



Wisconsin Wing

Post-COVID-19 Remobilization of the Membership Plan

Phase I: Resuming Regularly Scheduled Meetings

Wisconsin Wing

Completed 18 June 2020

Revised 4 Feb 2021

Approved 05 Feb 2021

This plan has been developed for Wisconsin 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 to cover gaps in this Wing's available resources.

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

Plan Coordinator and Point of Contact:
Lt Colonel Jeff Thompson, Incident Commander
Planning Members (See Attached File)

Primary Phone:
Primary Email: jefferythompson@wiwg.cap.gov

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

Posted 5/15/20 and 5/16/20 in Microsoft Teams by the WIWG Commander:
Wing Commanders had a conference with NHQ. Accordingly, Wings are to use the Covid19 Act Now Website to determine when we are eligible to move from phase to phase. WIWG should be in the green on the charts when we move from phase 0 to phase 1. If the state remains consistently in the yellow in the low testing numbers, we can propose moving forward to the support team. If numbers in the State start to climb we will have to move backward through phases until state numbers start dropping again. WIWG will have to include ways to communicate these possible fluctuations and phase changes. Since we no longer have State level "Stay at Home" order (per State Supreme Court Order), but do have individual counties and municipalities issuing their own orders, we will have to take these into consideration as we propose our remobilization. WIWG will also need a Wing POC for the process. As we develop our phase plans, we need to have elements that continue to allow our high-risk members to continue to participate during the reopening process. Lastly, the updated slides from the call and the Q+A are on the Remobilization site. (gocivilairpatrol.com/covid-19-remobilization). **End Post**

5/31/20

Wing Commander appointed POC (Lt Col Jeff Thompson) on 31 May and a review of requirements for Wing R-Plan was begun. Virtual meetings with C-19 Team were held on 4, 10, and 17 June to assign tasking, discuss communication issues, and move Phase One plan towards completion. (See Appendix for communication, C-19 R-Team Members, etc.)

6/13/20

Wing Commander communicated review of Covid-19 precautions and planning committee's efforts via Wing email system. Unique, dedicated email address (wiwingcovidcoordination@wicap.us) was established for Wing members to get questions answered. POC will direct Q+A traffic.

6/17/20

Final planning meeting was held with review of Item# inputs and Notes traffic flow. POC was assigned task of final document preparation for Wing Commander's approval and submission to NHQ.

6/24/20

Planning meeting was held to discuss communication efforts with squadrons and assignments for Phase Two. Much discussion centered around streamlining communication to squadrons and how to do this in a coherent manner. POC was assigned the task of drafting letter to Squadron Commanders.

7/1/20-12/31/20

Throughout the summer months and fall, Planning Committee met either weekly or bi-monthly to address squadron and Wing issues that arose pertaining to the Covid-19 Pandemic. Covid Act Now (<https://www.covidactnow.org/?s=1568508>) and Covid-19 Badger Bounce Back (<https://www.dhs.wisconsin.gov/covid-19/prepare.htm>) were two sites that were utilized for data analysis. Based on Wisconsin pandemic data through dates through December, team did not feel WIWG was ready to support a return to Phase One status.

1/12/21

Team met and discussed Wisconsin's pandemic data that indicated that WIWG might initiate a return to Phase One status. At that meeting we:

- agreed to update Wing members on our Wing's current status (Colonel Helgeland).
- examine our Phase 1 plan for relevancy and necessary updates (LTC Gaylord and Thompson).
- update the PA for Covid Team members (Colonel Helgeland attached).
- discussed Wing's involvement in the upcoming Region exercise (LTC Krueger).

There was a committee consensus that due to Wisconsin's current outbreak rate, we should remain in Phase 0.

It was also agreed that our current Phase 1 Plan needs updating. LTCs Gaylord and Thompson will present update recommendations at our next Covid Team meeting.

1/26/21

At tonight's meeting we examined the WIWG Remobilization plan of 18 June 2020 with the task of updating the document to reflect the current pandemic status, winter-weather restrictions, and the passage of time. Our goal is to get this document ready for prime time and off to Region-National for approval.

At that meeting:

- Todd will update the "Phase 1 Meeting Recommendations Doc" to define/state safe parameters for cadet meetings. (Squadrons will have to address local conditions and adapt meeting behavior to meet stated safe parameters.)
- Todd will examine and revise the "Letter to Parents Doc"

Both documents above will be forwarded to Pat for examination by all members of the Covid group.

- Pat will continue revision of the master plan doc to ready it for examination at the next meeting. (Distribute to the group before the next meeting if possible.)
- Jeff will update the narrative to reflect our group's ongoing consideration of the Covid Pandemic and its effect on WIWG.

2/2/21

Group met to revise and edit final version of the WIWG Phase One plan before (re)submitting Plan for approval. Colonel Helgeland will submit plan for approval tomorrow (2/2/21)

Phase I: Resuming Regularly Scheduled Meetings

| Item# | Task | OPR/Assigned Personnel | Date Tasked | Suspense | Date Completed | Date Updated | Notes |
|----------|--|---|-------------|--------------|----------------|--------------|---|
| 1.1. | Verify state government guidance currently allows or will allow gatherings on the date proposed for resuming meetings (Review of overall directives in impacted state) | Lt Col Jerry Krueger | 4 June 2020 | | 17 Jun 20 | 29 Jan 21 | Most provisions of the “Badger Bounce Back Plan” were rejected by the WI Supreme Court. WIWG will continue to monitor state metrics at COVID Act Now website. Subordinate units will be given 14 day notice for Phase 1 opening once GREEN metrics are met. (See Bounce Back Attachment) |
| 1.2. | Hold meeting with between Plan Coordinator and Health Services Officer | Lt Col Mark Niemi/LTC Thompson/ AG | 4 June 2020 | 10 June 2020 | 17 Jun 20 | 29 Jan 21 | Ongoing. Bi-weekly coordination meetings are held with input from members of COVID-19 Team, including health services personnel |
| 1.2.1. | Wing priorities for training events should be coordinated | Col Denese Helgeland Lt Col Jerry Krueger Maj Todd Mandel | 4 June 2020 | | 17 Jun 20 | 29 Jan 21 | Current training priorities: Attached Priority Outline based on information above from WICSM and from DCP Priorities (See priorities Attachment) |
| 1.2.1.1. | Check state and local health guidance regarding gatherings (Review of each jurisdiction impacted by this plan) | Capt Ernesto Brauer Maj James Bedient Capt Erin Briggs | 4 June 2020 | N/A | Ongoing | 29 Jan 21 | Ongoing review of published data on a daily basis. (See Bounce Back Attachment) |
| 1.2.1.2. | Prepare information for subordinate units on temperature screening, health education, and sanitation | Capt Ernesto Brauer Maj James Bedient Capt Erin Briggs | 4 June 2020 | N/A | Ongoing | 29 Jan 21 | Using guidelines provided by NHQ. (See Attachment) |

| | | | | | | | |
|---------|--|---|-------------|--------------|--------------|-----------|---|
| 1.2.2 | Consult with Wing Legal Officer about resuming meetings | Capt Gregory Reed/Col Helgeland | 4 June 2020 | 17 Jun 20 | 19 Jun 20 | | WICC will consult with legal when document/plan is ready for publication. |
| 1.2.3 | Coordinate with Wing Director of Safety | Lt Col Thomas Gordon | 4 June 2020 | 17 Jun 20 | 17 Jun 20 | 26 Jan 21 | To be completed on an ongoing basis. |
| 1.2.3.1 | Verify proper risk planning tools are available to units | Lt Col Thomas Gordon | 4 June 2020 | | 16 June 2020 | 29 Jan 21 | (See Attachments) |
| 1.2.3.2 | Prepare to communicate with subordinate units on Safety-related matters (see 1.7. below) | Lt Col Thomas Gordon | 4 June 2020 | | 12 June 2020 | 29 Jan 21 | WIWG/CC e-mails to membership. (See Attachments) |
| 1.2.4 | Coordinate with Wing Director of Cadet Programs | Maj Todd Mandel Lt Col Jeff Thompson Col Denese Helgeland | 4 June 2020 | 10 June 2020 | 10 June 2020 | 26 Jan 21 | Coordination will occur with Plan Coordinator and Wing Commander throughout the process. |
| 1.2.4.1 | Prepare recommendations for units regarding meeting activities and alternatives to maintain optimal distance while at meetings | Maj Todd Mandel | 4 June 2020 | 10 June 2020 | 10 June 2020 | 26 Jan 21 | File “Phase 1 meeting recommendations.doc” uploaded to Teams Folder. This document contains recommendations for meeting activities during Phase 1. (See Attachments) |
| 1.2.4.2 | Prepare bullets for units to incorporate when sending messages to parents about the resumption of meetings | Maj Todd Mandel | 4 June 2020 | 10 June 2020 | 10 June 2020 | 26 Jan 21 | File “Letter to Parents from Wing and Unit.doc” uploaded to Teams Folder. This document is meant to be a joint letter from Wing CC and Unit CC to parents. (See Attachments) |
| 1.3 | Have subordinate unit commanders verify that local governments do not have more restrictive social-distancing guidelines than those at the state level | Lt Col Patrick Gaylord | 4 June 2020 | | | 2 Feb 21 | See “Useful Links” #5. At the time of publication, no local governments were more restrictive than state government. |

| | | | | | | | |
|--------|---|---|-------------|--------------|------------------|-----------|--|
| 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. | Lt Col Larry Ochowski Col Helgeland Thompson | 4 June 2020 | 10 June 2020 | 10 June 2020 | | Upon completion of plan, will comply. |
| 1.4.1. | Briefly describe/ summarize previous coordination accomplished | Lt Col Larry Ochowski/ Col Helgeland/Lt Col Jeff Thompson | 4 June 2020 | | 17 Jun 20 | 29 Jan 21 | See <i>Narrative Summary of Coordination and Events To-Date in Wisconsin Wing</i> on page 2. |
| 1.4.2. | Verify no jurisdictional restrictions are in place from State or Local Governments | Lt Col Larry Ochowski | 4 June 2020 | | 10 Jun 20 | 29 Jan 21 | See 1.3 |
| 1.4.3. | Set date to resume meetings; this is also the start of Phase II. | Lt Col Larry Ochowski/Col Helgeland | 4 June 2020 | 10 June 2020 | 17 Jun 20 | | Pending NHQ Approval of this plan. |
| 1.5. | Receive approval from the CAP COVID-19 Planning Team to reinstate meetings. Plan for one-week lead time. | Col Denese Helgeland | 4 June 2020 | 10 June 2020 | Pending approval | | Forthcoming. |
| 1.6. | Publish the date that meetings may resume to subordinate units | Col Denese Helgeland | 4 June 2020 | | Pending approval | | Forthcoming. |
| 1.7. | Task Wing Director of Safety to communicate the following to subordinate units | Lt Col Thomas Gordon | 4 June 2020 | | 10 June | 29 Jan 21 | Tasked as per directive |
| 1.7.1. | Units will review CAPFs 160, 160S, and 160HL to be sure COVID-19 risks are considered and mitigated | Lt Col Thomas Gordon | 4 June 2020 | 10 June 2020 | Pending approval | | Spot check units on usage. |
| 1.7.2. | Unit Safety Officers s will emphasize | Lt Col Thomas Gordon | 4 June 2020 | | 16 June 2020 | 29 Jan 21 | CDC guidance docs exist. Publish to subordinate units. (See Attachment) |

| | | | | | | | |
|--------|--|--|-------------|--|---------------|-----------|--|
| | continued use of face coverings, gloves, and hand sanitizer, as well as social distancing, hand washing and surface cleaning/disinfection | | | | | | “CDC 6 Steps to Prevent Spread” |
| 1.8. | Task Wing Health Service Officer to communicate the following to subordinate units: | Capt Ernesto Brauer Maj James Bedient Capt Erin Briggs | 4 June 2020 | | 16 June 2020 | 29 Jan 21 | So tasked. (See Attachments) |
| 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. | Capt Ernesto Brauer Maj James Bedient Capt Erin Briggs | 4 June 2020 | | Upon approval | 29 Jan 21 | Using guidelines provided by NHQ. Upon approval of plan. Note: WIWG will provide educational material to members to not attend meetings if they’re not feeling well. (See Attachments) |
| 1.8.2. | Educate members on their stratified level of risk (i.e., Low-risk vs. High-risk) | Capt Ernesto Brauer Maj James Bedient Capt Erin Briggs | 4 June 2020 | | Upon approval | 29 Jan 21 | Ongoing as conditions change. |
| 1.8.3. | Units perform all appropriate public health measures (e.g., social distancing, surface | Capt Ernesto Brauer Maj James Bedient | 4 June 2020 | | Upon approval | 29 Jan 21 | Ongoing as conditions change. CDC guidance docs exist. Publish to subordinate units. “CDC 6 Steps to Prevent Spread” (See attachment) |

| | | | | | | | |
|--------|---|------------------|-------------|--------------|--------------|-----------|--|
| | cleaning/disinfection, face coverings, hand sanitizer, at-home temperature check or no-touch temperature check prior to entry and routine symptom checks) | Capt Erin Briggs | | | | | |
| 1.9. | Task Wing Director of Cadet Programs to communicate the following to subordinate units: | Maj Todd Mandel | 4 June 2020 | 10 June 2020 | 10 June 2020 | 29 Jan 21 | Items in 1.9.1 will be communicated to units. Units will be required to respond affirmatively to receipt and understanding. No meetings can begin until the unit has complied. |
| 1.9.1. | Units identify ways to meaningfully engage and fully participate in meetings without formations, drill, or other close-distance activities | Maj Todd Mandel | 4 June 2020 | 10 June 2020 | 10 June 2020 | 29 Jan 21 | Units will be provided the Phase 1 meeting recommendations.doc document and use it for meeting planning. Units will be required to submit their monthly training plans for in-person meetings to WIWG/CP for review and approval. Approval will be based on compliance with Phase 1 restrictions and engagement in meaningful training. (See Attachments) |
| 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 | Maj Todd Mandel | 4 June 2020 | 10 June 2020 | 10 June 2020 | 29 Jan 21 | Local units will include their local message in the bottom half of the joint letter from Wing and Unit to parents. (See Attachments) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | Attachments to Follow: |

Useful Links

1. [COVID Act Now](#)
2. [Badger Bounce Back](#)
3. [COVID 19 Projections](#)
4. [COVID 19 County Data](#)
5. [Local COVID 19 restrictions across Wisconsin](#)



WISCONSIN WING CIVIL AIR PATROL

UNITED STATES AIR FORCE AUXILIARY

2400 Wright Street

Madison WI 53704-2572

Office: 608-242-3067 • www.wicap.us



12 Jan 2021

PERSONNEL AUTHORIZATION

NUMBER: 21-005

The following individuals are hereby appointed as members of the CoVID-19 Remobilization Committee. The start date of the updated committee is 12 Jan 2021 and expected end date is 33 Dec 2021. This appointment authorization supersedes all previous CoVID-19 Remobilization Committee appointments.

| <u>GRADE</u> | <u>LAST, FIRST NAME</u> | <u>CAP ID</u> | <u>UNIT</u> |
|--------------|-------------------------|---------------|-------------|
| Col | Helgeland, Denese | 112231 | GLR-WI-001 |
| Lt Col | Moss, Harvey | 133486 | GLR-WI-001 |
| Lt Col | Gaylord, Patrick | 196072 | GLR-WI-203 |
| Lt Col | Krueger, Gerald | 125067 | GLR-WI-156 |
| Lt Col | Thompson, Jeffery | 123052 | GLR-WI-169 |
| Lt Col | Ochowski, Larry | 125036 | GLR- WI-001 |
| Lt Col | Gordon, Thomas | 125518 | GLR-WI-048 |
| Lt Col | Niemi, Mark | 545804 | GLR-WI-055 |
| Lt Col | Boulanger, Peter | 214244 | GLR-WI-055 |
| Maj | Tiedt, Dennis | 374685 | GLR-WI-001 |
| Maj | Mandel, Todd | 160269 | GLR-WI-037 |
| Maj | Bedient, James | 464390 | GLR-WI-049 |
| Capt | Reed, Gregory | 572959 | GLR-WI-059 |
| Capt | Brauer, Ernesto | 429755 | GLR-WI-169 |
| Capt | Briggs, Erin | 528672 | GLR-WI-153 |

DENESE HELGELAND, Colonel, CAP
Commander

DISTRIBUTION:

| | |
|----------------------|-----------------------|
| 1 – Each Individual, | 1 – Personnel Officer |
| 1 – Wing Commander | 1- File |

Badger Bounce Back



FROM SAFER AT HOME TO THE BADGER BOUNCE BACK

When COVID-19 hit Wisconsin, it started to spread very rapidly. This is what happens when a very infectious, brand-new virus enters a community. No one is safe because no one is immune. That means a lot of people can get sick very quickly. It also means hospitals can be overrun with very sick patients. We saw this happen in Wuhan, in Italy and in New York City. Our Safer at Home order was enacted to protect Wisconsin from this situation. We all stayed home, so the virus couldn't spread easily, and our hospitals have been able to safely care for sick people. According to the model created by the Wisconsin Department of Health Services (DHS), Wisconsin was projected to have between 440 and 1,500 deaths from the 22,000 COVID-19 infections projected by April 8th. Over the first three weeks of Safer at Home, our data shows we have saved at least 300 lives, and perhaps as many as 1,400 lives. We have helped flatten the curve, which has resulted in fewer cases and hospitalizations, and we've saved lives, together.

Safer at Home has saved lives, protected healthcare workers and critical employees, and prevented our hospitals from being overrun, but we know that it is not a workable solution for our economy or our way of life in the long-term. We are fighting an unprecedented global pandemic and we are working to open Wisconsin as soon as we can and in the safest way possible. The challenge is that all of us who have remained safe at home can still become ill if we move too quickly or act without an achievable plan in place. In order to preserve the progress we made during Safer at Home, we've developed a plan to safely reopen Wisconsin. Our plan is the Badger Bounce Back. Here's what it looks like:

- We turn the dial to open businesses and society in phases.
- Decisions to move from phase to phase are guided by data—Wisconsin's Gating Criteria and Core Responsibilities.
- In order to turn the dial on Safer at Home and supercharge the Badger Bounce Back, we need to:
 - Increase lab capacity and testing
 - Increase contact tracing, including support for isolation and quarantine
 - Track the spread of COVID-19
 - Increase health care capacity
 - Procure more personal protective equipment
- Individuals and businesses agree to practice good hygiene, physical distancing and other best practices.

Our initial response to COVID-19 has been to keep all Wisconsinites safer at home to prevent spreading this disease. We are eager to move to the next phase but do not yet meet the thresholds for testing, contact tracing, health care worker infection rates, personal protective equipment, and others that public health experts in Wisconsin and within the federal government have determined are necessary.

These guidelines draw from numerous sources including Guidelines for Opening Up America Again (White House, April 16, 2020); COVID-19 Playbook (Resolve to Save Lives, April 1, 2020); National Coronavirus Response: A Roadmap to Reopening (American Enterprise Institute, March 29, 2020); and COVID-19 Economic Recovery: Roadmap for a Smart Re-start of the Wisconsin Economy (Metropolitan Milwaukee Association of Commerce, April, 2020).



Badger Bounce Back



Once we reduce the transmission of COVID-19 and meet the Wisconsin Gating Criteria and Core Responsibilities, we can begin to allow people to interact, and more importantly get Wisconsinites back to work. But once we have more flexibility to interact more and get back to work, we will need to aggressively test people for COVID-19, properly isolate people who test positive and quarantine their close contacts. The shift we are making is from “boxing in” all the people to “boxing in” the virus. Until we have a vaccine that prevents this virus, we will need to take these steps to prevent future outbreaks, monitor for resurgence of the virus and take appropriate steps if we see increases in virus transmission.

WISCONSIN'S GATING CRITERIA

SYMPTOMS: Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period AND downward trajectory of COVID-19-like syndromic cases reported within a 14-day period

CASES: Downward trajectory of positive tests as a percent of total tests within a 14-day period

HOSPITALS: Treat all patients without crisis care AND Robust testing programs in place for at-risk healthcare workers, with decreasing numbers of infected healthcare workers

These metrics and progress on Core Responsibilities will be evaluated regularly and guide decisions about when Wisconsin is ready to move from phase to phase. They are based on the Federal Gating Criteria and Core State Preparedness Responsibilities found in *Guidelines for Opening up America Again* that was issued by the White House on April 16, 2020. These metrics will be applied on a statewide basis as this highly infectious virus knows no county boundaries and can easily spread from regions with high prevalence to regions with low prevalence.

CORE STATE RESPONSIBILITIES

TEST, TRACE, & TRACK:

Testing: Every Wisconsin resident who has symptoms of COVID-19 can get a lab test. Results will be reported to the patient and state or local public health within 48 hours of collection. To achieve this, our goal is 85,000 tests/week or approximately 12,000 tests/day.

To achieve this goal, we will focus on the following:

1. Within the healthcare systems across the state, all barriers to testing will be addressed, including:
 - a. Providers are aware of guidance and order tests.
 - b. All clinics have adequate specimen collection supplies (e.g. NP swabs and viral media transport) and PPE to conduct tests.
 - c. All labs have supplies to perform tests.
 - d. All tests are reported to patient and public health.
2. In addition to increasing capacity through the health care system, mobile/temporary testing sites are stood up to address the most pressing needs:
 - a. Community locations with known intense community spread (e.g., particular zip codes in Milwaukee).
 - b. Outbreaks in congregate settings (e.g., long term care, correctional facilities).
 - c. Outbreaks in business settings.



Badger Bounce Back



Tracing: Testing without contact tracing will not result in controlling the spread of the virus. In order to reopen Wisconsin, we need to be sure that everyone who can transmit the virus (whether because they are infected or exposed) understands their responsibility to stay home. We will increase the state's contact tracing efforts by hiring 1,000 additional staff to make sure everyone is contacted and has what they need to safely isolate and quarantine.

To achieve this goal, we will focus on the following:

1. A case interview and contact tracing protocol to standardize processes for training and implementation across the state will be established.
2. Technology options for data management and client communication and tracing will be explored and deployed.
3. A system for contact tracing will be adopted that considers and balances the assets of local health departments and the state.
4. Contact tracing workforce will be hired, trained and deployed via direct hires or through contracts with other agencies.
5. Isolation and quarantine capacity will be identified in each county across the state.

Tracking: Building on systems used to track influenza, we will track the spread of the disease and report on the Wisconsin Gating Criteria and other related metrics to keep everyone informed about how we are doing.

To achieve this goal, we will focus on the following:

1. Data to inform these metrics will be collected and translated into a regularly-updated public dashboard.
2. Communication assets will be developed and deployed to engage the public and keep them informed of these metrics.
3. Evaluation questions about the pandemic will be identified, prioritized, and studied to further understand the pandemic.

OTHER STATE RESPONSIBILITIES:

- 3 We will procure personal protective equipment and other necessary supplies to support health care and public safety agencies.
- 3 While PPE is in short supply, we will acquire systems for decontaminating N95 masks for healthcare providers in the state who request this service.
- 3 We will support the surge capacity of our healthcare system.
- 3 We will work with employers to guide them in steps to take, including physical distancing and cleaning practices to create safe workplaces.
- 3 We will work with long-term care facilities to protect the health and safety of our most vulnerable neighbors.
- 3 We will advise residents regarding protocols for physical distancing, hygiene practices, and cloth face coverings.
- 3 We will monitor conditions and immediately take steps to respond to any COVID-19 disease resurgence or outbreaks by restarting a phase or returning to an earlier phase, depending on severity.



Badger Bounce Back



INDIVIDUAL GUIDELINES FOR ALL PHASES

CONTINUE TO PRACTICE GOOD HYGIENE

- 3 Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces.
- 3 Avoid touching your face.
- 3 Sneeze or cough into a tissue or the inside of your elbow.
- 3 Disinfect frequently used items and surfaces as much as possible.
- 3 Strongly consider using cloth face coverings while in public, and particularly when using mass transit.

PEOPLE WHO FEEL SICK MUST STAY AT HOME

- 3 Do NOT go to work, school, or any other public place.
- 3 Contact and follow the advice of your medical provider.

EMPLOYER GUIDELINES FOR ALL PHASES

- 3 All employers are encouraged to use federal, state, and local regulations and guidance, informed by industry best practices and the Wisconsin Economic Development Corporation, to develop and implement appropriate policies regarding:
 - 3 Physical distancing and protective equipment
 - 3 Temperature checks and symptom screening
 - 3 Testing, isolating, and contact tracing
 - 3 Sanitation
 - 3 Use and disinfection of common and high-traffic areas
 - 3 Business travel
 - 3 Other best practices

Do NOT allow symptomatic people to work. Send them home if they arrive at work and do not allow them to return until cleared by a medical provider.

Working with local public health staff, develop and implement policies and procedures for workforce contact tracing following an employee COVID-19 positive test result.



Badger Bounce Back



OVERVIEW OF THREE PHASES OF THE BADGER BOUNCE BACK

| Action | Safer At Home | PHASE ONE When all Gating Criteria and Core Responsibilities are met | PHASE TWO Based on re-evaluation of Criteria and Core Responsibilities | PHASE THREE Based on re-evaluation of Criteria and Core Responsibilities |
|--|--|---|---|---|
| Wash hands often | Yes | Yes | Yes | Yes |
| Cover coughs | Yes | Yes | Yes | Yes |
| Don't go out if ill | Yes | Yes | Yes | Yes |
| Face mask if ill person goes out | Yes | Yes | Yes | Yes |
| Surface and object cleaning | Yes | Yes | Yes | Yes |
| Isolation of positive cases | Yes | Yes | Yes | Yes |
| Quarantine of contacts of positive cases | Yes | Yes | Yes | Yes |
| Physical distancing to 6 feet when possible | Yes | Yes | Yes | No |
| Stop unnecessary visits to nursing homes, congregate facilities, and hospitals | Yes | Yes | Yes | Yes (until a vaccine is available) |
| Allow gatherings including religious (above 10, 50 people) | No, but allow religious gatherings below 10. | Yes—10 people maximum | Yes—50 people maximum | Yes—no maximum |



Badger Bounce Back



OVERVIEW OF THREE PHASES OF THE BADGER BOUNCE BACK (continued)

| Action | Safer At Home | PHASE ONE When all Gating Criteria and Core Responsibilities are met | PHASE TWO Based on re-evaluation of Criteria and Core Responsibilities | PHASE THREE Based on re-evaluation of Criteria and Core Responsibilities |
|--|---|---|---|---|
| Open restaurants | No, but allow take-out, delivery, and curbside food take-out. | Yes with best practices* | Yes | Yes |
| Open bars | No, but allow take-out and delivery. | No, but allow take-out and delivery. | Yes with best practices* | Yes |
| Open essential businesses | Yes | Yes, with retail restrictions removed | Yes | Yes |
| Open non-essential businesses | Minimum Basic Operations only | Partial reopening* | Yes with best practices* | Yes |
| Open post-secondary education institutions | No | No | Consider reopening | Yes |
| Open K-12 schools | No | Yes* | Yes* | Yes |
| Open daycares | Yes, but limits on capacity. | Yes* | Yes* | Yes |
| Voluntary quarantine of travelers from high-prevalence areas | Yes | Yes | Yes | Yes |

*People over age 60, including employees and those who are medically vulnerable, should continue to shelter in place. Online education/remote work encouraged wherever possible.

Based on recommendations from Resolve to Save Lives, When and How to Reopen After COVID-19 and Guidelines for Opening up America Again.



CoVID Plan ITEM# 1.2.1. – Wisconsin Wing priorities for training events should be coordinated.

WIWG Operations and ES

While some training can and is being done via a virtual format, hands on training is essential.

- Pilot: Flight Evaluations (Form 5/ Form 91)
- Check Pilot Training and recurrency
- Pilot Proficiency
- Pilot upgrades: G1000 and High Performance, CFII and Instrument Training
- SUAS - FAA Part 117 Online Training (8-12 Jun 20), flight training and F5/F91
- SAR Training
- AP and Air Crew Training and recurrency
- UDF and Ground Team training and recurrency
- Mission Base Staff training and recurrency
- Cadet orientation flights

Mission Concept Phase 1

- Mission base will not be established
 - IC, AOBD, GOBD, CUL will connect through cell or TEAMS
 - WMIRS Unit Logs will be maintained to track mission activity
 - Communications to Air Crew and Ground team will be through cell phone or CAP radio
 - Mission participants will reduce contact time by performing tasks on-line, virtually or via cell, whenever possible, before or after field exercises
- UDF or Ground team
 - Team will be limited to maximum of 4 members
 - Team will rally at location of the CAP 12 pack van
 - Alternately members can rally at the search location using POVs.
 - Team members will wear appropriate PPE
 - Loading of members in the van will be back to front. One member per row alternating sides to allow for maximum distancing.
 - If equipment such as ELPR are to be used by multiple team members it will be wiped down with disinfectant as part of hand off procedure.
 - Team training be limited to no more than 2.5 hours.
 - If using the CAP van, limit drive time from rally point to search location.
 - Van and equipment will be disinfected as directed at the end of the sortie
 - Members are required to verify they have no symptoms prior to departing from their residence.
- Air Crew
 - Air Crew will be limited to 3 members
 - Crew members will wear appropriate PPE. Mask may be removed if it needed for safety of flight.

- Airplane will be disinfected
- Maximum flight time of 2.0 hours
- Members are required to verify they have no symptoms prior to departing from their residence.

Member Interaction – While members have managed to keep our units functioning using various virtual options, and will continue with these methods for most training. In Phase 1 there are no significant in-person Cadet Program or Aerospace Education training events. There is some value to in-person interactions, such as:

- Awards (especially Spaatz)
- Legislative Meetings
- Small scale unit activities

Mission Concept Phase I

- Members maintain social distancing
- Proper hygiene and use of PPE
- Members are required to verify they have no symptoms prior to departing their residence
- Maximum in-person time of 2 hours
- Wipe down of all surfaces



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

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 persons 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 persons 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).

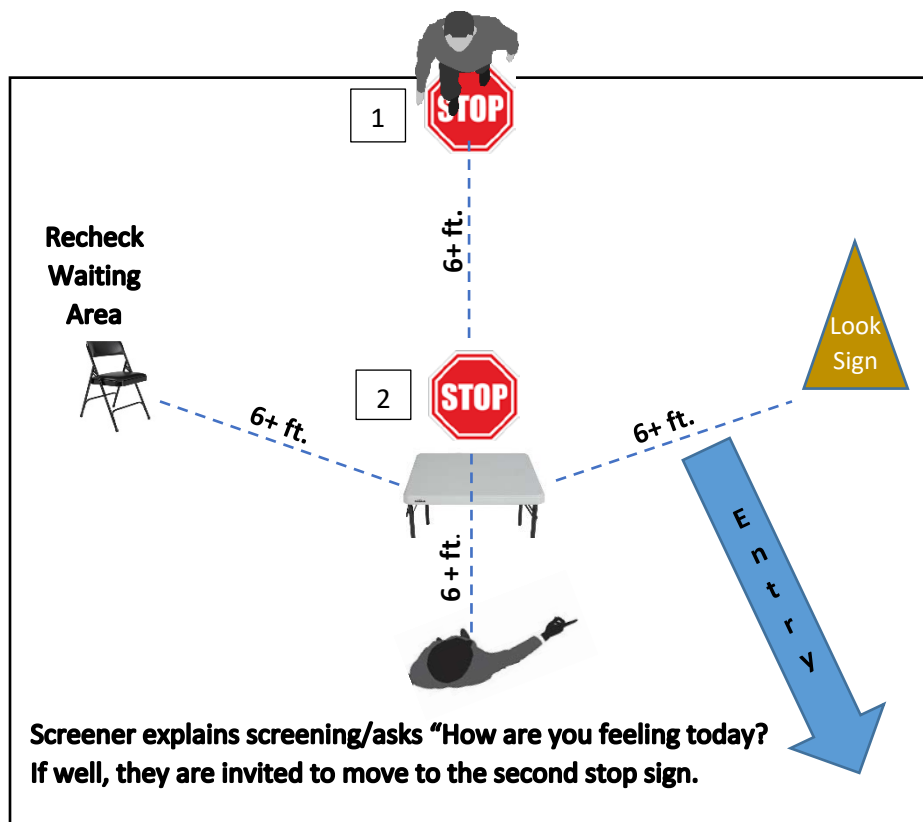
CIVIL AIR PATROL
COVID-19 Temperature Screening Guideline

30APR2020

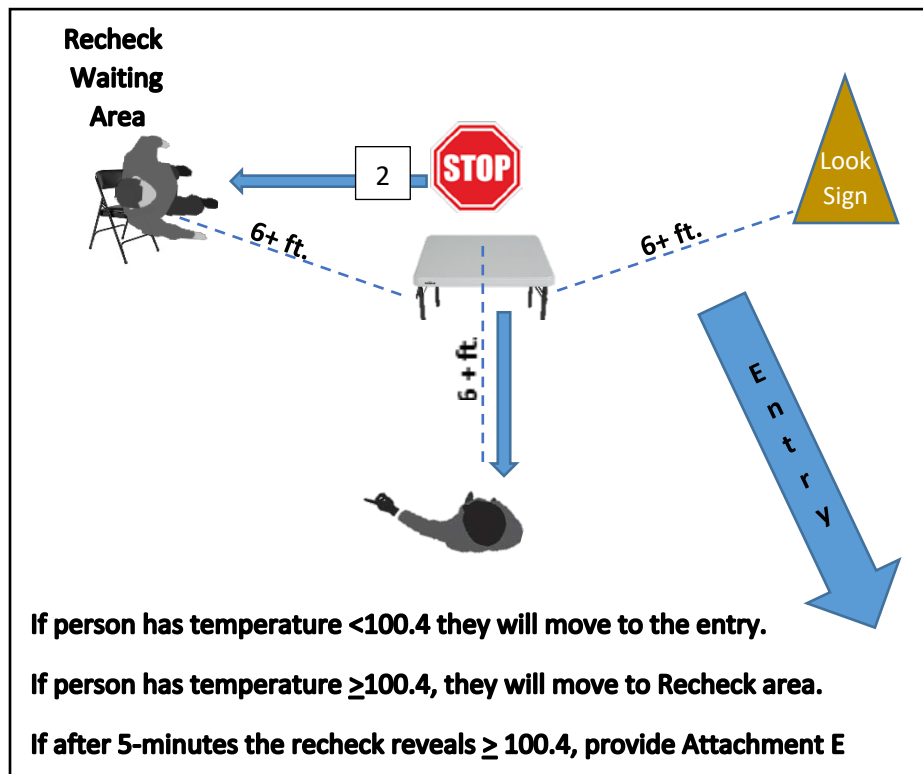
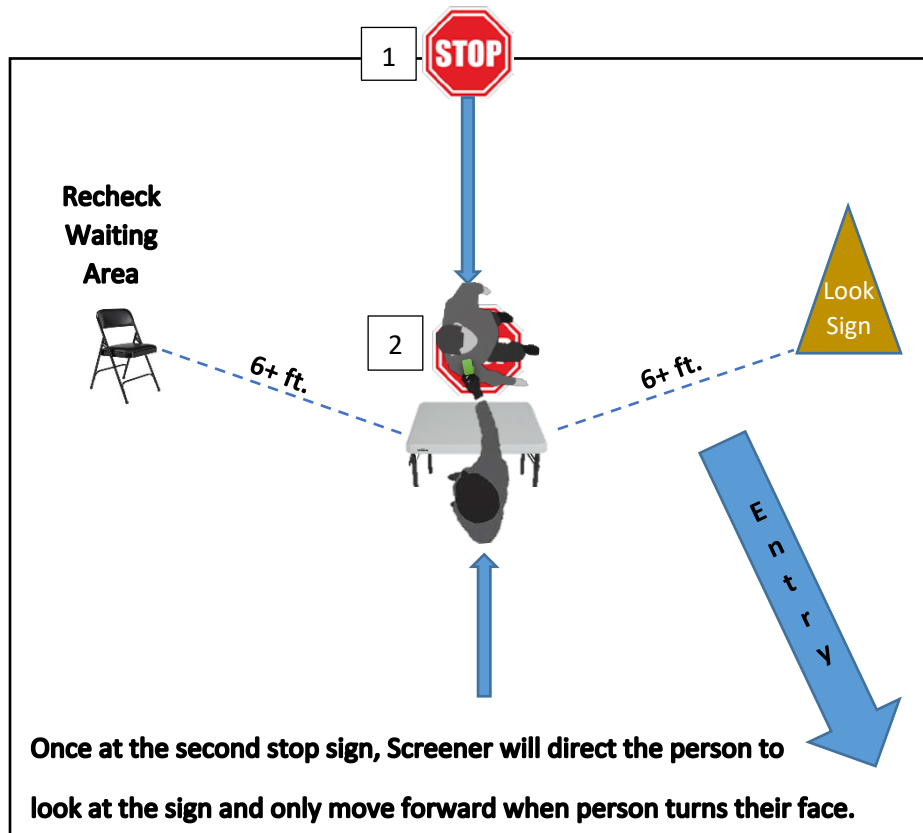
3. **Note:** Person may elect to speak with the local unit commander, activity director, incident command, or health service officer for an appeal or for more information.

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).



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



Attachment B: Stop Sign



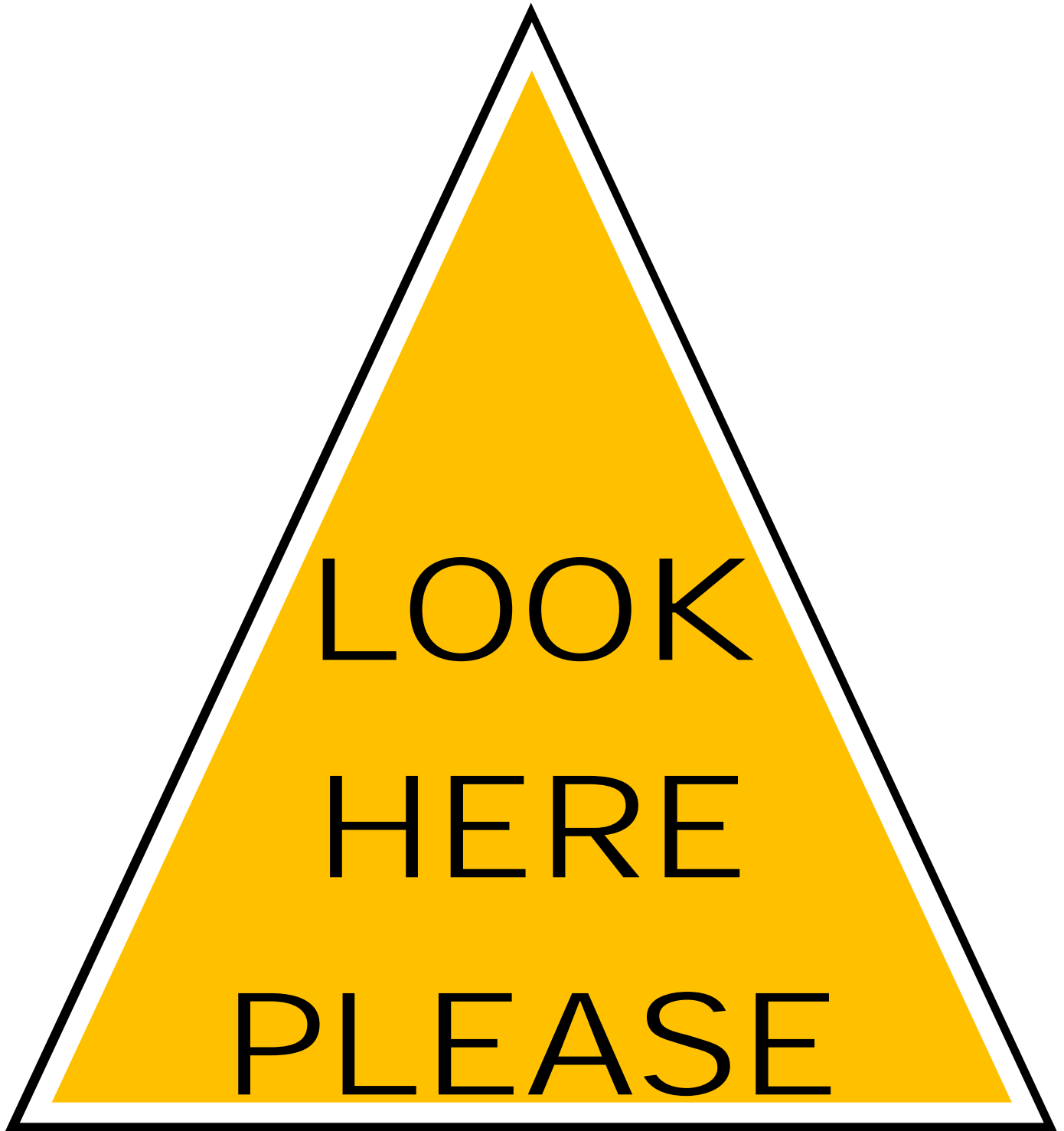
Attachment B: Stop Sign (continued)



Attachment C: Voluntary Instructions Sign

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

Attachment D: Look Here Please Sign



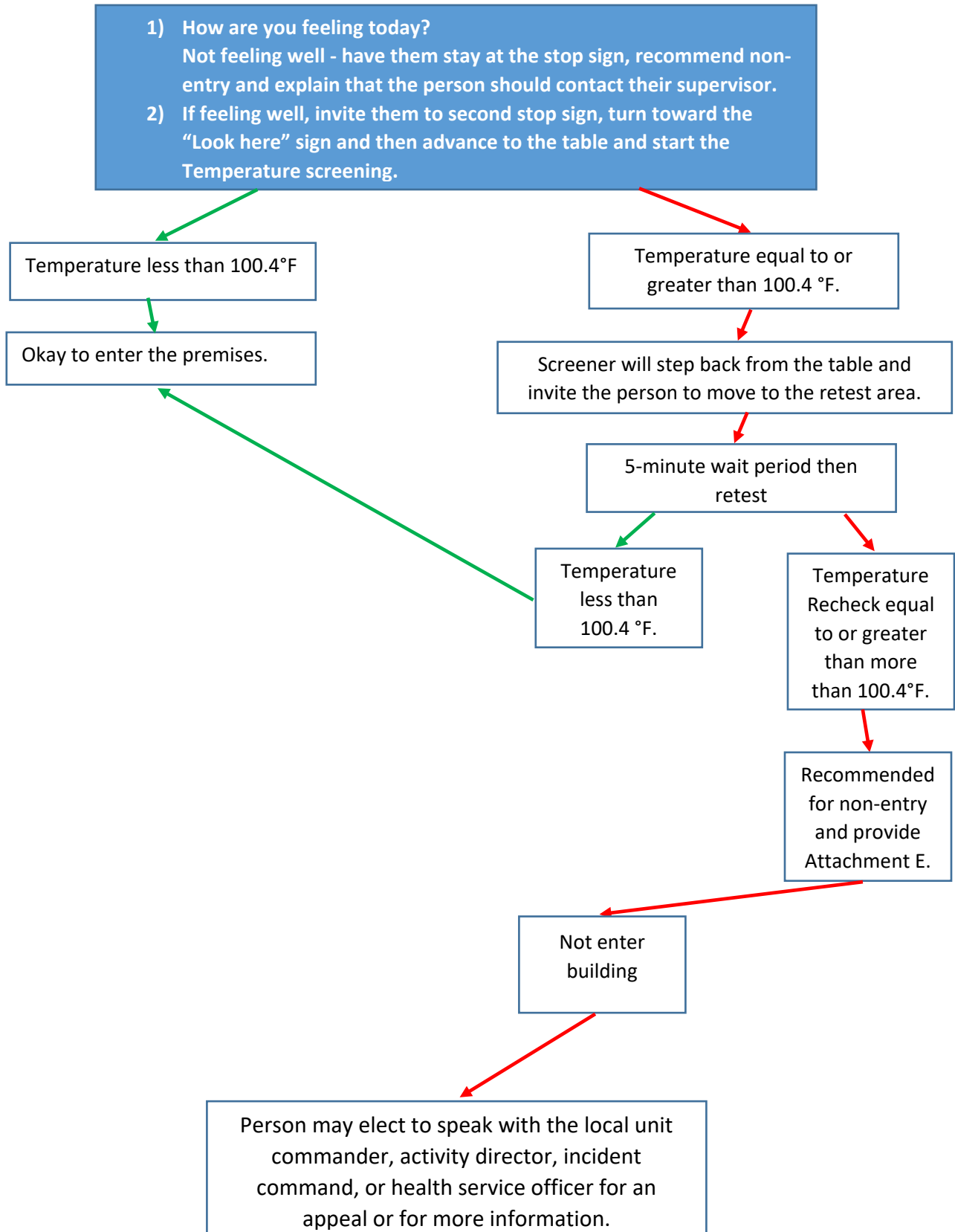
CIVIL AIR PATROL
COVID-19 Temperature Screening Guideline

30APR2020

Attachment E: Recheck Temperature equal to or above (\geq) 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> |
| <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> |
| <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> |
| <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> |

Attachment F: Overall Paradigm



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.**

Air Force releases guidance on use of cloth face covers

Secretary of the Air Force Public Affairs / Published April 06, 2020

ARLINGTON, Va. (AFNS) --

Related Links

To help combat [COVID-19](#), the Air Force has released information that supplements Department of Defense guidance on the use of cloth face coverings, effective immediately.

[COVID-19 Resources](#)

To the extent practical, without significantly impacting mission, all individuals on Department of the Air Force property, installations and facilities are required to wear cloth face coverings when they cannot maintain six feet of physical distance in public areas or work centers.

This guidance applies to Total Force military personnel, DOD civilian employees and contractors, family members and all individuals on DAF property, installations and facilities, and does not apply within a personal residence on a military installation.

Any cloth items worn as face coverings (e.g., neck gaiters, neck warmers, balaclavas, etc.) should be functional, cleaned and maintained in compliance with current Air Force instructions, and should cover the mouth and nose.

As safety is the primary concern, commanders will decide where mission safety necessitates deviation from this guidance, for example when the cloth face covering could interfere with other facial gear. Until issued items are fully available, commanders and units may deviate in regard to uniformity while ensuring face coverings worn by uniformed military members are conservative, professional and in keeping with dignity and respect.

For civilian employees, use of a cloth face covering is strongly encouraged. Commanders who wish to mandate cloth face covering for civilian employees under this memo must either furnish them or provide a uniform allowance per AFI 36-128, *Pay Setting and Allowances*, published May 17, 2019.

If a commander determines the purchase and issuance of cloth face coverings is necessary for mission requirements, they should consult with legal and comptroller about purchasing and issuing the coverings.

N95 and surgical masks should be reserved for health care workers.

During this time, security checkpoints may require the lowering of masks to verify identification.

***It is to be noted that the use of a cloth face covering does not prevent the wearer from getting sick or eliminate the need to continue the primary mitigation efforts to stop the spread of COVID-19, but may prevent the spread of the virus from the wearer to others. ***

For more information on COVID-19 visit <https://www.af.mil/News/Coronavirus-disease-2019>

AIR FORCE GUIDANCE ON USE OF CLOTH FACE COVERS

EFFECTIVE IMMEDIATELY

To the extent practical without significantly impacting mission, all individuals on Department of the Air Force property, installations and facilities are required to wear cloth face coverings when they cannot maintain six feet of physical distance in public areas or work centers.

Any cloth items worn as face coverings should be functional, clean and maintained in compliance with current Air Force instructions, and should cover the mouth and nose.



*N-95 and surgical masks should be reserved for health care workers.

Guidance applies to total force military personnel, DoD civilian employees and contractors, family members and all individuals on DAF property, installations and facilities.

Note: Guidance above does not apply within a personal residence on a military installation.

1 CLOTH FACE COVERING DOES NOT PREVENT THE WEARER FROM GETTING SICK, BUT MAY PREVENT THE SPREAD OF THE VIRUS FROM THE WEARER TO OTHERS.

PHOTO DETAILS / DOWNLOAD HI-RES

Air Force COVID-19 Face Mask Guidance Infographic. (U.S. Air Force Graphic by Rosario "Charo" Gutierrez)

[L/R](#) [USAF](#) [AF](#) [Air Force](#) [COVID-19](#) [cloth face coverings](#) [safety](#) [social distancing](#) [total force](#) [AFI 36-128](#) [guidance](#) [N95 mask](#) [DOD](#) [Department of Defense](#) [Department of the Air Force](#)

Helgeland, Denese Col

Wed 7/15/2020 12:20 AM

To: **DL-WIWG – All**

AF Face Covering guidelines.pdf
444 KB

Next week, WIWG CAP will be taking on approximately a 2 week mission delivering PPE and other election material to all 72 counties in Wisconsin. All participants must wear facing coverings while on the mission. Attached is face covering guidelines issued by the Air Force that applies to all Total Force personnel. The guidelines state:

* "Any cloth items worn as face coverings (e.g., neck gaiters, neck warmers, balaclavas, etc.) should be functional, cleaned and maintained in compliance with current Air Force instructions, and should cover the mouth and nose."

*" face coverings worn by uniformed military members are conservative, professional and in keeping with dignity and respect."

While we are not military members, we are part of the Total Force and some of us wear the Air Force uniform.

Therefore, whenever a WIWG CAP member is in a uniform (corporate or Air Force) and will be wearing a cloth face covering, only the following face coverings are authorized:

- 1) any commercially produced disposable face mask, or
- 2) a solid neutral colored cloth face covering, or
- 3) a face covering which matches one color in the uniform being worn.

Please remember you are representing CAP and the AF when you are out there wearing our various uniforms. The face coverings we choose should provide a professional image. If you have any questions, please contact me. Thank you.

Col Denese Helgeland, CAP
Wisconsin Wing Commander

Warning: The information you are receiving is protected from interception or disclosure. Any person who intentionally intercepts or illegally uses, distributes, reproduces or discloses its contents is subject to the penalties set forth in 18 United States Code Section 2511 and/or related state and federal laws of the United States. LINKS OR REFERENCES TO INDIVIDUALS OR COMPANIES DO NOT CONSTITUTE AN ENDORSEMENT OF ANY INFORMATION, PRODUCT OR SERVICE YOU MAY RECEIVE FROM SUCH SOURCES.

Helgeland, Denese Col

Wed 1/13/2021 2:07 AM

To: **DL-WIWG – All**

Well, we all have had to deal with a long period of virtual event and I know you are all anxious to get back to some in-person activities. Let me assure you your Wing Staff wants that too. Unfortunately, the state CoVID numbers have not been working in our favor.

Wisconsin's numbers were on a steady downward trend since 21 Nov, but team consensus was to wait and see what happened following the holiday season. And our suspicion has been born out; the numbers have started to increase, again. Since Dec 30, Wisconsin's positive test rate has gone from 9% to 11%. Our new case rate has gone from 38 to 60 per day. And the infection rate has gone for 0.92 to 1.14, which is a 24% increase. If you look at the charts on the Covid Act Now website our statistics are in the high, critical, and medium (but just barely below the high), respectively. The team has concerns about moving to in-person meetings, indoor, with the statistics still being so elevated.

In addition, Gov Evers issued Executive Order #94 that states all individuals should "avoid gatherings of any size between individuals who are not members of the same living unit or household, to the extent possible." This order is in effect until 20 Jan.

The team will continue to monitor the numbers and prepare a revised Phase 1 Plan for NHQ approval, that permits indoor, in-person activities. We don't have any timeframe for moving to Phase 1, at this time, but will continue to keep you updated. I do need each unit commander or other staff to take a serious look at your meeting locations; look to see how you can meet in-person, while still meeting social distancing guidelines. You will also need to continue to use face coverings, sanitizing, and temperature checks.

Thank you to everyone for all the hard work with our CoVID missions, improving your training, and participating in CAP virtual events. I know we will get back to in-person events eventually. If you would like me or one of my staff to join you during a "meeting," please don't hesitate to ask one of us.

Please stay safe.

Col Denese Helgeland, CAP
Wisconsin Wing Commander

Requirements for All Units Regarding Meeting Activities During Phase 1

From: WIWG/CV

Prepared by: WIWG/CP

Date: 26 Jan 2021

The following guidance applies to all units in some form (Senior Squadrons are addressed in section #7)

1. Cadet and Composite Unit In-Person Meeting Requirements during Phase 1.

Wisconsin Wing is preparing to remobilize our operations and re-enter Phase 1 of the COVID-19 Remobilization Plan. During Phase 1, units may:

- a. Hold up to two cadet meetings per week. A third, senior member only meeting, is allowed and may occur entirely inside. Enhanced distancing is suggested for senior member only meetings.
- b. Meetings may have no more than 10 people per meeting. CPPT requirements still apply, which means meetings must have two senior members present.
- c. Guests and visitors are not allowed. See below for guidance on handling prospective member visits.
- d. All personnel must “double mask”. Double masking requires wearing a surgical mask closest to the face and then a cloth mask over that.
- e. Personnel must remain physically distanced. This means at least six feet between personnel.
- f. Handwashing or sanitizing stations must be available.
- g. Temperature checks must be done upon arrival and anyone with a temperature above 100.4 must be sent home.
- h. Members must self-report if they are feeling ill, have been exposed to anyone in the past 14 days who is COVID-19 positive, or suspect that they have been exposed to someone with COVID-19 in the past 14 days.
- i. Due to winter weather, meetings do not need to be exclusively conducted outdoors. Instead, units will conduct meetings that alternate outdoors and indoors.
 - 1) The preferred approach is a 90-minute meeting where members meet outdoors for 30 minutes, indoors for 30 minutes, and the outdoors for 30 minutes.
 - 2) It is possible to modify the time structure if no more than 30 minutes is spent indoors.
 - 3) See Attachment A for possible meeting schedules.

2. Cadet and Composite In-Person Meeting Suggestions. The following are recommendations regarding meetings:

- a. Examples of things **to avoid**:

- 1) Rocket building
- 2) Knot tying
- 3) Close quarter drill (standard interval)
- 4) Uniform inspections
- 5) Other activities that require hands-on help at close distances.

b. Examples of possible activities:

- 1) Constructing paper airplanes and testing flight
- 2) Goddard rockets
- 3) Trail walks to identify hazardous plants, wildlife, shelter areas, and build individual shelters (Emergency Services related).
- 4) Skygazing with smartphones and astronomy apps
- 5) Drill & Ceremonies
- 6) Cloud identification training
- 7) STEM Kits (be sure to sanitize kit equipment between cadets using it)
- 8) Small group activities such as helping at food banks, serving at food drives, etc.
- 9) Basic drill where flight members are at least six feet apart and the flight commander is at least six feet from the flight. A guide on how to conduct distanced drill can be seen here:
<https://www.youtube.com/watch?v=dWlwpHgFphI>
- 10) Radio communications using handheld radios (disinfect radios before and after use).
- 11) **Please make every effort to have the indoor time periods be engaging, active events (i.e. not a Powerpoint deck). We want to welcome our cadets back into an active, fun, but safe environment.**

3. **Virtual Meeting Suggestions.** While meetings are limited to 10 people or less, continuing to hold virtual meetings is an important component in maintaining a healthy squadron. Here are some recommendations for virtual meetings:

- a. Guest speakers (think big... they can be from anywhere!)
- b. Character Development
- c. Virtual tours of air and space museums from around the world
- d. Jeopardy and other knowledge games
- e. Leadership classes with breakout discussions
- f. Cadet speeches and presentations

4. **Cadet/Composite Unit Additional Resources.** WIWG/CP will be coordinating and publishing a list of Character Development sessions that are available to cadets wing wide. These will be unit-based CD sessions that instructors are opening to cadets from any unit. This is designed to help relieve instructional load on Cadet Programs personnel.

5. **Prospective Cadet Member Visits/Training.** The hope is that conditions will continue to improve and that we will be able to progress into Phase 2 soon. This means that now is a good time to begin onboarding new cadets and completing their Achievement 1 training, so that when Phase 2 meetings begin, these new cadets can participate. The following is a recommend sequence for onboarding new cadets during Phase 1:
 - a. Step 1. Meet with the prospective cadet and parent(s) virtually. This counts as one of the three required visits before membership.
 - b. Step 2. Set up two additional virtual training sessions to work through the Achievement 1 materials. Focus on academic material and not on drill, reporting, and items that work best with in-person instruction. These sessions need to be engaging and not just Powerpoint decks. There are many online tools such as Cahoots, quizzes, and videos that members have made.
 - c. Step 3. At the third virtual session, the prospective cadet has met the three-visit requirement and you may transmit their online application to NHQ.
 - d. Step 4. As soon as is practical, have them attend a Phase 1 in-person meeting for uniform issuance, drill instruction, and other in-person education.
 - e. Note that this process works best with small groups of prospective cadets, but units should do whatever they can to accommodate and welcome new members.
6. **Cadet / Composite Unit Staffing Considerations.** Unit Commanders should be cognizant that holding two in-person cadet meetings plus a virtual cadet meeting each week will put additional stress and demands on Cadet Programs personnel. Units will likely need to muster additional senior staff support to make these meetings happen without burning out Cadet Programs personnel. At least until we reach Phase 2 and larger numbers of cadets can be trained at one time.
7. **Senior Squadron Meeting Requirements:**
 - a. Hold up to two meetings per week.
 - b. Maximum of 10 members per meetings.
 - c. Outdoor locations are strongly encouraged, but indoor meetings may be held. If held indoors, maximize airflow in the building by opening doors, windows, etc.
 - d. One hour meeting time limit.
 - e. All members must be masked at a all times. "Double masking" is highly recommended.
 - f. Physical distancing of at least six feet between attendees.
 - g. Handwashing and sanitizing stations must be available.
 - h. Temperature checks must be performed upon arrival. Anyone with a temperature above 100.4 must go home. Members may also check their own

temperatures prior to leaving their house. If over 100.4 degrees they must not report to the meeting.

- i. Members must self-report if they are feeling ill, have been exposed to anyone in the past 14 days who is COVID-19 positive, or suspect that they have been exposed to someone with COVID-19 in the past 14 days.

Attachment A – Possible Meeting Schedules:

These meeting examples assume an 1830 hours start time. Units should modify times as fits their schedule.

Example 1:

1830-1900: Temperature checks and assessment, Opening formation, Distanced Drill.

1900-1930: Leadership exercise indoors

1930-2000: Distanced drill, Closing Formation.

Example 2:

1830-1840: Temperature checks and assessment, Opening formation and announcements

1840-1855: Introduction to leadership/aerospace activity. This is done indoors.

1855-1925: Activity is done outdoors.

1925-1940: Synthesis/Discussion of activity is done indoors.

1940-2000: Distanced drill, Closing formation.

Example 3:

1830-1900: Temperature checks and assessment, Introduction to night's activity

1900-2000: Outdoor activity, Closing Formation.

LETTER OF INFORMATION FOR: Members and Families of Wisconsin Wing

FROM: Wisconsin Wing Commander and (Squadron Commander)

SUBJECT: Wisconsin Wing COVID-19 Reopening Plan

First, we would like to thank all of you for your patience and understanding of the safety precautions we must take, and we hope that you and your families are well at this time. As always, the safety of our members and volunteers is our top priority.

As Wisconsin Wing prepares for our second round of reopening, Civil Air Patrol National Headquarters has set criteria for a three-phase reopening process. This process is dependent on our state meeting certain public health conditions. Wisconsin Wing is utilizing the COVID-19 public health data dashboard contained in the <insert COVID Act Now or Badger Bounce Back Plan> website to determine whether to restart in-person meetings and activities.

During Phase 1 of Wisconsin Wing's remobilization, we will be observing the following restrictions:

- No activities or meetings where more than 10 CAP members are present in one place.
- No guests may attend any events or meetings.
- Members must "double mask" which means wearing a surgical mask closest to the face and then a cloth mask over that. Cloth masks should be black, dark blue, or another conservative color.
- Members will receive a temperature check before entering any training space (building, park, etc). Anyone with a temperature above 100.4 degrees will be sent home.
- All members will remain six feet apart during meetings/activities.
- Meeting areas will be disinfected before and after each meeting.
- Members will be asked about any flu or virus-related symptoms prior to arrival at a meeting. If a member shows any symptoms, he or she will be directed not to attend the meeting for the safety of themselves and others.

As you may remember, we attempted to reopen back in August of last year. We were able to reopen for a few weeks until COVID-19 data became worse again and we had to revert to Phase 0. Our hope is that this time the COVID-19 data will continue to improve, and we will be able to continue our reopening process.

We are taking the remobilization of our wing slowly and we ask for your understanding. As always, the safety and health of your cadet is our highest priority. If you, as a parent, decide to withhold your cadet from meetings due to COVID-19 we understand, and they will be invited to continue participating virtually. We look forward to the day when we can completely reopen CAP and welcome everyone back to their units.

<local squadron information and directives inserted here>

How to Protect Yourself and Others

Print Resources Web Page: <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html>

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



- **Avoid close contact** with people who are sick.
- **Stay at home as much as possible.**
- **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.



EMERGENCY ORDER #1

Relating to Stopping the Spread of a New Highly Contagious Variant of COVID-19 by Requiring Face Coverings

WHEREAS, on January 12, 2021, Wisconsin identified its first case of the new COVID-19 variant, which is considered to be significantly more contagious than the prior strains;

WHEREAS, this new highly contagious variant poses a significant risk to our healthcare system and healthcare workers and their ability to treat people in need of care;

WHEREAS, while approximately 3.6 percent of the State's population has been vaccinated for COVID-19, it will take time to vaccinate those most at risk of severe complications from contracting COVID-19;

WHEREAS, to protect and save lives, we must use every tool available to slow the spread of COVID-19, including limiting in-person gatherings, diligently washing hands, practicing physical distancing, and wearing a face covering when around people from outside your household;

WHEREAS, as Chief Justice John Roberts has explained, "[o]ur Constitution principally entrusts '[t]he safety and the health of the people' to the politically accountable officials of the States 'to guard and protect.'" *S. Bay United Pentecostal Church v. Newsom*, 140 S. Ct. 1613, (Mem)-1614 (2020) (quoting *Jacobson v. Massachusetts*, 197 U.S. 11, 38 (1905));

WHEREAS, Section 323.12(4)(b) of the Wisconsin Statutes authorizes the Governor to issue "such orders as he or she deems necessary for the security of persons and property" during an emergency; and

WHEREAS, based on input from state and local public health officials, medical professionals, and hospitals, I have determined that a statewide face covering requirement is necessary for the security of persons by reducing the unsustainable burden COVID-19 is causing on Wisconsin's hospitals and health care professionals.

NOW, THEREFORE, I, TONY EVERS, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and the laws of this state, and specifically Section 323.12 of the Wisconsin Statutes, hereby order the following:

1. DEFINITIONS.

- a. "Enclosed space" means a confined space open to the public where individuals congregate, including but not limited to outdoor bars, outdoor restaurants, taxis, public transit, ride-share vehicles, and outdoor park structures.

- b. “Face covering” means a piece of cloth or other material that is worn to cover the nose and mouth completely. A “face covering” includes but is not limited to a bandana, a cloth face mask, a disposable or paper mask, a neck gaiter, or a religious face covering. A “face covering” does not include face shields, mesh masks, masks with holes or openings, or masks with vents.
- c. “Physical distancing” means maintaining at least six feet of distance from other individuals who are not members of your household or living unit.

2. FACE COVERING REQUIRED. Every individual, age five and older, in Wisconsin shall wear a face covering if both of the following apply:

- a. The individual is indoors or in an enclosed space, other than at a private residence; and;
- b. Another person or persons who are not members of individual’s household or living unit are present in the same room or enclosed space.

Face coverings are strongly recommended in all other settings, including outdoors when it is not possible to maintain physical distancing.

3. EXCEPTIONS.

- a. Individuals who are otherwise required to wear a face covering may remove the face covering in the following situations:
 - i. While eating or drinking.
 - ii. When communicating with an individual who is deaf or hard of hearing and communication cannot be achieved through other means.
 - iii. While obtaining a service that requires the temporary removal of the face covering, such as dental services.
 - iv. While sleeping.
 - v. While swimming or on duty as a lifeguard.
 - vi. While a single individual is giving a religious, political, media, educational, artistic, cultural, musical, or theatrical presentation for an audience, the single speaker may remove the face covering when actively speaking. While the face covering is removed, the speaker must remain at least 6 feet away from all other individuals at all times.
 - vii. When engaging in work where wearing a face covering would create a risk to the individual, as determined by government safety guidelines.
 - viii. When necessary to confirm the individual’s identity, including when entering a bank, credit union, or other financial institution.
 - ix. When federal or state law or regulations prohibit wearing a face covering.
- b. In accordance with [CDC guidance](#), the following individuals are exempt from the face covering requirement in Section 2:

- i. Children between the ages of 2 and 5 are encouraged to wear a mask when physical distancing is not possible. The CDC does not recommend masks for children under the age of 2.
- ii. Individuals who have trouble breathing.
- iii. Individuals who are unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.
- iv. Individuals with medical conditions, intellectual or developmental disabilities, mental health conditions, or other sensory sensitivities that prevent the individual from wearing a face covering.
- v. Incarcerated individuals. The Wisconsin Department of Corrections shall continue to comply with COVID-19 protocols to ensure the health and safety of its staff and individuals in its care. Local governments are strongly encouraged to continue or create COVID-19 protocols to ensure the health and safety of their staff and individuals in their care.

4. LEGISLATURE AND JUDICIARY. State facilities or offices under the control of the Wisconsin State Legislature or the Wisconsin Supreme Court are exempt from this Order. The Wisconsin State Legislature and the Wisconsin Supreme Court may establish guidelines for face coverings that are consistent with the specific needs of their respective branches of government.

5. PRESERVATION OF MEDICAL SUPPLIES. To conserve limited supplies of N95 masks and other medical-grade supplies, individuals are discouraged from using such supplies as face coverings.

6. LOCAL ORDERS. This Order supersedes any local order that is less restrictive. Local governments may issue orders more restrictive than this Order.

7. ENFORCEMENT. This order is enforceable by civil forfeiture of not more than \$200. Wis. Stat. § 323.28.

8. SEVERABILITY. If any provision of this Order or its application to any person or circumstances is held to be invalid, the remainder of the Order, including the application of such part or provision to other individuals or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

9. DURATION. This Order shall enter into effect immediately. This Order shall expire on March 20, 2021, or by a subsequent superseding emergency order.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great seal of the State of Wisconsin to be affixed. Done at the Executive Residence in the Village of Maple Bluff this nineteenth day of January in the year of two thousand twenty-one.

TONY EVERS
Governor



EXECUTIVE ORDER #104

Relating to Declaring a State of Emergency and Public Health Emergency

WHEREAS, COVID-19 is spreading quickly throughout the general population, with more than 500,000 Wisconsinites having tested positive and 66 out of 72 counties having a very high disease activity level or greater;

WHEREAS, compounding the problem, on January 12, 2021, Wisconsin identified the first case of the new COVID-19 variant, which is considered to be significantly more contagious than the prior strains;

WHEREAS, this new highly contagious variant comes at a time when our healthcare system is already under great strain and our healthcare workers are exhausted;

WHEREAS, in addition to causing the tragic loss of more than 5,470 Wisconsinites to date, the rapid spread of COVID-19 places an enormous strain on Wisconsin's healthcare system, with 84 percent of all hospital beds occupied throughout the state and more than 800 patients hospitalized with a COVID-19 diagnosis and more than 200 of those patients in intensive care units;

WHEREAS, COVID-19 is also placing a strain on hospitals by causing critical staffing shortages, with the State of Wisconsin and the Federal Emergency Management Agency providing emergency staffing assistance to ensure that care can continue to be provided to patients;

WHEREAS, the constraints on our healthcare system result in healthcare providers deferring treatment for non-COVID-19 conditions, which can put these patients at risk and yield higher long-term healthcare costs;

WHEREAS, on December 11, 2020, the U.S. Food and Drug Administration (FDA) issued an emergency use authorization for the Pfizer-BioNTech COVID-19 Vaccine to be distributed in the United States;

WHEREAS, on December 18, 2020, the FDA issued an emergency use authorization for the Moderna COVID-19 Vaccine to be distributed in the United States;

WHEREAS, the approval of these vaccines marked the beginning of the largest vaccination campaign in the history of the United States;

WHEREAS, the State of Wisconsin and its local health care partners are currently administering the vaccines to frontline healthcare workers and residents of long-term care facilities and, in the near future, to at-risk individuals;

WHEREAS, as of January 19, 2021, 248,185 doses have been administered to Wisconsinites, which comprises approximately 3.6 percent of the State's population;

WHEREAS, according to Bloomberg, Wisconsin is 16th in the Nation in percentage of allocated doses administered;

WHEREAS, despite the promise and hope that these vaccines provide, it will take time to vaccinate those most at risk of severe complications from contracting COVID-19;

WHEREAS, the federal government's delays in distributing these vaccines have slowed the progress in getting more people protected from the deadly virus; however, once additional vaccines are made available from the federal government, the more than 1,200 eligible vaccinators across the state will be ready to administer the increased supply;

WHEREAS, however, the majority of Wisconsinites are not yet vaccinated, making it more critical than ever that Wisconsinites continue to do everything they can to stop the spread of COVID-19, including: staying at home as much as possible; wearing a face covering whenever they are indoors with people who are not part of their household; staying at least six feet away from other people when they leave home, and washing their hands frequently;

WHEREAS, mitigation measures are critical to ensure that our healthcare system is not overwhelmed, which would impact *all* Wisconsinites in *every* part of the State who need any type of medical care; and

WHEREAS, to protect the life and wellbeing of Wisconsinites, Wisconsin must take additional actions to ensure Wisconsinites have access to health care.

NOW, THEREFORE, I, TONY EVERS, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and laws of this state, and specifically by Sections 321.39, 323.10, 323.12, and 323.13 of the Wisconsin Statutes, hereby:

1. Determine that a disaster threatening and negatively impacting the life and health of Wisconsinites exists pursuant to Sections 323.10 and 323.02(6) of the Wisconsin Statutes.
2. Proclaim that a public health emergency, as defined in Section 323.02(16) of the Wisconsin Statutes, exists for the State of Wisconsin.
3. Designate the Department of Health Services as the lead agency to respond to the public health emergency and direct the Department to take all necessary and appropriate measures to address this public health emergency.
4. Authorize the Adjutant General to activate the Wisconsin National Guard as necessary and appropriate to assist in the State's response to the public health emergency.
5. Direct all state agencies to assist as appropriate in the State's ongoing response to the public health emergency.
6. Pursuant to Section 323.10 of the Wisconsin Statutes, this State of Emergency from this Public Health Emergency shall remain in effect for 60 days, or until it is revoked by the Governor or by joint resolution of the Wisconsin State Legislature.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great seal of the State of Wisconsin to be affixed. Done at the Executive Residence in the Village of Maple Bluff in the City of Madison this nineteenth day of January in the year of two thousand twenty-one.

TONY EVERS
Governor

By the Governor:

DOUGLAS LA FOLLETTE
Secretary of State