

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 March 25, 2020 because of the evolving situation.

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	Lower Risk Likelihood	Higher Risk Likelihood
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RISK #1 TRANSMISSION AREAS: Is there local person-to-person transmission for COVID-19 reported in the gathering area or will attendees be originating from, or travelling through a COVID-19 area? Is there influenza in the area?

Mitigation Strategy — Leaders must pay special attention to the state, local, tribal, or territorial levels of COVID-19 confirmed cases at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html for U.S. cases, or https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html for the global cases map. Note: local guidance may not be on the CDC website, so remain engaged locally.

None from COVID-19 area

Transiting area on Land
COVID area

Yes

RISK #2 SURFACE CLEANING: Can routine environmental cleaning of frequently touched surfaces be assured at the gathering?

<u>Mitigation Strategy</u> – 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 per day Cleaning twice per day Cleaning once per day No

RISK #3 HUMAN CLEANING: Will there be sufficient hand washing stations for participants, hand sanitizer, hand washing facilities for food service workers, facial tissues, and several surgical or dust masks (only to be used if someone becomes ill to cover their cough droplets) available for the full task period as well as opportunity planned in the schedule to wash hands or use hand sanitizer?

<u>Mitigation Strategy</u> – Leaders should procure or direct members to procure soap, water and alcohol-based hand rubs and ensure adequate supplies are maintained. CDC recommends hand sanitizer and sanitizing wipes in commonly used areas to encourage hand hygiene.

Yes No

RISK #4 OPT OUT FOR ILLNESS: Will all attendees be <u>instructed that they may not attend **WITHOUT REPERCUSSION**</u>, if: feverish, coughing, or having difficulty breathing and turned away from the meeting if they arrive ill?

<u>Mitigation Strategy</u> – 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
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RISK #5 OBSERVING FOR SYMPTOMS: Will there be one health services officer or designee to instruct and observe for every 20 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 to reduce risk.

			
Yes, 1:20 ratio achieved	Yes, but 1:	:30 ratio	No

RISK #6 MORE SEVERE RISK FOR SOME: Will there be attendees who are older adults (commonly defined as >60 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, using mitigation	Yes
	strategy above*	

MANAGEMENT AND ACCEPTENCE OF RISK: In the context of the six risks (transmission areas, surface cleaning, human cleaning, opt out for illness, observing for symptoms, and more severe illness for some), what is the criticality of the planned task? – Mission essential tasks and preparedness 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.

		
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