

## ILWG CoVID-19 Remobilization Briefing



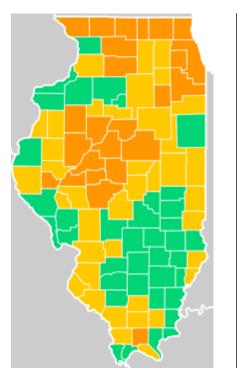
IL Wing Staff Meeting – 9 Jul 22



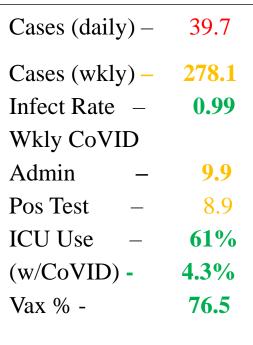
## IL CoVID Stat Trending (www.covidactnow.org/il)

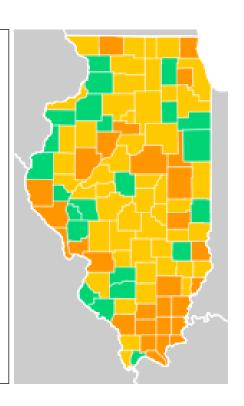


#### 8 Jun 22



#### 9 Jul 22





Cases (dail	y) –	29.4
Cases (wkl	y) –	206.1
Infect Rate	: <u> </u>	1.02
Wkly CoV	ID	
Admin	_	11.5
Pos Test	_	12.1
ICU Use	_	61%
(w/CoVID)	) -	4.4%
Vax % -		<b>76.4</b>



### IL CoVID Stat Trending (www.covidactnow.org/il)



WEEKLY NEW REPORTED CASES

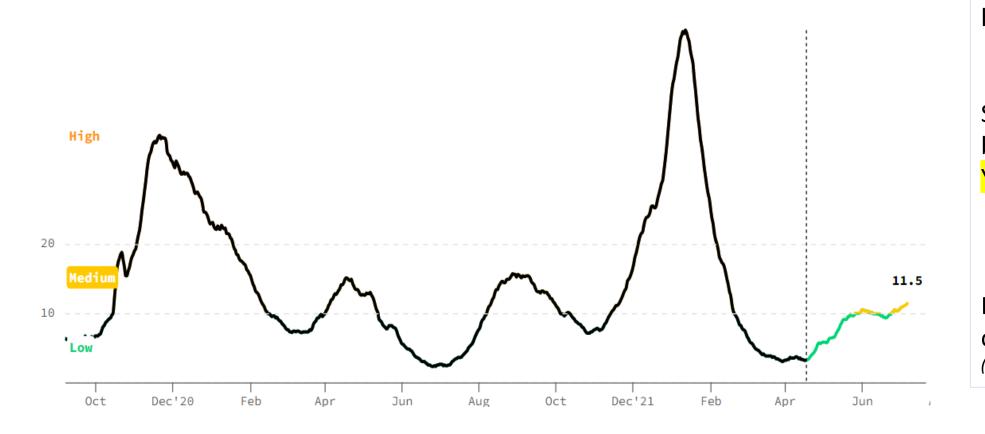
WEEKLY COVID ADMISSIONS

PATIENTS W/ COVID

• 206.0 PER 100K

• **11.5** PER 100K

• 4.4% OF ALL BEDS



A community turns

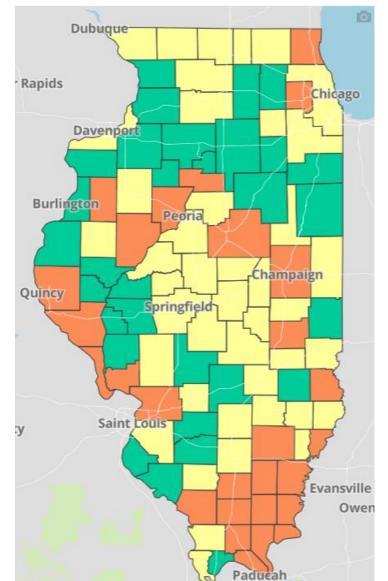
ORANGE when

Admissions are 10.0 or higher.

State alternated between **ORANGE** and **YELLOW** <u>5x</u> 29 May – 10 Jul

Leaders must monitor county-level status (next slide)





### Don't Forget!!



Masking is OPTIONAL in GREEN and YELLOW Counties.

We mask-up during indoor assemblies in ORANGE counties.

Commanders, Activity Directors and Incident Commanders are to reference this map before **EVERY** meeting/activity to determine masking requirements



#### Risk Assessment and IAP Process (still req'd)



Illinois Wing Activity Request Supplement

### CoVID Risk Assessment and Checklist Remobilization Phase III



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 Phase 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.	Est # of participants:
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.	
☐ CDC Community Level Map is reviewed for current CoV	ID risk level in the activity location
(source: https://www.cdc.gov/coronavirus/2019-ncov/you	r-health/covid-by-county.html)
☐ <u>CAPF 160S – Realtime Risk Assessment Worksheet</u> comp	pleted. Date: Click or tap to enter a date.
☐ Coronavirus Risk Assessment (attached) completed. Date	: Click or tap to enter a date.
At least one Safety Officer(SO)/Medical Officer(MO)/Hes	alth Services Officer (HSO) for each 9 participant

CAPF 160S - REAL TIME RISK ASSESSMENT WORKSHEET										
(This form may be used for smaller events or activities when full deliberate risk management. ACTIVITY					2. DATE					
3. PREPARED BY										
a. Name (Last, First) b. Ran				b. Rank	c. Duty/Position					
d. Unit e. Email			f	f. Phone						
4. SUB- ACTIVITY or SPECIFIC TASK	51 111 125 1110		TIAL .EVEL	7. RISK CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL				
		-	٠		How:	- *				
		-	•		How:	- *				
		-	·		How: Who:	-				
					House					

- Required for ALL activities outside regularly-scheduled unit meetings and/or away from published unit meeting location. Includes checking the CDC Community-Level Map for EVERY activity
- Included in the Safety Plan in all Incident Action Plans (IAP) for every in-person mission.



# Summer Encampment

Encampment leadership, to include Safety and Health Services, meets routinely to review current CoVID stats and formulate risk mitigation strategies

Under our current CoVID conditions, provisions are being made for:

- Masking while indoors
- Break-Out Activity Cohorts
- Overnight accommodations
- Temperature-Checking
- On-Site Testing Kits





# **QUESTIONS**

IL Wing Staff Meeting – 9 Jul 22

