

Approved: 28 Aug 2020



COVID-19 Remobilization of the Membership Plan
Phase I: Resuming Regularly Scheduled Meetings

WAWG
Completed 22 June 2020

Template Updated 13 August 2020

COVID-19 Remobilization of the Membership Plan – Phase I

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

Additional staffing and resources have been coordinated with N/A, to cover gaps in this wing's available resources.

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

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

Washington Wing has been closely monitoring the situation in the State since the Governor's Stay-at-home orders were issued and ceasing operations in the Civil Air Patrol. The State of Washington has a four-phased approach to reopening, and it's not until Phase 3 that allows for gatherings < 50 people, along with continued social distancing. The condition of each county in the State will be monitored by the Remobilization Team consisting of myself, the CV, COS, DO, Medical Officer, SE, Admin and DCP. The decision has been agreed upon that the Wing will move forward together once all counties are in at least Phase 3.

As of this date, 5 counties are in Phase 1 with 2 of these pending moving to Phase 2, 17 are in Phase 2 with many of these pending applications for Phase 3, the remaining 17 are in Phase 3. This changes daily and will be monitored frequently. The Governor has put a halt on any counties advancing in their phase category. In addition he has changed the restrictions of those counties in Phase 3 and has reduced gatherings from < 50 to <10. On 23 July 2020 the Infection rate in WA State was at 1.00 and has dropped daily since. As of today, 13 August the infection rate is .92 representing a 22 day continual reduction in infection rate.

Plan Completed By: Col Shelly Norman

Last Updated: 8/13/2020

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Phase I: Resuming Regularly Scheduled Meetings

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.1.	Verify state government guidance currently allows or will allow gatherings on the date proposed for resuming meetings (Review of overall directives in impacted state)	CC				Not all counties in Washington are approved for Phase 3, which would allow gatherings < 50 people. However, the Governor has reduced gatherings to <10 for counties in Phase 3. We will monitor the situation as it changes frequently.
1.2.	Hold meeting with between Plan Coordinator and Health Services Officer	CC/MO	6/15/20	6/15/20	6/19/20	CC met with MO - Dr. (Lt Col) Randolph Fish
1.2.1.	Wing priorities for training events should be coordinated	COS Maj Black & Admin Lt Col Weber	6/22/20	6/30/20	TBD	COS to coordinate with Depts on training plans. Admin to collect and will attach training plans for ES, CP, AE and PD 6/23/20: Email to Dept Dirs & critical activity Managers. KJW s/27 Jun20.
1.2.1.1.	Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan)	CC/MO	6/19/20	6/30/20	6/19/20	Monitor counties daily for releasing to Phase 3 which allows gatherings <50. Further restricted to <10 for Phase 3 counties.
1.2.1.2.	Prepare information for subordinate units on temperature screening, health education, and sanitation	MO	6/19/20	6/30/20	TBD	Washington Phase 3 guidelines, pertinent CDC and CAP guidelines
1.2.2	Consult with Wing Legal Officer about resuming meetings	CC	6/19/20	6/30/20	TBD	Initial consultation and then again once all counties are in Phase 3.
1.2.3	Coordinate with Wing Director of Safety	CC	6/22/20	6/30/20		Ongoing consultation
1.2.3.1	Verify proper risk planning tools are available to units	MO with 1.2.1.2	6/19/20	6/30/20		Per CAP guidelines
1.2.3.2	Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below)	Safety Lt Col Pearson	6/22/20	6/30/20		Per CAP guidelines
1.2.4	Coordinate with Wing Director of Cadet Programs	CC/DCP Maj Hughes	6/22/20	6/30/20		To ensure safety of all unit members
1.2.4.1	Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings	MO	6/19/20	6/30/20		Coordination with Medical Officer and DCP for appropriate recommendations.
1.2.4.2	Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings	MO/DCP	6/22/20	6/30/20		Same as 1.2.4.1 above.

Phase I: Resuming Regularly Scheduled Meetings (Continued)

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Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.3.	Have subordinate unit commanders verify that local governments do not have more restrictive social-distancing guidelines than those at the state level	CV Lt Col Butler	6/22/20	6/30/20		CV to work with unit cc's for monitoring local health jurisdictions for any additional restrictions.
1.4.	Send copy of planning documents to the CAP COVID-19 Planning Team at COVID-19Plans@capnhq.gov , and copy the Region CC to reinstate meetings.	CC	6/19/20	6/30/20	TBD	
1.4.1.	Briefly describe/ summarize previous coordination accomplished	CC	6/19/20	6/30/20		This will be the first coordinated effort for Phase 1 remobilization.
1.4.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	CV	6/22/20	6/30/20		All units will remain in CAP phase 0 until the Wing moves forward together.
1.4.3.	Set date to resume meetings; this is also the start of Phase II.	CC	6/19/20	6/30/20	TBD	TBD once all counties reach WA State Phase 3 which allows gatherings < 10.
1.5.	Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time.	CC	6/19/20	6/30/20	TBD	
1.6.	Publish the date that meetings may resume to subordinate units	Admin/DCP	6/22/20	6/30/20		Admin and DCP to work together for coordinated publishing dates to the website and announce list.
1.7.	Task Wing Director of Safety to communicate the following to subordinate units	SE	6/22/20	6/30/20	6/27/20	SE to prepare a brief to send to units. See draft
1.7.1.	Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated	SE	6/22/20	6/30/20		SE to communicate and consult with unit cc's to monitor health of members and encourage anyone with risks to stay home.
1.7.2.	Unit Safety Officers s will emphasize continued use of face coverings, gloves, and hand sanitizer, as well as social distancing, hand washing and surface cleaning/disinfection	SE	6/22/20	6/30/20		SE to be a resource to unit SE's regarding use of precautions, safety equipment, hygiene, etc
1.8.	Task Wing Health Service Officer to communicate the following to subordinate units:	MO	6/19/20	6/30/20		

Phase I: Resuming Regularly Scheduled Meetings (Continued)

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Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
1.8.1.	Units will ensure no members or guests with a temperature of 100.4 or greater are admitted (a temperature at or above 100.4°F is the CDC recognized point where there is a fever). Units will require members to take their temperature at home or may screen with no-touch thermometers prior to entry.	MO	6/19/20	6/30/20		MO will send information to unit cc's current guidelines for dissemination to members.
1.8.2.	Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk)	MO	6/19/20	6/30/20		MO will send information to unit cc's current guidelines for dissemination to members.
1.8.3.	Units perform all appropriate public health measures (e.g., social distancing, surface cleaning/disinfection, face coverings, hand sanitizer, at-home temperature check or no-touch temperature check prior to entry and routine symptom checks)	MO	6/19/20	6/30/20		MO will send information to unit cc's current guidelines for dissemination to members.
1.8.4	Units will ensure no more than 10 members are together at gatherings. Squadrons with more than 10 members must submit a plan on how they will comply with restrictions	MO/Unit CC's	6/22/20	6/30/20		Units to comply with social distancing guidelines
1.9.	Task Wing Director of Cadet Programs to communicate the following to subordinate units:	DCP	6/22/20	6/30/20		
1.9.1.	Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities	DCP	6/22/20	6/30/20		DCP to work closely with unit DCP's for messages and alerts.
1.9.2.	Units draft a local message to parents to inform them about what CAP is doing to keep Cadets safe while they participate	DCP	6/22/20	6/30/20		DCP to work closely with unit DCP's for messages and alerts.
1.10.	Task Wing Director of Operations to communication the following to subordinate units.	DO	6/22/20	6/30/20		Ongoing through Wing Squadron & Group Commanders and
1.10.1	Identify flight operations permitted during Phase I	DO	6/22/20	6/30/20		70-5/91 Checkrides, MP proficiency, pre-70-5/91 refresher sorties with Wing instructors, essential missions, Cadet solo flight training and training

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						leading up to a Private Pilot Certificate, new pilot preparation
1.10.2.	Identify requirements (Currency, etc) for senior members	DO	6/22/20	6/30/20		70-5/91 candidates are required to demonstrate proficiency prior to any check ride. Proficiency can be either demonstrated by a flight with WAWG instructor, logbook entries for non-cap aircraft in same type/category aircraft
1.10.3.	Identify requirements for cadets that have earned their Private Pilot's License to return to flying	DO	6/22/20	6/30/20		Private Pilot Cadets will be allowed to use CAP aircraft after completing a 70-5 checkride with a WAWG Check Pilot or Check Pilot Examiner
1.10.4.	Identify requirements for cadets training to earn their Private Pilot's License	DO	6/22/20	6/30/20		Cadets training for their Private Pilot must have a valid FAA Valid Student Pilot Certificate, valid medical and must have taken and successfully passed the FAA Private Pilot Written Exam
1.10.1.	Identify cleaning standards for aircraft and vehicles before and after use	DO	6/22/20	6/30/20		Before and after every flight all surfaces must be cleaned using an appropriate sanitizing solution taking extreme care to not apply the sanitizing solution on the G1000 screens and CO detector. As appropriate face masks should be worn when it will not interfere with the safe operation during flight

DRAFT

27 June 2020

WAWG SE to Unit Commanders and Safety Officers

Memo to WAWG group and squadron commanders and safety officers regarding the in-progress WAWG Post-COVID-19 Remobilization of the Membership Plan.

Commanders and safety officers:

WAWG is putting together a plan for remobilization. CAP National Headquarters is the approving authority for the WAWG plan. The draft WAWG plan outlines a number of activities that squadrons are to follow once remobilization occurs. Some of these activities include: temperature screening, social distancing, masks, gloves, hand sanitizer, hand washing, surface cleaning. Exact detail will be spelled out in the plan. Units will be expected to comply with WAWG plan once approved.

In order for units to communicate their compliance with the WAWG Plan requirements, units will use CAPF 160, 160S, and 160HL. All three of these forms are attached. The chief purpose of this memo is to alert units of the need to become familiar with these three forms and the need to accurately complete these forms showing compliance with the requirements set for by the WAWG Remobilization Plan. Please ensure you become familiar with how to use these three forms. If you have any questions, please do not hesitate to email or call me.

Philip Pearson

WAWG Safety Director

Attachments:

CAPF 160

CAPF 160S

CAPF 160HL

DRAFT

Squadron Remobilization

Washington Wing will not require Squadrons to take the temperatures of members upon remobilization of the Squadrons. There are a number of reasons for this.

First, there are several normal medical reasons why a temperature may be elevated, including exercise or when anxious.

Secondly, a person may have Covid, or another illness, and have no temperature elevation or other symptoms.

Thirdly, infrared scanners are imperfect compared with other methods of measuring temperature such as under the tongue. Such technology is well suited to detect the presence of humans during disasters or military scenarios, but subtle variations and mild fevers are unlikely to be detected.

Fourth, we note experts are currently recognizing that Covid temperature checks are not an effective way of controlling the virus.

Certainly, if a Squadron wishes to check temperatures, they are invited to do so. Be advised Wing will not purchase any type of thermometer for Squadron use.

Instead, the Wing recommends questioning the members, using an edited sign in checklist of symptoms as they enter the Squadron concerning any symptoms of disease. Members **will** take their temperature at home, with a recommendation to remain home for a temperature above 100.4° F.

The mandate of physical separation, the wearing of face coverings and sanitation remain in effect.

Half of our members in Civil Air Patrol are cadets -they are a very important part of the greater Civil Air Patrol mission. The protection of both cadet and senior members from any hazard remains a key tenet of our organization and its safety culture.

During Phase I re-mobilization plan, we will be limiting gatherings to no more than ten members until further notice. During this phase, we plan to only have high quality training so as not to waste anyone's time without a clear mission for those invited.

Depending on the training planned and the venue, in order to participate, parents of cadets should be prepared to meet a variety of additional protective measures in order to send their cadets to meetings. These may include, but are not limited to, a variety of distancing requirements, contact avoidance, protective gear; So please be flexible with instructions for attendance.

During phase I, NO MEMBER should feel compelled to participate in any activity or gathering that they or their family are not yet ready to participate in.

Each unit commander should prepare a week by week schedule of any events that invite cadet participation. No cadets should arrive and participate or attend training that are not by name

invited for in order to not exceed the 10 total participant limit. Consider that any cadet event should be limited to a MAXIMUM of eight cadets. This will allow for a maximum of two seniors to supervise the training. As the Wing HSO and commanders do not want us to focus on our return to normal with physical contact or close proximity, please avoid routine formations and other close distance activity, with some possible exceptions. Face masks **will** be worn and protective gloves are optional depending on the activity. Some activities might allow closer contact, based on the Squadron Commanders discretion, such as UDF training, communication training, O-rides, color guard practice, steller Xplorer, cyber patriot, stem training, and rocketry launches/ building.

The commander is being empowered to decide, but the decision to include cadet training in Civil Air Patrol under Phase I restrictions should be a by name, and conscious decision with a training intent. All other routine training should be continued online until, at least, the onset of phase II.

All squadrons need to come up with a decontamination plan for any equipment used during training, at a minimum after use, but preferably both BEFORE and AFTER use.

Before resumption of cadet participation, a notice to parents should be drafted and approved by each squadron commander with a detailed plan for how YOUR squadron is using the phase I re-mobilization time. Each squadron must identify and communicate their own strategy as it applies to cadets and communicate that to the parents of their cadets before any cadet arrives at a CAP event. Please Send the Wing Commander and Wing DCP a courtesy copy of this message once prepared. Normally the wing does not enter into individual squadrons communication to parents, but during phase I, adding this step will allow the commander to both digest what information is flowing to the families of the cadets, and be able to provide guidance during this unprecedented phase I re-mobilization event should the need arise. In addition, this might also allow individual squadrons to help the entire wing, as the commander may see something in your communication, that no one else has thought of - and would like to share it with the wing.

A selection of CDC posters are included containing excellent information for your information and use.

Randolph C Fish, Lt Col, CAP
Remobilization Team

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



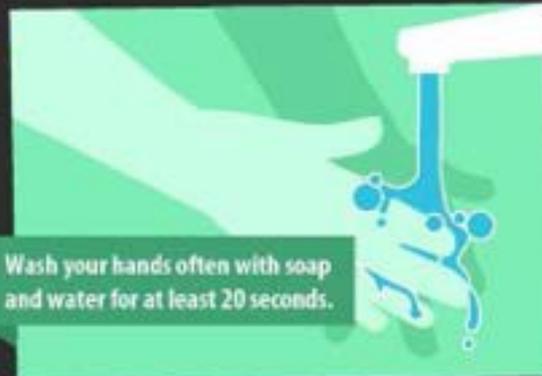
Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



For more information: www.cdc.gov/COVID19

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear Face Cover

Face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

CDC on Homemade Face Covers

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face cover?

A washing machine should suffice in properly washing a face covering.

How does one safely remove a used face cover?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their face covering and wash hands immediately after removing.



COVID-19: 20200410.0019

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

What You Can do if You are at Higher Risk of Severe Illness from COVID-19

Are You at Higher Risk for Severe Illness?



Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiency, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Here's What You Can do to Help Protect Yourself



Stay home if possible.



Wash your hands often.



Avoid close contact (6 feet, which is about two arm lengths) with people who are sick.



Clean and disinfect frequently touched surfaces.



Avoid all cruise travel and non-essential air travel.

Call your healthcare professional if you are sick.

For more information on steps you can take to protect yourself, see CDC's [How to Protect Yourself](#).



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

GUIDANCE FOR CLEANING AND DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES



SCAN HERE
FOR MORE
INFORMATION

This guidance is intended for all Americans, whether you own a business, run a school, or want to ensure the cleanliness and safety of your home. Reopening America requires all of us to move forward together by practicing social distancing and other [daily habits](#) to reduce our risk of exposure to the virus that causes COVID-19. Reopening the country also strongly relies on public health strategies, including increased testing of people for the virus, social distancing, isolation, and keeping track of how someone infected might have infected other people. This plan is part of the larger [United States Government plan](#) and focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools, and can also be applied to your home.

Cleaning and disinfecting public spaces including your workplace, school, home, and business will require you to:

- Develop your plan
- Implement your plan
- Maintain and revise your plan

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening public spaces that will require careful planning. Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing face coverings. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

The virus that causes COVID-19 can be killed if you use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

For more information, please visit **CORONAVIRUS.GOV**



This document provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using [EPA-approved disinfectants against COVID-19](#) can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When [EPA-approved disinfectants](#) are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

Links to specific recommendations for many public spaces that use this framework, can be found at the end of this document.

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America.

A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. [EPA-approved disinfectants](#) are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions).
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product. For more information, see [CDC's website on Cleaning and Disinfection for Community Facilities](#).
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

If you oversee staff in a workplace, your plan should include considerations about the safety of custodial staff and other people who are carrying out the cleaning or disinfecting. These people are at increased risk of being exposed to the virus and to any toxic effects of the cleaning chemicals. These staff should wear appropriate PPE for cleaning and disinfecting. To protect your staff and to ensure that the products are used effectively, staff should be instructed on how to apply the disinfectants according to the label. For more information on concerns related to cleaning staff, visit the Occupational Safety and Health Administration's website on [Control and Prevention](#).

DEVELOP YOUR PLAN

Evaluate your workplace, school, home, or business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water.
- Then, disinfect using an [EPA-approved disinfectant](#).
- If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Find additional information at [CDC's website on Cleaning and Disinfecting Your Facility](#).

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the [Reopening Decision Tool](#).

It is critical that your plan includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff or family, adjusting the plan as federal, state, tribal, territorial, or local guidance is updated and if your specific circumstances change.

Determine what needs to be cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient. Find more information on cleaning and disinfection toys and other surfaces in the childcare program setting at [CDC's Guidance for Childcare Programs that Remain Open](#).

These questions will help you decide which surfaces and objects will need normal routine cleaning.

Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on CDC's website on [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#).

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on [Visiting Parks & Recreational Facilities](#).

Has the area been unoccupied for the last 7 days?

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

There are many public health considerations, not just COVID-19 related, when reopening public buildings and spaces that have been closed for extended periods. For example, take measures to ensure the [safety of your building water system](#). It is not necessary to clean ventilation systems, other than routine maintenance, as part of reducing risk of coronaviruses. For healthcare facilities, additional guidance is provided on [CDC's Guidelines for Environmental Infection Control in Health-Care Facilities](#).

Determine what needs to be disinfected

Following your normal routine cleaning, you can disinfect frequently touched surfaces and objects using a product from [EPA's list of approved products that are effective against COVID-19](#).

These questions will help you choose appropriate disinfectants.

Are you cleaning or disinfecting a hard and non-porous material or item like glass, metal, or plastic?

Consult [EPA's list of approved products for use against COVID-19](#). This list will help you determine the most appropriate disinfectant for the surface or object. You can use diluted household bleach solutions if appropriate for the surface. Pay special attention to the personal protective equipment (PPE) that may be needed to safely apply the disinfectant and the manufacturer's recommendations concerning any additional hazards. Keep all disinfectants out of the reach of children. Please visit CDC's website on [How to Clean and Disinfect](#) for additional details and warnings.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables,
- doorknobs,
- light switches,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- toilets,
- faucets and sinks,
- gas pump handles,
- touch screens, and
- ATM machines.

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have [specific guidance](#) for application of cleaning and disinfection.

Are you cleaning or disinfecting a soft and porous material or items like carpet, rugs, or seating in areas?

Soft and porous materials are generally not as easy to disinfect as hard and non-porous surfaces. [EPA has listed a limited number of products approved for disinfection for use on soft and porous materials](#). Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting. Find more information on [CDC's website on Cleaning and Disinfecting Your Facility](#) for developing strategies for dealing with soft and porous materials.

Consider the resources and equipment needed

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs. For more information on appropriate PPE for cleaning and disinfection, see [CDC's website on Cleaning and Disinfection for Community Facilities](#).

IMPLEMENT YOUR PLAN

Once you have a plan, it's time to take action. Read all manufacturer's instructions for the cleaning and disinfection products you will use. Put on your gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.

Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

Use the appropriate cleaning or disinfectant product

[EPA approved disinfectants](#), when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.

Always follow the directions on the label

Follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

MAINTAIN AND REVISE YOUR PLAN

Take steps to reduce your risk of exposure to the virus that causes COVID-19 during daily activities. [CDC provides tips](#) to reduce your exposure and risk of acquiring COVID-19. Reducing exposure to yourself and others is a shared responsibility. Continue to update your plan based on updated guidance and your current circumstances.

Continue routine cleaning and disinfecting

Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

Consider choosing a different disinfectant if your first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product you will need to apply, and the size of the surface you are treating.

Maintain safe behavioral practices

We have all had to make significant behavioral changes to reduce the spread of COVID-19. To reopen America, we will need to continue these practices:

- social distancing (specifically, staying 6 feet away from others when you must go into a shared space)
- frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
- wearing cloth face coverings
- avoiding touching eyes, nose, and mouth
- staying home when sick
- cleaning and disinfecting frequently touched objects and surfaces

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America. Check this resource for [updates on COVID-19](#). This will help you change your plan when situations are updated.

Consider practices that reduce the potential for exposure

It is also essential to change the ways we use public spaces to work, live, and play. We should continue thinking about our safety and the safety of others.

To reduce your exposure to or the risk of spreading COVID-19 after reopening your business or facility, consider whether you need to touch certain surfaces or materials. Consider wiping public surfaces before and after you touch them. These types of behavioral adjustments can help reduce the spread of COVID-19. There are other resources for more information on [COVID-19](#) and how to [Prevent Getting Sick](#).

Another way to reduce the risk of exposure is to make long-term changes to practices and procedures. These could include reducing the use of porous materials used for seating, leaving some doors open to reduce touching by multiple people, opening windows to improve ventilation, or removing objects in your common areas, like coffee creamer containers. There are many other steps that businesses and institutions can put into place to help reduce the spread of COVID-19 and protect their staff and the public. More information can be found at [CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#).

WAWG COVID-19 Remobilization Plan

Attachment 1 (FLIGHT & VEHICLE OPERATIONS)

Washington WING COVID-19 REMOBILIZATION PLAN

1) SITUATION.

The outbreak and spread of the novel coronavirus known as COVID-19 has continued to result in restrictions on many CAP activities. WAWG is working to incrementally remobilize CAP flight and vehicle operations as may be permitted by NHQ. A small group activity may include the use of a CAP aircraft or vehicle.

2) MISSION.

This Attachment to the Operations Plan (OPLAN), when approved, will become the WAWG guidance for resuming limited flight and/or vehicle operations. This Attachment outlines guidance for local operations. Multi-unit and multi-sortie operations such as planned exercises will be addressed later.

Squadron Commanders will make remobilization decisions for their unit. They may also suspend flight or vehicle operations, training, and one-day activities if they feel that there has been a change in local conditions that may present additional risk to their personnel.

3) EXECUTION.

Missions

1) Aircraft Operations

- a) Essential Missions (i.e. AFRCC AFAM requests for missing aircraft or persons, COVID PPE and/or Test Specimens) will be flown as requested using the minimum number of aircrew required to safely fly the Mission.
- b) Flight Training – Cadet and Senior Member training will be permitted on a one-to-one basis.
- c) CAPF 70-5A and 70-91 Check Rides are a priority for the remainder of FY20.
- d) Mission Pilot (MP), Mission Observer (MO) & Mission Scanner (MS) training flights will be permitted for all aircrew positions for both recertification of expired qualifications as well as for qualifying MS, MO and MP's that have completed the SQTR's necessary to prepare them for these flights.

Safety

1) Operational Risk Management (ORM)

- a) Normal planning (ORM, flight release, etc.) and procedures for flight operations will be followed. Coronavirus (COVID-19) risk should be considered when planning the sortie.
- b) Prior to participating in any flight/vehicle activity, all members must participate in a training session or reading of the WAWG CAP Remobilization Safety Brief (Attachment 1; Distributed separately)

WAWG COVID-19 Remobilization Plan

- c) Hand washing and/or sanitizing materials should be available.
 - d) Instruct members and flight crew to self-observe for signs of illness, use cough etiquette, and refrain from touching their face.
- 2) Personal protective equipment (PPE)
- a) All aircrew, ground support personnel, vehicle operators and passengers are required to wear face masks. The masks must not interfere with aircrew communications or safety, e.g. boom microphones on headsets.
 - b) Wearing of protective gloves while flying or driving will be an individual decision.
- 3) Sanitizing aircraft, equipment and vehicles.
- a) All aircrew members and vehicle operators must review the NHQ video at https://youtu.be/NOEs_jip-nU

WAWG COVID-19 Remobilization Plan

- b) Aircrew members and vehicle operators may desire to sanitize their seating/working areas prior to boarding the aircraft/vehicle. The seating/working areas of the aircraft/vehicle that were occupied during the flight must be sanitized at the conclusion of the sortie.
 - c) Do not share items such as pens or pencils.
 - d) Do not use bleach solution on aircraft or vehicle displays. Alcohol wipes are recommended.
 - e) Bleach or Lysol solutions/wipes are recommended for common touch surfaces/controls.
 - f) Objects or items that were used during the flight, e.g., laminated checklists, AIM binder over, headsets, cameras, portable repeaters, etc., should be sanitized before and after the flight. The same applies to items used during vehicle transport.
 - g) Further guidance is available on the NHQ web site.
- 4) Common use surfaces
- a) Cleaning and sanitizing of commonly touched surfaces such as light switches, door handles, tables, chairs, etc. should be done when the aircrew enters the hanger and prepares for the flight. As a courtesy to other members, those surfaces that were touched/used should be sanitized at the conclusion of the operation.
 - b) Guidance is available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

Washington WING CIVIL AIR PATROL

Attachment 2 HEALTH SCREENING QUESTIONNAIRE

Health Screening Questions for Members Upon Entry to CAP Meeting Space

(Must be completed each meeting or activity, Information will be used by the HSO to assess each member but will not be collected or maintained.)

1. Do you now or have you had within the last two weeks any symptoms associated with COVID-19? No ___ Yes ___ Circle letter(s) associated with symptom(s) if you said yes
a. Cough b. Fever over 100.4° c. Shortness of breath/difficulty breathing
d. Sore throat e. Chills f. Loss of taste or smell g. Muscle pain
2. Are you experiencing any flu-like symptoms? No ___ Yes ___
3. Have you had any contact with a known positive COVID-19 patient within the last two weeks? No ___ Yes ___
4. Have you traveled outside the U.S. or Washington in the last two weeks? No ___ Yes ___

By answering “yes” to questions 1-3, access to the CAP Meeting will be declined until symptoms resolve. If you answered “yes” to question 4, please request a determination by the squadron safety officer or squadron commander before access is granted.

Temperature: _____

Date: _____

Stay home if you are sick. You participate at your own risk. You must wear a mask. Your temperature must be recorded. Cover your coughs and sneezes. Wash your hands frequently. Do not touch other people. You must practice social distancing (6 feet). No sharing of anything. Parents must drop off and pick up cadets outside. Only members permitted in buildings. Building will be disinfected in according with CDC guidelines.

How to Protect Yourself and Others

Know how it spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - » Between people who are in close contact with one another (within about 6 feet).
 - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often



- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact



- **Stay home if you are sick.**
- **Avoid close contact** with people who are sick.
- **Put distance between yourself and other people.**
 - » Remember that some people without symptoms may be able to spread virus.
 - » This is especially important for **people who are at higher risk of getting very sick.** www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html



cdc.gov/coronavirus

Cover your mouth and nose with a cloth face cover when around others



- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
 - » Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others**. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes



- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect



- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant. You can see a list of [EPA-registered household disinfectants here](#).

Cover Coughs and Sneezes

**Stop the spread of germs
that can make you and others sick!**



**Cover your
mouth and nose
with a tissue
when you
sneeze or cough.**



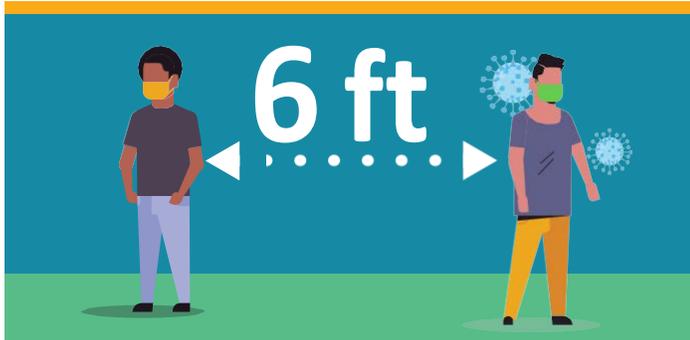
**If you don't
have a tissue,
use your
elbow.**



**Wash hands
often, especially
after coughing
or sneezing.**

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



Stay at least 6 feet
(about 2 arms' length)
from other people.



Cover your cough or sneeze with a
tissue, then throw the tissue in the
trash and wash your hands.



When in public,
wear a mask over your
nose and mouth.



Do not touch your
eyes, nose, and mouth.



Clean and disinfect
frequently touched
objects and surfaces.



Stay home when you are sick,
except to get medical care.



Wash your hands often with soap
and water for at least 20 seconds.



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