.2	Consult with Wing Legal Officer about resuming meetings	G. Creager	4 JUN 20	8 JUN 20		Email sent 4 JUN 20
1.2.3	Coordinate with Wing Director of Safety	G. Creager	4 JUN 20	8 JUN 20	10 JUN 20	Coordinate with J. Emory
1.2.3.1	Verify proper risk planning tools are available to units	J. Emory	4 JUN 20	8 JUN 20	7 JUN 20	
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	J. Emory	4 JUN 20	8 JUN 20	10 JUN 20	Coordinate with J. Emory
1.2.4	Coordinate with Wing Director of Cadet Programs	B. Welch	4 JUN 20	8 JUN 20	10 JUN 20	
1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	B. Welch	4 JUN 20	8 JUN 20	14 JUN 20 Update: Will be completed by 23 NOV 20	
1.2.4.2	Prepare bullets for units to incorporate	B. Welch	4 JUN 20	8 JUN 20	14 JUN 20	

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	when sending messages to parents about the resumption of meetings				Update: Will be edited and resent by 25 NOV 20	
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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	G Creager	2 JUN	10 JUN	1 AUG 20	Executive order issued by Governor supercedes local regulations.
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.	D. Roberts/G. Creager	13 MAY 20	15 JUN 20	NLT 20 NOV 20	
1.4.1.	Briefly describe/ summarize previous coordination accomplished	G. Creager	10 JUN 20	15 JUN 20	14 JUN 20 Update: Coordination meetings continue	Multiple advisory committee meetings with Wing Staff leadership; several emails to HSOs, Safety Officers and subordinate unit Commanders, as well as informational email to Wing membership
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	G. Creager	10 JUN 20	15 JUN 20	1 AUG 20	Ongoing. Executive order issued by the Governor supercedes local public heal executive orders.
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	G. Creager	10 JUN 20	20 JUN 20	14 JUN 20	TBD: Based on Phase I opening but not earlier tha 15 JUL 20
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	D. Roberts/G. Creager	10 JUN 20	N/A	Anticipated 24 NOV 20	
1.6.	Publish the date that meetings may resume to subordinate units	D. Roberts/G. Creager	10 JUN 20	N/A		Pending initiation of Phase I and ongoing evaluation of case increase/decrease rates in state
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	G. Creager	3 JUN 20	10 JUN 20	11 JUN 20 Update: effort continues	Guidance provided by LtCol Emory to all Wing and subordinate unit Safety Officers. Reenforcing email will be mailed to subordinate unit Commanders and HSOs
1.7.1.	Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated	J. Emory	3 JUN 20	15 JUN 20	18 NOV 20	All units have complied; request for updates is underway
1.7.2.	Unit Safety Officers s will emphasize continued use of face coverings, gloves,	J. Emory	3 JUN 20	15 JUN 20	7 DEC 20	

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	hand sanitizer, and social distancing, hand washing and surface cleaning/disinfection					
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	G. Creager R. Platner	2 JUN 20	12 JUN 20	3 JUN 20 30 NOV 20	Information relayed to Commanders, HSOs, Unit Safety Officers by email
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.	G. Creager R. Platner	2 JUN 20	12 JUN 20	3 JUN 20	Information relayed to Commanders, HSOs, Unit Safety Officers by email
1.8.1.1	No-touch thermometers will be provided to each unit	G. Creager/D. Roberts	3 JUN 20	20 JUN 20	1 JUL 20	Complete
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	G. Creager R. Platner	2 JUN 20	12 JUN 20	3 JUN 20	Information relayed to Commanders, HSOs, Unit Safety Officers by email; will be updated
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)	G. Creager R. Platner	2 JUN 20	12 JUN 20	3 JUN 20	Information relayed to Commanders, HSOs, Unit Safety Officers by email
1.8.3.1.	Units shall be responsible for obtaining approved cleaning and sanitizing supplies and appropriate PPE to support appropriate sanitation, face covering and social distancing requirements Units with reduced financial resources may apply to Wing for funding assistance	G. Creager	10 JUN 20	12 JUN 20	11 JUN 20	Email to subordinate unit commanders, HSO and Safety Officers
1.8.4	Units will ensure no more than 10 members are together at gatherings. Squadrons with more than 10 members	G. Creager R. Platner	2 JUN 20	12 JUN 20	3 JUN 20	Information relayed to Commanders, HSOs, Unit Safety Officers by email; Will be reiterated

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	must submit a plan on how they will comply with restrictions					
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	B Welch	2 JUN 20	8 JUN 20	13 JUN 20	Email 2 JUN 20
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	B Welch	2 JUN 20	8 JUN 20		Assistance available from G. Creager if required
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	B Welch	2 JUN 20	8 JUN 20		
1.10.	Task Wing Director of Operations to communicate the following to subordinate units.	B. Herold	2 JUN 20	10 JUN 20	11 JUN 20	Direction to subordinate units is attached as an addendum.
1.10.1	Identify flight operations permitted during Phase I	B. Herold	2 JUN 20	10 JUN 20	11 JUN 20	
1.10.2.	Identify requirements (Currency, etc) for senior members	B. Herold	2 JUN 20	10 JUN 20	11 JUN 20	
1.10.3.	Identify requirements for cadets that have earned their Private Pilot's License to return to flying	B. Herold	2 JUN 20	10 JUN 20	11 JUN 20	
1.10.4.	Identify requirements for cadets training to earn their Private Pilot's License	B. Herold	2 JUN 20	10 JUN 20	11 JUN 20	
1.10.5.	Identify cleaning standards for aircraft and vehicles before and after use	B. Herold	2 JUN 20	10 JUN 20	11 JUN 20	

OKLAHOMA COVID-19 WEEKLY REPORT

Weekly Epidemiology and Surveillance Report
November 20 - 26, 2020



PURPOSE To provide up-to-date weekly epidemiological data on COVID-19 in Oklahoma.

SNAPSHOT

	Nov 20 - 26	Change ¹	Total
Cases	23,227	18.2%	187,567
Recovered cases ²	20,701	74.8%	152,969
Deaths	116	8.4%	1,704

1. Change from the week of Nov 13-19, 2020.

2. Currently not hospitalized or deceased and 14 days after onset/report.

KEY POINTS

- **23,227** cases were reported in the past week
18.2% increase from the week before (Nov 13 - 19).
- **116** deaths were reported in the past week
8.4% increase from the week before (Nov 13 - 19).
- **11,898 (6.3%)** cases have been hospitalized
- **2,091,727** specimens have been tested in total

CASES		DEATHS	
Persons aged 50 and over	Females	Persons aged 50 and over	Males
33%	52%	96%	57%
of <u>cases</u>	of <u>cases</u>	of <u>deaths</u>	of <u>deaths</u>

The average age of cases was **40** years.

The youngest case was **less than a year old** and the oldest case was **100+ years**.

The average age of individuals who died was **75** years.

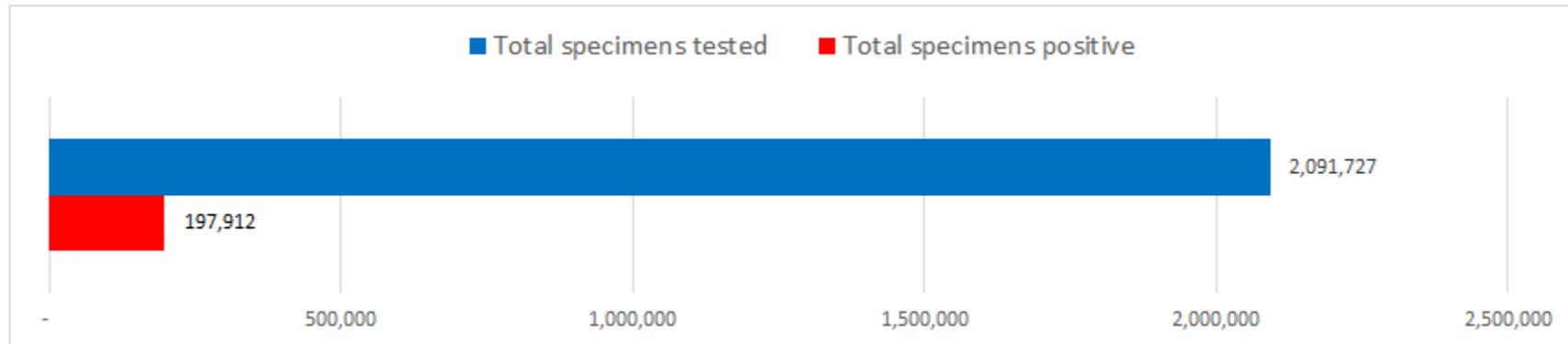
The youngest individual to die from COVID-19 was **less than 15 years** and the oldest was **100+ years**.

DISEASE TESTING

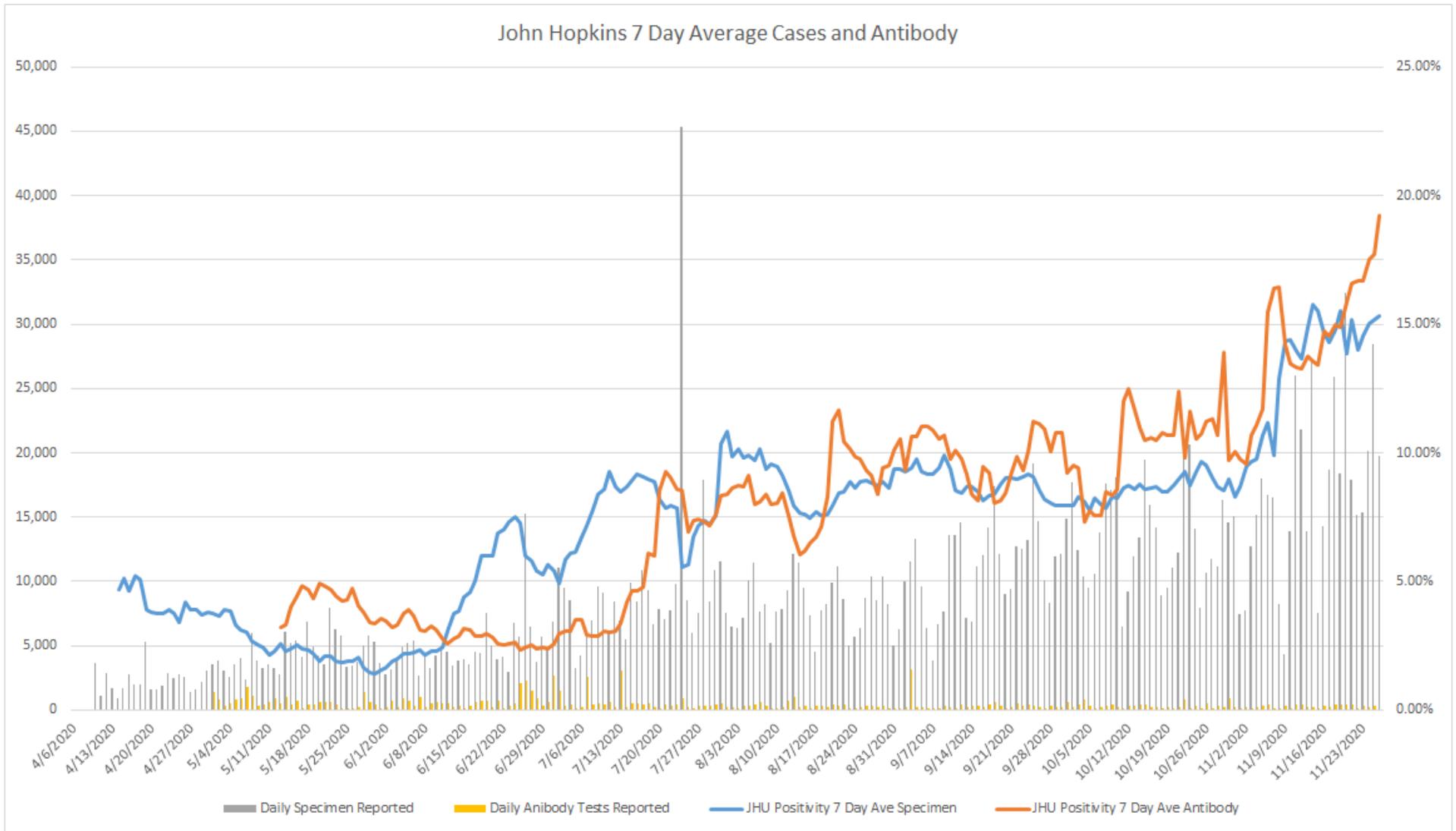
	Nov 20 – Nov 26	Total Number
Specimens tested, count	149,125	2,091,727
Specimens positive, count	21,317	197,912
Percent positive	14.3%	9.5%
Johns Hopkins positivity %	15.3%	9.0%
Antibody tested, count	2,186	97,315
Antibody positive, count	420	6,248
Antibody percent positive	19.2%	6.4%

Source: This data is obtained outside of individual case data reported to the OSDH Acute Disease Service and comes from a daily survey of state and private laboratories and facilities that are performing Covid-19 testing.

Note: Specimen counts may not reflect unique individuals.



JOHNS HOPKINS 7 DAY AVERAGE POSITIVITY RATE FOR SPECIMEN AND ANTIBODY CASES

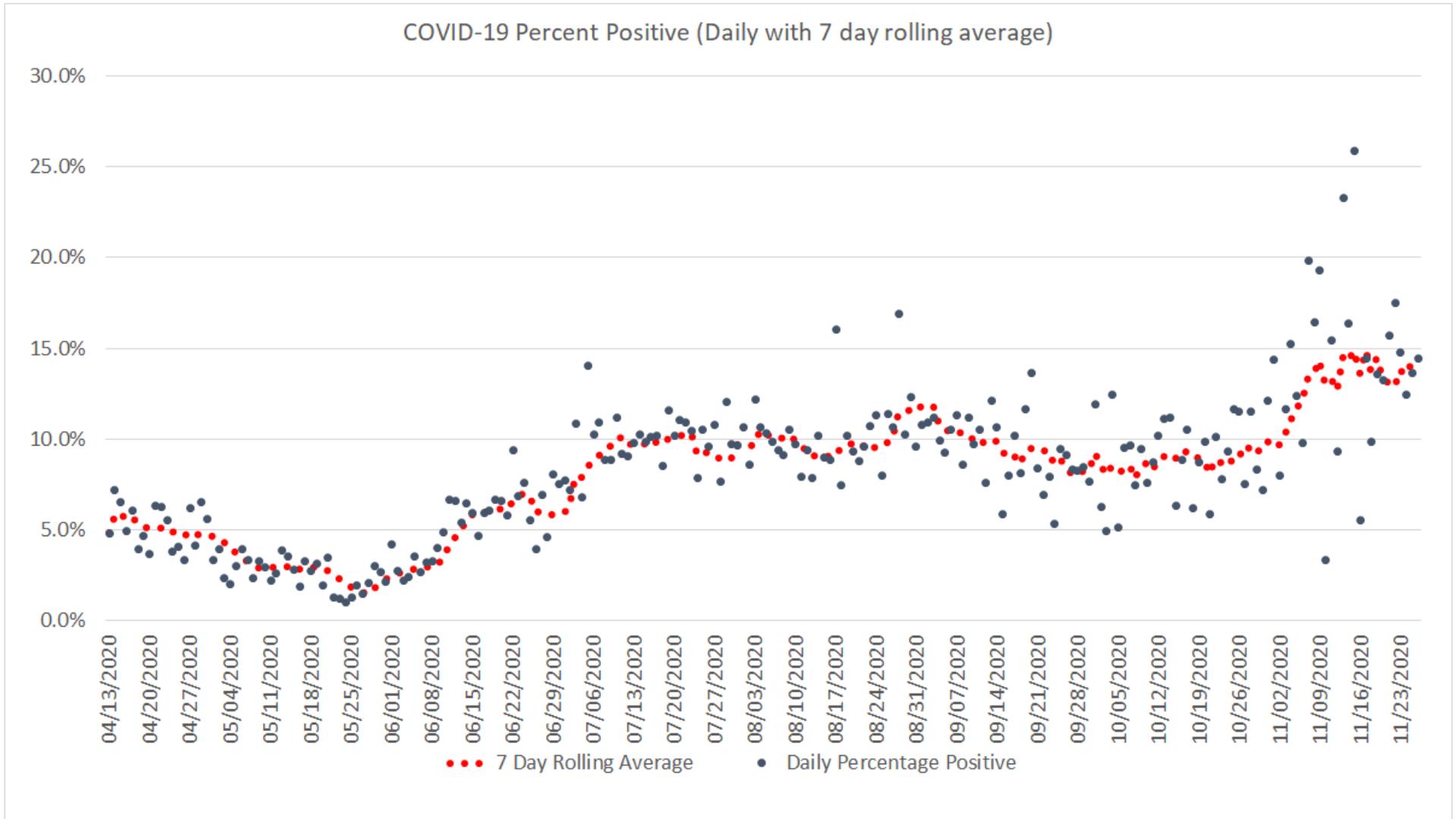


Oklahoma, November 26, 2020

Source: This data is obtained outside of individual case data reported to the OSDH Acute Disease Service and comes from a daily survey of state and private laboratories and facilities that are performing Covid-19 testing.

Note: On July 24, 2020 fourteen labs began reporting to OSDH that had been testing since May 18, 2020.

COVID-19 TESTS DAILY PERCENT POSITIVE WITH 7 DAY ROLLING AVERAGE



Oklahoma, November 26, 2020

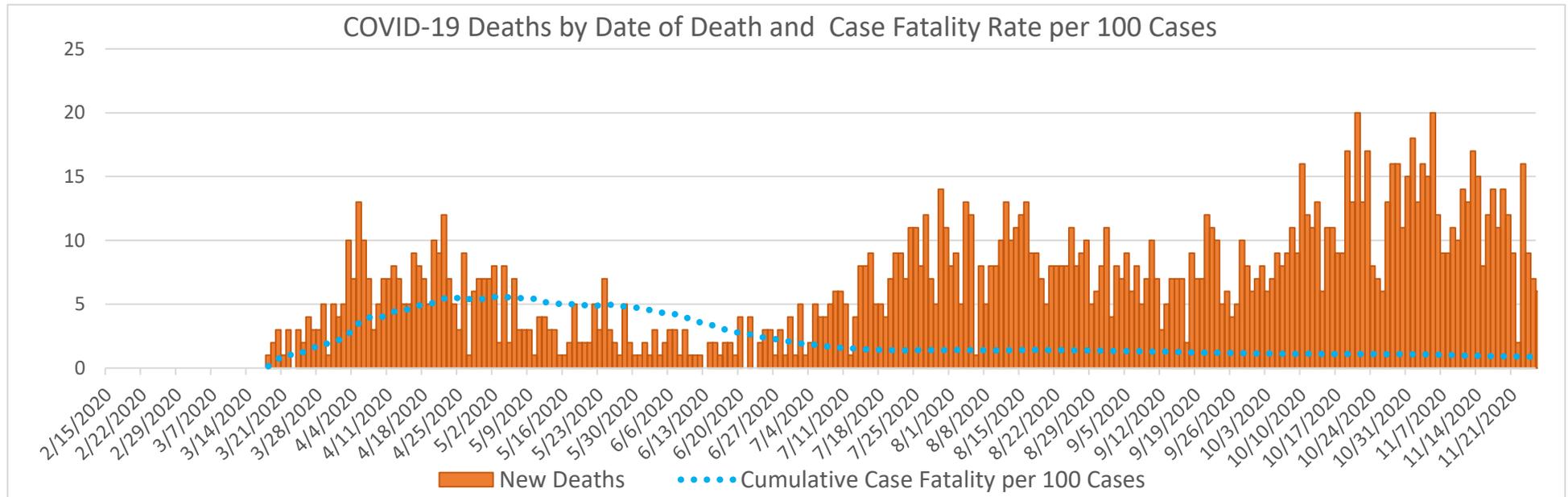
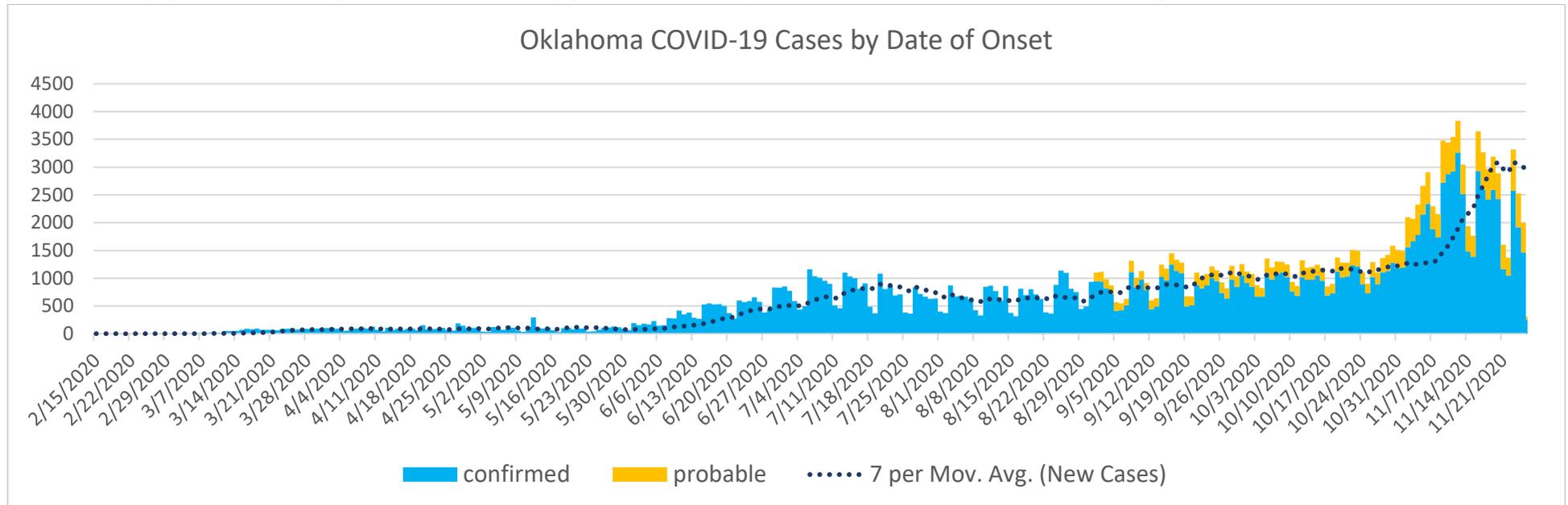
Source: This data is obtained outside of individual case data reported to the OSDH Acute Disease Service and comes from a daily survey of state and private laboratories and facilities that are performing Covid-19 testing.

EPIDEMIOLOGICAL ESTIMATES

	Estimate	Notes / Interpretation
Cases		
Cumulative incidence*	4,756.9 (per 100,000 persons)	From March 7 to November 26, there were about 4,756 (per 100,000) new cases of COVID-19 in Oklahoma.
Absolute change in cumulative incidence from previous week	224.7 (per 100,000 persons)	Compared to November 13 – November 19 there were 224 (per 100,000) more cases of COVID-19 reported in Oklahoma during the past week (Nov 20– Nov 26).
Disease Severity		
Case-fatality risk (crude)	0.9%	The estimate is not adjusted for the lag time from reporting to death (i.e., delay between the time someone dies and the time their death is reported). The fatality estimate could be lower due to cases that were undiagnosed or had milder symptoms.
Cumulative Hospitalization rate (overall)	301.7 (per 100,000 persons)	About 301 people per 100,000 have ever been hospitalized for COVID-19 during this outbreak.

CASES AND DEATHS

New cases (by date of onset) and new deaths (by date of death) of COVID-19 in Oklahoma, February–November 2020



Please note the different axes for new cases (top—from 0 to 4,500 for new cases) and new deaths (bottom—from 0 to 25 for new deaths). Additionally, a 7 day lag has been applied to the trend line based on information collected to-date for 7/19 and 7/25 where within 7 days of onset date approximately 80% of the cases had been reported.

Note: Data was pulled on November 30, 2020 but was limited to those with an Onset Date/Date of Death prior to Nov 26, 2020 to be reflective of the reporting period for this report.

DEMOGRAPHIC INFORMATION AS OF NOVEMBER 26, 2020

		Cases count (%) ¹		Deaths count (%) ¹		Cumulative Incidence Rate ²	Cumulative Mortality Rate ²
Oklahoma		187,567		1704		4,756.9	43.2
Gender							
	Male	89,256	(47.6)	964	(56.6)	4,570.1	49.4
	Female	98,311	(52.4)	740	(43.4)	4,940.2	37.2
	Unknown	0	(0.0)	0	(0.0)		
Age group							
	Under 1- 4	3,389	(1.8)	0	(0.0)	1,301.3	0.0
	5-14	11,708	(6.2)	1	(0.1)	2,176.6	0.2
	15-24	35,305	(18.8)	2	(0.1)	6,564.3	0.4
	25-34	31,402	(16.7)	12	(0.7)	5,780.7	2.2
	35-44	30,092	(16.0)	26	(1.5)	6,136.4	5.3
	45-54	26,379	(14.1)	75	(4.4)	5,730.7	16.3
	55-64	22,587	(12.0)	211	(12.4)	4,577.4	42.8
	65-74	14,952	(8.0)	442	(25.9)	4,169.0	123.2
	75-84	8,025	(4.3)	473	(27.8)	4,275.2	252.0
	85+	3,727	(2.0)	462	(27.1)	5,091.8	631.2
	Unknown	1	(0.0)				
Race							
	American Indian or Alaska Native	17,912	(9.5)	148	(8.7)	5,831.1	48.2
	Asian or Pacific Islander	4,095	(2.2)	28	(1.6)	4,624.3	31.6
	Black or African American	11,578	(6.2)	103	(6.0)	4,024.6	35.8
	Multiracial/Other	6,766	(3.6)	54	(3.2)	1,635.3	13.1
	White	107,494	(57.3)	1226	(71.9)	3,777.1	43.1
	Unknown	39,722	(21.2)	145	(8.5)		
Ethnicity							
	Hispanic or Latino	24,302	(13.0)	96	(5.6)	5,663.8	22.4
	Not Hispanic or Latino	116,298	(62.0)	1387	(81.4)	3,309.6	39.5
	Unknown	46,967	(25.0)	221	(13.0)		

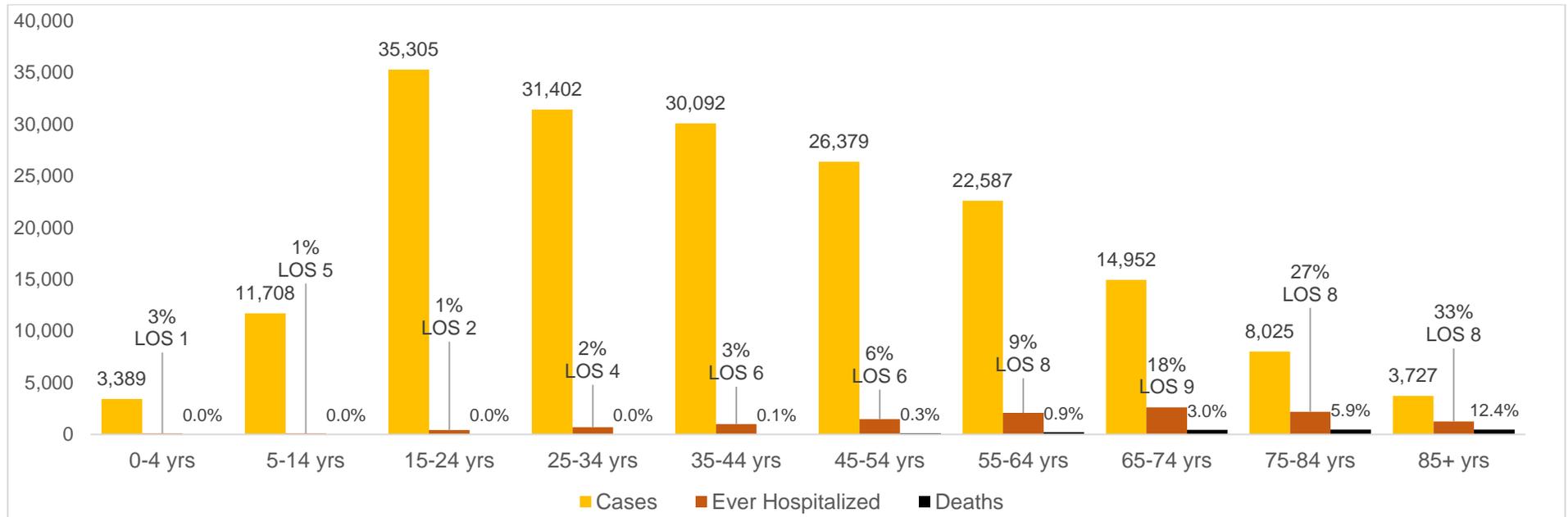
1. Percentages may not add up to 100 due to rounding.

2. Rate per 100,000 population

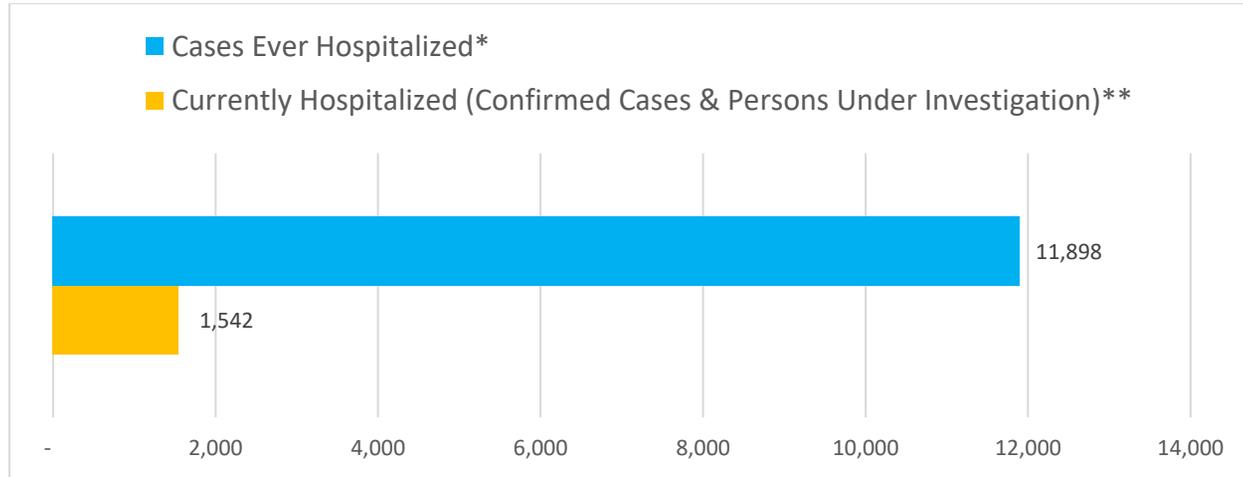
AGE DISTRIBUTION OF NEW CASES/DEATHS FROM NOVEMBER 20-26

Age group	New Cases	Percentage	New Deaths	Percentage
Under 1- 4	390	1.7%	0	0.0%
5-14	1,653	7.1%	0	0.0%
15-24	3,936	16.9%	0	0.0%
25-34	3,781	16.3%	0	0.0%
35-44	3,774	16.2%	1	0.9%
45-54	3,430	14.8%	11	9.5%
55-64	2,959	12.7%	10	8.6%
65-74	1,938	8.3%	30	25.9%
75-84	974	4.2%	30	25.9%
85+	392	1.7%	34	29.3%

CUMULATIVE CASES, PERCENT HOSPITALIZED, AVERAGE LENGTH OF STAY (SEPT CASES) AND DEATHS BY AGE GROUP



HOSPITALIZATIONS



11,898 Ever Hospitalized Cases (includes discharged, deceased, currently hospitalized and recovered).

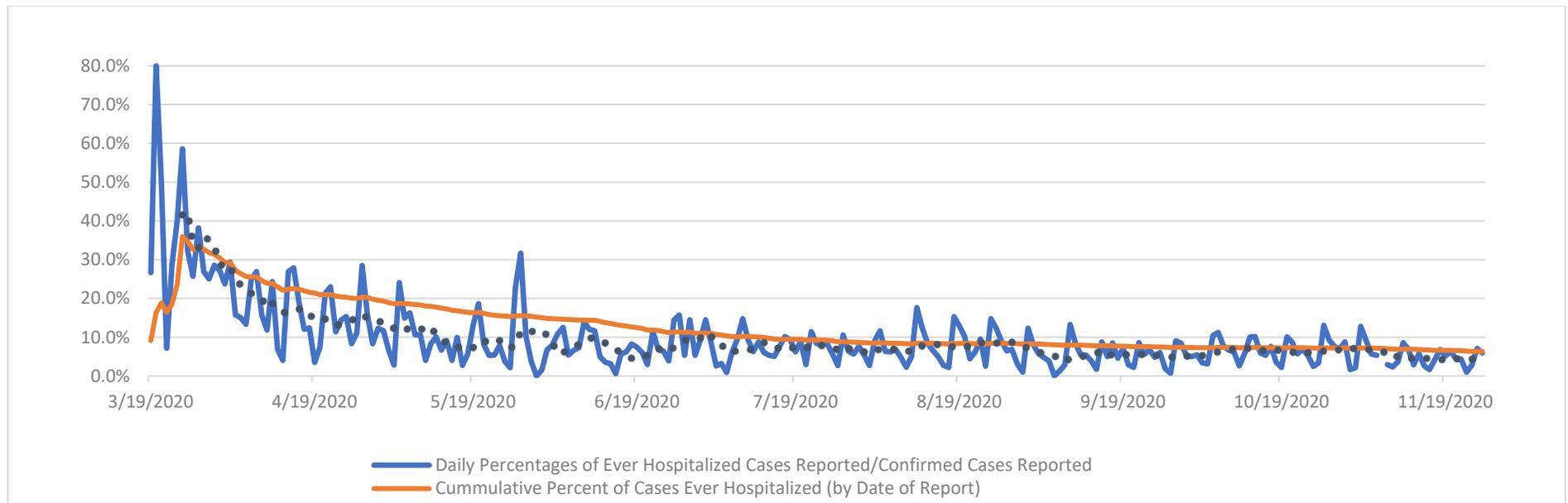
Average age of cases hospitalized: **61.7**

Average age of cases not hospitalized: **39.0**

*Ever hospitalized includes discharged, deceased, currently hospitalized and recovered as of 11/26/2020.

Source OSDH Beds Survey. Note, facility response rate of 90% on 11/26/2020. **This total reflects all cases and person's under investigation as reported by Acute, Focus, Rehabilitation and Tribal facilities that responded to the survey on this date.

PERCENT OF CASES EVER HOSPITALIZED (by date of report)



Source: OSDH Acute Disease Registry

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AT-RISK SETTINGS HEALTHCARE & NON-HEALTHCARE

Status	Non-Healthcare Worker count (%)*	Healthcare Worker count (%)*
Active	32,094 (17.9)	800 (9.4)
Deceased	1,688 (0.9)	16 (0.2)
Recovered	145,269 (81.1)	7,700 (90.4)
Total	179,051	8,516

CORRECTIONAL FACILITIES^{1,4}

	Cases (%)*	Deaths (%)*
Inmates	3,801 (80.7)	29 (93.3)
Staff	909 (19.3)	2 (6.7)
Total	4,710	31

¹Correctional facilities include prisons, jails, and juvenile detention center

⁴Includes correctional facilities cases with an onset date prior to 11/26/2020.

LONG TERM CARE (LTC) FACILITIES^{2,3}

	Cases (%)*	Deaths (%)*
Residents	4,493 (62.4)	596 (99.3)
Staff	2,706 (37.6)	4 (0.7)
Total	7,199	600

²Long term care facility or nursing home.

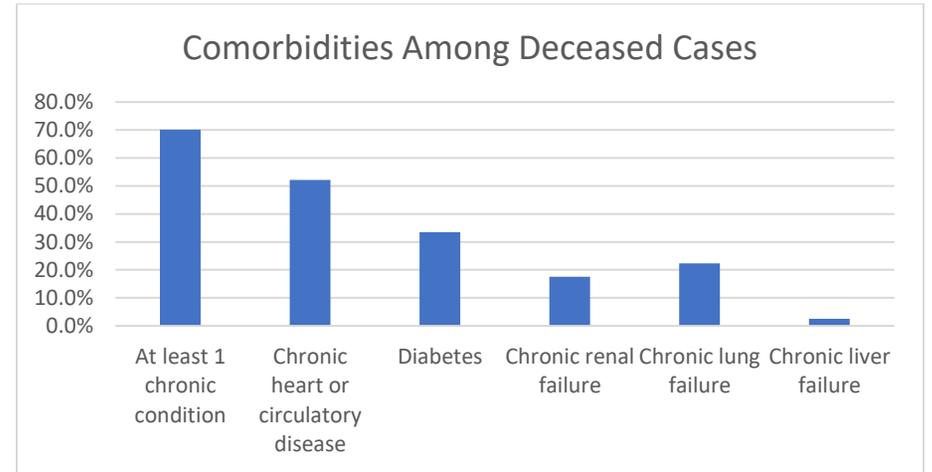
³Status as of midnight November 24, 2020

Detailed counts of LTC Cases by County and Facility can be found at the end of this report.

COMORBIDITIES AMONG DECEASED CASES

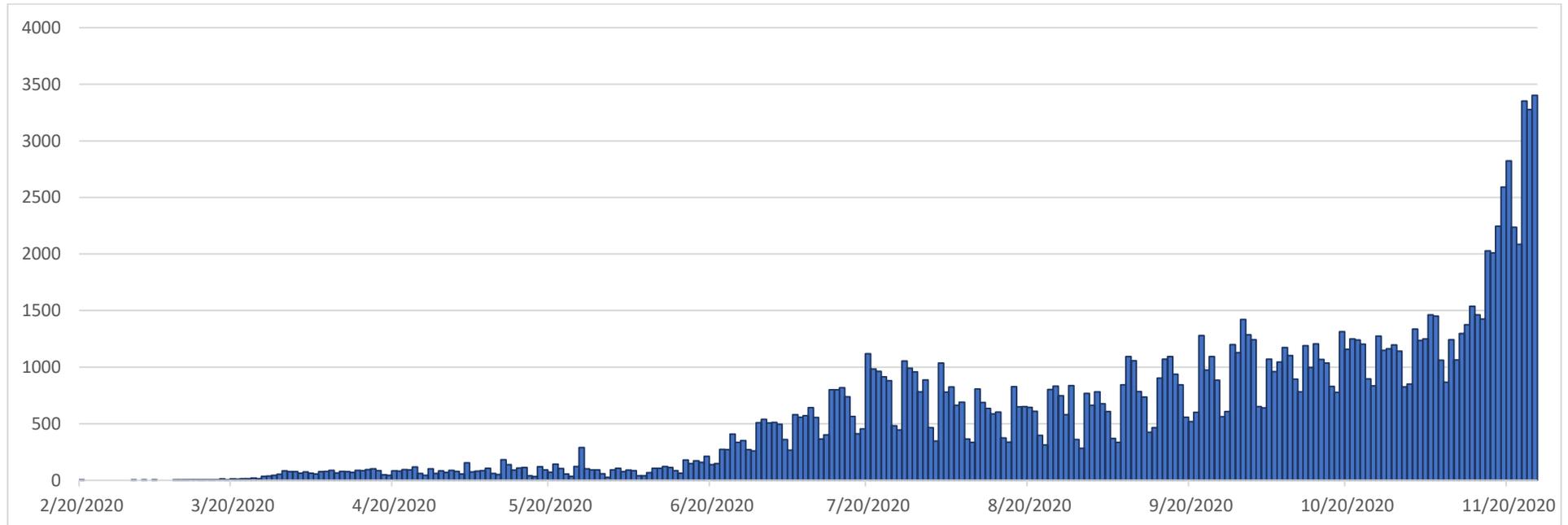
Comorbidities	Number (%)
At least 1 chronic condition ³	1,195 (70.1)
Chronic heart or circulatory disease	889 (52.5)
Diabetes	570 (33.5)
Chronic renal failure	299 (17.5)
Chronic lung failure	380 (22.3)
Chronic liver failure	43 (2.5)

³Chronic conditions include; chronic heart or circulatory disease, diabetes, chronic lung failure, chronic liver failure and renal failure.



RECOVERED CASES

Distribution of recovered cases of COVID-19, March - November 2020, Oklahoma

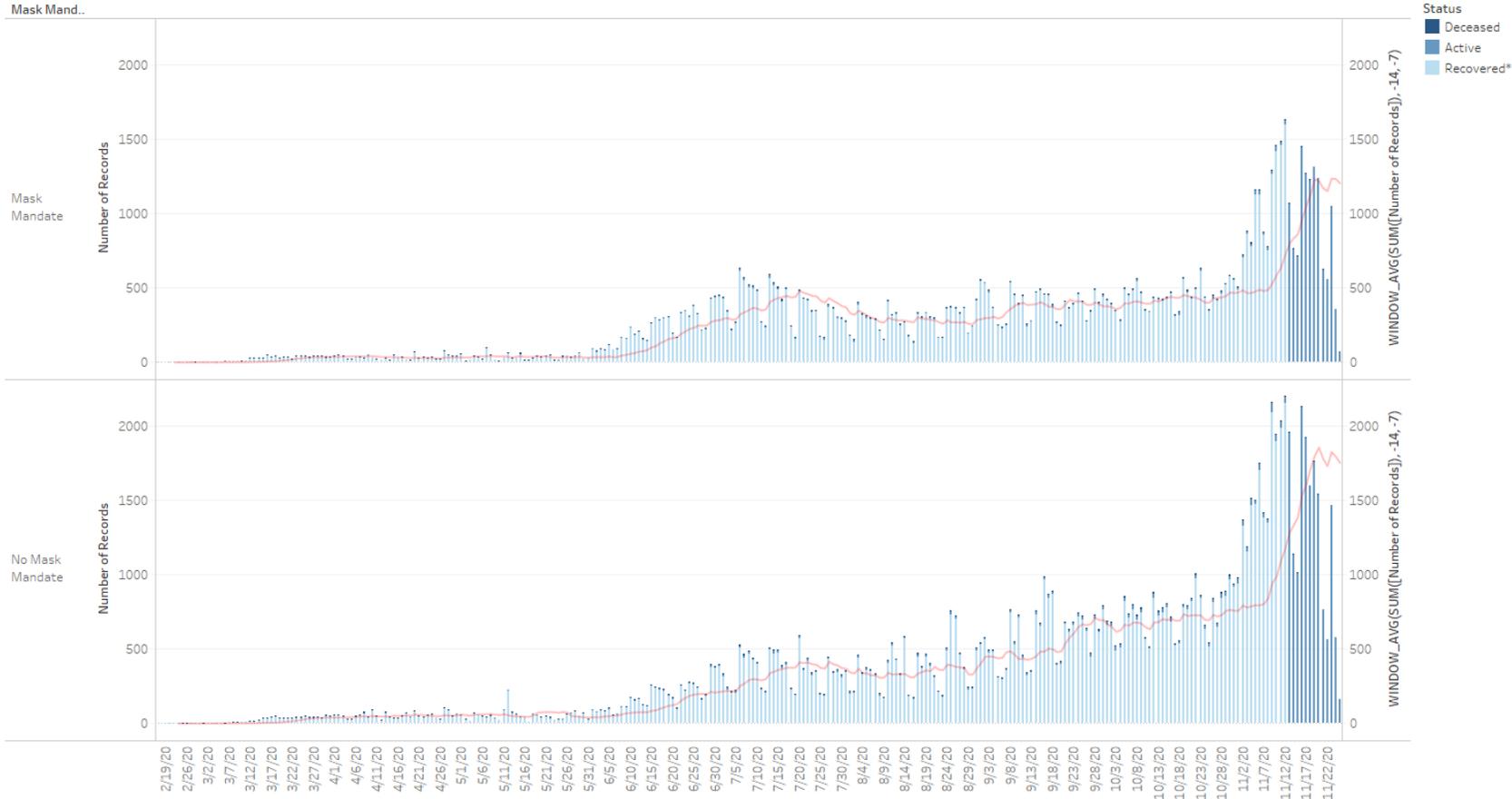


Note: A recovered case is an individual currently not hospitalized or deceased AND 14 days after the onset of symptoms

IMPACT OF MASK MANDATES

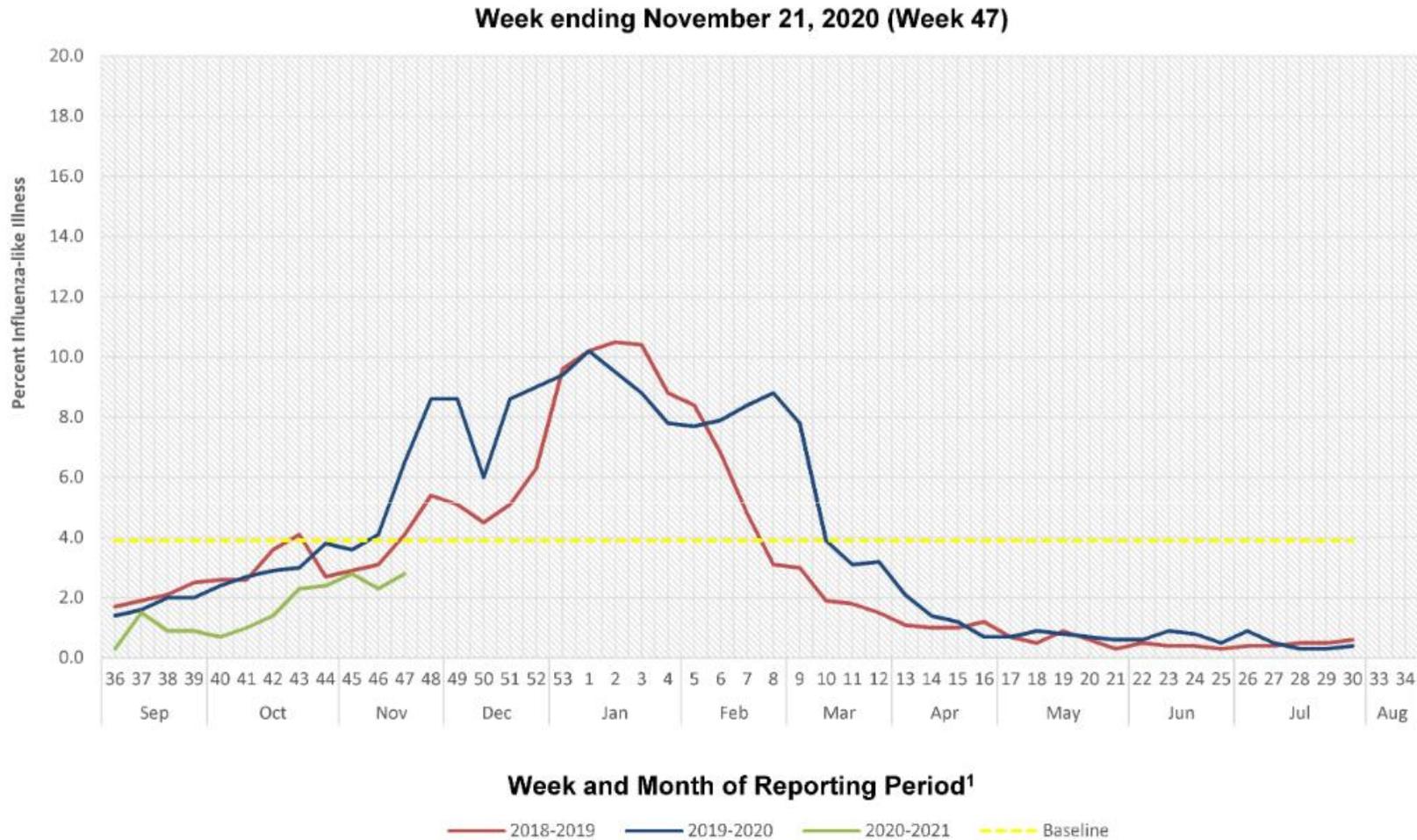
	7 Day Average Number of Cases by date of Onset* with 7 day lag						Percent Change 8/1 to 11/25	Percent Change 9/1 to 11/25
	1-Aug	1-Sep	1-Oct	1-Nov	15-Nov	25-Nov		
Mask	330	291	377	471	860	1,203	265%	313%
per 100,000 Pop'l	20.5	18.1	23.4	29.2	53.4	74.6		
No Mask	343	407	665	758	1,384	1,749	410%	330%
per 100,000 Pop'l	14.6	17.4	28.4	32.3	59.0	74.6		
Mask vs No Mask Incidence difference	40%	4%	-18%	-10%	-10%	0%		

Status by Date of Onset as of 11/26/2020



SYMPTOMS CRITERIA

WEEKLY PERCENT OF INFLUENZA-LIKE ILLNESS BASED ON TOTAL PATIENT VISITS TO SENTINEL CLINICIANS, OKLAHOMA VIRAL RESPIRATORY ILLNESS SURVEILLANCE SYSTEM, 2018-2021

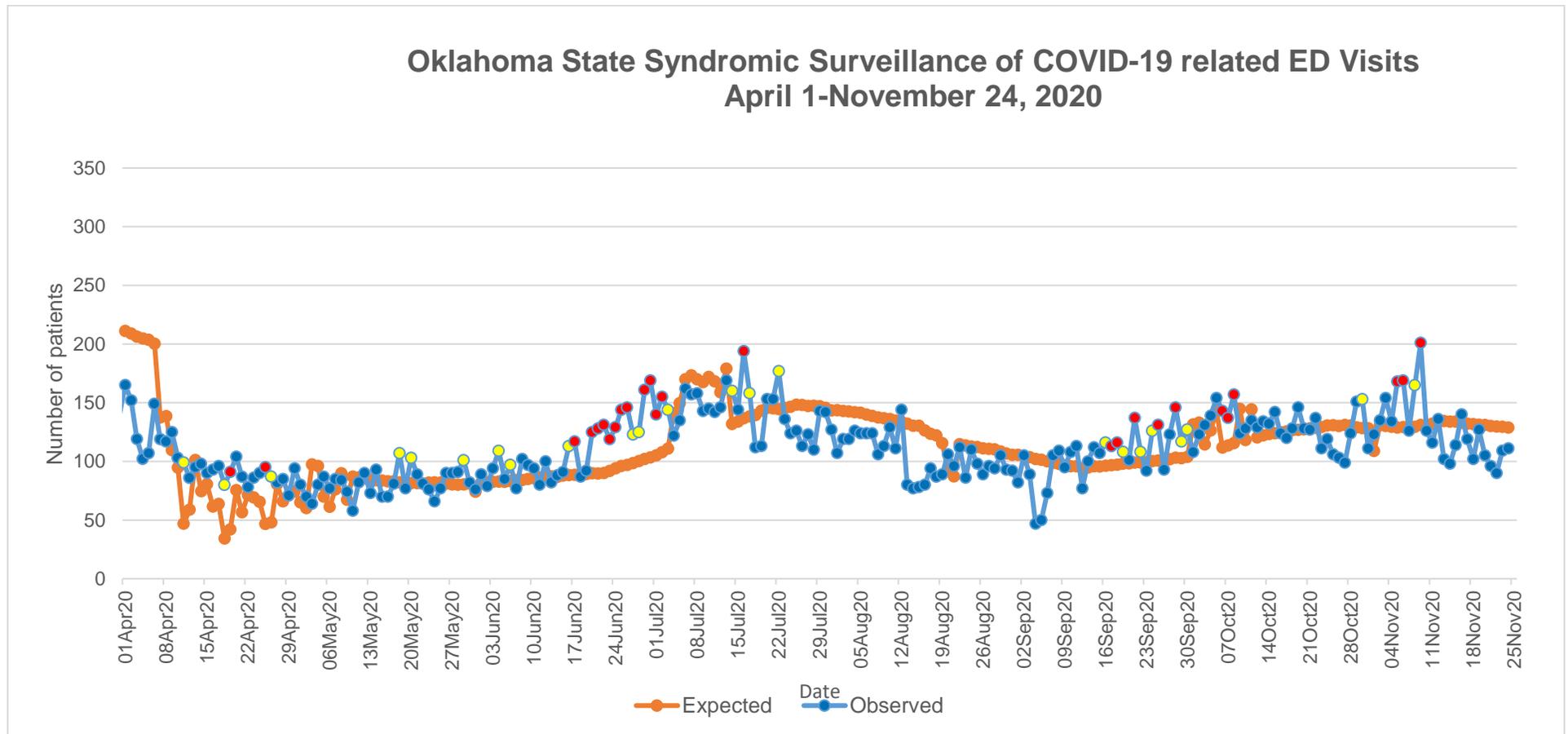


Interpretation: Data on Influenza-Like Illness (ILI) decreased to 2.8% of outpatient visits exhibiting fever with cough or sore throat. This week's value of 2.8% is below Oklahoma's baseline ILI of 3.9%.

Note: Data current up to week ending November 21, 2020 (Week 47).

Source: <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/acute-disease-service/disease-information/flu-view>

COVID-19 RELATED EMERGENCY DEPARTMENT VISITS



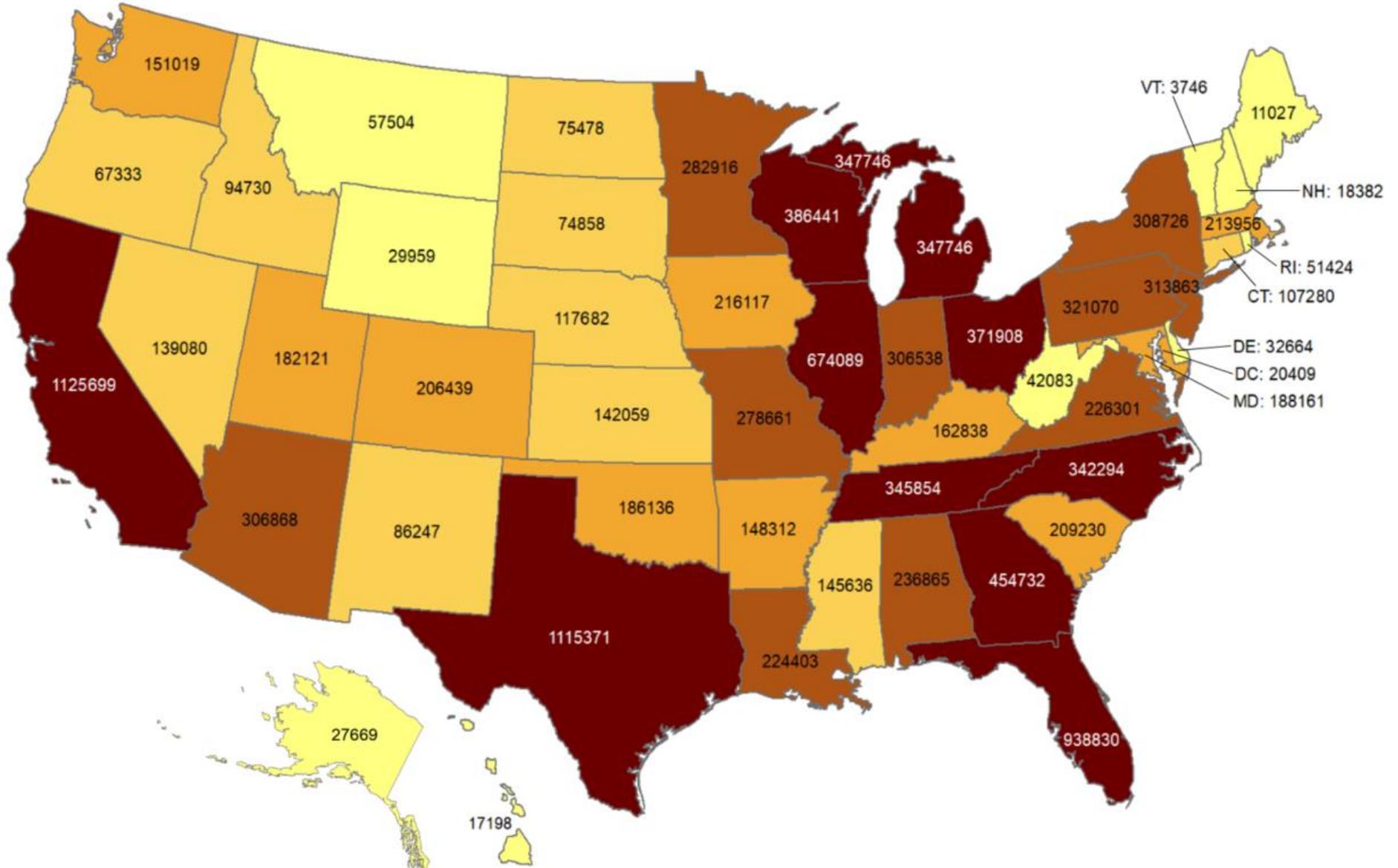
Interpretation: Data from syndromic surveillance shows that the number of COVID-19 related emergency department visits has been within the expected range for the past 2 weeks as indicated by the blue dots on the observed line.

Data as of November 25, 2020 report.

OKLAHOMA IN COMPARISON

Total number of reported COVID-19 cases

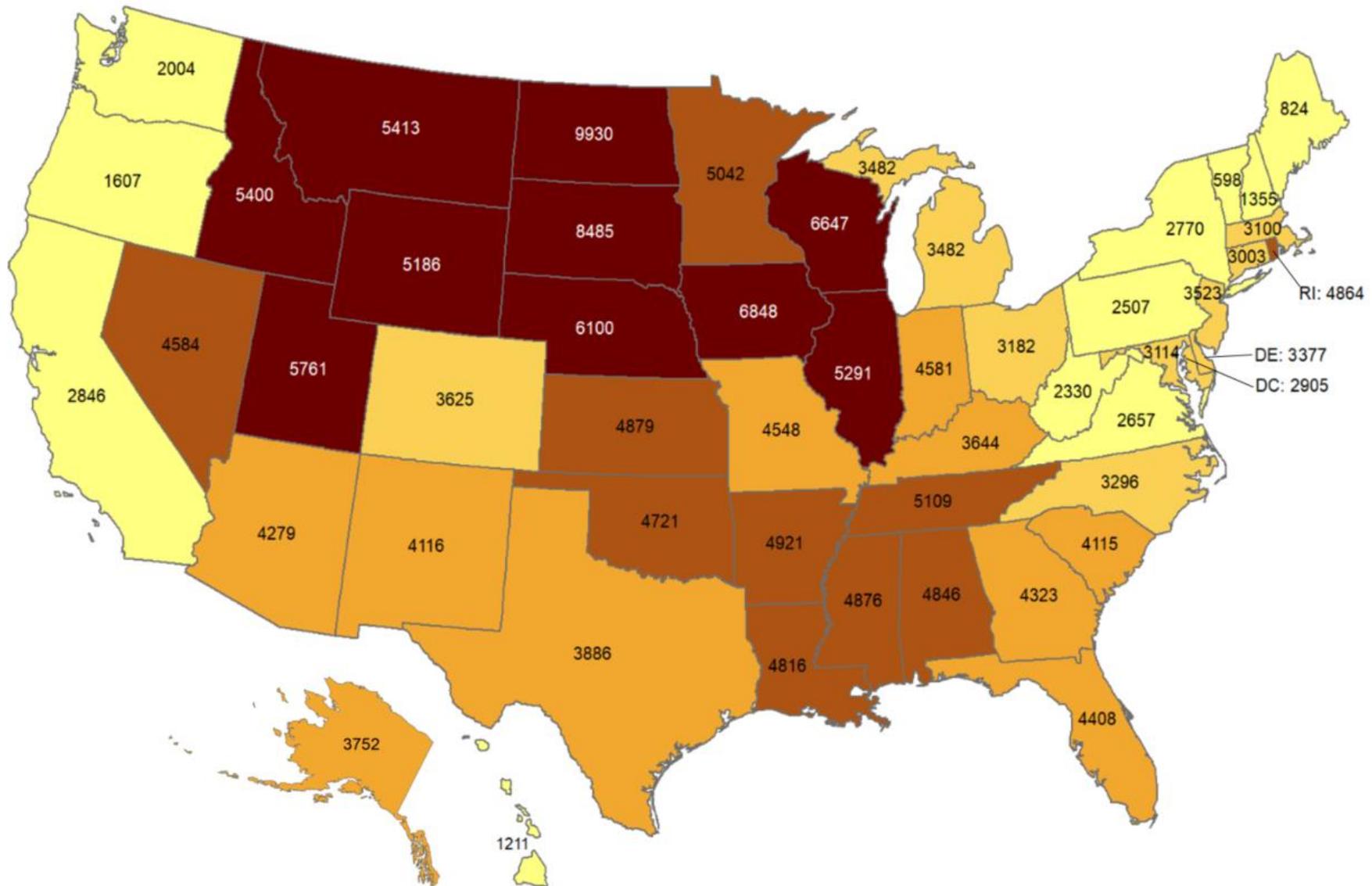
Oklahoma ranks **26** (out of all States and DC) in the total number of reported COVID-19 cases in the US.



Data from CDC. Available at <https://www.cdc.gov/covid-data-tracker/index.html>
Data as of November 25, 2020

Cumulative incidence of reported COVID-19 cases

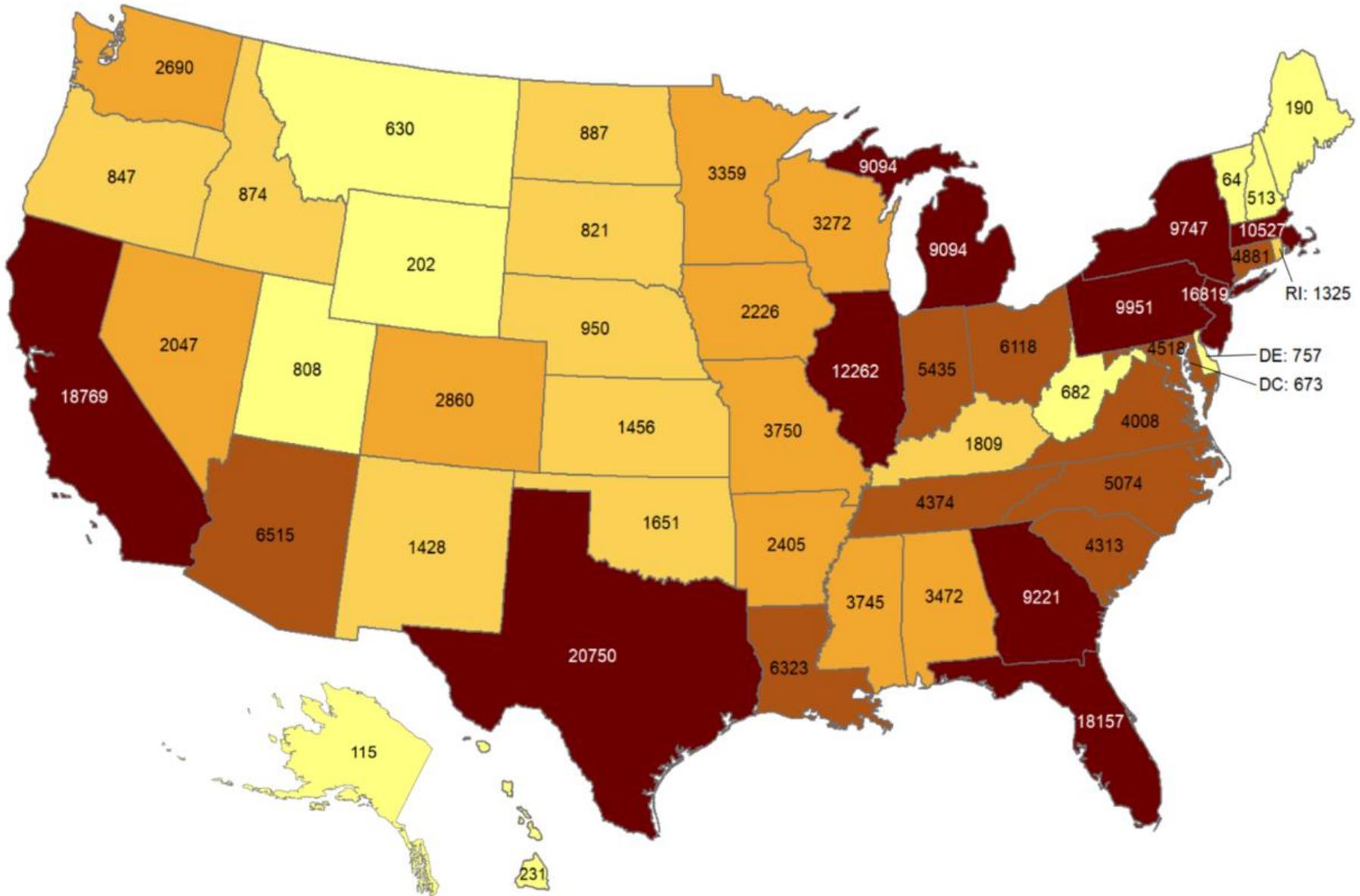
Oklahoma ranks **19** (out of all States and DC) in the cumulative incidence (per 100,000 persons) of reported COVID-19 cases in the US.



Data from CDC. Available at <https://www.cdc.gov/covid-data-tracker/index.html>
Data as of November 25, 2020

Total number of reported COVID-19 deaths

Oklahoma ranks **32** (out of all States and DC) in the total number of reported COVID-19 deaths in the US.



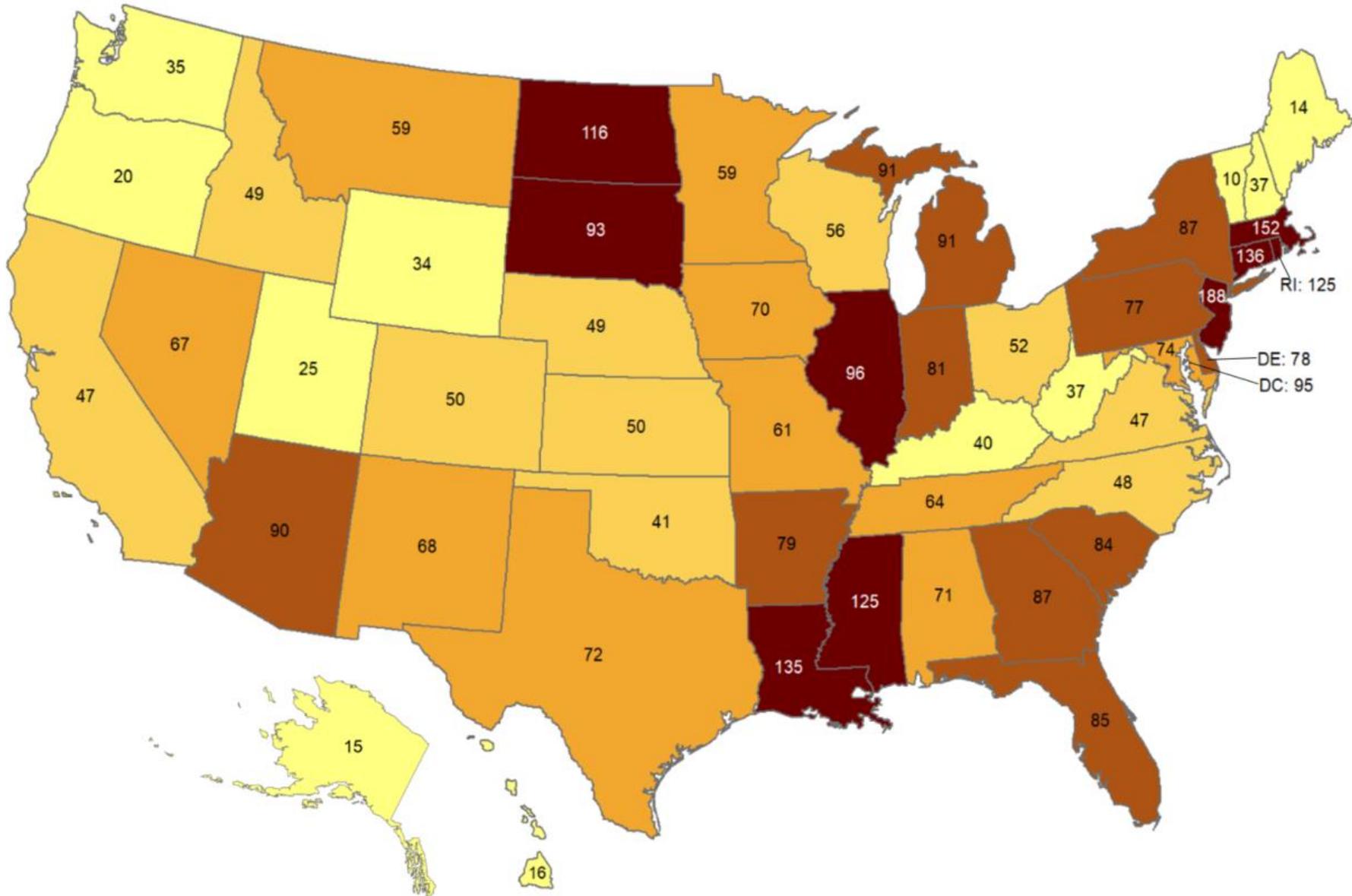
Data from CDC. Available at <https://www.cdc.gov/covid-data-tracker/index.html>

Data as of November 25, 2020

NOTE: CDC numbers include both Confirmed and Probable cases.

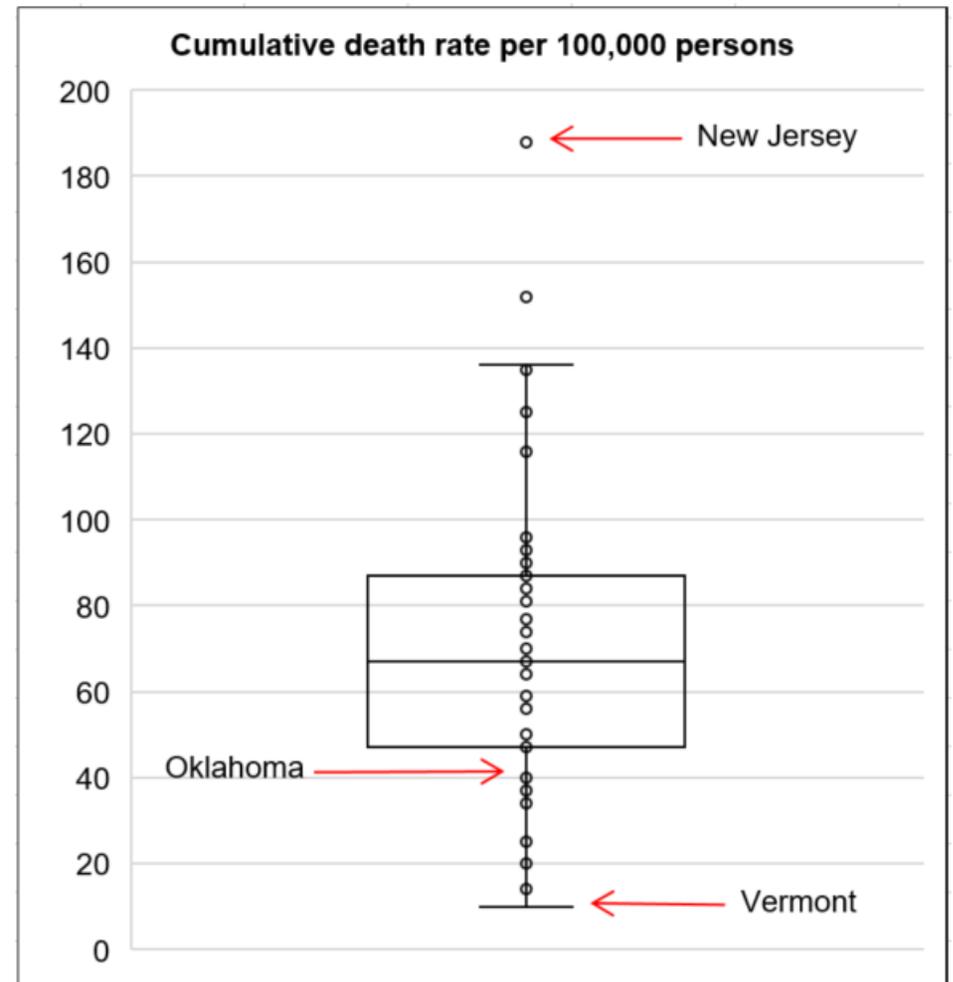
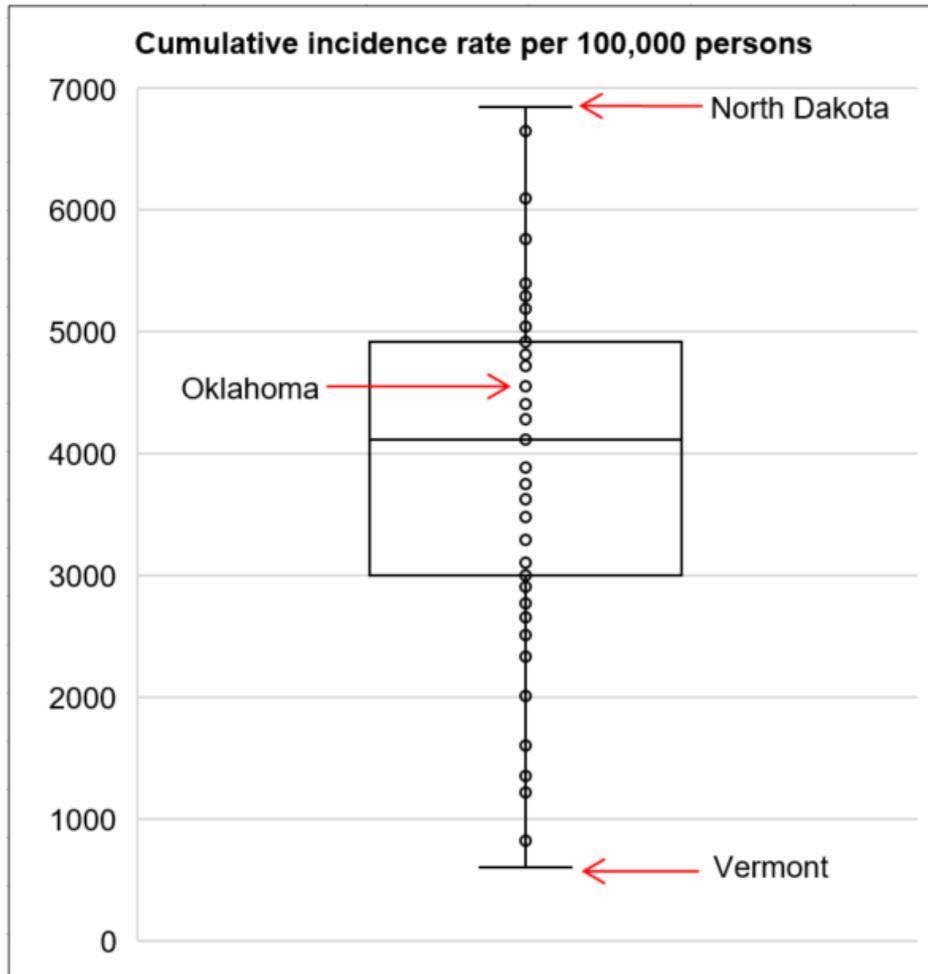
Cumulative death rate of reported COVID-19 cases

Oklahoma ranks **40** (out of all States and DC) in the cumulative death rate (per 100,000 persons) of reported COVID-19 cases in the US.



Data from CDC. Available at <https://www.cdc.gov/covid-data-tracker/index.html>
Data as of November 25, 2020

Cumulative incidence and cumulative death rate of reported COVID-19 cases



Interpretation: Oklahoma has cumulative incidence that is **above the median** of the US and cumulative death rate **below the median** of the US.

OKLAHOMA EXCESS DEATH ANALYSIS

- + indicates observed count above threshold
- Predicted number of deaths from all causes
- threshold for excess deaths

Weekly number of deaths (from all causes)

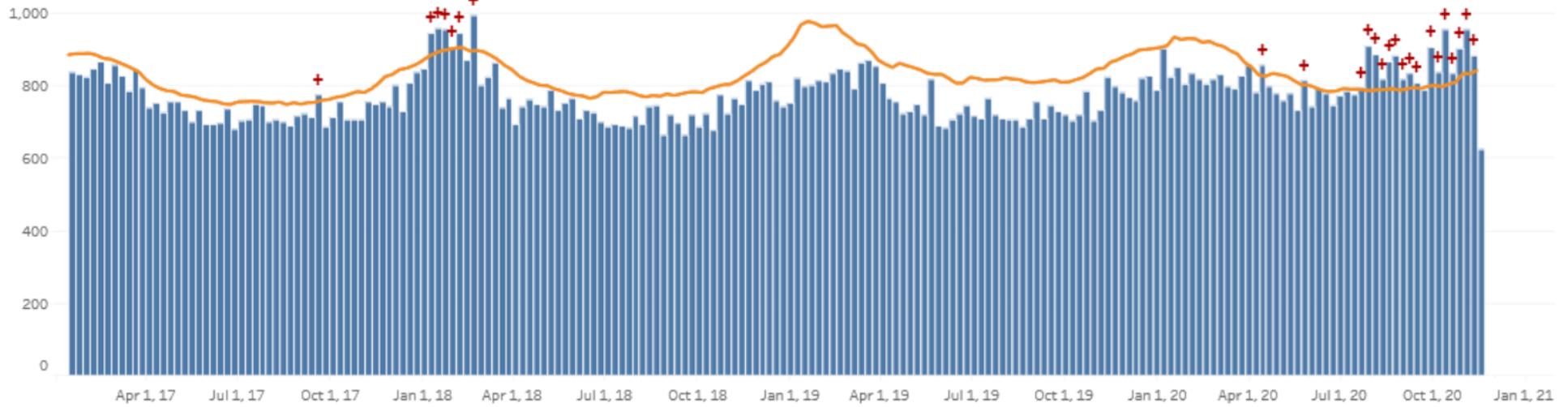


Figure notes: Contains data up to the week-ending date of November 14, 2020. Data in recent weeks are incomplete. Only 60% of the death records are submitted to NCHS within 1-days of the date of death, and completeness varies by jurisdiction.

Source: CDC, National Center for Health Statistics, https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm#dashboard, Nov 30, 2020 9am

COVID-19 LTC OR NURSING HOME ASSOCIATED CASES BY COUNTY

Status as of Midnight November 24, 2020

Data are preliminary and are subject to change as cases are processed.

County of Residence	Cases	Recovered**	Deaths
Adair	2	2	0
Alfalfa	3	1	0
Atoka	20	18	0
Beaver	13	12	1
Beckham	75	66	2
Blaine	20	16	0
Bryan	126	103	10
Caddo	131	107	14
Canadian	124	96	1
Carter	19	12	2
Cherokee	11	6	0
Choctaw	75	69	3
Cleveland	465	367	60
Coal	60	46	3
Comanche	76	46	6
Cotton	5	2	0
Craig	12	10	0
Creek	120	94	7
Custer	68	45	4

County of Residence	Cases	Recovered**	Deaths
Delaware	141	92	24
Dewey	4	2	1
Ellis	5	5	0
Garfield	139	116	8
Garvin	14	11	0
Grady	65	53	7
Grant	12	11	1
Greer	50	41	6
Harmon	11	11	0
Harper	2	2	0
Haskell	56	50	3
Hughes	15	11	0
Jackson	96	70	11
Jefferson	5	3	0
Johnston	3	3	0
Kay	61	51	2
Kingfisher	92	85	3
Kiowa	21	14	2
Latimer	16	13	1
Le Flore	183	168	12
Lincoln	108	79	20
Logan	27	16	0
Love	24	19	0

County of Residence	Cases	Recovered**	Deaths
Major	36	16	1
Marshall	10	5	0
Mayes	26	19	1
McClain	90	79	6
McCurtain	94	70	15
McIntosh	40	26	4
Murray	21	17	0
Muskogee	159	125	10
Noble	96	19	0
Nowata	49	44	0
Okfuskee	8	6	0
Oklahoma	1488	1254	131
Okmulgee	61	55	0
Osage	53	47	6
Ottawa	114	102	5
Pawnee	8	7	0
Payne	116	100	4
Pittsburg	151	129	15
Pontotoc	37	16	0
Pottawatomie	140	129	6
Pushmataha	40	35	4
Roger Mills	1	1	0
Rogers	313	220	39

County of Residence	Cases	Recovered**	Deaths
Seminole	97	89	2
Sequoyah	63	59	2
Stephens	64	50	1
Texas	38	28	2
Tillman	28	24	2
Tulsa	768	619	82
Wagoner	88	76	12
Washington	248	207	33
Washita	14	11	0
Woods	12	6	0
Woodward	53	47	3
<i>Total</i>	<i>7199</i>	<i>5781</i>	<i>600</i>

****Recovered:** *Currently not hospitalized or deceased and 14 days after onset/report.*

COVID-19 LTC OR NURSING HOME ASSOCIATED CASES BY FACILITY

Status as of Midnight November 24, 2020

Data are preliminary and are subject to change as cases are processed.

Facility	Cases	Recovered**	Deaths
Aberdeen Heights Assisted Living Community	4	4	0
Aberdeen Memory Care of Tulsa	5	1	1
Accel at Crystal Park	16	10	6
Ada Care Center	3	2	0
Adams PARC Post Acute Recovery Center	97	83	12
Albert Hall	7	7	0
Ambassador Manor Nursing Center	15	10	1
Anadarko Nursing & Rehab	31	26	1
Antlers Manor	1	1	0
Arbor House Assisted Living Center - Norman	8	3	1
Arbor House Assisted Living Center of Mustang	9	2	0
Arbor Village	7	6	0
Artesian Home	6	6	0
Ash Street Place	1	1	0
Ashbrook Village	4	4	0
Aspen Health and Rehab	6	6	0
Atoka Manor	11	9	0
Autumn Leaves of Edmond	34	31	2
Autumn Leaves of Southwest Oklahoma City	3	2	1
Autumn Leaves of Tulsa	1	1	0

Facility	Cases	Recovered**	Deaths
Avondale Cottage of Pryor	1	1	0
Avonlea Cottage of Seminole	15	13	0
Avonlea Cottage of Shawnee, LLC	9	8	0
Ayers Nursing Home	16	10	3
Ballard Nursing Center	23	2	0
Baptist Village of Hugo	59	56	1
Baptist Village of Oklahoma City	42	33	4
Baptist Village of Owasso	13	12	0
Barnsdall Nursing Home	2	2	0
Bartlesville Assisted Living	23	17	0
Bartlesville Health and Rehabilitation Community	98	76	20
Beacon Ridge	4	4	0
Beadles Nursing Home	9	3	0
Beare Manor	1	1	0
Beaver County Nursing Home	13	12	1
Belfair of McAlester	5	5	0
Bell Avenue Nursing Center	18	16	2
Bellarose Senior Living	1	1	0
Bellevue Health and Rehabilitation	78	65	10
Betty Ann Nursing Center	1	0	0
Billings Fairchild Center, Inc	92	8	0
Binger Nursing and Rehabilitation	55	45	10
Blue Ridge Place	1	1	0

Facility	Cases	Recovered**	Deaths
Boyce Manor Nursing Home	9	4	0
Bradford Village Healthcare Center: Nursing Home	13	8	1
Brentwood Extended Care & Rehab	4	4	0
Broadway Manor Nursing Home	38	28	4
Broken Arrow Assisted Living	6	5	1
Broken Arrow Nursing Home, Inc.	26	17	0
Broken Bow Nursing Home	56	41	11
Brookdale Bartlesville North	18	15	3
Brookdale Bartlesville South	8	8	0
Brookdale Broken Arrow	10	8	2
Brookdale Cedar Ridge	6	6	0
Brookdale Chickasha	18	15	3
Brookdale Claremore	3	1	0
Brookdale Durant	26	21	1
Brookdale Edmond Santa Fe	1	1	0
Brookdale Muskogee	14	7	3
Brookdale Norman	1	1	0
Brookdale Stillwater	1	1	0
Brookdale Tulsa 71st and Sheridan	65	50	12
Brookdale Tulsa Midtown	4	2	0
Brookdale Tulsa South	5	4	0
Brookdale Village	3	3	0
Brookdale Weatherford	2	1	0

Facility	Cases	Recovered**	Deaths
Brookridge Retirement Community	4	2	0
Brookside Nursing Center	4	2	0
Brookwood Skilled Nursing and Therapy	4	2	1
Burford Manor	11	8	0
Callaway Nursing Home	1	0	0
Capitol Hill Skilled Nursing and Therapy	46	39	7
Carnegie Nursing Home, Inc.	37	30	2
Cedar Creek Nursing Center	8	1	0
Cedar Crest Manor	2	2	0
Cedarcrest Care Center	46	38	6
Center of Family Love	6	6	0
Chandler Therapy & Living Center, LLC	53	43	9
Checotah Nursing Center	1	1	0
Cherokee County Nursing Center	3	3	0
Chickasha Nursing Center, Inc	3	3	0
Chisholm Trail Assisted Living	5	1	0
Choctaw Nation Nursing Home	36	32	4
Cimarron Nursing Center	13	11	1
Cimarron Pointe Care Center	7	6	0
Claremore Skilled Nursing and Therapy	5	5	0
Cleveland Manor Nursing & Rehab	2	2	0
Clinton Therapy & Living Center	1	1	0
Colonial Manor II	11	11	0

Facility	Cases	Recovered**	Deaths
Colonial Manor Nursing Home	23	19	0
Colonial Park Manor, LLC	4	3	0
Colonial Terrace Care Center	3	3	0
Community Health Care of Gore	4	4	0
Community Health Center	10	9	1
Copp's Residential Care, Inc	1	1	0
Cordell Christian	6	5	0
Corn Heritage Village and Rehab	11	8	0
Corn Heritage Village and Rehab of Weatherford	23	19	3
Cottonwood Creek Skilled Nursing & Therapy	2	2	0
Country Club Care	7	6	0
Country Club at Woodland Hills	7	6	0
Country Lane	2	1	0
Country Place	1	1	0
Countryside Estates	3	3	0
Countrywood Assisted Living and Memory Care	4	3	0
Covenant Living at Inverness	10	7	1
Coweta Manor Nursing Home	63	52	11
Creekside Village	2	2	0
Cross Timbers Nursing and Rehabilitation	45	41	2
Crossroads Residential Care	7	4	1
Dr W F & Mada Dunaway Manor	14	11	0
Drumright Nursing Home	4	2	0

Facility	Cases	Recovered**	Deaths
Eastgate Village Retirement Center	50	45	2
Eastwood Manor	2	2	0
Edith Kassanavoid Gordon Assisted Living Center	1	1	0
Edmond Healthcare Center	45	36	8
EI Reno Post-Acute Rehabilitation Center	2	2	0
Elk City Nursing Center	5	4	0
Elk Crossing	15	13	1
Elkwood Assisted Living and Memory Care	25	21	1
Elmbrook Home	3	2	0
Elmwood Manor Nursing Home	11	11	0
Emerald Care Center Claremore	105	82	6
Emerald Care Center Midwest	25	20	2
Emerald Care Center Southwest LLC	51	48	2
Emerald Care Center Tulsa	9	8	0
Emerald Square Assisted Living Community	3	3	0
English Village Manor	32	21	3
Enid Senior Care	9	4	0
Epworth Villa Health Services	17	16	1
Eufaula Manor Nursing and Rehabilitation Center	18	12	1
Fairfax Manor	2	2	0
Fairmont Skilled Nursing and Therapy	76	72	4
Fairview Fellowship Home for Senior Citizens, Inc	36	14	0
Family Care Center of Fairland	2	2	0

Facility	Cases	Recovered**	Deaths
Family Care Center of Kingston	3	2	0
Featherstone Assisted Living Community of Moore	36	32	4
First Shamrock Care Center	3	3	0
Forest Hills Care and Rehabilitation Center	7	3	1
Forrest Manor Nursing Center	6	6	0
Fort Gibson Nursing Home	2	2	0
Fountain View Manor, Inc	6	5	0
FountainBrook Assisted Living and Memory Support	6	5	0
Four Seasons Rehabilitation & Care	5	5	0
Franciscan Villa	101	85	11
Garland Road Nursing and Rehab Center	6	6	0
Gatesway Foundation, Inc	3	3	0
Glade Avenue Assisted Living	1	1	0
Glade Avenue South	6	2	2
Glenhaven Retirement Village	19	16	2
Glenwood Healthcare	13	8	3
Go Ye Village Continuum of Care Retirement Community	3	0	0
Golden Age Nursing Home of Guthrie, LLC	11	0	0
Golden Oaks Village	27	21	5
Grace Living Center - Clinton	4	3	0
Grace Living Center - Jenks	18	10	4
Grace Living Center - Norman	87	73	12
Grace Living Center - Stillwater	8	4	0

Facility	Cases	Recovered**	Deaths
Grace Living Center - Tahlequah East Shawnee	1	1	0
Gracewood Health and Rehab	41	31	6
Gran Grans Place	1	1	0
Grand Lake Villa	31	16	6
Grandwood Assisted Living, LC	24	8	2
Green Country Care Center	19	16	3
Green Country Village Assisted Living Center	2	2	0
Green Tree at Sand Springs	1	1	0
Greenbrier Nursing Home	9	9	0
Greenbrier Village Residential Living, LLC	2	2	0
Gregston Nursing Home, Inc.	5	4	0
Grove Nursing Center	82	66	16
Harrah Nursing Center	43	38	3
Haskell County Nursing Center, Inc	52	46	3
Hays House	36	31	0
Heartsworth Center for Nursing and Rehabilitation	9	8	0
Heartsworth House Assisted Living	1	1	0
Heatheridge Residential Care Center	1	1	0
Heavener Nursing & Rehab	51	42	7
Hennessey Nursing & Rehab	75	72	2
Henryetta Community Skilled Healthcare & Rehab	3	3	0
Hensley Nursing & Rehab	28	24	2
Heritage Assisted Living	3	3	0

Facility	Cases	Recovered**	Deaths
Heritage Community	24	17	2
Heritage Hills Living & Rehabilitation Center	1	1	0
Heritage Manor	29	28	1
Heritage Park	4	3	1
Heritage Point of Tulsa	1	1	0
Heritage Villa Nursing Center	12	12	0
Heritage Village Nursing Home	3	3	0
Heritage at Brandon Place Health and Rehabilitation	47	38	4
Highland Park Health Care	3	2	0
Hill Nursing Home, Inc	15	13	1
Hillcrest Manor Nursing Center	1	1	0
Hillcrest Nursing Center	19	18	1
Hobart Nursing & Rehab	2	0	0
Holiday Heights Nursing Home	2	1	0
Homestead of Bethany, LLC	8	7	0
Homestead of Hugo	13	10	2
Homestead of Owasso	1	1	0
Ignite Medical Resort Norman, LLC	44	33	6
Ignite Medical Resort OKC	93	82	11
Iris Memory Care of Edmond	6	6	0
John H. Johnson Care Suites	3	3	0
Kenwood Manor	19	16	1
Lake Country Nursing Center	26	20	0

Facility	Cases	Recovered**	Deaths
Lake Drive Care and Rehabilitation Center	39	39	0
Lakeland Manor, Inc	9	7	1
Lakeview Nursing & Rehab	18	13	2
Landmark of Midwest City Rehabilitation and Nursing	41	33	4
Legacy Village of Stillwater	14	12	0
Legend at 71st St	8	6	1
Legend at Council Road	2	2	0
Legend at Mingo Road	3	3	0
Legend at Rivendell	54	46	5
Leisure Village Health Care Center	9	9	0
Lexington Nursing Home	10	8	0
Lindsay Nursing & Rehab	2	2	0
Linwood Village Nursing & Retirement Apts	14	14	0
Lyndale at Edmond	2	2	0
Magnolia Creek Skilled Nursing and Therapy	37	26	6
Mangum Skilled Nursing and Therapy	54	45	6
Maple Lawn Nursing and Rehabilitation	19	16	1
Maplewood Care Center	9	9	0
Marlow Nursing & Rehab	1	0	0
McAlester Nursing & Rehab	18	13	1
McCall's Chapel School, Inc #11	2	2	0
McCall's Chapel School, Inc #13	1	1	0
McCall's Chapel School, Inc #4	1	1	0

Facility	Cases	Recovered**	Deaths
McCall's Chapel School, Inc #7	1	1	0
McCall's Chapel School, Inc #8	1	1	0
McCall's Chapel School, Inc #9	1	1	0
McLoud Nursing Center	1	0	0
McMahon-Tomlinson Nursing Center	12	10	1
Meadow Brook Residential Care	26	25	0
Meadowbrook Nursing Center	1	1	0
Meadowlake Estates	76	71	4
Meadowlakes Retirement Village	1	1	0
Medical Park West Rehabilitation	6	3	2
Medicallodges Dewey	4	4	0
Meeker Nursing Center	37	23	10
Memorial Heights Nursing Center	24	17	3
Memorial Nursing Center	25	22	1
Memory Care Center at Emerald	4	3	0
Meridian Nursing Home	3	3	0
Miami Nursing Center, LLC	79	74	3
Mid-Del Skilled Nursing and Therapy	22	18	0
Mitchell Manor	51	49	2
Monroe Manor	7	4	0
Montereaue, Inc Assisted Living	3	3	0
Montereaue, Inc LTC/SNF	3	3	0
Montevista Rehabilitation and Skilled Care	6	3	0

Facility	Cases	Recovered**	Deaths
Mooreland Heritage Manor	20	19	0
Muscogee (Creek) Nation Skilled Nursing Facility	1	0	0
Muskogee Nursing Center	12	6	0
New Hope Retirement & Care Center	1	1	0
Noble Health Care Center	10	9	0
North County Center for Nursing and Rehabilitation	1	1	0
North Winds Living Center	1	1	0
Northhaven Place	10	8	1
Northwest Nursing Center	1	1	0
Oak Hills Living Center	14	12	1
Oakridge Home	1	1	0
Oakridge Nursing Center	53	44	4
Okemah Care Center	1	1	0
Oklahoma Methodist Manor	17	14	2
Oklahoma Veterans Center, Ardmore Division	1	0	0
Oklahoma Veterans Center, Claremore Division	197	125	35
Oklahoma Veterans Center, Clinton Division	36	14	0
Oklahoma Veterans Center, Lawton-Ft. Sill Division	15	11	0
Oklahoma Veterans Center, Norman Division	74	48	21
Oklahoma Veterans Center, Sulfur Division	13	10	0
Oklahoma Veterans Center, Talihina Division	24	19	3
Osage Nursing Home, LLC	4	4	0
Oxford Glen at Owasso	3	3	0

Facility	Cases	Recovered**	Deaths
Perry Green Valley Nursing Center, LLC	4	3	0
Pleasant Valley Health Care Center	6	5	0
Pocola Health & Rehab	56	53	3
Ponca City Nursing and Rehabilitation	16	15	0
Prairie House Assisted Living & Memory Care	4	3	0
Prairie Pointe at Stroud	5	0	0
Primrose Retirement Community of Shawnee	11	10	0
Primrose Retirement Community of Stillwater	2	2	0
Providence Place	1	1	0
Purcell Care Center, LLC	10	8	1
Quail Creek Senior Living	23	18	4
Quail Ridge Living Center, Inc (Colcord, OK)	7	7	0
Quail Ridge Senior Living	24	17	6
Quinton Manor Nursing Home	9	9	0
RT 66 Residential Care Home, LLC	6	4	0
Rainbow Health Care Community: Nursing Home	64	56	4
Rambling Oaks (Norman)	22	17	2
Rambling Oaks Courtyard Assisted Living & Memory Care	2	1	0
Ranch Terrace Nursing Home	19	8	1
Ranchwood Nursing Center	30	29	1
Reliant Living Center	9	6	0
Reliant Living Center of Del City	2	1	0
River Oaks Skilled Nursing	36	19	0

Facility	Cases	Recovered**	Deaths
Riverside Health Services LLC	2	2	0
Robert M Greer Center	1	1	0
Rolling Hills Care Center	11	9	0
Ruth Wilson Hurley Manor	67	53	3
Saint Simeons Episcopal Home	17	17	0
Sand Springs Nursing and Rehabilitation	5	5	0
Seiling Nursing Center	5	3	1
Seminole Care and Rehabilitation Center	74	68	2
Seminole Pioneer Nursing Home	1	1	0
Senior Star The Brook	3	0	0
Senior Suites Healthcare	7	5	1
Senior Village	3	3	0
Sequoyah East Nursing Center, LLC	13	13	0
Sequoyah Manor	37	34	1
Sequoyah Pointe Living Center	5	4	0
Shady Rest Care Center	3	2	0
Shanoan Springs Nursing and Rehabilitation	5	2	0
Share Medical Center	2	2	0
Shattuck Nursing Center	4	4	0
Shawn Manor Nursing Home	1	1	0
Shawnee Colonial Estates Nursing Home	67	61	6
Sienna Extended Care & Rehab	34	33	1
Skiatook Nursing Home	40	34	6

Facility	Cases	Recovered**	Deaths
Sommerset Neighborhood	1	1	0
South Park East	44	39	1
South Pointe Rehabilitation and Care Center	170	148	13
Southbrook Healthcare, Inc.	3	2	1
Southern Hills Rehabilitation Center	69	57	10
Southern Oaks Care Center	3	1	0
Southern Plaza Assisted Living and Memory Care	25	24	0
Southern Pointe Living Center	40	31	5
Spanish Cove Housing Authority	7	7	0
Spiro Nursing Home, Inc.	34	34	0
St. Ann's Skilled Nursing and Therapy	80	64	12
St. Katharine Drexel Retirement Center	6	6	0
Storey Oaks	48	45	0
Stroud Health Care Center South	2	2	0
Summers Healthcare, LLC	6	4	0
Sunset Estates of Purcell	67	63	4
Tamarack Retirement Center	18	14	2
Teal Creek Assisted Living & Memory Care	3	3	0
Tealridge Assisted Living	6	6	0
Temple Manor Nursing Home	2	0	0
Ten Oaks Place	2	1	0
The Arbors Assisted Living Center	7	6	0
The Brentwood Senior Living	10	2	0

Facility	Cases	Recovered**	Deaths
The Chateau	8	5	1
The Commons	37	37	0
The Commons - AL	1	1	0
The Cottage Extended Care	9	8	1
The Courtyards at Claremore Assisted Living	7	4	0
The Courtyards at Magnolia Creek	9	9	0
The Fountains at Canterbury Health Center	25	18	0
The Gardens	1	1	0
The Gardens at Rivermont	1	1	0
The Golden Rule Home	42	40	0
The Grand at Bethany Skilled Nursing and Therapy	1	1	0
The Health Center at Concordia	25	22	1
The Health Center at Concordia ALC	6	6	0
The Highlands at Owasso	14	12	1
The King's Daughters & Sons Nursing Home	10	10	0
The Lakes	5	4	0
The Linden at Stonehaven Square	8	4	4
The Living Center	28	22	3
The Mansion at Waterford	20	18	2
The Neighborhoods at Baptist Village of Elk City	7	6	0
The Oaks Healthcare Center	2	2	0
The Parke Assisted Living	3	3	0
The Regency Skilled Nursing and Therapy	3	2	0

Facility	Cases	Recovered**	Deaths
The Renaissance of Stillwater - Assisted Living	3	3	0
The Springs Skilled Nursing and Therapy	29	22	1
The Timbers Skilled Nursing and Therapy	46	28	3
The Veraden	1	1	0
The Villages at Southern Hills	71	57	10
The Wilshire Skilled Nursing and Therapy	3	3	0
The Wolfe Living Center at Summit Ridge	11	8	1
Timberwood Assisted Living & Memory Care	1	1	0
Touchmark at Coffee Creek	2	2	0
Town of Vici Nursing Home	2	2	0
Tulsa Assisted Living and Memory Care	2	2	0
Tulsa Nursing Center	29	26	1
Tuscany Village Nursing Center	21	18	1
Tuttle Care Center	22	20	2
University Park Skilled Nursing & Therapy	2	2	0
University Village	18	18	0
Via Christi Village Ponca City	7	6	0
Vian Nursing & Rehab, LLC	8	6	1
Victorian Estates	2	2	0
Village Health Care Center	11	11	0
Village Lodge of Ardmore Village	2	1	0
Village at Oakwood	4	3	1
Village on the Park	37	30	6

Facility	Cases	Recovered**	Deaths
Wagoner Health & Rehab	6	6	0
Walnut Grove Living Center	66	52	12
Warr Acres Nursing Center	18	16	1
Washita Valley Living Center	3	3	0
Weatherwood Assisted Living and Memory Care	4	3	0
Wellington Parke, LLC	1	1	0
West Wind Assisted Living	11	7	0
Westbrook Gardens	5	3	1
Westbrook Healthcare, Inc	4	2	0
Westhaven Nursing Home	76	69	2
Westview Cottages	4	4	0
Wewoka Healthcare Center	1	1	0
Wildewood Skilled Nursing and Therapy	5	4	1
Wilkins Health and Rehabilitation Community	12	10	0
Willow Haven Nursing Home	27	24	2
Willow Park Health Care Center	16	8	4
Willowood at Mustang Assisted Living and Memory Care	2	1	0
Windridge Nursing and Rehabilitation Center	14	11	2
Windsor Hills Nursing Center	3	2	0
Woodland Park Home, Inc	5	4	0
Woodlands Skilled Nursing & Therapy	1	1	0
Woodward Skilled Nursing and Therapy	31	27	3
York Manor Nursing Home	2	2	0

Facility	Cases	Recovered**	Deaths
Zarrow Pointe	6	6	0
<i>Total</i>	<i>7199</i>	<i>5781</i>	<i>600</i>

**Recovered: Currently not hospitalized or deceased and 14 days after onset/report.

ACKNOWLEDGEMENT

The weekly report is made by possible through the efforts of county and city public health and healthcare professionals.

NOTES

Every effort is made to ensure accuracy and the data is up-to-date for the time period reported.

For daily updates on COVID-19, please visit <https://coronavirus.health.ok.gov/>

DISCLAIMER

The purpose of publishing aggregated statistical COVID-19 data through the OSDH Dashboard, the Executive Order Report, and the Weekly Epidemiology and Surveillance Report is to support the needs of the general public in receiving important and necessary information regarding the state of the health and safety of the citizens of Oklahoma. These resources may be used only for statistical purposes and may not be used in any way that would determine the identity of any reported cases.



**HEADQUARTERS OKLAHOMA WING
CIVIL AIR PATROL**
UNITED STATES AIR FORCE AUXILIARY
3800 A Avenue, Room 303, Mail Stop L-39
Tinker Air Force Base, Oklahoma 73145-9111

FROM: Health Services Officer
TO: Oklahoma Wing Personnel
SUBJECT: COVID-19 Remobilization of the Membership Plan -Phase 1

23 NOV 2020

This document shall serve as an expansion on the National Headquarters-approved OKWG Plan for Remobilization of the Wing. This document is an adjunct to the Memorandum For Record from Col Roberts dated 17 JUN 20, and serves to expand on the information in the Wing plan as submitted. This document was part of the submission package to National Headquarters and was considered in the approval process; as such, it represents a more explanatory element on our remobilization process.

If there are discrepancies between this document and the Memorandum for Record from Col Roberts, this document is subordinate to any communication from Col Roberts.

1. OKWG's remobilization plan will be implemented in a step-wise manner as a Wing; subordinate units are not authorized to remobilize or advance to a new phase ahead of approval by the Wing Commander. The current plan has been submitted to National and expedited review is expected. Until positive review is received, and some plan deficiencies are corrected, we will not remobilize; thus, if you have been asked for information and have not responded, please provide the information as rapidly as possible.

The current target date for OKWG Remobilization is 7 DEC 20.

1.1. Phase I remobilization will be restricted. In-person meetings are restricted to small (<10) groups, although multiple groups may meet if separate rooms are utilized, with at least 36 square feet of space for each person in the room to facilitate social distancing, and each room is treated as a "bubble" with no intermingling of participants between bubbles during an event; no close activities such as formations or drill are authorized. Phase I flight operations are authorized per earlier memorandum, including Flight Evaluations, Senior Member Currency Training as well as CAP Cadet Orientation Rides. Cloth face coverings and social distancing are required at this stage, and excellent hand hygiene, utilizing soap and water or hand sanitizer with at least a 60% alcohol content are mandated. Breaks to engage in hand hygiene should be planned for hourly execution and shall occur at least every 90 minutes.

1.1.1. Commanders will work with their staff to determine effective methods to resume in-person meetings. Because of better dispersion, and thus lower viral load/exposure, it is recommended that meetings be held outdoors when possible. Regardless of the venue for the actual meeting, no more than 10 members may be present physically in Phase I in a given bubble.

1.1.2. Masks may be, and should be removed for PT, especially for running activities, but all personnel are reminded of the need to enforce social distancing. Mask use during strenuous activity should be avoided if possible (utilize social distancing), and frequent breaks should be enforced if face coverings are used during significant exertion.

1.1.3. All personnel should bring their own water or other hydration supplies and should avoid using public, common sources of water (e.g., drinking fountain, "water buffalo", etc.). At the discretion of the Safety Officer or Health Services Officer present, failure to bring personal hydration may be deemed a sufficient reason to refuse access to the activity.

1.2. Temperature checks will be instituted for in-person meetings and training. UAt-home self-check of temperature is authorized. Any member or visitor who arrives and has an elevated temperature greater than or equal to 100.4F (38C) shall be advised to return home and seek medical care, and shall not be admitted to the meeting. A detailed procedure for temperature checks has been distributed to the Squadrons and will be utilized. This includes allowing a cool-down period if Members are entering from outdoors. In addition, all participants should be asked some variation of the following, and responses indicating potential exposure of illness shall result in the member being advised to return home:

- Are you feeling well at this time?
- Within the last week have you had a fever greater than 100.4F (38C)?
- Do you have a cough?
- Are you having trouble breathing?
- Have you traveled either within the US or abroad within the last 21 days, to an area where COVID-19 remains an active disease problem?
- have you had a recent change in your sense of smell or taste?

1.2.1. Within the plan is a reference to no-touch thermometers as well as a cleaning and sanitation requirement.

- The Wing has acquired and provided no-touch thermometers to each Squadron and for each aircraft
- Each squadron is responsible for obtaining appropriate cleaning supplies. Provisions may be made at the Wing level if the cost of cleaning supplies is beyond the existing budget of the unit

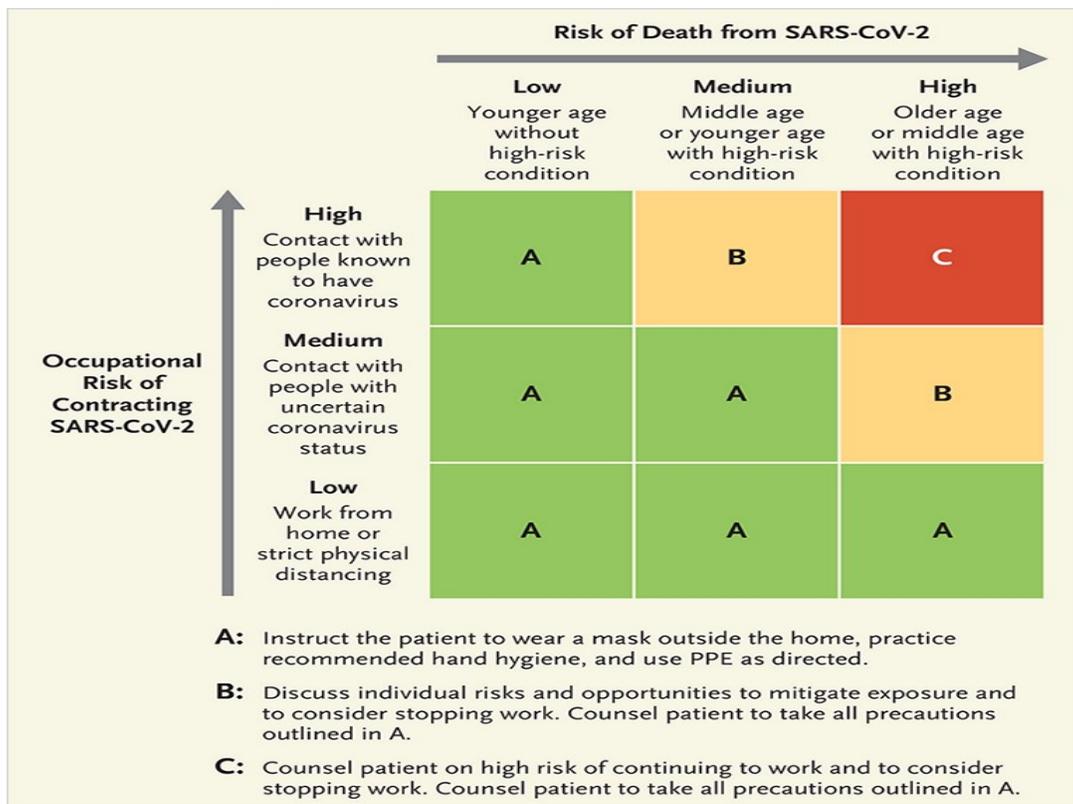
2. The goal of the remobilization order and planning is to safely proceed to a more normal battle rhythm. This does not mean CAP remobilization is tightly linked to any given State's phased reopening schedule. Each Phase transition requires a plan be submitted to and approved at the National level prior to transition. In the event that CAP guidance is more restrictive than State guidance, CAP guidance shall prevail. Similarly, if we encounter a point where State guidance is more restrictive, the State guidance is used. Simply put, the more restrictive guidance shall be used.

2.1. With National approval of a plan to proceed, Phase change shall occur at the sole discretion of the Wing Commander. Transition is not mandated to be tied to a strict timeline. It is in the best interests of OKWG to balance the need to remobilize and start the process of normalizing training and education, with a constant awareness of safety. To that end, if conditions change in the state and warrant moving back to an earlier Phase, this will also be at the sole discretion of the Wing Commander.

2.1.1. An email from the Wing Commander or his designee will be sent prior to any Phase transitions. For transitions forward, the announcement will be made at least 5 calendar days prior to the transition. In the event of reversion to an earlier Phase, as much notice as possible will be given, but an effective date/time will be provided and this date/time will mark the initiation of the retrograde transition.

2.2. The Wing Health Services Officer is engaging the various Medical Officers (physicians) within the Wing to consult and serve as an evaluation board, so that the Wing Health Services Officer can appropriately advise the Wing Command Staff and subsequently the Commander if, in their expert opinion, conditions are such that A) transition is safe and reasonable; B) remaining in the current phase is recommended; or, C) reverting to an earlier phase is recommended. This evaluation will occur on at least a weekly basis by telecon and/or email exchange.

3. CDC guidance for at risk persons can be found at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html> and may be initially evaluated using this chart:



Note that this chart provides a quick-look evaluation and does not replace a careful reading of the CDC criteria.

3.1. During Phase I, persons considered at risk should not attend in-person meetings or events, and should be encouraged to telework. Members will self-evaluate their status, but all are reminded of the Core Value of Integrity. If a Member self-certifies as low-risk and acquires the illness at a CAP activity of any sort, the potential for adverse psychological effect on Members at ALL levels of the overall organization are likely to be felt.

3.2. Any person who lives in a household with at-risk persons should consider themselves at risk while in Phase 0 (current state) and Phase I.

3.3. Persons who have traveled to areas within the United States, or overseas and have encountered heightened COVID incidence, or where Public Health guidance indicates an increased risk, should, upon return to Oklahoma, self-quarantine for 14 days, and discuss with their County Health Department or primary care provider about seeking molecular (swab-based) testing regardless of symptoms.

3.3.1. Persons who have traveled as indicated above should not attend meetings and should honestly self-assess their risk profile. Wing and Unit Health Services Officers are available to discuss individual questions. The Wing Health Services Officer is available to support these discussions as needed.

3.3.2. All personnel should, within the next 14 days, update and provide to your unit Commander, CAP Forms 160, 160S and 160HL for evaluation. Commanders or their designee shall notify the Wing Health Services Officer of failure to comply and of any extenuating circumstances they are aware of.

4. Commanders shall develop, in concert with Deputy Commander, Cadets and Cadet Programs Officer a communication to Cadets, and parents/guardians detailing the steps that will be taken to keep Cadets safe in this transition program. Included these steps please emphasize masks, social distancing, temperature checks and asking about health status as well as hydration requirements and attention to heat stress injury.

4.1. The Wing Health Services Officer is available to assist with developing these communications, if needed. Unit Health Services Officers are also valuable resources in this regard.

5. All personnel are asked to consider and recommend novel approaches to participation and training.

Examples might include:

- Several meetings per week allowing accommodation of all members at least every other week in an in-person meeting
- Live-streaming the small-group in-person meetings with other members using teleconferencing technologies
- Meeting outdoors to enhance social distancing rather than within an enclosed room
- ad hoc unstructured teleconferencing meetings to allow free-form participation, anchored with a theme, such as, but not limited to, Aerospace: Space Force, or Aircraft: principles of flight, New UAS systems, etc., where Cadets are the principal organizers and presenters, and their mentors can help with questions, but are not responsible for teaching
- Other ways to "Think Outside the Box" to engage Cadets and Seniors.

6. The Oklahoma Wing is not closed, nor is Civil Air Patrol. In the event of a major activation OKWG can receive waivers in short order to allow an emergency remobilization. This does not infer that the phased approach is inappropriate or unnecessary, but emphasizes our flexibility in response to significant events.

Questions or concerns with regard to the overall Remobilization Plan should be referred to your Commander, who is your best source of information and can communicate the plan clearly and clarify any misunderstandings.

Capt Gerald Creager, CAP
Action Officer, OKWG COVID-19 Remobilization Planning
Health Services Officer SWR-OK-001
Civil Air Patrol, U.S. Air Force Auxiliary
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gcreager@cap.gov

Oklahoma Wing Civil Air Patrol

COVID-19 Health Questionnaire

Are you feeling well? YES NO

Have you recently had a:

Cough YES NO

Fever YES NO

Exposed to a COVID-positive individual?

YES NO

Traveled to an area in the US with a significant rise in COVID-19 cases within the last 14 days?

YES NO

Traveled outside the US and returned within the last 14 days?

YES NO

Lost your sense of taste or smell?

YES NO

Tested positive for COVID-19 using a nasal swab (type) test?

YES NO

If yes: Date:

Treatment: _____

Post-recovery testing: YES NO Date:

**Log all personnel into event log; do not annotate results of screening
DO NOT RETAIN THIS DOCUMENT AFTER EVENT**

Screener CAP ID: _____

Revision 1.0 gc

Date:

Revised:

18 NOV 20



**HEADQUARTERS OKLAHOMA WING
CIVIL AIR PATROL**
UNITED STATES AIR FORCE AUXILIARY
3800 A Avenue, Room 303, Mail Stop L-39
Tinker Air Force Base, Oklahoma 73145-9111

FROM: DCS-Operations
TO: Oklahoma Wing Personnel
SUBJECT: Operations COVID-19 Remobilization of the Membership Plan –Phase 1

4 December 2020

Item 1.10 Task Wing Director of Operations to communicate the following to subordinate units:

1. 1.10.1 Flight Evaluations permitted during Phase 1
 - a. Annual Form 5 and Form 91 evaluations that fall through December 2020 cycle
 - b. Annual Form 5U and Form 91U evaluations that fall through and December 2020 cycle
 - c. Initial Form 5U and Form 91U evaluations that were are on hold due to COVID-19
2. 1.10.2 Senior Member Currency Training and Cadet Orientation flights
 - a. Private and Transport Mission Pilots effectively start proficiency training that was suspended during the COVID-19 shutdown.
 - i. Private pilot proficiency flights continued under OKMISC self-funded mission
 - ii. Proficiency flights for TMP's can resume under 21-A-3291
 - b. Unit Members whose Emergency Service currency has expired use 21-T-3127 Individual Unit ES Training
 - i. Units will build an Ops Plan and upload to mission files.
 - ii. No more than ten members attend ground training
 - c. The following sUAS training for Recreation pilots, Technician, Mission Pilot and Observers training to continue throughout Phase 1.
 - d. 29 September 2020 CAP/CV memo moved Cadet Orientation flights from Phase 2 to Phase 1.
 - i. Orientation Flights are now permitted in Phase I. Note that the 10-person limit for an activity still applies. A best practice would be to have no more than two aircraft participating in an Orientation Flight event. Aircraft will need to be sanitized between sorties. If multiple sorties are planned in a day, arrival of cades should be staggered to have no more than 10 people together at a time. Large “fly-day” events must be avoided in Phase I.
3. 1.10.3 Identify requirements for cadets that have earned their Private Pilot's License to return to flying.
 - a. One OKWG Cadet has earned a Private Pilot's License with mission number 21-T-3872.

4. 1.10.4 Identify Cadets training to earn their Private Pilot's License
 - a. OKWG has one Cadet enrolled in the wings program and will be allowed to continue training under mission number 20-T-3687 with Instructor Pilot and Solo flights per current training plan for the mission number.
 - b. Mission number 20-T-3687 effective 11 October 2020 thru 28 February 2021.

5. 1.10.5 Identify cleaning standards for aircraft and vehicles before and after use.
 - a. All units and OKWG members who use aircraft and vehicles will sanitize IAW Memo dated March 20, 2020 titled COVID-19 AIRCRAFT AND VEHICLE CARE
 - i. Document is located at gocivilairpatrol.com Civil Air Patrol COVIS-19 Information Center.

//SIGNED//

Wm. G. Bill Herold, Maj.
DCS - Operations SWR-OK-001
Director of Operations SWR-OK-001
Civil Air Patrol, U.S. Air Force Auxiliary
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