

Approved: 16 June 2020



Post-COVID-19 Remobilization of the Membership Plan

Phase I: Resuming Regularly Scheduled Meetings

RIWG
Completed 15 JUN 2020

COVID-19 Remobilization of the Membership Plan – Phase I

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

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 RI Wing:

The State of Rhode Island has been seeing positive changes in the infection rate, positive test rate, and ICU headroom used rate, according to the Covid Act Now Website. As a result, Rhode Island has been listed in a low risk status as of 6 June 2020 prompting the Rhode Island Wing to submit plans to begin reopening operations across the wing.

The State of Rhode Island is currently operating in Phase II of Governor Gina Raimondo’s reopening plan. Phase II initiated on 1 June 2020 and includes the following guidance;

- Social gatherings limited to 15 people
- Domestic travel restrictions relaxed. 14-day quarantine remains only for those returning to RI from an area still under stay at home restrictions.
- Office-based businesses can allow up to 33% of their workforce to return, if viewed as necessary. Everyone who can work from home should continue working from home.
- All state parks and beaches will be open with capacity limitations and social distancing restrictions.
- Houses of worship can reopen at up to 25% capacity with restrictions.
- Non-critical retailers can further relax restrictions to allow for more customers in their stores. Malls can reopen with restrictions.
- Restaurants will be allowed to begin indoor dining at up to 50% capacity and other restrictions.
- Haircare & personal services including barbershops, salons, braiders, nail care, waxing, tanning, massage, and tattoo services reopen with restrictions.
- Gyms, fitness studios, and small group fitness classes allowed to reopen with restrictions.
- Outdoor entertainment and recreation activities (zoo & outdoor areas of historical sites) allowed to resume on a limited basis.
- Child care services to resume June 1. Summer camps and small group youth sports practice to resume June 29 with restrictions.

RI Wing is seeking approval to begin Phase I no earlier than 20 June 2020. The following are guidelines;

PHASE 1: PRE-FLIGHT



Wing Command Staff returns to Wing HQ (not to exceed 10 people)



Squadron Staff returns to their respective HQ (not to exceed 10 people)



Virtual meetings continue



65+ and those with underlying conditions are strongly encouraged to stay home



Masks, vigilant hand-washing, increased cleaning, and 6ft social distancing remain in place

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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)	Lt Col Robert Gubala	22 May 2020		6 June 2020	
1.2.	Hold meeting with between Plan Coordinator and Health Services Officer	Col William Stranahan	6 June 2020		6 June 2020	
1.2.1.	Wing priorities for training events should be coordinated	Col William Stranahan	22 May June 2020		1 June 2020	
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	Lt Col Robert Gubala	22 May 2020		6 June 2020	
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	Capt Robert Gianopoulos	22 May 2020		1 June 2020	
1.2.2	Consult with Wing Legal Officer about resuming meetings	Col William Stranahan	22 May 2020		1 June 2020	
1.2.3	Coordinate with Wing Director of Safety	Col William Stranahan	22 May 2020		1 June 2020	
1.2.3.1	Verify proper risk planning tools are available to units	Capt Robert Gianopoulos	22 May 2020		1 June 2020	
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	Maj Brian Smith	1 June 2020		15 June 2020	
1.2.4	Coordinate with Wing Director of Cadet Programs	Col William Stranahan	22 May 2020		1 June 2020	
1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	Capt Robert Gianopoulos	22 May 2020		1 June 2020	
1.2.4.2	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	Lt Col Robert Gubala	22 May 2020		1 June 2020	

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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	MSgt Paul Payton	22 May 2020		1 June 2020	
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.	Col William Stranahan	22 May 2020		15 June 2020	
1.4.1.	Briefly describe/ summarize previous coordination accomplished	Col William Stranahan	22 May 2020		15 June 2020	
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	Lt Col Robert Gubala	22 May 2020		15 June 2020	
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	Col William Stranahan	22 May 2020		1 June 2020	Phase I – 20 June 2020 Phase II – 4 July 2020
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	Col William Stranahan	15 June 2020		TBD	
1.6.	Publish the date that meetings may resume to subordinate units	Col William Stranahan	15 June 2020		TBD	
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	Col William Stranahan	15 June 2020	20 June 2020	TBD	
1.7.1.	Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated					
1.7.2.	Unit Safety Officers s will emphasize continued use of face coverings, gloves, and hand sanitizer, as well as social distancing, hand washing and surface cleaning/disinfection					
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	Col William Stranahan	15 June 2020	20 June 2020	TBD	

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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.					
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)					
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)					
1.8.4	Units will ensure no more than 10 members are together at gatherings. Squadrons with more than 10 members 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:	Col William Stranahan	15 June 2020	20 June 2020	TBD	
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities					
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					
1.10.	Task Wing Director of Operations to communication the following to subordinate units.	Col William Stranahan	15 June 2020	20 June 2020	TBD	

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1.10.1	Identify flight operations permitted during Phase I					
1.10.2.	Identify requirements (Currency, etc.) for senior members					
1.10.3.	Identify requirements for cadets that have earned their Private Pilot's License to return to flying					
1.10.4.	Identify requirements for cadets training to earn their Private Pilot's License					
1.10.1.	Identify cleaning standards for aircraft and vehicles before and after use					

Cleaning and Disinfection Procedures

1. Why Clean?

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

2. Cleaning vs. Disinfection

- a. Cleaning. Cleaning is removing germs, dirt, and other substances from surfaces. This process does not kill germs, but removes them, lowering the numbers and the risk of spreading infection.

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

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5. Disinfection Solutions That May Be Used After Cleaning to Sanitize with at Least a 1 Minute Contact Time:
 - a. Alcohol. Ethanol 70-90%, also methyl alcohol (rubbing alcohol).
 - b. Chlorine. Chlorine based products (hypochlorite) at 0.1% (1000ppm) for general non-health care settings.
 - c. Hydrogen Peroxide. Hydrogen peroxide >0.5%. Works very fast, short contact time.
6. Cleaning Soft, Porous Surfaces (Carpets, Rugs, Drapes, Clothing).
 - a. Decontaminate. Remove any visible contamination and clean with appropriate cleaners for those surfaces then launder.
 - b. Launder. Launder items using the warmest appropriate water setting for the items as recommended on the label and dry items completely.
 - c. Surface Clean. If not able to launder, then use products that are EPA approved for use against COVID.
7. Cleaning Food Service Items.
 - a. Wash. Wash in hot water or in a dishwasher.
 - b. Hand washing. Clean hands after handling used food service items.
8. Cleaning Electronics.
 - a. Instructions. Follow manufacturer's instructions for all cleaning and disinfection products.
 - b. Covers. Consider using wipeable covers for electronics.
 - c. Alcohol. If no manufacturer guidance is available, consider the use of alcohol based wipes or spray containing at least 70% alcohol to disinfect touch screens.
 - d. Dry. Dry surfaces thoroughly to avoid pooling liquids.
9. Suggested Supplies
 - a. Gloves
 - b. Eye Protection
 - c. Wipes
 - d. Detergent
 - e. Bucket
 - f. Disinfectant
10. List of Frequently Touched Surfaces for Frequent Cleaning/Disinfection
 - a. Tables, workstations, desks
 - b. Handrails on stairways, buttons on elevators
 - c. Chair backs
 - d. Doorknobs
 - e. Light switches
 - f. Handles on faucets, toilets, drawers, cabinets, refrigerators, microwaves, other appliances

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- g. Toilets and toilet handles
- h. Sinks, faucets
- i. Electronics – phones, tablets, touch screens, remote controls, keyboards, appliance controls, mouse controls
- j. Central phones
- k. Pens, pencils
- l. Flag staffs

11. Bathroom Cleaning and Disinfection

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

12. General Areas

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

13. Aircraft

- a. Follow CAP guidelines at <https://www.gocivilairpatrol.com/members/cap-national-HQ/logistics-mission-resources/aircraft-management/hot-news/COVID-19-aircraft-care>
- b. Wash hands prior to entry into aircraft.

Hand Washing

1. Why Do We Need to Wash Hands?
 - a. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:
 - i. Touch your eyes, nose, and mouth with unwashed hands.
 - ii. Prepare or eat food and drinks with unwashed hands.
 - iii. Touch a contaminated surface or objects.
 - iv. Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects.
2. Key Times to Wash Hands!
 - a. You can help yourself and others stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:
 - i. Before, during, and after preparing food.
 - ii. After handling raw meat, poultry, seafood, and eggs.
 - iii. After wiping counters or cleaning other surfaces with chemicals.
 - iv. Before eating food.
 - v. Before and after providing routine care for another person who needs assistance such as a child.
 - vi. Before and after caring for someone at home who is sick with vomiting or diarrhea.
 - vii. Before and after treating a cut or wound.
 - viii. After using the toilet.
 - ix. After changing diapers or cleaning up a child who has used the toilet.
 - x. After blowing your nose, coughing, or sneezing.
 - xi. After touching an animal, animal feed, or animal waste.
 - xii. After handling pet food or pet treats.
 - xiii. After touching garbage.
 - xiv. After removing gloves.
 - xv. After emptying trash and taking off gloves.
3. During the COVID-19 Pandemic, You Should Also Clean Hands:
 - a. After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
 - b. Before touching your eyes, nose, or mouth because that's how germs enter our bodies.

4. Follow Five Steps to Wash Your Hands the Right Way!
 - a. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
 - i. Do not wash hands in a basin of water as hands can become recontaminated if standing water is no longer clean. Any water temp is OK, but warmer water may cause skin irritation.
 - ii. Using soap is more effective than water alone, as surfactants in soap lift soil and microbes from skin. Also, people tend to scrub more thoroughly when using soap, which removes more germs.
 - iii. Antibacterial soaps are not really any more effective than regular soap, so they are no longer able to market them to the general public.
 - b. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 - i. Lathering and scrubbing hands causes friction, that helps lift microbes from skin. Microbes are present on all surfaces of the hands, especially under nails, so be sure to scrub entire hand.
 - c. Scrub your hands for at least 20 seconds.
 - d. Rinse your hands well under clean, running water.
 - e. Dry your hands using a clean towel or air dry. Use the paper towel to turn off the faucet. Germs transfer more easily to and from wet hands, so dry well after washing.
5. Use Hand Sanitizer When You Can't use Soap and Water.
 - a. Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains this by looking at the product label.
 - i. Sanitizers can quickly reduce the number of germs on hands in many situations, however
 1. Sanitizers do not get rid of all types of germs.
 2. Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
 3. Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.
 - ii. How to use sanitizers;
 1. Apply the product to the palm of one hand
 2. Rub your hands together
 3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry.

Training Priorities and Procedures

Operations and Emergency Service Priorities and Procedures

1. Continue with AFAM/Corporate missions which are tasked by the NOC or AFRCR including COVID- 19 support missions
 - a. During those missions maintain CDC safety guidelines
2. Follow the guidelines set forth for safely operating aircraft and vehicles during this time. We need to disinfect and sanitize them to keep our personnel safe. Please go to the following link for more information: <https://www.gocivilairpatrol.com/members/cap-national-hq/logistics-mission-resources/aircraft-management/hot-news/covid-19-aircraft-care>
3. Aircrew Training
 - a. This includes onboard pilot training, instructor pilot training, check pilot training, CAPF5, CAPF 91s, and MP/MO/MS/AP/DAART. all sUAS SQTRs
 - b. Prior to the training, wellness screening shall be conducted
 - i. Health screening with questions to ensure member has exhibited no symptoms
 - ii. Temperature should be taken with no touch thermometer
 1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
 - c. Face coverings shall be worn in aircraft and internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight (see above)
 - d. Social distancing will be maintained during preflight or during any ground school where possible.
 - e. Schedule training so that there are no more than 10 members in the same immediate proximity.
4. sUAS Training
 - a. This includes pilot training, instructor pilot training, check pilot training, CAPF 5U, CAPF91U, and sUAS SQTRs
 - b. Prior to the training, wellness screening shall be conducted
 - i. Health screening with questions to ensure member has exhibited no symptoms
 - ii. Temperature should be taken with no touch thermometer
 1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
 - c. Face coverings shall be worn while operating the sUAS and sUAS surfaces (control unit, aircraft touch points, etc) wiped with sanitizing cloths after each flight (see above)
 - d. Social distancing will be maintained during preflight or during any ground school where possible.
 - e. Schedule training so that there are no more than 10 members in the same immediate proximity.
5. Cadet Orientation Flights
 - a. O-Flights for CAP Cadets will not begin until Phase II

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- b. O-Flights for JROTC and ROTC Cadets will not begin until Phase III
 - c. Prior to O-Flights, wellness screening shall be conducted
 - i. Health screening with questions to ensure member has exhibited no symptoms
 - ii. Temperature should be taken with no touch thermometer
 - 1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
 - d. Face coverings shall be worn in aircraft and internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight (see above)
 - e. Social distancing will be maintained during preflight and ground school where possible.
 - f. Schedule O-Flights so that there are no more than 10 members in the same vicinity waiting for their flight.
6. Other Emergency Services training - We are encouraging the membership to continue conducting virtual emergency services training as much as possible. For those tasks that require face to face training and/or evaluation, conduct those tasks with the guidance below:
- a. No more than 10 members in the same proximity
 - b. Maintain CDC guidelines on social distancing and cloth face coverings
 - i. See d, e, and f for more specific guidelines
 - c. Wellness screening shall be conducted prior to starting the training
 - i. Health screening with questions to ensure member has exhibited no symptoms
 - ii. Temperature should be taken with no touch thermometer
 - 1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
 - d. Ground Teams - maintain social distancing, radios, DF units, etc. wiped with sanitizing wipes after use, cloth face coverings worn when in close proximity (less than 6 feet)
 - e. Aircrew - cloth face coverings worn in aircraft at all times, internal aircraft surfaces such as all touch points (including CAP owned headsets) wiped with sanitizing cloths after each flight, social distancing maintained during preflight and movements outside the aircraft
 - f. Mission Base Staff - cloth face coverings will be worn if unable to maintain 6 feet separation (unless radio operations are inhibited by it), radios and all high-contact surface areas (chairs, counters, door handles, etc.) wiped with sanitizing solution/cloths every hour, social distancing as practical
7. Cadet Programs Procedures - We are encouraging units to continue conducting virtual Cadet Programs training through Phase I. Limited activities may occur only when necessary. For those activities that require face-to-face training and/or evaluation, conduct those tasks with the guidance below:
- a. No more than 10 members in same training area/location
 - b. Maintain CDC guidelines on social distancing and cloth face coverings
 - i. See d, e, and f for more specific guidelines

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- c. Wellness screening shall be conducted prior to starting the training
 - d. Health screening with questions to ensure member has exhibited no symptoms
 - i. Temperature should be taken with no touch thermometer
 - ii. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
 - e. Meetings – maintain social distancing, surfaces and equipment wiped with sanitizing wipes after use, cloth face coverings worn when in close proximity (less than 6 feet)
 - i. Handwashing should be conducted following CDC guidelines
 - ii. Utilize outdoor training venues when possible
 - f. If cadets are going to attend meetings, we recommend the following:
 - i. meeting outdoors to allow for improved social distancing
 - ii. stagger attendance of week-to-week meeting participation
 - iii. consider a blended platform to encourage increased participation
8. Unit Professional Development Procedures - To ensure we continue to the opportunity for training progression, for OJT and PD training courses, use the guidance below:
- a. The classroom/training area will have no more than 10 students.
 - b. Wellness screenings for every member shall be conducted prior to allowing the member inside the training facility. If any of the following conditions are present, the member will not be allowed to enter the training facility or participate in person:
 - i. Internal body temperature on a no touch thermometer displays 100.4 degrees or higher
 - ii. Known symptoms of COVID-19 are present or generally feeling ill.
 - iii. The member replies “Yes” when asked if they may have come in contact with someone who may have contracted COVID-19.
 - c. The Course Director is encouraged to have a Health Services Officer or Safety Officer on staff to evaluate whether or not additional measures should be put in place to not only reduce the risk of spreading COVID-19. The safety briefing should include a segment about strict enforcement of social distancing guidelines.
 - d. Maintain social distancing and use of personal protective equipment (PPE) within 6 feet of each other. Hand sanitizer must be made available. Sanitize all hard surfaces that are used by members with Disinfecting Wipes or Hydrogen Peroxide wipes before, during breaks, and after training event.
 - e. To maximize participation, students are first encouraged to attend courses via video conferencing, with an option for in-person training to accommodate those who are high- risk or have with technology limitations.

Proper Mask Wear

1. Why Do We Need Masks?
 - a. Imagine people smoking really bad and try to avoid breathing it in.
 - b. The greatest COVID-19 risk is being around breathing, laughing, singing, coughing, sneezing, talking people! More droplets are produced.
 - c. Wear a mask to protect yourself by filtering out droplets and virus particles from the air you breathe in to prevent you from becoming ill.
 - d. Wear your mask to protect others from your droplets, in case you have COVID-19 and are not experiencing symptoms.
 - e. Masks, even homemade ones, do work to help stop the spread of COVID-19.
2. When Do We Need to Wear Masks?
 - a. Whenever inside on a CAP activity keep your mask properly in place the entire time.
 - b. When in an aircraft or vehicle with others.
 - c. If outside and unable to maintain social distancing while doing a necessary task.
3. How to Wear Masks for Best Protection.
 - a. Wash your hands before putting on face covering.
 - b. Place the mask over your nose and mouth and be sure the bottom edge wraps around and under your chin.
 - c. Be sure the mask fits snugly against the sides of your face and contours around your nose so there are no air gaps.
 - d. Be sure the mask comes up high on the nose and under glasses.
 - e. Don't wear the mask down under the chin with the nose and mouth exposed.
 - f. Don't touch your face or the mask. If you touch the face or mask to adjust, you should use hand sanitizer or wash hands for 20 seconds.
 - g. An improperly fitting mask can allow viral droplets to slip around the side. Facial hair can also affect their performance and prevent a good seal.
4. Taking Off the Mask.
 - a. Grasp ear loops to remove the mask.
 - b. Fold outside corners together.
 - c. Do not touch your eyes, nose, or mouth when removing face covering.
 - d. Place covering in washing machine or in a plastic bag to go to the wash and tie it closed.
 - e. Wash your hands with soap and water.

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f. Wash mask daily and whenever soiled in hot water and mild detergent and dry completely in a hot dryer. Store in a clean container or bag.

Screening Questions and COVID-19 Symptom List

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