Illinois Wing Activity Request Supplement

CoVID Risk Assessment and Checklist Remobilization Phase I



This form and <u>CAPF 160S</u> will be submitted for unit activities outside the scope of regularly-scheduled unit meetings, day activities, field trips, ES training, or those in the scope of ILWG's CoVID Remobilization Plan in its various phases (I, II and III).

The Unit Commander, Activity Director, or Incident Commander is ultimately responsible for the health and safety preparation and mitigation steps prior to and during the proposed activity.

Name of Activity: Click or tap here to enter text.
Unit (charter and name): Click or tap here to enter text. Date of Activity: Click or tap to enter a date.
Commander / Director / IC: Click or tap here to enter text.
☐ <u>CAPF 160S – Realtime Risk Assessment Worksheet</u> completed. Date: Click or tap to enter a date.
☐ Coronavirus Risk Assessment (attached) completed. Date: Click or tap to enter a date.
□ Participation has been limited to <i>NO MORE THAN 25</i> members indoors (or ≤ 50 outdoors).
☐ At least one Safety Officer(SO)/Medical Officer(MO)/Health Services Officer (HSO) for each 9 participants
Name(s) of SO/MO/HSO. (One may be Commander): a. Click or tap here to enter text.
☐ Commander (or designee) and SO/MO/HSO have completed ILWG Temperature-Checking instruction
□ Provisions have been made for a member Temperature-Checking Station prior to entry to meeting/activity location/facility. (consider multiple stations for larger gatherings in Phase II and Phase III).
☐ Provisions have been made for a touchless thermometer on-site (incl. spare batteries)
☐ Provisions have been made to have spare masks for participants that arrive without.
☐ Provisions have been made for positive activity roster control. Temperature pass/fail will be logged.
Participants will be briefed PRIOR to arrival:
□ ALL participants will be temperature-checked; □ to wear approved face-coverings,
☐ <i>STAY HOME IF SICK</i> ; ☐ ILWG "At Risk Members" Document shared
☐ Activity MAY be cancelled/postponed if CoVID case statistics force ILWG back into Phase Zero.
☐ Go/No-Go Date: Click or tap to enter a date.
☐ Provisions have been made to make positive contact with EACH participant if activity status changes
SAFETY BRIEFING ADDRESSING COVID-SPREAD PREVENTION BEST-PRACTICES MUST BE INCLUDED AT THE START OF ALL ACTIVITIES.

(rev 1Feb22)



Civil Air Patrol Guideline for Gatherings Coronavirus Risk Assessment

Directions: Commanders, Activity Directors, and Incident Commanders (ICs) should perform an initial and routine Coronavirus (COVID-19) risk assessment for gatherings (e.g., meetings, training events, operational missions or conferences) with their safety and health services team. While this guideline provides a generalized risk assessment, each item does not have a weight and leaders must use this tool in concert with the CAPF 160 Deliberate Risk Assessment Worksheet for the activity or Operations Plan and Incident Action Plan for Missions. As a reminder, for most in the U.S., the immediate risk is thought to be low, per the U.S. Centers for Disease Control and Prevention (CDC). This Guideline will expire on April 15, 2020 because of the evolving situation.

1				N	
Lower Risk Likelihood			Hig	her Risk Likelihood	
1					
RISK #1 SURFACE CLEANIE	NG: Can routine environ	mental cleaning of freque	ently touched surfaces h	e assured by using	
RISK #1 SURFACE CLEANING: Can routine environmental cleaning of frequently touched surfaces be assured by using CDC guidance https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html ?					
Mitigation Strategy – Leaders should prioritize environmental cleaning/sanitation with EPA approved cleansers on					
commonly touched surfaces to reduce COVID-19 transmission. https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf					
Continuous cleaning	Cleaning > twice	Cleaning twice per day	Cleaning once per day	No	
oonen a da di daniin.	per day	cidating times per day	crossining arrive per day	13.50	
	Control Institute				
RISK #2 SANITATION: Will there be sufficient hand washing stations for participants, hand sanitizer, hand washing					
facilities for food service workers, planned breaks for hand washing, facial tissues, and several surgical or dust masks					
(only to be used if someor	ne becomes ill to cover t	heir cough droplets) avai	lable for the full task per	iod as well as	
opportunity planned in the schedule to wash hands or use hand sanitizer? Lastly, will there be ≤10 people present?					
Mitigation Strategy – Leaders should procure or direct members to procure soap, water and alcohol-based hand rubs					
and ensure adequate supp	olies are maintained. CD	C recommends hand sani	itizer and sanitizing wipe	s in commonly used	
areas to encourage hand h	nygiene.				
Yes				No	
RISK #3 OPT OUT FOR ILLNESS: Will all attendees be instructed that they may not attend WITHOUT REPERCUSSION, if:					
feverish, coughing, or having difficulty breathing and turned away from the meeting if they arrive ill?					
Mitigation Strategy – Leaders should ensure that attendees will be directly advised not to attend if they have any					
symptoms consistent with an infectious disease. Direct phone is preferred because symptoms of illness may be more					
easily identified during a conversation.					
Yes, advised via phone		Yes, advised via email		No	
RISK #4 OBSERVING FOR SYMPTOMS: Will there be one health services officer or designee to instruct and observe for					
every 9 people attending?:					
- Attendees to avoid contact closer than 6-feet with anyone who is ill and properly wash their hands;					
- Instruct attendees to self-observe for signs of illness, use cough etiquette, and refrain from touching their face;					
 Supervise or perform environmental cleaning and; Observe and report to the local Commander any attendee who has signs of illness 					
Mitigation Strategy – Leaders should ensure that health reminders are regularly briefed to all attendees					
Yes, 1:9 ratio achieved	- Suders stroute crisure t	nac nearth reminders are	Topaidity briefed to all a	No	
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27 March 2020 v1.1



Civil Air Patrol Guideline for Gatherings Coronavirus Risk Assessment

RISK #5 MORE SEVERE RISK FOR SOME: Will there be attendees who are older adults (commonly defined as <u>></u>65 years of age) or those with serious chronic medical needs such as heart conditions, lung conditions, or diabetes at the gathering?

*Mitigation Strategy — Per U.S. CDC, early information shows that older adults or those with serious chronic medical conditions appear to be at higher risk of becoming seriously ill. They should take everyday steps to keep space between themselves and others, keep away from others who are sick, limit close contact, wash hands often, avoid crowds as much as possible, avoid non-essential commercial air travel, and if there is an outbreak in the community, stay home as much as possible to reduce the risk of exposure. https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

As a reminder, no one may discriminate based on age, physical or mental disability, or other protected classes. Instead, work with the member to find a satisfactory position that provides reasonable risk reduction by using the mitigation strategy above*.

No	Yes, but using	Yes
	strategy above*	

MANAGEMENT AND ACCEPTENCE OF RISK: In the context of the five risks (surface cleaning, human sanitation, opt out for illness, observing for symptoms, and more severe illness for some), what is the criticality of the planned task? — Mission essential tasks or essential tasks are prioritized.

Mitigation Strategy – Once leaders determine the overall exposure risks and the increased severity for any elderly or predisposed people who may attend based on activity applications or general knowledge of unit personnel, they should look at the overall need for the gathering or mission. If it is a routine meeting or gathering which is not an emergency or critical to an Air Force assigned mission, then consideration should be given to cancelling the gathering or finding a way to facilitate a virtual meeting or some other method of information exchange.

Health information available to leaders may be limited, but that is ok. It is not necessary or appropriate to ask members to provide detailed health information beyond that already required in health services regulations, <u>CAPR 160-1(I)</u>. Discretion and judgment should be used to make decisions with what is available.

27 March 2020 v1.1