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11 Jun 20

MEMORANDUM FOR ALASKA WING MEMBERS

FROM: AKWG/CC

SUBJECT: COVID-19 Remobilization Operations Plan (Phase 2)

1. Participants: All AKWG units for the period directed by the AKWG/CC.
2. Situation: Pandemic Threat
 - a. Federal, state and local governments continue to enact proactive steps that slow the spread of the disease, while carefully balancing other considerations for easing restrictions.
 - b. The potential for disease resurgence and breakouts will likely necessitate the need to implement further restrictions or retrograde to earlier phases.
3. CAP Organizations and Government Partners
 - a. HQ CAP Mission: AKWG was approved for Phase 1 COVID-19 Remobilization on 6 June 2020 and is now moving into Phase 2 IAW CAP, Federal, State of Alaska and local guidance.
 - b. State and local governments: On 22 May 2020, the State of Alaska lifted restrictions on businesses and moved into Phase 3/4 of recovery.
4. Mission - On order, Alaska Wing will transition to "Phase 2" operations at the local level in order to deliberately and incrementally increase operating capacity on the way to resuming normal operations and fulfilling our three congressionally-chartered missions. Alaska Wing squadrons are the main effort and wing staff are in support.
5. Execution
 - a. Commander's Intent - Execute disciplined initiative at the squadron level, in alignment with federal, state, and local orders, to resume Phase 2 meetings, training, and activities for low-risk personnel while mitigating the risk of COVID-19 transmission to the maximum practical extent.
 - b. Commander's Critical Incident Reports (CCIRs):
 - i. Any Alaska Wing CAP member tests positive for COVID-19.
 - ii. Any Alaska Wing CAP members are exposed to COVID-19 while performing CAP duties or attending a CAP activity.

- iii. The hospitalization of an Alaska Wing CAP member as a result of COVID-19.
- iv. Death of any Alaska Wing CAP member of known or suspected COVID-19 infection.
- c. End State: Phase 2 activities are on-going with minimal COVID-19 transmission risk to CAP members and the wing is postured for Phase 3 transition once CAP orders allow.

6. Concept of Operation

a. Implementation of Phase 2: Select low-risk staff, activities involving less than 50 personnel with no overnight activities.

i. In accordance with HQ CAP "Re-mobilization of the Membership" planning tools, Alaska Wing units and staff are authorized to conduct meetings of eight hours or less for low risk personnel. Self-identified low-risk category members may return to meetings as long as groups are less than 50, social distancing and wearing cloth face covering are in effect, hygiene/health status checks through temperature checks and questions are performed, and public health reminders are in place. Overnight activities will not be permitted until Phase 3 implementation. Meanwhile wing members can begin planning in anticipation future entry into Phase 3.

ii. Mission-essential aircrew procedures published in the AKWG/COVID 19 Operations Memo dated 27 Mar 2020 remain in effect. Members who are assigned to support specific missions (as opposed to exercise or training activities) should refer to the mission-specific information in WMIRS and briefed by their tasking authority (CAP IC or appropriate mission staff). In all cases, all crew members will wear face coverings if unable to maintain social distancing guidelines and disinfect the aircraft between sorties. Allowed flight activities now include: all pilot proficiency flights, flight evaluations, small-group local crew training, crew proficiency, dual instruction and CAP cadet orientation flights (assuming all members are low-risk and all flights are in low-risk areas).

b. Support agencies: Wing staff will provide support to squadrons as appropriate, including planning, coordinating and executing intra-squadron flight, AE, ES and encampment training activities with less than 50 members present. State and local COVID-19 restrictions will be continuously monitored for status changes affecting local operations.

7. Tasks

a. Squadron commanders will approve all unit activities and meetings involving more than 2 CAP members and less than 50 members at least 48 hours in advance.

b. Units will maintain attendance records for all approved activities for a minimum of 6 months to facilitate contact tracing, if required.

c. One-on-one activities (both ground and flight) and single pilot flight operations are allowed without explicit squadron commander approval.

d. Members will follow the HQ CAP guidelines for PPE wear, social distancing, cleaning, temperature and hygiene monitoring, etc., at all times.

e. Any CAP member will immediately notify AKWG/CC of any CCIR within 2 hours.

8. Administration and Logistics - None

9. Command and Signal

a. Signal

i. The Alaska Wing command and key staff will meet weekly via GoToMeeting (normally Mondays at 0900) to assess wing operations and changes to state and local restrictions.

ii. Squadron Commanders are welcome to listen in on the weekly calls, and are expected to attend the regularly scheduled Command & Staff meeting each month.

iii. CCIRs will be reported via phone call to Colonel Kevin McClure 907-301-8122.

b. Command

i. The normal chain of command and reporting procedures are in effect.

ii. The AKWG Remobilization Planning Team (RPT) remains on call to continually assess the situation and recommend phase changes to the command staff. In addition, the RPT is responsible for developing and publishing OPLANS, procedures, and briefing materials to assist squadrons and staff in messaging the remobilization. The members of the RPT remain:

AKWG/CCA (Team Lead): SMSgt Paul Goedert

AKWG/DO: Lt Col Derk MacPherson

AKWG/CP: Capt Liz Bratton

AKWG/SE: Maj Carl Siebe

AKWG/JA: Lt Col Stuart Goering

AKWG/ Health Services Officer: Maj Stephen Sammons

//signed//11 Jun 20//

KEVIN A. McCLURE, Colonel, CAP
Commander

Distribution:

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Precautions when living with those at high risk for COVID-19

Summary: Several factors have been identified that confer increased risk of poor outcomes with COVID-19. They include but are not limited to:

- Age over 65 years old
- Immune compromise
- Diabetes
- Lung disease
- Hypertension
- Heart disease

Recently the White House and others have encouraged people with the above conditions to take special precautions to avoid COVID-19 such as social distancing, telework, and other measures. The next question is often about those not at increased risk but who live with the higher risk individuals. This update discusses factors in answering those questions.

Background

As we think about COVID-19 and what the future looks like it becomes apparent that it will be many months until our new normal is determined. Perhaps a vaccine will eradicate the disease or medication will be discovered that offers a cure. Maybe the disease will fade away as immunity in the population increases and/or weather changes or mutations progress or perhaps it will settle into the background with the other colds and flus that we are used to getting on a periodic basis. The uncertainty of the future of COVID-19 is important to consider as we develop our strategies.

Currently, most countries are focusing on “flattening the curve”. That is trying to slow transmission enough so that facilities can give the best care to each individual that needs it. When the curve is not flat, but steep, health care institutions get overwhelmed and patients may die needlessly due to scarce resources such as ventilators. Even if we are successful in flattening the curve the disease will still be out there and threatening our high risk people. Transmission rates will be lower but not close to zero until one of the other outcomes above ensues.

Practically we won't be able to do the extreme social distancing indefinitely for several reasons including economic and cultural factors. Individuals who have high risk for COVID-19 may want to delay the relaxation of their own personal extreme social distancing for longer than the rest of the country. This will involve staying at home and avoiding contact with other people as much as possible, sanitizing things coming in from the outside, practicing good hand hygiene and only touching their face immediately after cleaning their hands.

As nationwide social distancing relaxes, but higher risk people continue to practice strict social distancing, managing contact between lower risk and higher risk persons will need to be considered. This is difficult because a certain small percentage of people are contagious long before they are symptomatic or are contagious even though they never get symptoms. The difficulty is compounded in family relationships. How do we continue strict social distancing in a family?

It is important to realize that despite all our efforts no reasonable method is 100% effective but we can reduce the risk significantly. It would be unwise for anyone to expect that they could eliminate the risk. Therefore, guilt if transmission occurs is misplaced. That's easy to say and rationalize, but not as easy to navigate personally. It would be good practice to talk with a behavioral health counselor about how to go about resolving these issues even before they come up.

Maintaining strict social distancing in families

Ultimately, while people at home remain at risk and other family members continue to interface with the outside world they may want to adopt transmission preventative measures such as those practiced by healthcare workers.

- Maximize telework opportunities in light of conditions at work place.
- Don't share automobiles (or wipe contact points down when transitioning if necessary).
- Don't share phones or keys or other such personal items.
- Don't share bathrooms if possible or at a minimum don't share towels and other personal hygiene items.
- When coming home for the day limit potential for bringing a contagious disease in on personal items.
 - Wipe down briefcases, bags, books or other items.
 - Undress in a garage or laundry area and immediately wash or store those clothes in an area away from others and then shower and dress in home clothes that are less likely to be contaminated.
 - Keep those areas of the house separate as much as possible.
 - Consult with a healthcare professional who is trained in sterile technique for tips on avoiding recontamination during your routine.
- Practice proper cough/sneeze etiquette
- Stay up to date on current developments in the public health area.
- Report concerning illnesses to your healthcare provider.

Each family will need to establish their own rhythm and understanding and develop expectations. Seek help early in working through normal feelings of anxiety and discouragement when living with these difficult measures. Recognize that there will be improvement in the future and that after new habits are developed they will seem second nature.

Thatcher R. Cardon, Col, USAF, MC, SFS
AFNORTH Command Surgeon

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

Are You at Higher Risk for Severe Illness?



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

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

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

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

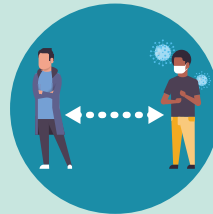
Here's What You Can do to Help Protect Yourself



Stay home if possible.



Wash your hands often.



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



Clean and disinfect frequently touched surfaces.



Avoid all cruise travel and non-essential air travel.

Call your healthcare professional if you are sick.

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



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

Qué puede hacer si tiene mayor riesgo de enfermarse gravemente por el COVID-19

¿Tiene usted mayor riesgo de enfermarse gravemente?



Según lo que sabemos ahora, quienes tienen un mayor riesgo de enfermarse gravemente a causa del COVID-19 son:

- Personas de 65 años de edad o más
- Personas que viven en un hogar de ancianos o en un establecimiento de cuidados a largo plazo

Las personas de todas las edades con afecciones subyacentes, en especial si no están bien controladas, incluyen:

- Personas con enfermedad pulmonar crónica o asma moderado a grave
- Personas que tienen afecciones cardíacas graves
- Personas inmunocomprometidas
 - Muchas afecciones pueden causar que el sistema inmunitario se debilite (inmunocomprometido), como el tratamiento contra el cáncer, fumar, un trasplante de órgano o médula espinal, las deficiencias inmunitarias, el control inadecuado del VIH o SIDA y el uso prolongado de corticosteroides y otros medicamentos que debilitan el sistema inmunitario.
- Personas con obesidad grave (índice de masa corporal [IMC] de 40 o más)
- Personas con diabetes
- Personas con enfermedad renal crónica que reciben diálisis
- Personas con enfermedad del hígado

Esto es lo que puede hacer para protegerse



Quédese en casa si es posible.



Lávese las manos frecuentemente.



Evite el contacto cercano (6 pies, que equivale aproximadamente a la longitud de dos brazos) con personas que están enfermas.



Limpie y desinfecte las superficies que se tocan con frecuencia.



Evite los viajes en crucero y los viajes aéreos no esenciales.

Llame a su profesional de atención médica si está enfermo.

Para obtener más información sobre los pasos que puede seguir para protegerse, vea la guía de los CDC [Cómo protegerse](#).



cdc.gov/coronavirus