

**Approved: 5 Mar 2021**



# Post-COVID-19 Remobilization of the Membership Plan

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc)



Michigan Wing  
Completed 23 Jun 2020  
Updated 03 Mar 2021

Template Updated 8 June 2020

## COVID-19 Remobilization of the Membership Plan – Phase II

This plan has been developed for Michigan Wing, using the template provided by the Civil Air Patrol National Headquarters to enter Phase II, Resuming One-Day Special Activities.

Additional staffing and resources have been coordinated with N/A, 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](mailto:COVID-19Plans@capnhq.gov).*

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

Since our return to Phase I on 16 Nov 20, the MI Wing COVID-19 Planning Team has been closely monitoring the situation for an eventual entry back into Phase II. After the spiking of COVID numbers from the holiday season, The State of Michigan is now returning to a consistent, steady decline in public health statistics. Michigan continues to hold steady or declining in infection rate, positive test rate, and ICU capacity used. Vaccinations within Michigan are on an incline, with 15.1% of the population receiving their first dose and 8.6% receiving their second dose. With positive indications from National-level metrics and with Governor of Michigan reopening the state at a cautious pace, the planning team is requesting to further our Phase II opening of **06 Mar 21**. The requested date is aggressive, but since the majority of our original Phase II Plan will remain largely unchanged, we feel this is a reasonable request.

Updates to our previous Phase II Plan have been identified in BLUE. These new changes will allow for less restrictive outdoor (no more than 50 low-risk members) and indoor requirements (no more than 25 low-risk members), as identified in the CAP Remobilization of the Membership Plan (Phase 2) and Michigan Department of Health and Human Services' (MDHHS) Emergency Order, MCL 333.2253 – Gatherings and Face Mask Order, dated 02 Mar 2021, respectively.

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## COVID-19 Remobilization of the Membership Plan – Phase II

### Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc)

*NOTE: Resuming one-day special activities will not be done before it has been deemed appropriate to resume regularly scheduled meetings (i.e., this will start in Phase II).*

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
2.1.	Wing Commanders should review their wing calendar for previously-postponed and upcoming day-only events	CC/Col Raj Kothari CV/Lt Col Eric Scott	16 Jun 20	24 Jun 20	03 Mar 21	There were no one-day events scheduled previously, but units will be encouraged to plan accordingly, <a href="#">IAW the Phase II Plan and MHDDS limits. Attachment #5</a>
2.1.1.	Wing priorities for training events should be coordinated with unit commanders' needs	CV/Lt Col Eric Scott Sq/CCs, Gp/CCs	16 Jun 20	24 Jun 20	23 Jun 20	Commanders will be involved in the planning/deconfliction of one-day activities.
2.1.2.	Task staff officers to provide input on list of events and priorities:		16 Jun 20	24 Jun 20	23 Jun 20	Staff officers will assess whether one-day activities should be held at the wing level or assist activities at the squadron/group level.
2.1.2.1.	Director of Aerospace Education	DAE/Maj Mike Seiloff	16 Jun 20	24 Jun 20	23 Jun 20	“
2.1.2.2.	Director of Cadet Programs	CP/Maj Michelle Benn	16 Jun 20	24 Jun 20	23 Jun 20	“
2.1.2.3.	Director of Operations/Emergency Services	DO/Lt Col Gus Gettas DOS/Lt Col Tony Gutierrez	16 Jun 20	24 Jun 20	23 Jun 20	“
2.1.2.4.	Director of Professional Development	PD/Maj Mike Hoekstra	16 Jun 20	24 Jun 20	23 Jun 20	“
2.1.2.5.	Plans and Programs Officer	XP/SM Kristie Bunge	16 Jun 20	24 Jun 20	23 Jun 20	“
2.2.	Coordinate with subordinate unit leaders to deconflict calendar events to the greatest extent possible	CV/Lt Col Eric Scott XP/SM Kristie Bunge Sq/CCs, Gp/CCs	16 Jun 20	24 Jun 20	23 Jun 20	Commanders will be involved in the planning/deconfliction of one-day activities, with XP assisting as needed.
2.3.	Publish updated event listings to the Wing calendar and promote these dates to the units for their planning and participation	XP/SM Kristie Bunge CV/Lt Col Eric Scott	16 Jun 20	24 Jun 20	23 Jun 20	When one-day wing events are created, they will be posted to the wing calendar.
2.4.	Task the Director of Safety to coordinate with Activity Directors	SE/Maj Kent Bankhead SEA/1st Lt Rick Louys	16 Jun 20	24 Jun 20	03 Mar 21	The Safety Team will direct ADs to the Phase II Plan, focusing on <a href="#">Attachments #2, 3, and 4.</a>
NOTE:	<i>The term “Activity Directors” may include Incident Commanders that are directing exercises. Incident Commanders should use existing operational guidance for real-world missions and taskings. Use good judgement.</i>					

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2.4.1.	Activity Directors will use Post-COVID-19 produced Risk Management (RM) forms to mitigate local risks	SE/Maj Kent Bankhead SEA/1st Lt Rick Louys (ADs as assigned)	16 Jun 20	24 Jun 20	23 Jun 20	“
2.4.2.	Activity Directors identify sources for face coverings, gloves, & sanitizer to use in case of a return to increased risk	SE/Maj Kent Bankhead SEA/1st Lt Rick Louys (ADs as assigned)	16 Jun 20	24 Jun 20	23 Jun 20	“

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc; continued)

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
2.5.	Task the Health Service Officer to coordinate with Activity Directors	HS/Col (Dr) Kay McLaughlin (ADs as assigned)	16 Jun 20	24 Jun 20	23 Jun 20	
2.5.1.	Health Service Officers consider screening with no-touch thermometers at events (if such equipment is available and practical)	HS/Col (Dr) Kay McLaughlin (ADs as assigned)	16 Jun 20	24 Jun 20	23 Jun 20	No-touch thermometers are being purchased by the wing, issued at the group-level, for use at one-day activities or as otherwise needed.
2.5.2.	Health Service Officers remind members that identify as High-risk to remain home, but participate virtually	HS/Col (Dr) Kay McLaughlin (ADs as assigned)	16 Jun 20	24 Jun 20	03 Mar 21	Health Services will direct ADs to the Phase II Plan, focusing on <b>Attachments #2, 3, and 4.</b>
2.5.3.	Health Service Officers ensure that there is a cleaning/sanitizing plan for commonly touched surfaces, a hand washing plan, a face covering plan, a temperature check plan (either performed prior to entering the activity with a no-touch thermometer or performed at home prior to coming to the activity), and a social distancing plan.	HS/Col (Dr) Kay McLaughlin (ADs as assigned)	16 Jun 20	24 Jun 20	23 Jun 20	“
2.5.4.	Units will ensure no more than 50 members are together at gatherings. Squadrons with more than 50 members must submit a plan on how they will comply with restrictions	HS/Col (Dr) Kay McLaughlin Sq/CCs, Gp/CCs	16 Jun 20	24 Jun 20	03 Mar 21	It will be communicated directly to commanders for their action plan, to ensure indoor meetings/activities no more than 25 low-risk members indoors, or no more than 50 low-risk members outdoors.
2.6.	Ensure Activity Directors have plans in place to communicate last-minute cancellations of events to participants	CV/Lt Col Eric Scott (ADs as assigned)	16 Jun 20	24 Jun 20	23 Jun 20	During the activity registration/sign-up, ADs will ask for members' contact

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						information for activity status updates, as needed.
2.7.	Ensure Activity Directors have plans in place to conduct verification of local public health guidance, local weather, and any other information that may lead to event cancellation (Continuation Check)	CV/Lt Col Eric Scott SE/Maj Kent Bankhead SEA/1st Lt Rick Louys (ADs as assigned)	16 Jun 20	24 Jun 20	03 Mar 21	As with unit meetings, ADs will be required to perform ORM assessments, per the Phase II Plan, <b>Attachment #4</b> .
2.7.1.	45 Days Prior Continuation Check	“	16 Jun 20	24 Jun 20	23 Jun 20	“
2.7.2.	14 Days Prior Continuation Check	“	16 Jun 20	24 Jun 20	23 Jun 20	“
2.7.3.	7 Days Prior Continuation Check	“	16 Jun 20	24 Jun 20	23 Jun 20	“
2.7.4.	1 Day Prior Continuation Check	“	16 Jun 20	24 Jun 20	23 Jun 20	“
2.7.5.	Day-Of Continuation Check	“	16 Jun 20	24 Jun 20	23 Jun 20	“

Phase II: Resuming One-Day Special Activities (AE Events, SAREXs, etc; continued)

Item#	Task	OPR/Assigned Personnel	Date Tasked	Suspense	Date Completed	Notes
2.8.	Ensure Unit Commanders are aware of and following the same procedures for unit-only single-day activities (i.e., they are the Activity Director for the purposes of this checklist, for unit events)	CV/Lt Col Eric Scott Sq/CCs, Gp/CCs	16 Jun 20	24 Jun 20	03 Mar 21	As with activity directors, commanders, will still be reminded to follow the Phase II Plan, focusing on <b>Attachments #2, 3, and 4</b> .
2.9.	Email this plan to signal intentions to resume single-day events to the CAP COVID-19 Planning Team at <a href="mailto:COVID-19Plans@capnhq.gov">COVID-19Plans@capnhq.gov</a> , and copy the Region Commander	CV/Lt Col Eric Scott	16 Jun 20	24 Jun 20	03 Mar 21	We are requesting a further opening Phase II date 06 Mar 21.
2.9.1.	Briefly describe/summarize previous coordination accomplished (i.e., 2.1 through 2.8 above)	CV/Lt Col Eric Scott	16 Jun 20	24 Jun 20	23 Jun 20	
2.9.2.	Verify no jurisdictional restrictions are in place from State or Local Governments	CV/Lt Col Eric Scott GR/Lt Col James Matthews	16 Jun 20	24 Jun 20	03 Mar 21	MDHHS EO, MCL 333.2253 – Gatherings and Face Mask Order, 22 Jan 2021 is in effect, and is more restrictive for indoor/outdoor member limits. <b>Attachments #5 and 6</b> .
2.9.3.	Set date to resume one-day special activities	CV/Lt Col Eric Scott	16 Jun 20	24 Jun 20	03 Mar 21	We are requesting a Phase II open date of 06 Feb 21.

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2.9.4.	Receive approval from the CAP COVID-19 Planning Team to resume one-day special activities. Plan for one-week lead time.	CV/Lt Col Eric Scott	16 Jun 20	24 Jun 20	Pending plan approval	
2.10.	Publish the date that one-day special activities will resume to subordinate units	CV/Lt Col Eric Scott	16 Jun 20	24 Jun 20	Pending plan approval	Once approved, the Phase II open date will be published/announced to the wing; <b>Attachment #1.</b>
2.11.	Task Wing Director of Operations to communicate the following to subordinate units	DO/Lt Col Gus Gettas	16 Jun 20	24 Jun 20	03 Feb 21	Subordinate units will be reminded of/directed to the Phase II Plan, as well as the new addition of AFJROTC, AFROTC, and TOP Flights as we move into Phase II, <b>Attachment #2.</b>
2.11.1.	Identify flight operations permitted during Remobilization Phase II	DO/Lt Col Gus Gettas	16 Jun 20	24 Jun 20	03 Feb 21	Permitted flight operations, with the inclusion of AFJROTC, AFROTC, and TOP Flights are identified in the Phase II Plan, <b>Attachment #2.</b>
2.11.2	Identify requirements (Currency, etc) for Senior members	DO/Lt Col Gus Gettas	16 Jun 20	24 Jun 20	23 Jun 20	“
2.11.3	Identify cadet training requirements that may be different than Phase I requirements	DO/Lt Col Gus Gettas	16 Jun 20	24 Jun 20	23 Jun 20	“
2.11.4	Identify cleaning standards for aircraft and vehicles before and after use	DO/Lt Col Gus Gettas	16 Jun 20	24 Jun 20	23 Jun 20	Cleaning standards are identified in the Phase II Plan, <b>Attachment #2.</b>

# Attachment #1

## Phase II email announcement to the wing

TO: All MI Wing

FROM: MIWG/CV

SUBJECT: Phase II Reopening

Great news! We have been approved to move to a [less restrictive Phase II of the COVID-19 Remobilization Plan](#). With guidance easing from the Michigan Department of Health and Human Services (MDHHS), [one-day indoor meetings/activities are now limited to 25 low-risk members, and one-day outdoor activities are limited to 50 low-risk members](#). Face masks are still required by members at all times when indoors, outdoors, and when 6-foot social distancing cannot be guaranteed. In addition, face masks should be worn in public areas.

In addition to flying operations already permitted in we will continue to hold small-group local crew training and AFROTC, AFJROTC, and Teacher Orientation Program (TOP) Flights. (assuming all members are low-risk and all flights are in low-risk areas).

Proper hygiene and cleaning practices, socially distancing, and mask wear, as previously directed, are still in effect. Commanders and activity directors will continue to accommodate those members who identify as high-risk and provide virtual training options. Even when low-risk, each member should still self-assess their health before, during, and after the event. [Action plans will need to be in place to prevent meetings/activities from exceeding 25 low-risk members indoors and 50 low-risk members outdoors](#).

In preparation for Phase II, please ensure that you are educated with the health and safety procedures contained in the MI Wing Phase II Plan (attached). For other COVID-19 related material, navigate to the National COVID-19 website following link: <https://www.gocivilairpatrol.com/covid-19-information-cena>.

# Attachment #2 – Training Priorities and Procedures

## Operations and Emergency Service Priorities and Procedures

1. Continue with AFAM/Corporate missions which are tasked by the NOC or AFRCC including COVID-19 support missions.
  - a. During those missions maintain CDC safety guidelines.
2. Follow the guidelines set forth for safely operating aircraft and vehicles during this time. We need to disinfect and sanitize them to keep our personnel safe. Please go to the following link for more information: <https://www.gocivilairpatrol.com/members/cap-national-hq/logistics-mission-resources/aircraft-management/hot-news/covid-19-aircraft-care>
3. Aircrew Training for group and unit levels
  - a. This includes small-group local crew training, onboard pilot training, instructor pilot training, check pilot training, CAPF 5, CAPF 91s, and MP/MO/MS/AP/DAART. all sUAS SQTRs.
  - b. Prior to the training, wellness screening shall be conducted.
    - i. Health screening with questions to ensure member has exhibited no symptoms.
    - ii. Temperature should be taken with no touch thermometer (if available and practical).
      1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
  - c. Face coverings shall be worn in aircraft and internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight (see above).
  - d. Social distancing will be maintained during preflight or during any ground school where possible.
  - e. **Schedule training so that there are no more than 25 low-risk members indoors, or no more than 50 low-risk members outdoors, in the same training area/location.** Face masks are still required by members at all times when indoors, outdoors, and when 6-foot social distancing cannot be guaranteed. In addition, face masks should be worn in public areas.
4. sUAS Training for group and unit levels.
  - a. This includes pilot training, instructor pilot training, check pilot training, CAPF 5U, CAPF 91U, and sUAS SQTRs.
  - b. Prior to the training, wellness screening shall be conducted.
    - i. Health screening with questions to ensure member has exhibited no symptoms
    - ii. Temperature should be taken with no touch thermometer (if available and practical).
      1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
  - c. Face coverings shall be worn while operating the sUAS and sUAS surfaces (control unit, aircraft touch points, etc) wiped with sanitizing cloths after each flight (see above)
  - d. Social distancing will be maintained during preflight or during any ground school where possible.
  - e. **Schedule training so that there are no more than 25 low-risk members indoors, or no more than 50 low-risk members outdoors, in the same training area/location.** Face masks are still required by members at all times when indoors, outdoors, and when 6-foot social distancing cannot be guaranteed. In addition, face masks should be worn in public areas.

## 5. Orientation Flights

- a. O-Flights for CAP Cadets began during Phase I.
- b. O-Flights for AFJROTC, AFROTC Cadets, and TOP flights will begin during Phase II.
- c. Prior to the O-Flight, wellness screening shall be conducted.
  - i. Health screening with questions to ensure member has exhibited no symptoms
  - ii. Temperature should be taken with no touch thermometer. (if available and practical).
    1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
- d. Face coverings shall be worn in aircraft and internal aircraft surfaces (including CAP owned headsets) wiped with sanitizing cloths after each flight (see above).
- e. Social distancing will be maintained during preflight and ground school where possible.
- f. Schedule O-Flights so that there are no more than 25 low-risk members indoors, or no more than 50 low-risk members outdoors, in the same training area/location. Face masks are still required by members at all times when indoors, outdoors, and when 6-foot social distancing cannot be guaranteed. In addition, face masks should be worn in public areas.

## 6. Other Emergency Services training for group and unit levels.

We are encouraging the membership to continue conducting virtual emergency services training as much as possible. For those tasks that require face to face training and/or evaluation, conduct those tasks with the guidance below:

- a. Schedule training so that there are no more than 25 low-risk members indoors, or no more than 50 low-risk members outdoors, in the same training area/location. Face masks are still required by members at all times when indoors, outdoors, and when 6-foot social distancing cannot be guaranteed. In addition, face masks should be worn in public areas.
- b. Maintain CDC guidelines on social distancing and cloth face coverings
  - i. See d, e, and f for more specific guidelines.
- c. Wellness screening shall be conducted prior to starting the training.
  - ii. Health screening with questions to ensure member has exhibited no symptoms
  - iii. Temperature should be taken with no touch thermometer (if available and practical).
    1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
- d. Ground Teams - maintain social distancing, radios, DF units, etc wiped with sanitizing wipes after use, cloth face coverings worn when in close proximity (less than 6 feet).
- e. Aircrew - cloth face coverings worn in aircraft at all times, internal aircraft surfaces such as all touch points (including CAP owned headsets) wiped with sanitizing cloths after each flight, social distancing maintained during preflight and movements outside the aircraft.
- f. Mission Base Staff - cloth face coverings will be worn if unable to maintain 6 feet separation (unless radio operations are inhibited by it), radios and all high-contact surface areas (chairs, counters, door handles, etc.) wiped with sanitizing solution/cloths every hour, social distancing as practical.

## Cadet Programs Procedures for Group and Unit Levels

1. For those meetings/activities that require in-person training and/or evaluations, conduct those tasks with the guidance below:
  - a. Schedule training so that there are no more than 25 low-risk members indoors, or no more than 50 low-risk members outdoors, in the same training area/location. Face masks are still required by members at all times when indoors, outdoors, and when 6-foot social distancing cannot be guaranteed. In addition, face masks should be worn in public areas.
  - b. Maintain CDC guidelines on social distancing and cloth face coverings.
    - i. See d, e, and f for more specific guidelines.
  - c. Wellness screening shall be conducted prior to starting the training.
  - d. Health screening with questions to ensure member has exhibited no symptoms.
    - i. Temperature should be taken with no touch thermometer (if available and practical).
      1. If temperature is 100.4 degrees or higher and/or other symptoms present, they will not be allowed to participate.
  - e. Meetings – maintain social distancing, surfaces and equipment wiped with sanitizing wipes after use, cloth face coverings worn when in close proximity (less than 6 feet).
    - i. Handwashing should be conducted following CDC guidelines.
    - ii. Utilize outdoor training venues when possible.
2. For cadets that are going to attend meetings, we recommend the following (as necessary):
  - a. meeting outdoors to allow for improved social distancing.
  - b. stagger attendance of week-to-week meeting participation.
  - c. consider a blended platform to encourage increased participation.

## Unit Professional Development Procedures for Group and Unit Levels

1. To ensure we continue to the opportunity for training progression, for OJT and PD training courses, use the guidance below:
  - a. Schedule training so that there are no more than 25 low-risk members indoors, or no more than 50 low-risk members outdoors, in the same training area/location. Face masks are still required by members at all times when indoors, outdoors, and when 6-foot social distancing cannot be guaranteed. In addition, face masks should be worn in public areas.
  - b. Wellness screenings for every member shall be conducted prior to allowing the member inside the training facility. If any of the following conditions are present, the member will not be allowed to enter the training facility or participate in person:
    - i. Internal body temperature on a no touch thermometer (if available and practical) displays 100.4 degrees or higher.
    - ii. Known symptoms of COVID-19 are present or generally feeling ill.
    - iii. The member replies “Yes” when asked if they may have come in contact with someone who may have contracted COVID-19.
  - b. The Course Director is encouraged to have a Health Services Officer or Safety Officer on staff to evaluate whether or not additional measures should be put in place to not only reduce the risk of spreading COVID-19. The safety briefing should include a segment about strict enforcement of social distancing guidelines.
  - d. Maintain social distancing and use of personal protective equipment (PPE) within 6 feet of each other. Hand sanitizer must be made available. Sanitize all hard surfaces that are used by members with Disinfecting Wipes or Hydrogen Peroxide wipes before, during breaks, and after training event.
  - e. To maximize participation, students are first encouraged to attend courses via video conferencing, with an option for in-person training, to accommodate those who may have technology limitations.

## Attachment #3 – Public Health Measures for Safe Meetings

1. Follow provisions of the MDHSS Emergency Order, MCL 333.2553, dated 02 Mar 2021.
2. Ensure indoor meetings/activities consist of no more than 25 low-risk members and outdoor meetings/activities consist of no more than 50 low-risk members.
3. Face masks are required by members at all times when indoors and outdoors when 6-foot social distancing cannot be guaranteed, in addition, face masks should be worn in public areas.
4. Ensure that hand sanitizer, handwashing stations, and approved sanitation supplies are available (gloves, eye protection when needed, wipes, disinfectant, etc.)
5. Ensure that members doing cleaning and sanitation are properly trained in cleaning techniques and safe use of supplies (See Attachment #3.1 - Cleaning and Disinfection Information)
  - a. Disposable gloves will be worn while cleaning.
  - b. See checklist of types of surfaces to be cleaned (See Attachment #3.2 - High Touch Surface Checklist)
  - c. See CDC List “N” for cleaning/disinfection solutions approved to kill COVID: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
  - d. Encourage members to close toilet lid (when available) prior to flushing to reduce fomite spread, as the COVID-19 virus is shed in the stool.
6. **Sanitizing.** High touch surfaces should be sanitized prior to the activity and at the close of activity. Some areas may need sanitizing every 2 hours.
7. **Handwashing.** Hand Sanitizer or Handwash stations should be readily available in the room/area where members are gathered. (See Attachment #3.3 - Handwashing)
  - a. Handwashing for 20 seconds is the best method of hand cleaning
  - b. If not readily available, hand sanitizer containing at least 60% alcohol is acceptable and should be used for 30 seconds.
8. **Social Distancing.** Maintain 6 foot social distancing (approximately 2 arm lengths)
9. **Face Covering.** Face masks are required by members at all times when indoors and outdoors when 6-foot social distancing cannot be guaranteed, in addition, face masks should be worn in public areas. Masks with valves are discourage. (See Attachment #3.4 - Proper Wear of Mask)
10. **Symptoms.** Members should review the COVID-19 Symptoms list, self-assess, and take their temperature prior to departing to a meeting. Do not attend if one or more screening questions are positive, or a fever of 100.4° or higher is present. (See Attachment #3.5 - Screening Questions, Symptom List)
11. **Screening Station.** Set up screening station as per National Health Services guidelines: <https://www.gocivilairpatrol.com/covid-19-information-cena>
  - a. Plan traffic flow for your individual meeting location; only one entry point to the screening location.
  - b. Screening Station Set up with required postings and conducted according to the National template

- c. Ensure that no one enters who has not passed screening and is not properly wearing a mask. Ensure a method of verifying the individual had passed screening
- d. Obtain non-contact temperature screening device.
- e. Ensure method for segregating a person who arrives with a fever or symptoms
- f. Ensure disinfection protocols are in place for screening area.

**12. Attendance Sheets.** Attendance sheets should be completed by one individual, to avoid multiple members handling the paper, pen.

- a. High Risk Individuals. High risk individuals, as self-assessed by risk list, should not attend meetings at this time and should participate in CAP activities remotely.

**13. High Risk Conditions.** Conditions that may put a person at high risk for severe disease include:

- a. Age 65 and older
- b. People who live in nursing home, long-term care facility, or group home.
- c. People of all ages with underlying medical conditions, particularly if not well controlled. Including
  - i. Obesity, especially BMI 40+, BMI in 30s also carry increased risk.
  - ii. Lung disease-moderately severe asthma, COPD, pulmonary fibrosis, pulmonary hypertension, smokers, individuals who vape.
  - iii. high blood pressure
  - iv. immune compromised- active cancer, chemotherapy, HIV, organ/bone marrow transplant, use of immune suppressive meds for inflammatory disease like rheumatoid, lupus, inflammatory bowel
  - v. heart disease- coronary disease, heart failure, cardiomyopathy
  - vi. diabetes
  - vii. kidney disease, especially dialysis
  - viii. liver disease – cirrhosis

**14. Location Survey.** Survey meeting location prior to resumption of activities for the lowest risk location. Outside is preferable, but when not possible:

- a. A larger room with good air circulation and air exchange is better than a smaller room without airflow where droplets will remain in the area for a longer time.
- b. Open windows when possible
- c. Using a fan in a closed room to circulate air is not recommended.
- d. CDC has outlined four levels of exposure risk:
  - i. No Risk- Briefly walking by a person who tested positive for COVID-19 and was not experiencing symptoms.
  - ii. Low risk- Being in the same room as a person who tested positive for COVID-19 and had symptoms and you were within 6 feet.
  - iii. Medium risk- Sustained close contact (10 minutes or longer) within 6 feet of a person while they had symptoms.
  - iv. High risk- Close household contact with a person who tested positive for COVID 19.

**15. Food, Beverage.** No food or beverage service will be supplied at this time. Any food or beverages needed should be brought by members for their own use.

**16. Stay Healthy!** Members should ensure they stay healthy by not postponing needed medical care, staying well rested, and eating healthy.

# Attachment 3.1 - Cleaning and Disinfection Procedures

Sources: CDC cleaning and disinfection recommendations, others

## 1. Why Clean?

- a. **Droplet Transmission.** Most transmission of COVID-19 is thought to be from respiratory droplets from close (less than 6 feet) person-to-person contact. COVID can still be detected in respiratory secretions 27 days after symptoms began.
  - i. A person with COVID exhales droplet particles into the air as they breathe, talk and cough. Loud talking and shouting expresses more droplets.
  - ii. It is not known how long the air in a room occupied by an individual with COVID remains infectious. It may depend on the size of the room, the amount of ventilation, the flow rate or air changes per hour, and the location of supply and exhaust vents.
  - iii. Improving ventilation in an area where someone was ill or suspected to be ill will help shorten the time it takes respiratory droplets to be removed from the air.
  - iv. Allow at least an hour for droplets to dissipate from a room where a COVID infected individual has been before others enter the area.
- b. **Surface Transmission, fomites.** COVID-19 may survive on surfaces from hours to days on various materials. If someone touches that surface, then touches their face they could become ill.
  - i. Virus can live on a non-porous surface like plastic or steel for 3-4 days.
  - ii. On rough surfaces like paper, cardboard, wood, and cloth for about 1 day.
  - iii. On glass for 2 days
  - iv. Covid only lives on copper for about 4 hours.
  - v. The good news is that the amount of viable virus on the surface drops by half after several hours and continues to drop.
  - vi. If it has been more than 7 days since a COVID infected person visited a facility, additional cleaning and disinfection is not necessary.
- c. **Fecal-oral transmission.**
  - i. Live COVID virus is found in feces, so good bathroom hygiene is very important.
  - ii. Handwashing after bathroom use and before eating is very important.
  - iii. Virus can be detected in stools for 30 days after infection.
  - iv. Close toilet lids prior to flushing to limit spread of droplet plumes.

## 2. Cleaning vs. Disinfection

- a. **Cleaning.** Cleaning is removing germs, dirt, and other substances from surfaces. This process does not kill germs, but removes them, lowering the numbers and the risk of spreading infection.
- b. **Disinfection.** Disinfection means to use chemicals to kill germs on surfaces. This process may not necessarily clear dirty surfaces or remove germs. If disinfection

is used to kill germs on a surface **after** cleaning, it can further lower the risk of spreading infection.

- c. **Clean then Disinfect.** Cleaning of visible dirty surfaces followed by disinfection is a best practice for preventing COVID infection.

### 3. Safety and technique considerations with cleaning solutions.

- a. **Appropriate Product.** Use a cleaner that is appropriate for the surface.
- b. **Read Labels.** Follow the label for instructions on safe and effective use of the cleaning product including safety precautions such as wearing gloves and ensuring good ventilation.
- c. **Eye Protection.** Wear goggles if any risk of splashing.
- d. **Application.** Be sure to use proper concentration, application method and contact time.
- e. **Gloves.** Wear disposable gloves when cleaning and disinfecting. Discard gloves after each cleaning. Wash hands immediately after gloves are removed.
- f. **Preparation.** Disinfectant solutions should be prepared at the correct dilution for effectiveness and used according to manufacturer's recommendations for volume and contact time.
- g. **Contact time.** Enough disinfectant solution should be applied to allow surfaces to remain wet and untouched long enough for the disinfectant to inactivate pathogens as recommended by the manufacturer.
- h. **Degree of soiling.** Cleaning should progress from least soiled (cleanest) to the most soiled (dirtiest areas).
- i. **Height.** Cleaning should also progress from higher to lower levels so that debris may fall on the floor and is cleaned last.
- j. **Start with a fresh cloth for each session.** Change cloths when they are no longer saturated with solution. Wipe firmly to clean and leave wet to disinfect.
- k. **High Risk Areas.** In areas at high risk of COVID contamination, use a fresh new cloth saturated with solution for that area only, then change cloths. Soiled clothes should be properly laundered.
- l. **Bucket Change.** When using buckets of cleaning solution, change water if it is getting dirty as it will be progressively less effective and potentially spread microorganisms to subsequent surfaces.
- m. **Bucket Cleaning.** After using bucket, wash with detergent, rinse and dry. Store inverted to drain fully when not in use.
- n. **Priority Areas.** Disinfection in non-health care settings should focus on high touch areas for priority disinfection.

### 4. Cleaning hard surfaces

- a. **Soiled surfaces.** If surfaces are dirty, they should be cleaned using a detergent or soap and water to remove organics prior to disinfection
- b. **Using Bleach.** If cleaning with dilute bleach solution, be sure to clean first to reduce organics to prevent bleach inactivation. Use with proper ventilation. Allow a contact time of at least one minute and allow proper ventilation during and after application. Be sure product is not past expiration date. Never mix bleach with ammonia or another cleaner. Bleach solution is 5 Tablespoons or 1/3 cup of bleach per gallon of water or 4 teaspoons per quart of water. Solutions must be used within 24 hours or they will no longer be effective.

5. **Disinfection solutions that may be used after cleaning to sanitize with at least a 1 minute contact time:**
  - a. **Alcohol.** Ethanol 70-90% , also methyl alcohol (rubbing alcohol)
  - b. **Chlorine.** Chlorine based products (hypochlorite) at 0.1% (1000 ppm) for general non-health care settings
  - c. **Hydrogen Peroxide.** Hydrogen peroxide >0.5%. Works very fast, short contact time.
6. **Cleaning soft, porous surfaces (carpets, rugs, drapes, clothing)**
  - a. **Decontaminate.** Remove any visible contamination and clean with appropriate cleaners for those surfaces then launder.
  - b. **Launder.** Launder items using the warmest appropriate water setting for the items as recommended on the label and dry items completely.
  - c. **Surface Clean.** If not able to launder, then use products that are EPA approved for use against COVID.
7. **Cleaning Food Service Items**
  - a. **Wash.** Wash in hot water or in a dishwasher
  - b. **Handwashing.** Clean hands after handling used food service items
8. **Cleaning Electronics**
  - a. **Instructions.** Follow manufacturer's instructions for all cleaning and disinfection products.
  - b. **Covers.** Consider using wipeable covers for electronics.
  - c. **Alcohol.** If no manufacture guidance is available, consider the use of alcohol based wipes or spray containing at least 70% alcohol to disinfect touch screens.
  - d. **Dry.** Dry surfaces thoroughly to avoid pooling of liquids.
9. **Suggested Supplies**
  - a. **Gloves.** Gloves should be worn when cleaning and wiping down surfaces
  - b. **Eye Protection.** Goggles for eye protection if cleaning solution splashes may occur.
  - c. **Wipes.** Paper towels or cleaning cloths
  - d. **Detergent.**
  - e. **Bucket.**
  - f. **Disinfectant.** Spray bottle of disinfectant (see list of EPA approved products that will kill COVID). Products used should be readily available disinfectants made for household use and not require special training to safely use.
  - g. **Toilet.** Bowl Cleaner, brush.
10. **List of frequently touched surfaces for frequent cleaning/disinfection**
  - a. Tables, workstations, desks
  - b. Handrails on stairways, buttons on elevators
  - c. Chair backs
  - d. Doorknobs
  - e. Light switches
  - f. Handles on faucets, toilets, drawers, cabinets, refrigerators, microwaves, other appliances
  - g. Toilets and toilet handles
  - h. Sinks, faucets
  - i. Electronics- phones, tablets, touch screens, remote controls, keyboards, appliance controls, mouse controls

- j. Central phones
- k. Pens, pencils
- l. Flag staffs

### **11. Bathroom Cleaning and disinfection**

- a. Start with cleaner areas and work down to dirtier areas.
- b. Put on gloves
- c. Put bowl cleaner in toilet bowl, be sure to squirt cleaner up under the rim. Let the bowl sit to sanitize while you clean the rest of the bathroom. Note: toilet bowl cleaners also disinfect.
- d. Clean faucets, sink by spraying on surfaces and wiping (those irritated by aerosols can spray disinfectant on a cloth then wipe.)
- e. Wipe down toilet tank, lid, seat, and top rim of bowl.
- f. Use toilet brush to scrub bowl including up under rim, and around top inner edge of bowl
- g. Remove gloves, wash hands

### **12. General Areas**

- a. Should be cleaned prior the start of the activity, at the end of the activity and every 2 hours during the day.
- b. Soap and water should be used to clean soiled surfaces, then dry the surfaces, followed by wipe down disinfection.
- c. Spray disinfectant on the area and wipe (using cloth or paper towel saturated with solution) to spread evenly over surface. Use enough solution to dampen area well and remain wet for the appropriate contact time.
- d. Allow disinfectant to air dry.
- e. Work systematically around in a room to be sure all needed surfaces are sanitized.

### **13. Aircraft**

- a. If flying commercially, sit in a window seat if possible, as there is less contact with potentially sick people, wear a mask, disinfect hard surfaces at your seat like head and arm rests, seatbelt buckle, remote, screen, seat back pocket, tray table.
  - i. Don't wipe down upholstered seats as wet seat may spread germs rather than killing them.
- b. Follow the guidelines set forth for safely operating aircraft during this time. We need to disinfect and sanitize them to keep our personnel safe. Please go to the following link for more information:  
<https://www.gocivilairpatrol.com/members/cap-national-hq/logistics-mission-resources/aircraft-management/hot-news/covid-19-aircraft-care>
- c. Wash hands prior to entry into aircraft
- d. Disinfect hard surfaces prior to first flight of day and after each subsequent flight and at the end of the day.
  - i. Head and arm rests
  - ii. Seatbelt Buckles
  - iii. Touch screens, controls, yoke
  - iv. Headsets and cords
  - v. Latches, door handles, window latches and other touch surfaces.
  - vi. Interior Windows next to seat positions.

- vii. Seatbelts and upholstery may be cleaned/disinfected if there will be time to dry prior to use. Use only disinfectants, cleaners that will not affect the strength of the belts or compromise upholstery and are approved by the manufacturer.
- e. Disinfect tow bars prior to and after each use.

## **Attachment #3.2 - High Touch Surface Checklist**

- 1. List of frequently touched surfaces for frequent cleaning/disinfection**
  - a. Tables, workstations, desks
  - b. Handrails on stairways, buttons on elevators
  - c. Chair backs
  - d. Doorknobs
  - e. Light switches
  - f. Handles on faucets, toilets, drawers, cabinets, refrigerators, microwaves, other appliances
  - g. Toilets and toilet handles
  - h. Sinks, faucets
  - i. Electronics- phones, tablets, touch screens, remote controls, keyboards, appliance controls, mouse controls
  - j. Central phones
  - k. Pens, pencils
  - l. Flag staffs

## **Attachment #3.3 - Handwashing, Hand Hygiene**

**Source: CDC guide for When and How to wash hands**

- 1. Why do we need to wash hands?**
  - a. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:
    - i. Touch your eyes, nose, and mouth with unwashed hands
    - ii. Prepare or eat food and drinks with unwashed hands
    - iii. Touch a contaminated surface or objects
    - iv. Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects.
- 2. Key times to wash hands!**

You can help yourself and others stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

  - a. **Before, during, and after** preparing food.
  - b. **After** handling raw meat, poultry, seafood, and eggs.
  - c. **After** wiping counters or cleaning other surfaces with chemicals.
  - d. **Before** eating food.

- e. **Before and after** providing routine care for another person who needs assistance such as a child.
  - f. **Before and after** caring for someone at home who is sick with vomiting or diarrhea
  - g. **Before and after** treating a cut or wound
  - h. **After** using the toilet
  - i. **After** changing diapers or cleaning up a child who has used the toilet
  - j. **After** blowing your nose, coughing, or sneezing
  - k. **After** touching an animal, animal feed, or animal waste
  - l. **After** handling pet food or pet treats
  - m. **After** touching garbage
  - n. **After** removing gloves
  - o. **After** emptying trash/garbage and taking off gloves.
- 3. During the COVID-19 pandemic, you should also clean hands:**
- a. **After** you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
  - b. **Before** touching your eyes, nose, or mouth because that's how germs enter our bodies.

**4. Follow Five Steps to Wash Your Hands the Right Way**

Washing your hands is easy, and it is one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals. Follow these five steps every time:

- a. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
  - i. Do not wash hands in a basin of water as hands can become re-contaminated if standing water is no longer clean. Any water temp is OK, but warmer water may cause more skin irritation.
  - ii. Using soap is more effective than water alone, as surfactants in soap lift soil and microbes from skin. Also, people tend to scrub more thoroughly when using soap, which removes more germs.
  - iii. Antibacterial soaps are not really any more effective than regular soap, so they are no longer able to market them to the general public.
- b. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
  - i. Lathering and scrubbing hands causes friction, that helps lift microbes from skin. Microbes are present on all surfaces of the hands, especially under nails, so be sure to scrub entire hand.
- c. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
  - i. Washing at least this long removes more germs from hands than washing for shorter periods.
- d. **Rinse** your hands well under clean, running water.
- e. **Dry** your hands using a clean towel or air dry. Use the paper towel to turn off the faucet. Germs transfer more easily to and from wet hands, so dry well after washing.

## 5. Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

- a. **Sanitizers can quickly reduce the number of germs on hands in many situations, however**
  - i. Sanitizers do **not** get rid of all types of germs.
  - ii. Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
  - iii. Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.
- b. **How to use sanitizers**
  - i. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
  - ii. Rub your hands together
  - iii. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 30 seconds.

## Attachment #3.4 - Proper Mask Wear

### 1. Why do we need masks?

- a. Imagine people smoking really bad and try to avoid breathing it in.
- b. The greatest COVID-19 risk is being around breathing, laughing, singing, coughing, sneezing, talking people! More droplets are produced.
- c. Wear a mask to protect yourself by filtering out droplets and virus particles from the air you breathe in to prevent you from becoming ill.
- d. Wear your mask to protect others from your droplets, in case you have COVID-19 and are not having symptoms yet. (asymptomatic spread)
- e. Masks with exhalation valves do not protect others from what you breathe out, as the exhalation is unfiltered. This type of mask should not be used at CAP activities.
- f. Masks, even homemade ones, do work to help stop spread of COVID-19

### 2. When do we need to wear masks?

- a. Face masks are required by members at all times when indoors and outdoors when 6-foot social distancing cannot be guaranteed, in addition, face masks should be worn in public areas.
- b. When in an aircraft or vehicle with others.

### 3. How to wear mask for best protection.

- a. Wash your hands before putting on face covering
- b. Place the mask over your nose and mouth and be sure the bottom edge wraps around and under your chin.
- c. Be sure the mask fits snugly against the sides of your face and contours around your nose so there are not air gaps.
- d. Be sure the mask comes up high on the nose and under glasses. (Don't barely cover the tip of your nose or allow the mask to drop off the nose)

- e. Don't wear the mask down under the chin with the nose and mouth exposed.
  - f. Don't touch your face or the mask. If you touch the face or mask to adjust, you should use hand sanitizer or wash hands for 20 seconds.
  - g. An improperly fitting mask can allow viral droplets to slip around the side. Facial hair can also affect their performance and prevent a good seal.
- 4. Taking off the mask.**
- a. Untie the strings behind your head or grasp the ear loops and take off the mask, handing the mask only by the ties or loops.
  - b. Fold outside corners together
  - c. Do not touch your eyes, nose or mouth when removing face covering.
  - d. Place covering in washing machine or in a plastic bag to go to the wash and tie it closed.
  - e. Wash your hands with soap and water.
  - f. Wash mask daily and whenever soiled in hot water and mild detergent and dry completely in a hot dryer. Store in a clean container or bag.

## **Attachment #3.5 - Screening Questions and COVID-19 Symptom List**

- 1. Have you been exposed to anyone with COVID in the last 14 days?**
- 2. Have you traveled outside the U.S. in the last 14 days?**
- 3. Have you had a fever of 100.4° or greater?**
- 4. Do you feel unwell or do you have any flu-like symptoms?**
- 5. Have you had any of the following symptoms recently:**
  - a. Cough (dry or with sputum or blood)
  - b. Shortness of breath or difficulty breathing
  - c. Fever, chills
  - d. Muscle aches, pain
  - e. Sore throat
  - f. New loss of taste or smell
  - g. Nausea, Vomiting
  - h. Diarrhea
  - i. Conjunctivitis (red, irritated, watery eyes)
  - j. Headache
  - k. Fatigue
  - l. Pleuritic chest pain
  - m. Nasal congestion
  - n. Rash on fingers and toes or elsewhere on body
  - o. seizure, numbness, confusion



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03 Mar 2021

MEMORANDUM FOR ALL UNIT COMMANDERS

FROM: MIWG/SEA

SUBJECT: The Safe Remobilization of Michigan Wing, Phase II

1. We have been approved to move to a less restrictive Phase II of the COVID-19 Remobilization Plan. With guidance easing from the Michigan Department of Health and Human Services (MDHHS), one-day indoor meetings/activities are now limited to 25 low-risk members, and one-day outdoor activities are limited to 50 low-risk members. This is subject to pre-meeting temperature checks and health questioning, social distancing, and sanitization measures before, during, and after meetings/activities. Face masks are required by members at all times when indoors and outdoors when 6-foot social distancing cannot be guaranteed. In addition, face masks should be worn in public areas. Plans must be in place to ensure that meetings/activities do not exceed 25 members indoors and 50 members outdoors.

2. Please reference the following guidance to keep our membership safe during all phases of the plan. You will need to familiarize yourself with the following guidance material:

- a. Public Health Measures for Safe Meetings. Provided by the COVID-19 Planning Team, this information provides guidance for each unit, for the Remobilization process.
- b. The COVID-19 resource material that CAP National Headquarters (CAP NHQ) has developed for our use. This material includes COVID-19 ORM forms to mitigate local risks and are available at: <https://www.gocivilairpatrol.com/members/cap-national-hq/safety/covidrm>
- c. "The "5 M's" for Coronavirus-Special Risk Considerations During COVID-19 Crisis" (attached to this memo).

3. Commanders with no Health Service Officers (HSO) assigned, or without HSOs present, should delegate the pre-meeting temperature screenings, health questioning, and other pre-meeting steps to their Safety Officer. Safety Officers will ensure and encourage compliance of PPE use and health safety measures.

4. Throughout remobilization, it is required units use the CAP Safety Operational Risk Management (ORM) process as defined in the new CAPR-160-1, Civil Air Patrol Safety Program, prior to your planned meetings. Each unit must complete the appropriate written ORM (CAPF 160-Deliberated Risk Assessment Worksheet, CAPF 160S-Real Time Risk Assessment Worksheet,

and/or CAPR 160HL-Hazard Listing Worksheet) documents for all meetings as defined in CAPR 160-1, paragraph 3.3. The ORM process should be reaccomplished as circumstances warrant. This could include a change in meeting location, a change in meeting activity which could increase risk of COVID-19 transmissibility, or the eventual increase in allowed in-person attendees as we transition Phases.

5. Included in each risk assessment there should be focus on COVID-19 transmissibility risks and all possible mitigation efforts for those defined risks. This includes meeting attendance limits, the identification of PPE which includes, but not limited to, face masks, gloves, no-touch thermometers, hand sanitizer, social distancing, hand washing, surface cleaning/disinfection, and any other equipment designated as needed by the COVID-19 Planning Team's information for meetings to reduce risk of exposure.

6. Adequate supplies of PPE, sanitizer, and disinfectant products should be on-hand prior to any meetings. If the required PPE, as defined in the meeting's risk assessment is not available, then the meeting should not be conducted. Members are encouraged to provide their own PPE, but the units should assist with supply of additional PPE and all other necessary items. Bear in mind that local shortages of PPE and sanitizing products have been varying or persistent in some locations, so plan accordingly.

7. All ORM documentation and attendance logs must be accurately recorded and maintained, for a date yet to be determined, to allow for later contact tracing by local Public Health Departments if necessary. The Unit Commander and the Safety Officer should know the location of this documentation, to ensure immediate access if needed.

8. Commanders at the unit level should be deliberate in selecting those members who will participate in-person, selecting only those members who are at Low-Risk and have the maturity and responsibility required to help establish and maintain procedures. Members should be encouraged to self-assess their individual health factors that would place them at a High-Risk, while keeping their health information private and confidential. Those at High-Risk will not attend in-person and should continue to participate virtually to protect themselves until Phase III.

9. In the event of possible exposure, hospitalization, or death of a wing member due to COVID-19, CAPR 35-2, Notification Procedures in Case of Death, Injury or Serious Illness, should be referenced and immediately reported to the Wing Commander.

10. Please review this email with your unit leadership. If you have any questions, comments, or concerns about the ORM process, remobilization, or any other aspect of the Safety Program, please do not hesitate to contact the Safety Team.

//SIGNED//

RICHARD C. LOUYS JR, 1st Lt, CAP  
ASSISTANT DIRECTOR OF SAFETY

Attachment: The "5 M's" for Coronavirus

# The “5 M’s” for Coronavirus

## Special Risk Considerations During COVID-19 Crisis

This document is meant to supplement the [“5 M’s” Guide to Risk Assessments](#). The Coronavirus demands that we look at a new set of hazards so we can reduce the risk of being exposed to the virus or inadvertently spreading the virus. These are just a few of the areas to consider as you fill out

### Using the 5 M’s in A Risk Assessment:

Here is what you will see when you look at Steps 4 & 5 of the CAPF 160:

**Step 1: The Plan.** Look at the whole plan for the entire activity. You may want to go through in order and write down every task that may have a chance of exposing you to the coronavirus ... everything you touch or people you encounter.

**Step 2: The Hazards.** Using the 5 M’s, as described below, ask yourself “what can go wrong?” How does this task expose you to the virus? Then you’ll be able to apply a risk control to each of those exposure risks.

4. SUB- ACTIVITY or SPECIFIC TASK	5. HAZARD
Note: Each sub-activity or task will probably have multiple hazards/risks associated with it. Each one should be assessed.	Consider Hazards from each of the “5-M” categories in CAPP 163: <ul style="list-style-type: none"><li>- Member</li><li>- Media</li><li>- Machine</li><li>- Mission/Activity</li><li>- Management</li></ul>

**Member:** Take a look at all the information about the members themselves. A few examples:

- Is the member “mission essential?”
- Has the member been anywhere that may have exposed them to the virus?
- Is the member over the age of 65, or does the member have any health conditions like diabetes, heart disease, respiratory illness, lung problems, or anything else that may increase the risk of a bad income if they catch COVID-19?
- Does the member live with anyone who may have the conditions listed above?

**Medium:** This refers to the environment you’ll be facing.

- Will multiple members be in close proximity (in a vehicle? In an airplane?)
- Does the mission area allow for adequate social distancing?
- Has the area been sanitized? Is the area equipped with adequate hand-washing or sanitizing resources?

**Machine:** This applies to the airplane, the vehicle, the gear that will be used.

- Has the aircraft or vehicle been cleaned IAW with [CAP/LG guidelines](#)?
- Does the plan include cleaning all equipment following its use and prior to storing?

**Mission:** This looks at the plan itself and the complexity of the mission.

- Is the mission essential?
- Is the mission or activity included in CAP/CCs list of approved activities and missions?
- Is there a way of completing the activity online, on the phone, or through virtual meeting?

**Management:** This refers to the organizational factors that influence our activities and missions.

- Are you complying with the current guidance from CAP NHQ and the National Commander?
- Are you complying with all guidance from local, state, and national authorities?

**IMPORTANT NOTE:** These are just a starting point to help you look at all exposure risks. The goal through the entire activity is to actively ask, **and answer:**

***“what can expose me to the virus, and what am I doing to prevent it?”***



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

**March 2, 2021**

### **Emergency Order under MCL 333.2253 – Gatherings and Face Mask Order**

Michigan law imposes on the Michigan Department of Health and Human Services (MDHHS) a duty to continually and diligently endeavor to “prevent disease, prolong life, and promote the public health,” and gives the Department “general supervision of the interests of the health and life of the people of this state.” MCL 333.2221. MDHHS may “[e]xercise authority and promulgate rules to safeguard properly the public health; to prevent the spread of diseases and the existence of sources of contamination; and to implement and carry out the powers and duties vested by law in the department.” MCL 333.2226(d).

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. COVID-19 spreads through close human contact, even from individuals who may be asymptomatic.

In recognition of the severe, widespread harm caused by epidemics, the Legislature has granted MDHHS specific authority, dating back a century, to address threats to the public health like those posed by COVID-19. MCL 333.2253(1) provides that:

If the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.

*See also In re Certified Questions from the United States District Court*, Docket No. 161492 (Viviano, J., concurring in part and dissenting in part, at 20) (“[T]he 1919 law passed in the wake of the influenza epidemic and Governor Sleeper’s actions is still the law, albeit in slightly modified form.”); *id.* (McCormack, C.J., concurring in part and dissenting in part, at 12). Enforcing Michigan’s health laws, including preventing disease, prolonging life, and promoting public health, requires limitations on gatherings and the establishment of procedures to control the spread of COVID-19. This includes limiting the number, location, size, and type of gatherings, and requiring the use of mitigation measures at gatherings as a condition of hosting such gatherings.

On March 10, 2020, MDHHS identified the first two presumptive-positive cases of COVID-19 in Michigan. As of March 1, 2021, Michigan had seen 589,150 confirmed cases and 15,534 confirmed deaths attributable to COVID-19. Michigan was one of the states most heavily impacted by COVID-19 early in the pandemic, with new cases peaking at nearly 2,000 per day in late March. Strict preventative measures and the cooperation of Michiganders drove daily case numbers dramatically down to fewer than 200 confirmed cases per day in mid-June, greatly reducing the loss of life. Beginning in October, Michigan again experienced an exponential growth in cases. New cases peaked at nearly 10,000 cases per day in mid-November, followed by increases in COVID-19 hospitalizations and deaths.

On November 15, 2020, MDHHS issued an order enacting protections to slow the high and rapidly increasing rate of spread of COVID-19. Cases, hospitalizations, and deaths remained high through early

December, threatening hospital and public health capacity. On December 7, 2020, December 18, 2020, and January 13, 2021, MDHHS issued orders sustaining those protections. These orders played a crucial role in slowing the spread in Michigan and have brought new cases down to about 1,500 per day. These lower rates prevented Michigan's healthcare system from being overwhelmed with a holiday surge. On January 22, 2021, considering the reduction in cases, MDHHS issued an order permitting indoor dining. And on February 4, 2021, in light of continued decreases in cases of COVID-19 in the state, MDHHS issued an order permitting contact sports to be played.

As of February 27, the State of Michigan had a seven-day average of 91.2 cases per million people, nearly 88% lower than the case rate in mid-November. While that case rate is similar to the rate in early October, it has plateaued over the past week and remains three times the rate of the summer low point. Test positivity was 3.7% as of February 27, and has started to plateau as well. While metrics have decreased from all-time highs, further progress has tapered off and there is growing concern of another spike with the presence of more infectious variants in Michigan and the United States as a whole. A high number of cases creates significant pressure on our emergency and hospital systems. Improvements in healthcare capacity have slowed but are near the levels of early October. An average of 102 daily hospital admissions was seen in Michigan in the last week, with individuals under the age of 60 accounting for 40% of all new admissions. As of February 27, nearly 850 Michiganders were hospitalized with COVID-19 and 3.9% of all available inpatient beds were occupied by patients who had COVID-19. The state death rate was at that time 2.2 deaths per million people and there were approximately 150 weekly deaths in Michigan attributable to COVID-19. This is an 84% decrease from the second peak, which reached 13.7 deaths per million on December 10, 2020.

Even where COVID-19 does not result in death, and where Michigan's emergency and hospital systems are not heavily burdened, the disease can cause great harm. Recent estimates suggest that one in ten persons who suffer from COVID-19 will experience long-term symptoms, referred to as "long COVID." These symptoms, including fatigue, shortness of breath, joint pain, depression, and headache, can be disabling. They can last for months, and in some cases, arise unexpectedly in patients with few or no symptoms of COVID-19 at the time of diagnosis. COVID-19 has also been shown to damage the heart and kidneys. Furthermore, minority groups in Michigan have experienced a higher proportion of "long COVID." The best way to prevent these complications is to prevent transmission of COVID-19.

Since December 11, 2020, the Food and Drug Administration has granted emergency use authorization to three vaccines to prevent COVID-19, providing a path to end the pandemic. Michigan is now partaking in the largest mass vaccination effort in modern history and is presently working toward vaccinating at least 70% of Michigan residents 16 years of age and older as quickly as possible.

New and unexpected challenges continue to arise: in early December 2020, a variant of COVID-19 known as B.1.1.7 was detected in the United Kingdom. This variant is roughly 50 to 70 percent more infectious than the more common strain. On January 16, 2021, this variant was detected in Michigan. It is anticipated that the variant, if it becomes widespread in the state, will significantly increase the rate of new cases. Currently, Michigan is second in the nation with respect to the number of B.1.1.7 variants detected. To date, there are over 400 cases, and this is one fifth of all cases identified in the United States. CDC modeling predicts B.1.1.7 could become the predominant variant by the end of March. At present, however, it appears that cases have plateaued. Our progress in controlling the virus permits further careful easing of precautions, with close monitoring of cases and impacts, alongside efforts to increase the rate of vaccination.

Considering the above, and upon the advice of scientific and medical experts, I have concluded pursuant to MCL 333.2253 that the COVID-19 pandemic continues to constitute an epidemic in Michigan. I have also, subject to the grant of authority in 2020 PA 238 (signed into law on October 22, 2020), herein defined the symptoms of COVID-19 based on the latest epidemiological evidence. I further conclude that control of the epidemic is necessary to protect the public health and that it is necessary to restrict gatherings and establish procedures to be followed during the epidemic to ensure the continuation of

essential public health services and enforcement of health laws. As provided in MCL 333.2253, these emergency procedures are not limited to the Public Health Code.

I therefore order that:

**1. Definitions.**

- (a) “Camp” means a day, residential, travel, or troop camp for children (as defined by Rule 400.11101(1)(g) of the Michigan Administrative Code).
- (b) “Child care organization” means that term as defined by section 1(b) of the Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111(b).
- (c) “Contact sports” means sports involving more than occasional and fleeting contact, including: football; basketball; rugby; field hockey; soccer; lacrosse; wrestling; hockey; boxing; futsal; martial arts with opponents; and other sports meeting those criteria.
- (d) “Competition” means a game of skill played between opposing teams.
- (e) “Employee” means that term as defined in section 2(c) of the Improved Workforce Opportunity Wage Act, 2018 PA 337, as amended, MCL 408.932(c), and also includes independent contractors.
- (f) “Entertainment and recreational facility” includes: auditoriums; arenas; cinemas; concert halls; performance venues; sporting venues; stadiums; theaters; night clubs; strip clubs; water parks; archery ranges; amusement parks; arcades; bingo halls; bowling centers; casinos; gun ranges; laser tag arenas; trampoline parks; and the like.
- (g) “Exercise facility” means a location in which individuals participate in individual or group physical activity, including gymnasiums, fitness centers, and exercise studios.
- (h) “Face mask” means a tightly woven cloth or other multi-layer absorbent material that closely covers an individual’s mouth and nose.
- (i) “Food service establishment” means that term as defined in section 1107(t) of the Food Law, 2000 PA 92, as amended, MCL 289.1107(t).
- (j) “Gathering” means any occurrence, either indoor or outdoor, where two or more persons from more than one household are present in a shared space.
- (k) “Household” means a group of persons living together in a shared dwelling with common kitchen or bathroom facilities. In dwellings with shared kitchen or bathroom facilities occupied by 20 or more unrelated persons, households are defined by individuals who share a bedroom.
- (l) “Indoors” means within a space that is fully or partially enclosed on the top, and fully or partially enclosed on two or more contiguous sides. Additionally, in a space that is fully or partially enclosed on the top, and fully or partially enclosed on two non-contiguous sides, any part of that space that is more than 8 feet from an open side is indoors.
- (m) “Non-contact sports” means sports that are not contact sports.
- (n) “Outdoors” means a space that is not indoors.

- (o) “Organized sports” means competitive athletic activity requiring skill or physical prowess and organized by a sports organizer.
- (p) “Practice” means a training session for a game of skill, involving only members of a single team.
- (q) “Principal symptoms of COVID-19” means at least 1 of fever, uncontrolled cough, or atypical new onset of shortness of breath, or at least 2 of the following not explained by a known physical condition: loss of taste or smell, muscle aches, sore throat, severe headache, diarrhea, vomiting, or abdominal pain. Per section 1(j) of 2020 PA 339, this definition represents the latest medical guidance, and serves as the controlling definition.
- (r) “Sports organizer” means an association or other organization that sets and enforces rules to ensure the physical health and safety of all participants for an organized sport. Sports organizers at the sub-association level must follow all health and safety rules and procedures set by the association of which they are a member.

## **2. General capacity limitations at gatherings.**

### **(a) Indoor gatherings:**

(1) Are prohibited at residential venues, except where no more than 15 persons from no more than 3 households are gathered. Such gatherings should be held consistent with guidance issued by the Department of Health and Human Services for such gatherings; and

(2) Are prohibited at non-residential venues, except where no more than 25 persons are gathered.

### **(b) Outdoor gatherings are permitted only as follows:**

(1) At residential venues, 50 or fewer persons are gathered;

(2) At non-residential venues, 300 or fewer persons are gathered.

### **(c) The limitations to gatherings in sections 2(a) and 2(b) do not apply to:**

(1) Incidental gatherings of persons in a shared space, such as frequently occur in an airport, bus station, exercise facility, food service establishment, shopping mall, or public pool, except as prohibited in section 3;

(2) Workplace gatherings that occur consistent with the Emergency Rules issued by MIOSHA on October 14, 2020;

(3) Voting or official election-related activities;

(4) Training of law enforcement, correctional, medical, or first responder personnel, insofar as those activities cannot be conducted remotely;

(5) Education and support services at public, nonpublic, and boarding schools serving students in prekindergarten through grade 12;

(6) Children in a child care organization, after school program, or camp setting;

(7) Persons traveling on a school bus or public transit;

- (8) Gatherings for the purpose of medical treatment, including mental health and substance use disorder support services;
  - (9) Residential care facilities, which are subject to the March 2, 2021, epidemic order entitled “Requirements for Residential Facilities,” or any replacement of that order;
  - (10) Cardiopulmonary resuscitation courses and swimming instruction courses;
  - (11) Proctored, nationally-administered admissions and certification examinations that are not available remotely, provided that examinees are spaced no less than 6 feet apart;
  - (12) Gatherings at entertainment and recreational facilities that comply with the restrictions set forth in section 3(a) of this order;
  - (13) Gatherings for the purposes of indoor group fitness, exercise, or sports that comply with the restrictions set forth in sections 4(b), 4(d), 4(e), and 6 of this order;
  - (14) Gatherings for public health or other emergency purposes.
- (d) As a condition of hosting a gathering under this order, organizers and facilities must design the gathering to encourage and maintain physical distancing, and must ensure that persons not part of the same group maintain 6 feet of distance from one another to the extent possible.

**3. Gathering restrictions for entertainment facilities, recreational facilities, and food service establishments.**

- (a) Gatherings are prohibited at entertainment facilities and recreational facilities unless:
- (1) Venues and activities held at those venues comply with masking and distancing requirements in this subsection. Venues that cannot consistently adhere to these requirements (e.g., water parks, dance floors at a nightclub, or children’s indoor playgrounds inasmuch as staff are not present to prevent physical contact) may not be open.
    - (A) Patrons must remain masked at all times, except when eating or drinking in designated areas;
    - (B) Groups of patrons participating in activities together (such as those seated together at a concert or movie, or bowling in the same lane or group of lanes) must not exceed 25 persons indoors, or 300 persons outdoors;
    - (C) Patrons must be prevented from mingling with or engaging in physical contact with persons outside their group; and
    - (D) For sports practice and competition, participants must comply with the restrictions set forth in section 6;
  - (2) If participating in stationary activities, groups are spaced or seated at least 6 feet apart. If participating in non-stationary activities, groups maintain a consistent 6 feet of distance from other groups at all times;

- (3) Consumption of food or beverages is permitted only where patrons are seated, groups of patrons are separated by at least 6 feet, no more than 6 patrons are seated at a table, and groups of patrons do not intermingle;
- (4) Venues that are also food service establishments, as a condition of offering food or beverages, ensure their designated dining areas comply with all requirements in subsection (b);
- (5) Venues abide by the following density limitations:
  - (A) Where applicable, occupancy must not exceed 50% of the limits established by the State Fire Marshal or a local fire marshal; and
  - (B) Groups must remain at least 6 feet apart at all times;
- (6) Venues abide by the following maximum capacity limitations:
  - (A) At indoor stadiums and arenas, no more than 375 patrons may be gathered at venues with a seating capacity under 10,000, and no more than 750 patrons may be gathered at venues with a seating capacity of over 10,000;
  - (B) For indoor entertainment and recreation facilities, no more than 300 patrons may be gathered within any distinct space within the venue;
  - (C) For outdoor entertainment and recreation facilities, no more than 1000 patrons may be gathered.

(b) Gatherings are prohibited at food service establishments unless:

- (1) Consumption of food or beverages is permitted only in a designated dining area where patrons are seated, groups of patrons are separated by at least 6 feet, no more than 6 patrons are seated together (at a table, booth, or group of fixed seats), and groups of patrons do not intermingle;
- (2) Patrons are not permitted to gather in common areas in which people can congregate, dance, or otherwise mingle;
- (3) In the event that an employee of a food service establishment is confirmed positive for COVID-19 or shows principal symptoms of COVID-19 while at work, the food service establishment has been deep cleaned consistent with Food and Drug Administration and CDC guidance;
- (4) At establishments offering indoor dining:
  - (A) The number of patrons indoors (or in a designated dining area of a multipurpose venue) does not exceed 50% of normal seating capacity, or 100 persons, whichever is less, provided, however, that this limitation does not apply to soup kitchens and shelters;
  - (B) At food service establishments, or the designated dining area of a multipurpose venue, indoor dining is closed between the hours of 11:00 PM and 4:00 AM;
  - (C) The venue displays, in a prominent location, the MDHHS "Dining During COVID-19" brochure.

- (c) Gatherings at non-tribal casinos may not exceed 30% of total occupancy limits established by the State Fire Marshal or a local fire marshal.

4. **Gathering restrictions for other facilities.** In addition to the gathering limitations set forth elsewhere in this order, the following limitations apply to gatherings in the following facilities:

- (a) A gathering at a retail setting, library, or museum must not exceed 50% of total occupancy limits established by the State Fire Marshal or a local fire marshal. Nevertheless, a retail store, library, or museum may permit one customer at a time to enter if strict adherence to the 50% total occupancy limit would otherwise result in closure. Spaces for indoor dining, including food courts, must comply with the requirements for food service establishments as set forth in section 3(b).

- (1) Retail stores must establish lines to regulate entry and checkout, with markings for patrons to enable them to stand at least six feet apart from one another while waiting.

- (b) At exercise facilities:

- (1) Gatherings must not exceed 30% of the total occupancy limits established by the State Fire Marshal or a local fire marshal;
  - (2) There must be at least 6 feet of distance between each occupied workout station and physical layout of the space must be established such that exercisers can move between stations while maintaining 6 feet of distance from others at all times; and
  - (3) Gatherings for group fitness activities or classes are permitted, provided that all persons maintain at least 6 feet of distance from others at all times and wear a face mask at all times.

- (c) Gatherings in waiting rooms at outpatient health care facilities, veterinary clinics, and other businesses are prohibited unless the facility implements a system to ensure that persons not of the same group maintain 6 feet of distance. To the extent possible, this system must include a policy that patients wait in their cars for their appointments to be called.

- (d) Gatherings at an indoor pool not otherwise prohibited by this order must not exceed 30% of bather capacity limits described in Rule 325.2193 of the Michigan Administrative Code. Gatherings at an outdoor pool not otherwise prohibited by this order must not exceed 50% of bather capacity limits described in Rule 325.2193 of the Michigan Administrative Code.

- (e) Gatherings at ice and roller rinks are permitted, provided that occupancy is limited to 10 persons per 1,000 square feet, including within the exercise space. Gatherings for the purpose of open skating are permitted.

- (f) In facilities offering non-essential personal care services, including hair, nail, tanning, massage, traditional spa, tattoo, body art, piercing services, and similar personal care services, all services must be provided by appointment, and gatherings in waiting areas are prohibited.

5. **Schools, colleges, technical schools, and universities.**

- (a) Subject to local health department and school district authority, and consistent with the applicable restrictions in section 6, gatherings at public, nonpublic, and boarding schools

are permitted for the purpose of conducting in-person instruction and extracurricular activities in prekindergarten through grade 12.

- (b) Gatherings at public, nonpublic, and boarding schools are permitted for the purpose of child care programs, tutoring and academic support, and for providing services to students in need, including food distribution, access to internet connectivity, and physical and mental health care services.
- (c) Gatherings at colleges and universities, trade schools, and career schools are permitted for the purpose of holding in-person classes and other events sponsored by the educational institution. The limits imposed by section 2(a) and 2(b) do not apply to such gatherings, but they remain subject to all other applicable requirements of this order.

#### **6. Organized sports gathering restrictions.**

- (a) Gatherings for the purpose of contact sports practice and competition are prohibited unless:
  - (1) Participants remain masked; or
  - (2) Where it would be unsafe for participants to remain masked, all participants are tested consistent with MDHHS's document entitled Guidance for Athletics issued February 7, 2021.
- (b) Gatherings for the purpose of sports practice and competition are prohibited unless participants maintain 6 feet of distance from each other when not engaged in play.
- (c) Gatherings of non-participants for the purpose of observing sports practice and competition must be held consistent with section 3.
- (d) Sports organizers, venues, and teams must ensure that all gatherings for the purpose of sports competition and practice comply with the requirements of this order.
- (e) Even where it is not required, sports organizers are encouraged to administer a testing program as specified MDHHS's document entitled Guidance for Athletics issued February 7, 2021.

#### **7. Face mask requirement at gatherings.**

- (a) All persons participating in gatherings are required to wear a face mask.
- (b) As a condition of gathering for the purpose of transportation, transportation providers must require all staff and patrons to use face masks, and must enforce physical distancing among all patrons to the extent feasible.
- (c) Except as provided elsewhere in this order, a person responsible for a business, store, office, government office, school, organized event, or other operation, or an agent of such person, must prohibit gatherings of any kind unless the person requires individuals in such gatherings (including employees) to wear a face mask, and denies entry or service to all persons refusing to wear face masks while gathered.
- (d) A person responsible for a business, store, office, government office, school, organized event, or other operation, or an agent of such person, may not assume that someone who enters the facility without a face mask falls within one of the exceptions specified in section 8 of this order, including the exception for individuals who cannot medically tolerate a face

mask. An individual's verbal representation that they are not wearing a face mask because they fall within a specified exception, however, may be accepted.

(e) A person responsible for a child care organization or camp, or an agent of such person, must not allow gatherings unless face masks are worn by all staff. Children must wear face masks as indicated below:

(1) All children 2 years and older when on a school bus or other transportation provided by the child care organization or camp;

(2) All children 4 years and older when in indoor hallways and indoor common areas;

(3) All children 5 years and older when in classrooms, homes, cabins, or similar indoor settings.

(f) Participants in gatherings for any exercise activities, group fitness, or organized sports must comply with face mask requirements listed in MDHHS's document entitled Guidance for Athletics issued February 7, 2021.

8. **Exceptions to face mask requirements.** Although a face mask is strongly encouraged even for individuals not required to wear one (except for children under the age of 2), the requirement to wear a face mask in gatherings as required by this order does not apply to individuals who:

(a) Are younger than 5 years old, outside of a child care organization or camp setting (which are subject to requirements set out in section 7(e));

(b) Cannot medically tolerate a face mask;

(c) Are eating or drinking while seated at a food service establishment or at a private residence;

(d) Are exercising outdoors and able to consistently maintain 6 feet of distance from others;

(e) Are swimming;

(f) Are receiving a medical or personal care service for which removal of the face mask is necessary;

(g) Are asked to temporarily remove a face mask for identification purposes;

(h) Are communicating with someone who is deaf, deafblind, or hard of hearing and whose ability to see the mouth is essential to communication;

(i) Are actively engaged in a public safety role, including but not limited to law enforcement, firefighters, or emergency medical personnel, and where wearing a face mask would seriously interfere in the performance of their public safety responsibilities;

(j) Are engaging in a religious service;

(k) Are giving a speech for broadcast or to an audience, provided that the audience is at least 12 feet away from the speaker; or

(l) Are participating in a testing program specified in MDHHS's document entitled Guidance for Athletics issued February 7, 2021, and are engaged in practice or competition where the wearing of a mask would be unsafe.

## 9. Contact tracing requirements for particular gatherings.

- (a) Gatherings are prohibited at the following facilities unless the facility maintains accurate records, including date and time of entry, names of patrons, and contact information, to aid with contact tracing, and denies entry for a gathering to any visitor who does not provide, at a minimum, their name and phone number:
  - (1) All businesses or operations that provide hair, nail, tanning, massage, traditional spa, tattoo, body art, piercing services, or similar personal care services; and
  - (2) Exercise facilities.
- (b) All businesses or operations that provide in-home services, including cleaners, repair persons, painters, and the like must not permit their employees to gather with clients unless the business maintains accurate appointment records, including date and time of service, name of client, and contact information, to aid with contact tracing.
- (c) All dine-in food service establishments must maintain accurate records of the names and phone numbers of patrons who purchase food for consumption on the premises, and the date and time of entry.
- (d) Upon request, businesses, schools, and other facilities must provide names and phone numbers of individuals with possible COVID-19 exposure to MDHHS and local health departments to aid in contact tracing and case investigation efforts.
- (e) Data collected under this section:
  - (1) Must not be sold, or used for sales or marketing purposes without the express consent of each patron;
  - (2) Must be protected as confidential information to the fullest extent of the law;
  - (3) Must not be provided to law enforcement or immigration officials except upon receipt of a lawful subpoena from a court or other lawful court order;
  - (4) Must be retained for 28 days by the collecting organization, after which time the data must be destroyed. If facilities use existing data to fulfill this requirement, they may instead follow their own pre-existing data retention and destruction policies at the conclusion of the 28-day retention period.

## 10. Implementation.

- (a) Nothing in this order modifies, limits, or abridges protections provided by state or federal law for a person with a disability.
- (b) Under MCL 333.2235(1), local health departments are authorized to carry out and enforce the terms of this order.
- (c) Law enforcement officers, as defined in the Michigan Commission on Law Enforcement Standards Act, 1965 Public Act 203, MCL 28.602(f), are deemed to be “department representatives” for purposes of enforcing this order, and are specifically authorized to investigate potential violations of this order. They may coordinate as necessary with the appropriate regulatory entity and enforce this order within their jurisdiction.

- (d) Neither a place of religious worship nor its owner is subject to penalty under this order for allowing religious worship at such place. No individual is subject to penalty under this order for engaging in religious worship at a place of religious worship.
- (e) Consistent with MCL 333.2261, violation of this order is a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than \$200.00, or both.
- (f) Nothing in this order affects any prosecution or civil citation based on conduct that occurred before the effective date of this order.
- (g) Nothing in this order should be taken to interfere with or infringe on the powers of the legislative and judicial branches to perform their constitutional duties or exercise their authority, or protections guaranteed by the state or federal constitution under these emergency circumstances.
- (h) Consistent with any rule or emergency rule promulgated and adopted in a schedule of monetary civil penalties under MCL 333.2262(1) and applicable to this order, violations of this order are also punishable by a civil fine of up to \$1,000 for each violation or day that a violation continues.
- (i) If any provision of this order is found invalid by a court of competent jurisdiction, whether in whole or in part, such decision will not affect the validity of the remaining part of this order.

This order takes effect on March 5, 2021, at 12:01 AM, at which time the February 4, 2021, order entitled Gatherings and Face Mask Order is rescinded. This order remains in effect through April 19, 2021, at 11:59 PM. Persons with suggestions and concerns are invited to submit their comments via email to [COVID19@michigan.gov](mailto:COVID19@michigan.gov).

Date: March 2, 2021



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Elizabeth Hertel, Director

Michigan Department of Health and Human Services