



Approved: 11 Aug 2020



Post-COVID-19 Membership Remobilization Plan

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc.); Groups \leq 50

UTWG
Completed 04 Aug 2020

Plan Updated 04 Aug 2020

COVID-19 Membership Remobilization Plan – Phase II

This plan has been developed for the UTAH Wing, using the template provided by the Civil Air Patrol National Headquarters to enter Phase II, resuming meetings, activities, and missions with up to 50 members, up to one-day in length.

Additional staffing and resources have been coordinated with Rocky Mountain 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.

Point of Contact:

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

On 14 May 2020, the Utah Wing Commander appointed a membership remobilization planning committee. On 01 July 2020, Phase 1 was activated for Utah Wing. Infection rate statistics have been consistently improving (slowly) since 01 June 2020. On 15 July 2020, the Utah Wing completed fourteen (14) consecutive days of successful Phase 1 metrics, and are preparing to move to Phase II. The membership remobilization planning committee is responsible for the following Phase II actions:

- (1) Develop the Utah Wing Phase II remobilization plan, in accordance with the NHQ guidelines, for Wing Commander review and approval.
- (2) Lay out the steps, based on health metrics, that each squadron can follow to promote a healthy and safe environment for conducting meetings, activities, and missions with up to 50 members, up to one-day in length, with socially distancing. All public health protection measures continue.
- (3) Ensure squadrons and members are guided to adhere to health safety procedures which ensure an optimal health environment.

Utah Wing staff gave input to a draft Phase II plan, and a final draft reviewed and approved by the Utah Wing Commander for submission to the NHQ COVID19 Team for review / approval. If approved, Utah Wing plan to activate their Phase II transition as early as 08 August 2020.

UTAH STATE HEALTH STATS AS OF 03 AUG 2020

INFECTION RATE - 0.87 (Active cases are decreasing)

POSITIVE TEST RATE - 10.2% (Indicates insufficient testing)

ICU HEADROOM USED - 20% (Can likely handle a new wave of COVID) Beta

CONTACTS TRACED - 52% (Insufficient tracing to stop the spread of COVID) Beta

DAILY NEW CASES - 14.3 PER 100K (new stat)

Plan Completed By: Stephen Holmes, Maj, CAP

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COVID-19 Membership Remobilization Plan – Phase II

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	Lt Col Christensen	15 Jul 2020	01 Aug 2020	27 Jul 2020	Coordinated staff effort to identify exercises and in-field training events that can effectively be scheduled and carried out.
2.1.1.	Wing priorities for training events should be coordinated with unit commanders' needs	Maj Helsten	15 Jul 2020	01 Aug 2020	27 Jul 2020	DO coordinated and assembled priorities list from inputs into UTWG/DO Memo for UTWG CC to Unit CCs
2.1.2.	Task staff officers to provide input on list of events and priorities:	Lt Col Christensen	15 Jul 2020	01 Aug 2020	27 Jul 2020	
2.1.2.1.	Director of Aerospace Education	Lt Col Atanacio	15 Jul 2020	01 Aug 2020	27 Jul 2020	
2.1.2.2.	Director of Cadet Programs	Lt Col Carlisi	15 Jul 2020	01 Aug 2020	27 Jul 2020	
2.1.2.3.	Director of Operations/Emergency Services	Maj Helsten	15 Jul 2020	01 Aug 2020	27 Jul 2020	
2.1.2.4.	Director of Professional Development	Capt Brady / Maj Holmes	15 Jul 2020	01 Aug 2020	27 Jul 2020	Primarily virtual activities
2.1.2.5.	Plans and Programs Officer	Lt Col Stewart	15 Jul 2020	01 Aug 2020	27 Jul 2020	
2.2.	Coordinate with subordinate unit leaders to deconflict calendar events to the greatest extent possible	Lt Col Hess	15 Jul 2020	01 Aug 2020	27 Jul 2020	
2.3.	Publish updated event listings to the Wing calendar and promote these dates to the units for their planning and participation	Lt Col Cook	03 Aug 2020	10 Aug 2020		Updated as activity planning continues
2.4.	Task the Director of Safety to coordinate with Activity Directors	Maj Todd	15 Jul 2020	01 Aug 2020	27 Jul 2020	
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	Activity Directors / Maj Holmes	10 Aug 2020	24 Aug 2020		Guidance issued. UTWG project officer reviews CAPF 160 RM form submissions with each unit
2.4.2.	Activity Directors identify sources for face coverings, gloves, & sanitizer to use in case of a return to increased risk	Activity Directors	10 Aug 2020	24 Aug 2020		Each unit has no-touch thermometer and responsible to ensure PPE available

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Phase II: Resuming One-Day Special Activities (Continued)

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
2.5.	Task the Health Service Officer to coordinate with Activity Directors	Lt Col Stewart	15 Jul 2020	01 Aug 2020	27 Jul 2020	Delegated to Asst Wing HSO
2.5.1.	Health Service Officers consider screening with no-touch thermometers at events (if such equipment is available and practical)	Maj Cowan	15 Jul 2020	01 Aug 2020	27 Jul 2020	Asst Wing HSO – Screening Procedures attached.
2.5.2.	Health Service Officers remind members that identify as High-risk to remain home, but participate virtually	Maj Cowan	15 Jul 2020	01 Aug 2020	27 Jul 2020	Asst Wing HSO – Additional CDC guidance found at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
2.5.3.	Health Service Officers ensure that there is a cleaning/sanitizing plan for commonly touched surfaces, a hand washing plan, a face covering plan, a temperature check plan (either performed prior to entering the activity with a no-touch thermometer or performed at home prior to coming to the activity), and a social distancing plan.	Maj Cowan	15 Jul 2020	01 Aug 2020	27 Jul 2020	Asst Wing HSO – Cleaning/Sanitizing plan guidance attached.
2.5.4	Units will ensure no more than 50 members are together at gatherings, and will comply with restrictions.	Unit CCs	15 Jul 2020	01 Aug 2020	27 Jul 2020	Utah Wing CC Memo to unit CCs – Guidance given.
2.6.	Ensure Activity Directors have plans in place to communicate last-minute cancellations of events to participants	Lt Col Stewart / Activity Directors	15 Jul 2020	01 Aug 2020	27 Jul 2020	Guidance given.
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)	Lt Col Stewart / Activity Directors	15 Jul 2020	01 Aug 2020	27 Jul 2020	Guidance given, including review of Phased Guidelines for the General Public and Businesses to to Maximize Public Health and Economic Reactivation Version 4.8 .
2.7.1.	45 Days Prior Continuation Check	Activity Directors	TBD			Guidance given.
2.7.2.	14 Days Prior Continuation Check	Activity Directors	TBD			Guidance given.
2.7.3.	7 Days Prior Continuation Check	Activity Directors	TBD			Guidance given.
2.7.4.	1 Day Prior Continuation Check	Activity Directors	TBD			Guidance given.
2.7.5.	Day-Of Continuation Check	Activity Directors	TBD			Guidance given.

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Phase II: Resuming One-Day Special Activities (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)	Maj Holmes	10 Aug 2020	24 Aug 2020		-- Provide any additional guidance for the squadron participants, in addition to already applicable procedures from Phase 1 guidance. -- Approval by designated Wing representative who has a direct conversation with the activity director with Q&A as appropriate, indicating all appropriate steps are being taken to ensure the safety and well-being of all participants.
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	Maj Holmes	24 Jul 2020	27 Jul 2020	27 Jul 2020	Sent 27 July 2020, remitted on 01 Aug 2020 for additional details, and resubmitted on 05 Aug 2020
2.9.1.	Briefly describe/summarize previous coordination accomplished (i.e., 2.1 through 2.8 above)	Maj Holmes	01 Aug 2020	01 Aug 2020	01 Aug 2020	Dependent on approved plan
2.9.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	Maj Holmes	01 Aug 2020	01 Aug 2020	01 Aug 2020	Dependent on approved plan
2.9.3.	Set date to resume one-day special activities	Col Fernandez	01 Aug 2020	01 Aug 2020	01 Aug 2020	Dependent on approved plan, tentative plan for 08 Aug 2020
2.9.4.	Receive approval from the CAP COVID-19 Planning Team to resume one-day special activities. Plan for one-week lead time.	Maj Holmes	01 Aug 2020	01 Aug 2020	TBD	Dependent on approved plan
2.10.	Publish the date that one-day special activities will resume to subordinate units	Maj Holmes	01 Aug 2020	01 Aug 2020	TBD	Dependent on approved plan

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2.4. Task the Director of Safety to coordinate with Activity Directors

All activity directors will need to perform the 5 M's for COVID-19 Risk Decisions found on <https://www.gocivilairpatrol.com/members/cap-nationalhq/safety/covidrm>. This needs to be done for any one-day activity during PHASE 2. The term "Activity Directors" also includes Incident Commanders that are directing exercises. Incident Commanders should use existing operational guidance for real-world missions and tasking. It is adamant that all Activity Directors use good judgment.

Senior members 65 and old may resume flight instruction, SAR/DR training, proficiency flying, sUAS operations, and the administering/receiving of the applicable CAPF 70-5 and CAPF 70-91 checks. Members 65 and older must thoroughly self-assess prior to flying and use the 5 M's Risk Assessment mentioned above. Additionally, there can only be one (1) other member in the airplane when training (two total members in the aircraft).

If an actual SAR/DR mission arises, senior members 65 and over are allowed to crew three member flights as this is identified as a critical mission for CAP.

2.4.1 Activity Directors will use Post-COVID-19 produced Risk Management (RM) forms to mitigate local risks.

All Activity Directors will use the Covid-19 Risk Management checklist as events are planned and occur. Forms can be found at <https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidrm>.

2.4.2 Activity Directors identify sources for face coverings, gloves, and sanitizer to use in case of a return to increased risk.

Face masks and sanitizers can be found in sufficient quantities at most local retail outlets and hardware stores. Activity Directors need to ensure that adequate supplies of hand sanitizer, masks, and gloves are on hand prior to the activity. Activity Directors should not wait until the last minute to secure these items as failure to do so will result in the activity being cancelled or postponed until sufficient supplies can be obtained to ensure participating member's safety.



HEADQUARTERS UTAH WING
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01 Aug 2020

MEMORANDUM FOR SQUADRON COMMANDERS

FROM: CC

SUBJECT: Phase II Remobilization of Membership – Meetings Up to 50 People and One-day Activities

1. Utah Wing is prepared to enter Phase II of post-COVID remobilization. This letter and its attached guidance will help the membership transition into the second phase. Additional guidance will be forthcoming as the wing obtains the approval to enter subsequent phases of remobilization.
2. As we enter Phase II, squadron meetings for units up to 50 members may resume following the guidelines below.
 - a. All in-person meetings must be of 50 persons or less. Units with more than 50 members must determine how they will comply with Phase II restrictions (e.g., separating groups, alternating weeks, concurrent virtual meeting, etc.). This determination can be documented on CAPF 160.
 - b. Health and temperature screenings must be performed prior to entering a meeting area, using a no-touch thermometer, where practical. All units have been issued touch-free thermometers using guidance previously distributed by UTWG.
 - c. Follow CDC social distancing guidelines and remain 6 feet away from one another. Chairs and tables should be set up to ensure adequate social distancing.
 - d. Members must continue to wear facemasks unless there is an underlying medical issue or the face covering interferes with safe operations.
 - e. Frequent hand washing, hand sanitizer, and/or sanitizing wipes must be used. Units should provide hand sanitizer or ensure members have hand sanitizer that could be used throughout the meeting or activity.
 - f. Members in a high-risk medical category are encouraged to participate virtually, and not to resume attending in-person meetings during Phase II.

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- g. Unit formations, drill and ceremonies, including color guard training may be performed (though not required), and will be double-spaced.
 - h. Cadet Physical Fitness Testing will not be required, but may be conducted (not mandatory) during Phase II without facemasks; however, extra distancing is required. Units should encourage members to remain physically active during this phase by discussing suitable and safe methods for socially distant exercise: such as walking or running.
 - i. Unit PT nights should include classroom health and fitness training but not necessarily include physical activity. Performing physical activity with a facemask could increase member risk.
 - j. Members who choose not to participate with in-person meetings or activities for health and safety concerns will not be penalized. Units are encouraged to provide virtual options to engage any members who choose not to participate during Phase II.
3. For any activities conducted outside of a normal meeting, up to one-day in length, the Activity Director must be coordinated in advance with UTWG/HS. UTWG/HS will assist the activity director in planning implementation of necessary health controls.
 4. Any one-day activities must also be coordinated with UTWG/SE to ensure an appropriate CAPF 160 risk management assessment form is completed. UTWG/SE can assist activity directors with this process.
 5. Phase II does not allow overnight or full weekend activities or any gatherings of more than 50 people. Please continue to provide the exceptional virtual programs you have been providing. Here are some ideas to help: guest speakers, jeopardy style games, leadership, AE labs or virtual tours, and online STEM activities.
 6. We appreciate your continued support of operations during this difficult time. Please encourage and let your members know that we are working diligently to move forward toward normal operations as quickly and safely as we can. Our members' health and safety remain our primary concern.
 7. Point of contact for questions or assistance is Maj Steve Holmes (Project Officer) at 904-226-6844 or email stephen.holmes008@gmail.com.

MICHAEL FERNANDEZ, Col, CAP
Commander



HEADQUARTERS UTAH WING
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1 Aug 2020

MEMORANDUM FOR UTWG/CC

FROM: UTWG/DO

SUBJECT: UTWG COVID-19 Phase 2 Remobilization Plan – Training Priorities

1. Continue with AFAM/Corporate missions for COVID-19 support - maintain CDC safety guidelines.
2. Regular Unit Meetings – Conduct virtual; or if not practical, meet outside as much as possible, maximum groups of 50 in a local vicinity, maintain CDC guidelines on social distancing and cloth face coverings:
 - a. Safety
 - b. Character Development
 - c. Aerospace Education
 - d. Leadership
 - e. Physical Training
3. Professional Development – strong emphasis on virtual activities; but if any meeting authorized, must maintain CDC guidelines on social distancing and cloth face coverings:
 - a. SLS/CLC/TLC – would be virtual activities.
 - b. Specialty Tracks - all high-contact surfaces wiped with sanitizing cloths as often as deemed practical based on length/intensity of training. Prefer virtual activity whenever practical.
 - c. Wing Conference (if held during Phase 2) – would be a virtual activity.
4. Encampment – would be high-risk, and will not be conducted during Phase 2. Consider planning for Phase 3.
5. Emergency Services training (specific breakout below) - maintain CDC guidelines on social distancing and cloth face coverings:
 - a. Ground Teams — Ground Vehicle Operations Limitations apply.
 - b. Aircrew — same requirements as for Pilot Proficiency Sorties.
 - c. Mission Base Staff meetings conducted virtually.

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6. Pilot Proficiency Sorties
 - a. MP and TMP PCT Profiles may be flown.
 - b. MP Trainee PCT Profiles may be flown.
 - c. Cadet PCT Profile #14 may be flown with cadet flying solo.
 - d. Aircrew Health Limitations apply to all aircrew members.
 - e. Aircraft Operations Limitations apply.
7. Cadet Orientation Sorties – For each aircraft sortie block, limit the number of people at the airport to the pilot, two CAP cadets, and one additional senior member (for Cadet Protection). Cadets should only show at airport at their scheduled sortie block time.
8. Blueberry Express OpsEx to complete before 16 Sep.
9. Cadet Flight Training
 - a. Cadet Student Pilot and CAP Instructor only on sortie.
 - b. Cadet Student Pilot and FAA DPE only on FAA Private Pilot examination.
 - c. Aircrew Health Limitations apply to instructor and student.
 - d. Aircraft Operations Limitations apply.
10. Check Rides
 - a. CAP CAPF 5 and CAPF 91 check rides may be conducted.
 - b. Aircrew Health Limitations apply to pilot and check pilot.
 - c. Aircraft Operations Limitations apply.
11. Aircrew Health Limitations
 - a. Any aircrew member on a non-solo sortie must comply with health restrictions of this section.
 - b. Health Services requirements for pilots who choose to fly in Phase 2. Any pilots having significant medical co-morbidities that adversely affect risk associated with COVID-19 will not be routinely considered for crewed flight operations.
12. Aircraft Operations Limitations
 - a. Cloth face coverings worn in aircraft except when it interferes with pilot radio communications.
 - b. Aircraft controls, door handles, and CAP owned headsets sanitized before and after use on each sortie.
 - c. CDC social distancing maintained during preflight, briefings, or other personnel interactions outside aircraft.

13. Ground Vehicle Operations Limitations

- a. Cloth face coverings worn in vehicle.
- b. Vehicle controls, door handles, and radios sanitized before and after sortie.
- c. CDC social distancing maintained during briefings, or other personnel interactions outside vehicle.

//SIGNED//

LANCE F HELSTEN, Maj, CAP
Director of Operations, Utah Wing

Wing Safety Officer Guidance to Unit Safety Officers and Activity Directors

As Utah Wing prepares to move forward into Phase 2 of the Post-COVID19 remobilization effort, we now focus our efforts on mitigating risk associated with group meetings of up to 50 people, and on field activities of up to one-day in duration (no overnight allowed).

DO NOT FORGET that when phase 2 begins, CAP NHQ has safety topics that must be presented as we lead off in this phase. We encourage you to make these presentations at your earliest opportunity. They can be presented virtually for best outreach, or in person at your meeting. These exercises can be found at <https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidrm>.

The two scenario exercises should be done at the same time to reinforce a safety first mentality during these uncertain times. At the bottom of the website, there are resources you are encouraged to use to raise awareness of potential health hazards.

As a safety officer, you need to emphasize continued use of social distancing, face coverings, hand sanitizer, hand washing, surface cleaning/disinfection, and gloves (when appropriate). At this time, units need to review all CAPFs 160, 160S, and 160HL to assess and mitigate COVID-19 risks. Current forms can be found at <https://www.gocivilairpatrol.com/members/publications/forms>.

Activity Directors

All activity directors will need to perform the 5 M's for COVID-19 Risk Decisions found on <https://www.gocivilairpatrol.com/members/cap-nationalhq/safety/covidrm>. This needs to be done for every activity during PHASE 2. The term "Activity Directors" also includes Incident Commanders that are directing exercises. Incident Commanders should use existing operational guidance for real-world missions and tasking. It is adamant that all Activity Directors use good judgement.

Senior members 65 and older may resume flight instruction, SAR/DR training, proficiency flying, sUAS operations, and the administering/receiving of the applicable CAPF 70-5 and CAPF 70-91 checks. Members 65 and older must thoroughly self-assess prior to flying and use the 5 M's Risk Assessment mentioned above. Additionally, there can only be one (1) other member in the airplane when training (two total members in the aircraft).

If an actual SAR/DR mission arises, senior members 65 and over are allowed to crew three member flights as this is identified as a critical mission for CAP.

All Activity Directors will use the COVID-19 Risk Management checklist to plan and prepare for events. Forms can be found at <https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidrm>.

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Face masks and sanitizers can be found in sufficient quantities at most local retail outlets and hardware stores. Activity Directors need to ensure that adequate supplies of hand sanitizer, masks, and gloves are on hand prior to the activity.

Activity Directors should procure early in the process, and avoid waiting until the last minute to secure these items as failure to do so will result in the activity being cancelled or postponed until sufficient supplies can be obtained to ensure the health and safety of all participants.

Please avoid the following hand sanitizer products

The FDA has identified the following nine products which may contain methanol:

- All-Clean Hand Sanitizer (NDC: 74589-002-01)
- Esk Biochem Hand Sanitizer (NDC: 74589-007-01)
- CleanCare NoGerm Advanced Hand Sanitizer 75% Alcohol (NDC: 74589-008-04)
- Lavar 70 Gel Hand Sanitizer (NDC: 74589-006-01)
- The Good Gel Antibacterial Gel Hand Sanitizer (NDC: 74589-010-10)
- CleanCare NoGerm Advanced Hand Sanitizer 80% Alcohol (NDC: 74589-005-03)
- CleanCare NoGerm Advanced Hand Sanitizer 75% Alcohol (NDC: 74589-009-01)
- CleanCare NoGerm Advanced Hand Sanitizer 80% Alcohol (NDC: 74589-003-01)
- Saniderm Advanced Hand Sanitizer (NDC: 74589-001-01)

HSO Guidance to Units

All members and/or guests attending a meeting or event will be of good health. All members and/or guests will have their temperature checked prior to a meeting or event, either at home or via a no-touch thermometer at the meeting or event. Anyone with a temperature at or above 100.4 degrees F is unable to enter the face-to-face meeting or event, and will be redirected home, and encouraged to participate virtually, if possible.

Any member or guest having any of the following symptoms will abstain from attending the weekly meetings, and participate virtually from home, to preserve the healthy environment for all members:

- Fever (100.4 degrees F or higher)
- Cough (non-productive) of an unknown origin
- Shortness of Breath/Difficulty Breathing
- Chills
- Repeated shaking with chills

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- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Nausea, vomiting, or diarrhea

Health Service Officers guidance on cleaning/sanitation

Prior to the meeting or event, staff will sanitize all surfaces of chairs, tables, countertops, etc. that members and/or guests may come in contact with throughout the meeting or event. This process will be repeated at least 1 time during the course of the meeting or event and then afterward before leaving the meeting or event. All items used should be able to be wiped down with a disinfectant wipe. The required drying time should be followed per manufacturer's protocols. Contact times for disinfectants range from 15 seconds to ten minutes, the maximum time allowed by the EPA.

Health Services Officers guidance for aircrews:

- **Emphasize proper hydration.** Some personnel likely limit fluid intake prior to flying in order to avoid having to land in order to go to the bathroom. Loss of bodily fluids in the heat from sweating is already likely and wearing a mask or other face covering can exacerbate this, or at the least will be a psychological impact on crews. Crew members need to be able to consume liquids in flight while avoiding contamination of their mask or face covering. Crews should consider drinking containers that use some kind of straw or other drinking tube that can be slid inside or under the mask and sanitized when removed. As the heat index rises above 103 degrees F which is likely in many areas of the country, there is a high risk for heat related illness. Personnel should drink small amounts of water often, before they become thirsty, and it is recommended that personnel drink 4 cups of water every hour while the heat index is 103 to 115 degrees F. Ideally, water should be 50 to 60 degrees F. Personnel are encouraged to choose water over soda and other drinks containing caffeine and high sugar content. These drinks may lead to dehydration. Personnel may want to consider sports drinks that can help replace lost electrolytes or using flavoring packets to make water more palatable when necessary.
- **Use aircraft vents.** Ventilation will obviously help with reducing cockpit temperature but can also help rend the cockpit less contagious. Using the aircraft vents can produce a laminar flow environment which would keep the concentration of viral particles to a minimum when combined with masks.

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- **Crew members need to watch out for each other.** Personnel showing milder symptoms of heat related illness like headache or weakness should be provided cool water to drink and crews should land and get impacted crew members to cool shaded areas as soon as possible.
- **Crew Schedules.** Incident staff should consider establishing crew schedules to avoid excessive flying in the peak of hot conditions. Staff should also work to identify air conditioned or cool, shaded areas for breaks and recovery between sorties, or at the very least set up temporary shade areas when crews are expected to operate in areas without easy access to shade or air conditioning.
- **Self-Assessment.** Crew members that are sick or otherwise have any signs or elevated infection risk due to recent exposure for example should self-quarantine and not expose other crew members to COVID-19.

Mask Wearing Guidelines

- Continuous wear is required during Phase II, even if a 6-foot distance is planned.
- Face coverings are required during Phase I and II and will be recommended in Phase III to protect those at high risk.
- Aircrew are encouraged to also wear face coverings in Phase III as an additional risk mitigation when flying with non-CAP passengers or crew members.

How to wear, clean, and store your cloth mask

- Just like anything you wear every day, cloth face coverings need to be washed and cared for.
- If you wear your mask more than a few hours total each day, it should be washed before reuse.
- If your mask is machine-washable, you can include it with your laundry using regular detergent and the warmest appropriate water temperature for the load.
- In the dryer, use the highest heat setting possible and don't take it out until it's completely dry.
- If your mask can't go in the washer or a machine washer isn't available, you can sanitize it by hand with the correct bleach solution.
- Other reminders to keep you and your mask hygienic:
- **Don't** touch the front of your mask. Use the ear or head fasteners to remove it.
- **Wash** your hands immediately after removal.
- **Don't** store masks in pockets or purses. Instead, carefully fold the mask so the outside is folded inward against itself and place it in a clean paper bag.

Wearing Gloves Guidelines

- COVID-19 is a respiratory virus and is mainly spread through droplets created when a person who is infected coughs, sneezes, or talks.
- You can protect yourself by keeping social distance (at least 6 feet) from others and washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol) at key times (such as after a possible exposure to a contaminated surface), and practicing everyday preventive actions including learning not to touch your face (eyes, nose, mouth) before washing or sanitizing your hands.
- In most situations, like running errands, wearing gloves is not necessary. Instead, practice everyday preventive actions like keeping social distance (at least 6 feet) from others, washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol), and wearing a cloth face covering when you have to go out in public.

When wearing gloves is recommended

- **When you are routinely cleaning and disinfecting your home or a meeting space.**
 - Follow precautions listed on the disinfectant product label, which may include:
 - Wearing gloves (reusable or disposable) and
 - Having good ventilation by turning on a fan or opening a window to get fresh air into the room you're cleaning
 - Wash your hands after you have removed the gloves.
- **When caring for someone who is sick**
 - Use disposable gloves when cleaning and disinfecting the area around the person who is sick or other surfaces that may be frequently touched in the home.
 - Use disposable gloves when touching or having contact with blood, stool, or body fluids, such as saliva, mucus, vomit, and urine.
 - After using disposable gloves, throw them out in a lined trash can. Do not disinfect or reuse the gloves.
 - [Wash your hands](#) after you have removed the gloves.

When gloves are NOT needed

- Other than during the above activities, wearing gloves (for example, when using a shopping cart or using an ATM) will not likely protect you from getting COVID-19 and may still lead to the spread of the virus.
- The best way to protect yourself from the virus when running errands and after going out is to regularly wash your hands with soap and water for 20 seconds or use hand sanitizer with at least 60% alcohol, after any possible exposure.
- Don't touch your face before sanitizing after any exposure, including after you have removed your facial covering.

Prevent the spread of COVID-19 if you are sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation,** ride-sharing, or taxis.



When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- Inability to wake or stay awake

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility:

Notify the operator that you are seeking care for someone who has or may have COVID-19.

Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
- See **COVID-19 and Animals if you have questions about pets:** <https://www.cdc.gov/coronavirus/2019-ncov/fan.html#COVID19animal>
- Additional guidance is available for those **living in close quarters:** <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/living-in-close-quarters.html> and **shared housing** (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html>).



Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office,** and tell them you have or may have COVID-19.



If you are sick, wear a cloth covering over your nose and mouth.

- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.



Monitor your symptoms.

- **Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.**
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.



Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.



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

Cover your coughs and sneezes.

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Clean your hands often.

- **Wash your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water are the best option**, especially if your hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.



- Most EPA-registered household disinfectants should be effective.

When you can be around others after you had or likely had COVID-19

When you can be around others (end home isolation) depends on different factors for different situations.



I think or know I had COVID-19, and I had symptoms

- You can be with others after
 - 3 days with no fever
 - AND**
 - symptoms improved
 - AND**
 - 10 days since symptoms first appeared
- Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.



Clean all "high-touch" surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- **If a caregiver or other person needs to clean and disinfect** a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a cloth face covering and wait as long as possible after the sick person has used the bathroom.



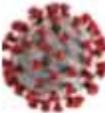
I tested positive for COVID-19 but had no symptoms

- If you continue to have no symptoms, you can be with others after:
 - 10 days have passed since test
- Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.
- If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

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

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



cdc.gov/coronavirus

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SOCIAL DISTANCING: What does it mean?

Social distancing is the practice of reducing close contact between people to slow the spread of infections or diseases. Social distancing measures include limiting large groups of people coming together, closing buildings, and canceling events.

AVOID

- Group gatherings
- Sleepovers
- Playdates
- Crowded retail stores
- Visitors in your house
- Non-essential workers in your house
- Mass transit systems

USE CAUTION

- Visit a grocery store
- Get take-out
- Pick up medications
- Play tennis in a park

SAFE TO DO

- Take a walk
- Go for a hike
- Yard work
- Play in your yard
- Clean out a closet
- Read a good book
- Listen to music
- Cook a meal
- Family game night
- Go for a drive
- Group video chats
- Stream a favorite show
- Check on a friend
- Check on an elderly neighbor

Plan Completed By: Stephen Holmes, Maj, CAP

Last Updated: 11 Aug 2020

Template Updated 08 Jun 2020



CIVIL AIR PATROL
 COVID-19 Temperature Screening Guideline

30APR2020

Purpose: Provide a template for CAP Health Services Officers (or their designee) to conduct temperature screening operations for the protection of the force to identify individuals who are potentially ill and should not be allowed into a CAP activity. **Note:** this is a voluntary screening, but failure to conduct a screening may result in non-entry to the work site. Screeners may only be senior members.

- I. **Authorities:** The U.S. Centers for Disease Control and Prevention (CDC) has recommended that temperature checks may be instituted in some areas where there have been acute COVID-19 outbreaks, per <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>.
- II. **Essential Equipment (see attachment A)**
 - A. Minimum of: (1) table and (1) chair and (1) place for a sign
 - B. Two paper Stop signs (Attachment B)
 - C. One paper "Instructions" sign (Attachment C)
 - D. One paper "Look here" sign (Attachment D)
 - E. No touch thermometer (2)
 - F. Pass marker system (colored dots, tags, markers, wristbands, etc.)
 - G. Hand sanitizer
 - H. EPA approved sanitizing solution and wipes for equipment, chair, and table cleaning
 - I. Instruction card for a person who does not meet the standard for the recheck (Attachment E).
 - J. Clock or timer that can measure 5-minutes
 - K. Appropriately sized examination gloves (wash hands after duty is completed).
 - L. Face covering for temperature taker

III. **Competency**

OPR: HS

CIVIL AIR PATROL
COVID-19 Temperature Screening Guideline 30APR2020

- A. Thermometer screener will review the manufacturer's instructions and a supervisor will review the protocol below with the temperature screener and be shown proficiency with the protocol.

IV. Voluntary Screening Protocol

- A. **Set-Up:** Establish screening area using table and chairs at a set distance apart. Place a marker halfway between and perpendicular to the location where the person is being screened so they can look at the item when being screened and if they cough, the cough will not be in the screener's direction. When possible, remove cover/hat and have person being screened remain in room temperature environment for ten minutes before screening. Ensure people awaiting screening maintain 6-foot social distancing.
- B. **Greeting:** Upon approach of personnel, ask two initial statements to the individual:
- 1) "Hello, we are screening people for elevated temperatures and COVID symptoms."
 - 2) "How are you feeling today?"
 - a. If the person is feeling ill, inform them that they should not participate today and ask the person to leave the screening area.
 - b. If the person states that they are feeling well, proceed to temperature check and invite the person to voluntarily be screened for fever.
- C. **Temperature Check:** Take the person's temperature using the "no touch thermometer" with the table as a barrier between the temperature-taker and the person. A temperature at or above 100.4°F is the CDC recognized point where there is a fever.
1. If the temperature is less than 100.4°F, place a colored indicator on the person's ID Badge and welcome the person to enter.
 2. If the temperature is greater than or equal to 100.4°F, have the person wait in the secondary waiting area for five (5) minutes before rechecking the temperature.
- D. **Temperature Recheck:** After five (5) minutes, recheck the person's temperature reading.
1. If the temperature is now less than 100.4°F, place a colored indicator on the person's ID Badge and welcome the person to enter.
 2. If the temperature is still greater than or equal to 100.4°F, the temperature taker will explain that the person is being recommended for non-entry and provide them with the temperature at or above 100.4 °F Card (attachment E).

OPR: HS

CIVIL AIR PATROL
COVID-19 Temperature Screening Guideline

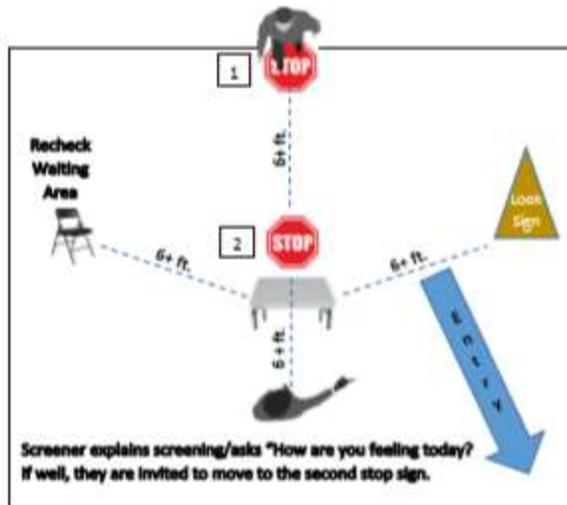
30APR2020

3. **Note:** Person may elect to speak with the local unit commander, activity director, incident command, or health service officer for an appeal or for more information.

OPR: HS

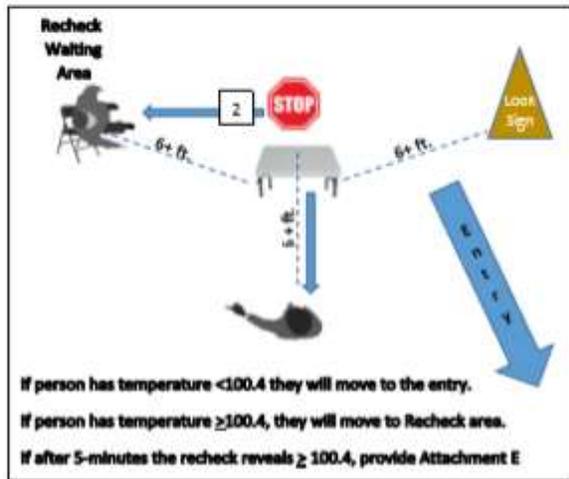
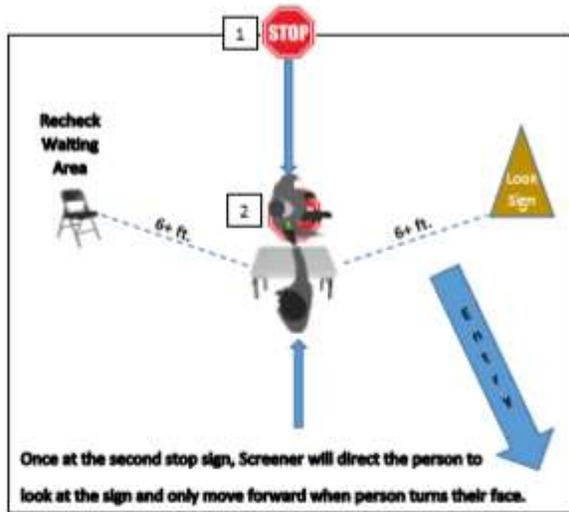
Attachment A: Essential Equipment Recommended Set-up

1. Person stops at first stop sign and the screener states "Hello, we are screening people for elevated temperatures and respiratory symptoms" and then asks "How are you feeling today?" (Attachment B).
2. Person is invited to walk to the second stop sign (Attachment B).
3. Person is instructed that this is a voluntary temperature screening (Attachment C)
4. Person is asked to look at the "Look here" sign (Attachment D).
5. Only once the person looks to the side will the temperature taker advance to the table.
6. The person's temperature will be taken, while they continue to look at the "Look here" sign.
7. If the person's temperature is less than 100.4° F, they are invited to enter the building, while if the temperature is greater than or equal to 100.4° F, they are asked to have a seat at the waiting chair and have a recheck.
8. If the recheck is greater than 100.4° F, they will be given a card and informed that they are being recommended for non-entry into the building (Attachment E).



OPR: HS

Attachment A: Essential Equipment Recommended Set-up (continued)



OPR: HS

Attachment B: Stop Sign



OPR: HS

CIVIL AIR PATROL
COVID-19 Temperature Screening Guideline

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Attachment B: Stop Sign (continued)



OPR: HS

CIVIL AIR PATROL
COVID-19 Temperature Screening Guideline

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Attachment C: Voluntary Instructions Sign

This is a Voluntary
Temperature
Check to protect
our members.
Failure to do so
may result in
non-entry.

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COVID-19 Temperature Screening Guideline

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Attachment D: Look Here Please Sign



OPR: HS

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COVID-19 Membership Remobilization Plan – Phase II

CIVIL AIR PATROL
 COVID-19 Temperature Screening Guideline

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Attachment E: Recheck Temperature equal to or above (≥) 100.4°F card

<p>You have been found to have a temperature of at least 100.4° F Or above and are being recommended for non-entry into this event/activity. Please contact your healthcare provider and notify them that you had a temperature or are feeling ill. If you have any questions, please contact your supervisor, health service officer, or commander.</p>	<p>You have been found to have a temperature of at least 100.4° F Or above and are being recommended for non-entry into this event/activity. Please contact your healthcare provider and notify them that you had a temperature or are feeling ill. If you have any questions, please contact your supervisor, health service officer, or commander.</p>
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OPR: HS

Attachment F: Overall Paradigm



OPR: HS

Attachment G: Sanitization of Chair, Table, and/or Thermometer Process

- Routinely during the Screening Process:
 - Spray table surface with sanitizing solution and wipe/rub for 10 seconds.
 - Wipe thermometer with sanitizing solution or a disinfecting wipe, place on the clean area of the table and wait for it to dry.
 - Spray chair and table legs with sanitizing solution and wipe from top to bottom, then wait to dry.
 - Remove gloves and wash hands with hand sanitizer routinely.
- After Someone Screens with a Temperature ($\geq 100.4^{\circ}\text{F}$):
 - Spray your gloves with sanitizing solution.
 - Sanitize areas:
 - Spray table surface with sanitizing solution
 - Wipe thermometer with sanitizing solution or a disinfecting wipe, place on the clean area of the table and wait for it to dry.
 - Spray chair and table legs with sanitizing solution and wipe from top to bottom
 - Remove gloves, wash hands with hand sanitizer, reapply a new pair of gloves and then continue.

OPR: HS