

Approved: 9 July 2020



Post-COVID-19 Remobilization of the Membership Plan

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc.)

RIWG
Completed 02 JUL 2020

Template Updated 8 June 2020

This plan has been developed for Rhode Island Wing, using the template provided by the Civil Air Patrol National Headquarters to enter Phase II, Resuming One-Day Special Activities.

Additional staffing and resources have been coordinated with NER, to cover gaps in this Wing's available resources.

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

Plan Coordinator and Point of Contact: (e.g., Staff Officer or Incident Commander Appointed)

Primary Phone: (401) 480 - 8520

Primary Email: PPayton@riwg.cap.gov

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

(Complete below, and on additional pages as-needed.)

RI Wing has been operating successfully in Phase 1 and is prepared for Phase 2. The State of Rhode Island entered Phase 3 of the State's reopening plan on 1 July. COVID ActNow shows RI as "green" and managing their COVID response successfully. RI Wing will operate in accordance with the Governor's Phase three guidance in addition to CAPNHQ's Phase two measures.

Search for your state or county

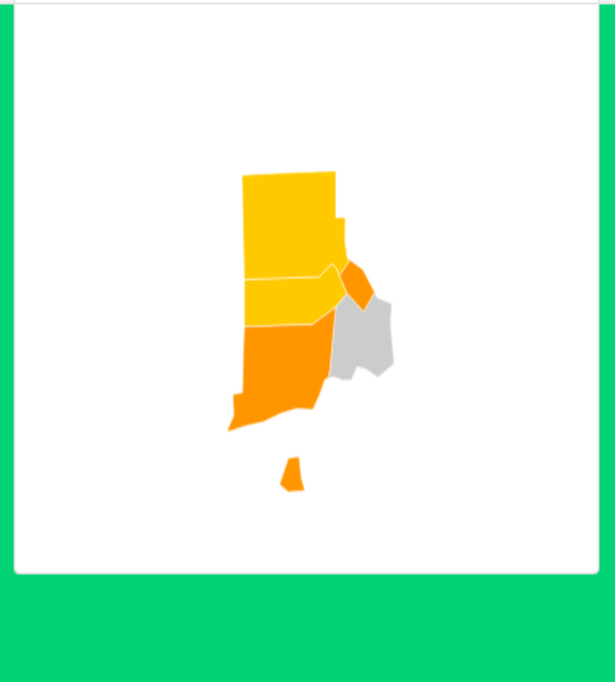
United States

Rhode Island

Rhode Island

Rhode Island is on track to contain COVID. Cases are steadily decreasing and Rhode Island's COVID preparedness meets or exceeds international standards.

We have made improvements to how we calculate the infection rate. This change may affect the overall Risk Level. [Learn more.](#)



INFECTION RATE

Active cases are decreasing

0.85

✓ Low

POSITIVE TEST RATE

Indicates widespread testing

1.7%

✓ Low

ICU HEADROOM USED

Can likely handle a new wave of COVID

10% Beta

✓ Low

CONTACTS TRACED

Enough tracing to help contain COVID

100% Beta

✓ High

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc)

NOTE: Resuming one-day special activities will not be done before it has been deemed appropriate to resume regularly scheduled meetings (i.e., this will start in Phase II).

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
2.1.	Wing Commanders should review their wing calendar for previously-postponed and upcoming day-only events	RI/CC	15 Jun		2 Jul	
2.1.1.	Wing priorities for training events should be coordinated with unit commanders' needs	RI/CC	15 Jun		2 Jul	
2.1.2.	Task staff officers to provide input on list of events and priorities:	RI/CS	15 Jun		2 Jul	
2.1.2.1.	Director of Aerospace Education	“”				
2.1.2.2.	Director of Cadet Programs	“”				
2.1.2.3.	Director of Operations/Emergency Services	“”				
2.1.2.4.	Director of Professional Development	“”				
2.1.2.5.	Plans and Programs Officer	“”				
2.2.	Coordinate with subordinate unit leaders to deconflict calendar events to the greatest extent possible	RI/CV	15 Jun		2 Jul	
2.3.	Publish updated event listings to the Wing calendar and promote these dates to the units for their planning and participation	RI/CS	15 Jun		2 Jul	
2.4.	Task the Director of Safety to coordinate with Activity Directors	Maj Smith	15 Jun		2 Jul	
NOTE:	<i>The term “Activity Directors” may include Incident Commanders that are directing exercises. Incident Commanders should use existing operational guidance for real-world missions and taskings. Use good judgement.</i>					
2.4.1.	Activity Directors will use Post-COVID-19 produced Risk Management (RM) forms to mitigate local risks	RI/CS	15 Jun		2 Jul	
2.4.2.	Activity Directors identify sources for face coverings, gloves, & sanitizer to use in case of a return to increased risk	“”	“”		“”	

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc; continued)

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
2.5.	Task the Health Service Officer to coordinate with Activity Directors	RI/HSO	15 Jun		2 Jul	
2.5.1.	Health Service Officers consider screening with no-touch thermometers at events (if such equipment is available and practical)	RI/HSO	15 Jun		2 Jul	Purchased by Wing HQ
2.5.2.	Health Service Officers remind members that identify as High-risk to remain home but participate virtually	RI/HSO	15 Jun		2 Jul	
2.5.3.	Health Service Officers ensure that there is a cleaning/sanitizing plan for commonly touched surfaces, a handwashing plan, a face-covering plan, a temperature check plan (either performed before entering the activity with a no-touch thermometer or performed at home before coming to the activity), and a social distancing plan.	RI/HSO	15 Jun		2 Jul	Continue with plans outlined in Phase 1
2.5.4.	Units will ensure no more than 50 members are together at gatherings. Squadrons with more than 50 members must submit a plan on how they will comply with restrictions	RI/CV	15 Jun		2 Jul	
2.6.	Ensure Activity Directors have plans in place to communicate last-minute cancellations of events to participants	RI/CC	15 Jun		2 Jun	
2.7.	Ensure Activity Directors have plans in place to conduct verification of local public health guidance, local weather, and any other information that may lead to event cancellation (Continuation Check)	RI/CV	15 Jun		2 Jun	
2.7.1.	45 Days Prior Continuation Check	“”				
2.7.2.	14 Days Prior Continuation Check	“”				
2.7.3.	7 Days Prior Continuation Check	“”				
2.7.4.	1 Day Prior Continuation Check	“”				
2.7.5.	Day-Of Continuation Check	“”				

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc; continued)

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
2.8.	Ensure Unit Commanders are aware of and following the same procedures for unit-only single-day activities (i.e., they are the Activity Director for the purposes of this checklist, for unit events)	RI/CV	15 Jun		2 Jul	
2.9.	Email this plan to signal intentions to resume single-day events to the CAP COVID-19 Planning Team at COVID-19Plans@capnhq.gov , and copy the Region Commander	RI/CC			2 Jul	
2.9.1.	Briefly describe/summarize previous coordination accomplished (i.e., 2.1 through 2.8 above)	“”				
2.9.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	RI/HSO	15 Jun		2 Jul	
2.9.3.	Set date to resume one-day special activities	RI/CC	15 Jun		2 Jul	
2.9.4.	Receive approval from the CAP COVID-19 Planning Team to resume one-day special activities. Plan for one-week lead time.	TBD				
2.10.	Publish the date that one-day special activities will resume to subordinate units	TBD				
2.11.	Task Wing Director of Operations to communicate the following to subordinate units	RI/CS	15 Jun		2 Jul	
2.11.1.	Identify flight operations permitted during Remobilization Phase II	“”				
2.11.2.	Identify requirements (Currency, etc) for Senior members	“”				
2.11.3.	Identify cadet training requirements that may be different than Phase I requirements	“”				
2.11.4.	Identify cleaning standards for aircraft and vehicles before and after use	“”				

Email Announcement

TO: All RI Wing Members

FROM: RIWG/CC

SUBJECT: Phase II Reopening

Great news! We have been approved to move to Phase II of the COVID-19 Remobilization Plan. This next step will allow up to 50 low-risk members to attend regularly scheduled unit meetings and day-long training activities (i.e., ES, CP, etc.). In addition to flying operations already permitted in Phase I, we may now also hold small-group local crew training and CAP cadet orientation flights (assuming all members are low-risk and all flights are in low-risk areas).

Proper hygiene and cleaning practices, socially distancing, and mask wear is still in effect. Commanders and activity directors need to accommodate those members who identify as high- risk and provide virtual training options. Even when low risk, each member should still self- assess their health before and during the event. Action plans need be in place to prevent attendance exceeding 50 members.

If you have any questions, please do not hesitate to contact our Command Team. Semper Vigilans,

Col William Stranahan Commander

Training Priorities and Procedures

Operations and Emergency Service Priorities and Procedures

1. Continue with AFAM/Corporate missions, which are tasked by the NOC or AFRCC, including COVID- 19 support missions.
 - a. During those missions, maintain CDC safety guidelines.
2. Follow the guidelines set forth for safely operating aircraft and vehicles during this time. We need to disinfect and sanitize them to keep our personnel safe. Please go to the following link for more information:
<https://www.gocivilairpatrol.com/members/cap-national-hq/logistics-mission-resources/aircraft-management/hot-news/covid-19-aircraft-care>
3. Aircrew Training for group and unit levels
 - a. This includes small-group local crew training, onboard pilot training, instructor pilot training, check pilot training, CAPF 5, CAPF 91s, and MP/MO/MS/AP/DAART. All sUAS SQTRs.
 - b. Prior to the training, wellness screening shall be conducted.
 - i. Health screening with questions to ensure the member has exhibited no symptoms.
 - ii. Temperature should be taken with no touch thermometer (if available and practical).
 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 50 low-risk members in same training area/location.
4. sUAS Training for group and unit levels.
 - a. This includes pilot training, instructor pilot training, check pilot training, CAPF 5U, CAPF 91U, and sUAS SQTRs.
 - b. Prior to the training, wellness screening shall be conducted.
 - i. Health screening with questions to ensure member has exhibited no symptoms
 - ii. Temperature should be taken with no touch thermometer (if available and practical).
 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 50 low-risk members in same training area/location.

5. Cadet Orientation Flights

- a. O-Flights for CAP Cadets will begin during Phase II.
- b. O-Flights for TOP flights, JROTC and ROTC Cadets will not begin until Phase III.
- c. Prior to the O-Flight, 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. (if available and practical).
 - 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 50 low-risk members in same training area/location.

6. Other Emergency Services training for group and unit levels.

We are encouraging the membership to continue conducting virtual emergency services training as much as possible.

For those tasks that require face to face training and/or evaluation, conduct those tasks with the guidance below:

- a. Schedule training so that there are no more than 50 low-risk members in same training area/location.
- b. Maintain CDC guidelines on social distancing and cloth face coverings
 - i. See d, e, and f for more specific guidelines.
- c. Wellness screening shall be conducted prior to starting the training.
 - ii. Health screening with questions to ensure member has exhibited no symptoms
 - i. Temperature should be taken with no touch thermometer (if available and practical).
 - 1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
- d. Ground Teams - maintain social distancing, radios, DF units, etc wiped with sanitizing wipes after use, cloth face coverings worn when in close proximity (less than 6 feet).
- e. Aircrew - cloth face coverings worn in aircraft at all times, internal aircraft surfaces such as all touch points (including CAP owned headsets) wiped with sanitizing cloths after each flight, social distancing maintained during preflight and movements outside the aircraft.
- f. Mission Base Staff - cloth face coverings will be worn if unable to maintain 6 feet separation (unless radio operations

are inhibited by it), radios and all high-contact surface areas (chairs, counters, door handles, etc.) wiped with sanitizing solution/cloths every hour, social distancing as practical.

Cadet Programs Procedures

1. For those meetings/activities that require in-person training and/or evaluations, conduct those tasks with the guidance below:
 - a. Schedule training so that there are no more than 50 low-risk members in same training area/location.
 - b. Maintain CDC guidelines on social distancing and cloth face coverings.
 - i. See d, e, and f for more specific guidelines.
 - c. Wellness screening shall be conducted prior to starting the training.
 - d. Health screening with questions to ensure member has exhibited no symptoms.
 - ii. Temperature should be taken with no touch thermometer (if available and practical).
 1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
 - e. Meetings – maintain social distancing, surfaces and equipment wiped with sanitizing wipes after use, cloth face coverings worn when in close proximity (less than 6 feet).
 - i. Handwashing should be conducted following CDC guidelines.
 - ii. Utilize outdoor training venues when possible.
2. For cadets that are going to attend meetings, we recommend the following (as necessary):
 - a. meeting outdoors to allow for improved social distancing.
 - b. stagger attendance of week-to-week meeting participation.
 - c. consider a blended platform to encourage increased participation.

Unit Professional Development Procedures

1. To ensure we continue to the opportunity for training progression, for OJT and PD training courses, use the guidance below:
 - a. The classroom/training area will have no more than 50 low-risk 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 (if available and practical) 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 may have technology limitations.

Public Health Measures for Safe Meetings

1. Follow provisions of the Governor's Executive Order 2020-110, Dated 1 June 2020
2. Ensure indoor gatherings consist of no more than 50 low-risk members with masks and social distancing.
3. Ensure that hand sanitizer, handwashing stations, and approved sanitation supplies are available (gloves, eye protection when needed, wipes, disinfectant, etc.)
4. Ensure that members doing cleaning and sanitation are properly trained in cleaning techniques and safe use of supplies (See Cleaning and Disinfection Information)
 - a. Disposable gloves will be worn while cleaning.
 - b. See checklist of types of surfaces to be cleaned (See HighTouch Surface Checklist)
 - c. See CDC List "N" for cleaning/disinfection solutions approved to kill COVID: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
 - d. Encourage members to close toilet lid (when available) prior to flushing to reduce fomite spread, as the COVID-19 virus is shed in the stool.
5. **Sanitizing.** High touch surfaces should be sanitized prior to the activity and at the close of activity. Some areas may need sanitizing every 2 hours.
6. **Handwashing.** Hand Sanitizer or Handwash stations should be readily available in the room/area where members are gathered. (See Handwashing)
 - a. Handwashing for 20 seconds is the best method of hand cleaning
 - b. If not readily available, hand sanitizer containing at least 60% alcohol is acceptable and should be used for 30 seconds.
7. **Social Distancing.** Maintain 6 foot social distancing (approximately 2 arm lengths)
8. **Face Covering.** Members will wear face covering use properly when indoors, in a vehicle or aircraft, and outdoors if adequate social distancing is not possible. Masks with valves will not be used. (See Proper Wear of Mask)
9. **Symptoms.** Members should review the COVID-19 Symptoms list, self-assess, and take their temperature prior to departing to a meeting. Do not attend if one or more screening questions are positive, or a fever of 100.4° or higher is present. (See Screening Questions, Symptom List)
10. **Screening Station.** Set up screening station as per National Health Services guidelines: <https://www.gocivilairpatrol.com/covid-19-information-cena>
 - a. Plan traffic flow for your individual meeting location; only one entry point to the screening location.
 - b. Screening Station Set up with required postings and conducted according to the National template
 - c. Ensure that no one enters who has not passed screening and is not properly wearing a mask. Ensure a method of verifying the individual had passed screening

- d. Obtain non-contact temperature screening device.
- e. Ensure method for segregating a person who arrives with a fever or symptoms
- f. Ensure disinfection protocols are in place for screening area.

11. Attendance Sheets. Attendance sheets should be completed by one individual, to avoid multiple members handling the paper, pen.

- a. High Risk Individuals. High risk individuals, as self-assessed by risk list, should not attend meetings at this time and should participate in CAP activities remotely.

12. High Risk Conditions. Conditions that may put a person at high risk for severe disease include:

- a. Age 65 and older
- b. People who live in nursing home, long-term care facility, or group home.
- c. People of all ages with underlying medical conditions, particularly if not well controlled. Including
 - i. Obesity, especially BMI 40+, BMI in 30s also carry increased risk.
 - ii. Lung disease-moderately severe asthma, COPD, pulmonary fibrosis, pulmonary hypertension, smokers, individuals who vape.
 - iii. high blood pressure
 - iv. immune compromised- active cancer, chemotherapy, HIV, organ/bone marrow transplant, use of immune suppressive meds for inflammatory disease like rheumatoid, lupus, inflammatory bowel
 - v. heart disease- coronary disease, heart failure, cardiomyopathy
 - vi. diabetes
 - vii. kidney disease, especially dialysis
 - viii. liver disease – cirrhosis

13. Location Survey. Survey meeting location prior to resumption of activities for the lowest risk location. Outside is preferable, but when not possible:

- a. A larger room with good air circulation and air exchange is better than a smaller room without airflow where droplets will remain in the area for a longer time.
- b. Open windows when possible
- c. Using a fan in a closed room to circulate air is not recommended.
- d. CDC has outlined four levels of exposure risk:
 - i. No Risk- Briefly walking by a person who tested positive for COVID-19 and was not experiencing symptoms.
 - ii. Low risk- Being in the same room as a person who tested positive for COVID-19 and had symptoms and you were within 6 feet.
 - iii. Medium risk- Sustained close contact (10 minutes or longer) within 6 feet of a person while they had symptoms.

iv. High risk- Close household contact with a person who tested positive for COVID 19.

14. Food, Beverage. No food or beverage service will be supplied at this time. Any food or beverages needed should be brought by members for their own use.

15. Stay Healthy! Members should ensure they stay healthy by not postponing needed medical care, staying well rested, and eating healthy.

Attachment 3.1 - Cleaning and Disinfection Procedures

Sources: CDC cleaning and disinfection recommendations, others

1. Why Clean?

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

2. Cleaning vs. Disinfection

- a. **Cleaning.** Cleaning is removing germs, dirt, and other substances from surfaces. This process does not kill germs, but

removes them, lowering the numbers and the risk of spreading infection.

- b. **Disinfection.** Disinfection means to use chemicals to kill germs on surfaces. This process may not necessarily clear dirty surfaces or remove germs. If disinfection is used to kill germs on a surface **after** cleaning, it can further lower the risk of spreading infection.
- c. **Clean then Disinfect.** Cleaning of visible dirty surfaces followed by disinfection is a best practice for preventing COVID infection.

3. Safety and technique considerations with cleaning solutions.

- a. **Appropriate Product.** Use a cleaner that is appropriate for the surface.
- b. **Read Labels.** Follow the label for instructions on safe and effective use of the cleaning product including safety precautions such as wearing gloves and ensuring good ventilation.
- c. **Eye Protection.** Wear goggles if any risk of splashing.
- d. **Application.** Be sure to use proper concentration, application method and contact time.
- e. **Gloves.** Wear disposable gloves when cleaning and disinfecting. Discard gloves after each cleaning. Wash hands immediately after gloves are removed.
- f. **Preparation.** Disinfectant solutions should be prepared at the correct dilution for effectiveness and used according to manufacturer's recommendations for volume and contact time.
- g. **Contact time.** Enough disinfectant solution should be applied to allow surfaces to remain wet and untouched long enough for the disinfectant to inactivate pathogens as recommended by the manufacturer.
- h. **Degree of soiling.** Cleaning should progress from least soiled (cleanest) to the most soiled (dirtiest areas).
- i. **Height.** Cleaning should also progress from higher to lower levels so that debris may fall on the floor and is cleaned last.
- j. **Start with a fresh cloth for each session.** Change cloths when they are no longer saturated with solution. Wipe firmly to clean and leave wet to disinfect.
- k. **High Risk Areas.** In areas at high risk of COVID contamination, use a fresh new cloth saturated with solution for that area only, then change cloths. Soiled clothes should be properly laundered.
- l. **Bucket Change.** When using buckets of cleaning solution, change water if it is getting dirty as it will be progressively less effective and potentially spread microorganisms to subsequent surfaces.
- m. **Bucket Cleaning.** After using bucket, wash with detergent, rinse and dry. Store inverted to drain fully when not in use.
- n. **Priority Areas.** Disinfection in non-health care settings should focus on high touch areas for priority disinfection.

4. Cleaning hard surfaces

- a. **Soiled surfaces.** If surfaces are dirty, they should be cleaned using a detergent or soap and water to remove organics prior to disinfection

- b. **Using Bleach.** If cleaning with dilute bleach solution, be sure to clean first to reduce organics to prevent bleach inactivation. Use with proper ventilation. Allow a contact time of at least one minute and allow proper ventilation during and after application. Be sure product is not past expiration date. Never mix bleach with ammonia or another cleaner. Bleach solution is 5 Tablespoons or 1/3 cup of bleach per gallon of water or 4 teaspoons per quart of water. Solutions must be used within 24 hours or they will no longer be effective.
- 5. Disinfection solutions that may be used after cleaning to sanitize with at least a 1 minute contact time:
 - a. **Alcohol.** Ethanol 70-90%, also methyl alcohol (rubbing alcohol)
 - b. **Chlorine.** Chlorine based products (hypochlorite) at 0.1% (1000 ppm) for general non-health care settings
 - c. **Hydrogen Peroxide.** Hydrogen peroxide >0.5%. Works very fast, short contact time.
- 6. Cleaning soft, porous surfaces (carpets, rugs, drapes, clothing)
 - a. **Decontaminate.** Remove any visible contamination and clean with appropriate cleaners for those surfaces then launder.
 - b. **Laundry.** Launder items using the warmest appropriate water setting for the items as recommended on the label and dry items completely.
 - c. **Surface Clean.** If not able to launder, then use products that are EPA approved for use against COVID.
- 7. Cleaning Food Service Items
 - a. **Wash.** Wash in hot water or in a dishwasher
 - b. **Handwashing.** Clean hands after handling used food service items
- 8. Cleaning Electronics
 - a. **Instructions.** Follow manufacturer's instructions for all cleaning and disinfection products.
 - b. **Covers.** Consider using wipeable covers for electronics.
 - c. **Alcohol.** If no manufacture guidance is available, consider the use of alcohol based wipes or spray containing at least 70% alcohol to disinfect touchscreens.
 - d. **Dry.** Dry surfaces thoroughly to avoid pooling of liquids.
- 9. Suggested Supplies
 - a. **Gloves.** Gloves should be worn when cleaning and wiping down surfaces
 - b. **Eye Protection.** Goggles for eye protection if cleaning solution splashes may occur.
 - c. **Wipes.** Paper towels or cleaning cloths
 - d. Detergent.
 - e. **Bucket.**
 - f. **Disinfectant.** Spray bottle of disinfectant (see list of EPA approved products that will kill COVID). Products used should be readily available disinfectants made for household use and not require special training to safely use.
 - g. **Toilet.** Bowl Cleaner, brush.

10. List of frequently touched surfaces for frequent cleaning/disinfection

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

11. Bathroom Cleaning and disinfection

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

13. Aircraft

- a. If flying commercially, sit in a window seat if possible, as there is less contact with potentially sick people, wear a mask, disinfect hard surfaces at your seat like head and arm rests, seatbelt buckle, remote, screen, seat back pocket,

tray table.

- i. Don't wipe down upholstered seats as wet seat may spread germs rather than killing them.
- b. Follow the guidelines set forth for safely operating aircraft during this time. We need to disinfect and sanitize them to keep our personnel safe. Please go to the following link for more information:
<https://www.gocivilairpatrol.com/members/cap-national-hq/logistics-mission-resources/aircraft-management/hot-news/covid-19-aircraft-care>
- c. Wash hands prior to entry into aircraft
- d. Disinfect hard surfaces prior to first flight of day and after each subsequent flight and at the end of the day.
 - i. Head and arm rests
 - ii. Seatbelt Buckles
 - iii. Touch screens, controls, yoke
 - iv. Headsets and cords
 - v. Latches, door handles, window latches and other touch surfaces.
 - vi. Interior Windows next to seat positions.
 - vii. Seatbelts and upholstery may be cleaned/disinfected if there will be time to dry prior to use. Use only disinfectants, cleaners that will not affect the strength of the belts or compromise upholstery and are approved by the manufacturer.
- e. Disinfect tow bars prior to and after each use.

High Touch Surface Checklist

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

- k. Pens, pencils
- l. Flag staffs

Handwashing, Hand Hygiene

Source: CDC guide for When and How to wash hands

1. Why do we need to wash hands?

- a. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:
 - i. Touch your eyes, nose, and mouth with unwashed hands
 - ii. Prepare or eat food and drinks with unwashed hands
 - iii. Touch a contaminated surface or objects
 - iv. Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects.

2. Key times to wash hands!

You can help yourself and others stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- a. **Before, during, and after** preparing food.
- b. **After** handling raw meat, poultry, seafood, and eggs.
- c. **After** wiping counters or cleaning other surfaces with chemicals.
- d. **Before** eating food.

- e. **Before and after** providing routine care for another person who needs assistance such as a child.
 - f. **Before and after** caring for someone at home who is sick with vomiting or diarrhea
 - g. **Before and after** treating a cut or wound
 - h. **After** using the toilet
 - i. **After** changing diapers or cleaning up a child who has used the toilet
 - j. **After** blowing your nose, coughing, or sneezing
 - k. **After** touching an animal, animal feed, or animal waste
 - l. **After** handling pet food or pet treats
 - m. **After** touching garbage
 - n. **After** removing gloves
 - o. **After** emptying trash/garbage and taking off gloves.
3. During the COVID-19 pandemic, you should also clean hands:
- a. **After** you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
 - b. **Before** touching your eyes, nose, or mouth because that’s how germs enter our bodies.

4. Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it is one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals. Follow these five steps every time:

- a. **Wet** your hands with clean, 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 re-contaminated if standing water is no longer clean. Any water temp is OK, but warmer water may cause more skin irritation.
 - ii. Using soap is more effective than water alone, as surfactants in soap lift soil and microbes from skin. Also, people tend to scrub more thoroughly when using soap, which removes more germs.
 - iii. Antibacterial soaps are not really any more effective than regular soap, so they are no longer able to market them to the general public.
- b. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 - i. Lathering and scrubbing hands causes friction, that helps lift microbes from skin. Microbes are present on all surfaces of the hands, especially under nails, so be sure to scrub entire hand.
- c. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
 - i. Washing at least this long removes more germs from hands than washing for shorter periods.

- d. **Rinse** your hands well under clean, running water.
 - e. **Dry** your hands using a clean towel or air dry. Use the paper towel to turn off the faucet. Germs transfer more easily to and from wet hands, so dry well after washing.
5. Use Hand Sanitizer When You Can't Use Soap and Water
- Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.
- a. Sanitizers can quickly reduce the number of germs on hands in many situations, however
 - i. Sanitizers do **not** get rid of all types of germs.
 - ii. Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
 - iii. Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.
 - b. How to use sanitizers
 - i. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
 - ii. Rub your hands together
 - iii. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 30 seconds.

Proper Mask Wear

- 1. Why do we need masks?
 - a. Imagine people smoking really bad and try to avoid breathing it in.
 - b. The greatest COVID-19 risk is being around breathing, laughing, singing, coughing, sneezing, talking people! More droplets are produced.
 - c. Wear a mask to protect yourself by filtering out droplets and virus particles from the air you breathe in to prevent you from becoming ill.
 - d. Wear your mask to protect others from your droplets, in case you have COVID-19 and are not having symptoms yet. (asymptomatic spread)
 - e. Masks with exhalation valves do not protect others from what you breathe out, as the exhalation is unfiltered. This type of mask should not be used at CAP activities.
 - f. Masks, even homemade ones, do work to help stop spread of COVID-19
- 2. When do we need to wear masks?
 - a. Whenever inside on a CAP activity keep your mask properly in place the entire time.

- b. When in an aircraft or vehicle with others.
 - c. If outside and unable to maintain social distancing while doing a necessary task
3. How to wear mask for best protection.
- a. Wash your hands before putting on face covering
 - b. Place the mask over your nose and mouth and be sure the bottom edge wraps around and under your chin.
 - c. Be sure the mask fits snugly against the sides of your face and contours around your nose so there are not air gaps.
 - d. Be sure the mask comes up high on the nose and under glasses. (Don't barely cover the tip of your nose or allow the mask to drop off the nose)
 - e. Don't wear the mask down under the chin with the nose and mouth exposed.
 - f. Don't touch your face or the mask. If you touch the face or mask to adjust, you should use hand sanitizer or wash hands for 20 seconds.
 - g. An improperly fitting mask can allow viral droplets to slip around the side. Facial hair can also affect their performance and prevent a good seal.
4. Taking off the mask.
- a. Untie the strings behind your head or grasp the ear loops and take off the mask, handling the mask only by the ties or loops.
 - b. Fold outside corners together
 - c. Do not touch your eyes, nose or mouth when removing face covering.
 - d. Place covering in washing machine or in a plastic bag to go to the wash and tie it closed.
 - e. Wash your hands with soap and water.
 - f. Wash mask daily and whenever soiled in hot water and mild detergent and dry completely in a hot dryer. Store in a clean container or bag.

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



HEADQUARTERS
RHODE ISLAND
WING CIVIL AIR
PATROL
UNITED STATES AIR FORCE
AUXILIARY



09 Jul 2020

MEMORANDUM FOR ALL UNIT COMMANDERS

FROM: RIWG/SEA

SUBJECT: The Safe Remobilization of Rhode Island Wing, Phase II

1. As of 9 Jul, we have been approved to move to Phase II of the COVID-19 Remobilization Plan. This will allow for day-long in-person meetings/activities of up to 50 low-risk members, subject to pre-meeting temperature checks and health questioning, Personal Protective Equipment (PPE), social distancing, and sanitization measures before, during, and after meetings. Plans must be in place to ensure that meetings do not exceed 50 members.
2. Please reference the following guidance to keep our membership safe during all phases of the plan. You will need to familiarize yourself with the following guidance material:
 - a. Public Health Measures for Safe Meetings. Provided by the COVID-19 Planning Team, this information provides guidance for each unit, for the Remobilization process.
 - b. The COVID-19 resource material that CAP National Headquarters (CAP NHQ) has developed for our use. This material includes COVID-19 ORM forms to mitigate local risks and are available at: <https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidrm>
3. Commanders with no Health Service Officers (HSO) assigned, or without HSOs present, should delegate the pre-meeting temperature screenings, health questioning, and other pre-meeting steps to their Safety Officer. Safety Officers will ensure and encourage compliance of PPE use and health safety measures.
4. Throughout remobilization, it is required units use the CAP Safety Operational Risk Management (ORM) process as defined in the new CAPR-160-1, Civil Air Patrol Safety Program, prior to your planned meetings. Each unit must complete the appropriate written ORM (CAPF 160-Deliberated Risk Assessment Worksheet, CAPF 160S-Real Time Risk Assessment Worksheet, and/or CAPR 160HL-Hazard Listing Worksheet) documents for all meetings as defined in CAPR 160-1, paragraph 3.3. The ORM process should be reaccomplished as circumstances warrant. This could include a change in meeting location, a change in meeting activity which could increase risk

COVID-19 Remobilization of the Membership Plan – Phase II

of COVID-19 transmissibility, or the eventual increase in allowed in-person attendees as we transition Phases.

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

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

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

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

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

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

//SIGNED//

Brian Smith, Maj,
CAP DIRECTOR OF
SAFETY

Plan Completed By: Stranahan

Last Updated: 8 Jul 2020

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RI Wing
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