COVID-19
OPERATIONS MANUAL

VERSION 21
2020
H1.V21.20200406
Period Applicable: COB April 6, 2020 to COB April 7, 2020

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1. INTRODUCTION

1.1 PURPOSE

The purpose of this document is to outline Team Rubicon's response capabilities designed for the COVID-19 public health emergency. It shall serve as the overarching doctrine for all efforts, tools, training, and communication regarding the capability. This document is meant to give comprehensive guidance for TR capabilities to increase effectiveness of response activities, and it will aid in coordinating with government and other partner organizations to ensure successful execution. Additionally, section 3 of this document contains field guides for COVID-19 related activities. These should be utilized as addendums to the information presented in the previous 6 sections. This document will also continue to be developed through the iteration process and will be updated as appropriate. This document is to provide policy and protocol for the period from COB of April 6, 2020 to COB of April 7, 2020.

1.2 DEMAND

In December of 2019, China notified the World Health Organization (WHO) of an outbreak in Wuhan Province that would be identified as Coronavirus disease 2019 (COVID-19)[1]. By March 11, 2020, WHO characterized the virus as a pandemic and on March 13, the President of the United States declared a National Emergency. While the situation is extremely fluid, as of the current iteration of this document, over 1,270,000 cases of COVID-19 have been confirmed worldwide resulting in more than 69,000 deaths[2] and those numbers continue to rise.

It quickly became clear that government agencies at all levels as well NGO's and VOAD's would struggle to fulfill the needs of impacted communities. Because COVID-19 is most deadly to those sixty-five years of age and older[3] or people with already compromised immune systems, personnel able to safely work within infected communities has become limited.

There is an overwhelming need for human resources to support unique needs arising as well as to augment existing life-sustaining services in the context of COVID-19. There is need for TR's support in delivering a wide range of services through affiliations with government agencies and other partner organizations, and we are fielding various

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[1] COVID-19: Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response. (2020, March 4). Retrieved from https://openwho.org/courses/UNCT-COVID19-preparedness-and-response-EN/items/6tSiNrZnrCUJsYthaH6449

[2] Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). (2020, March 15). Retrieved from https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

[3] Centers for Disease Control and Prevention (2020). Older Adults. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications/older-adults.html

requests for aid. To successfully stretch our capabilities into this new realm, it is imperative that a process for working within this space is developed.

1.3 IMPACT

The intended impact of this capability is to swiftly mobilize human resources to support communities in meeting their unique life safety needs secondary to the COVID-19 pandemic. TR will provide swift and timely services to communities as aligned with the organization's mission. The provided services will improve the sense of well-being, safety, and connectedness among the communities we serve, and our activities will ensure that people in affected communities have access to food and other life-sustaining resources.

1.4 COMMANDER'S INTENT

Aggressively and responsibly deploy our resources (current and developing) to effectively and safely assist a Whole of America response to, and recovery from, COVID-19 and all other hazards that occur in this backdrop.

1.5 CHANGE LOG (ABRIDGED)

This log contains entries from the past two iterations. Please see Appendix J: Change Log (Full) for a full accounting of changes made since inception.

Section	Page	Description	Reviser	Revision Date
4.3.5	26	Non-Medical Face Mask Policy added	Toyin Adeyemi	4/4/20
Appendix C	40	Protocol for storage and reuse of N95 masks added as job aid	Toyin Adeyemi	4/4/20
Appendix E	44	Exposure risk added to field guide	Toyin Adeyemi	4/4/20
Appendix F	47	Exposure risk added to field guide	Toyin Adeyemi	4/4/20
Appendix G	53	Exposure risk added to field guide	Alyssa Quaranta	4/4/20
Appendix H	55	Exposure risk added to field guide	Alyssa Quaranta	4/4/20

Appendix I	60	Exposure risk added to field guide	Alyssa Quaranta	4/4/20
Appendix C	35	Wrote and added "Safety Briefing for Greyshirts" job aid	Toyin Adeyemi	4/5/20
4.1	15	Driver's license policy added	Alyssa Quaranta	4/5/20
4.2.1	16	Updated symptoms and edited content in the "Personnel Eligibility" section	Toyin Adeyemi	4/6/20
4.3.4	20	Clarified language on temperature checks	Toyin Adeyemi	4/6/20
4.3.4	24	Edited language on N95 Reuse	Toyin Adeyemi	4/6/20
Appendix C	35	Added "Disinfecting and Billeting" section to the "Safety Briefing for Greyshirts" job aid	Toyin Adeyemi	4/6/20

2. DESIGN

2.1 ASSUMPTIONS

General Assumptions:

- Government and non-governmental organization response at the local, state, and federal level will be overwhelmed
- It will be possible to travel to locations that have need of services
- Specific community needs will vary by geographic location
- Resources will become limited for citizens either due to physical access or financial strain
- Appropriate PPE and other safety equipment will be available to TR
- The number of confirmed positive cases will increase in the coming weeks
- The number of quarantined communities will increase in the coming weeks
- The needs of communities throughout the US and globally are beyond that of the local capacity
- Greyshirts and TR staff can safely provide services without increasing the spread of COVID-19
- Some portion of TR staff and Greyshirts will become infected with COVID-19; it may or may not be related to TR activities
- Some portion of TR staff and Greyshirts will be personally impacted by COVID-19
- The risk factors and pathologies of the virus will remain consistent
- The situation will remain fluid meaning that guidance on self-isolation, quarantine, and other public health actions may change

2.2 SCOPE

Throughout the COVID-19 pandemic event, TR expects to receive multiple requests for a variety of services. In the interest of timely response to these requests, TR will maintain the concept of operations described in the Domestic Emergency Operations Plan. TR will adhere to standard ICS structure unless explicitly stated elsewhere within this document and in accordance with best practices during a pandemic. This will enable TR to provide support in multiple capacities with the flexibility and speed necessary to contribute to the national COVID-19 response. TR will take a engage in two categories of response operations: Requesting Organization Activities and TR Led activities. Actions specific to the COVID-19 response not otherwise covered in other doctrine are outlined below.

3. REQUESTING ORGANIZATION SUPPORT ACTIVITIES

Requesting organizations will engage TR through the Request for Assistance process. Requests for assistance will be managed through the Community Request for Assistance Form. The purpose of this form is to collect information on incoming requests, notify key decision makers, and expedite the decision-making process. If information is missing, it can quickly be identified which will reduce the number of follow-up information gathering sessions. As this will be an internal form (initially), it will empower the TR applicant to obtain all necessary information prior to submitting a request.
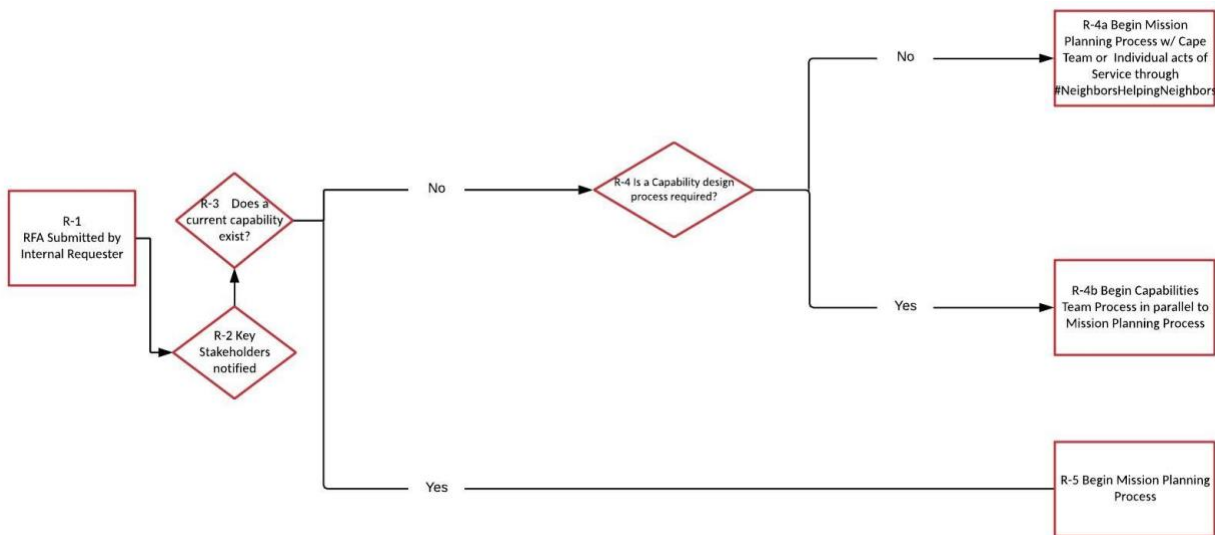
Figure 1 Community Request for Assistance Workflow

Procedures:

(R-1) - When a request is received from an outside agency, a Team Rubicon member will complete the community request for assistance form.

(R-2) - RFA form answers will be populated into an excel form and key stakeholders (below) will be notified.

- o Director of Field Operations
- o National Operations Center (NOC) Planning
- o Geographic specific associate
- o Designated Clay Hunt Fellow

(R-3) - These stakeholders will identify if a current capability exists for the request.

(R-4) - If a current capability does NOT exist, the need for a capability design process will be assessed by the capabilities team.

(R-4a) - If a capability is not required, the request will progress to the mission planning process and/or be considered a #NeighborsHelpingNeighbors initiative.

(R-4b) - If the capability design process is required, the request will be forwarded to the Capabilities Team for development in parallel to the mission planning team beginning reconnaissance.

(R-5) - If a current capability exists, the request will progress to the Mission Planning Process with Capabilities team on standby.

Reporting Process: At the time of request a Requesting Organization Point-of-contact POC shall be designated. Once the request is received it will be key stakeholders' responsibility to communicate with the internal requestor. If a capability is required, it is the key stakeholders' responsibility to notify the capabilities team and provide all the necessary information to begin the design process

Approval and Denial: Key Stakeholders will also be responsible for determining acceptance and refusal of incoming requests and notifying the Requesting organization's POC in a timely fashion. Whenever possible, TR will obtain a copy of the written manual, doctrine, and/or standard operating procedures from the requesting organization to align requested support activities with existing protocol.

TR will follow a standard process in deploying to requesting organization support activities.
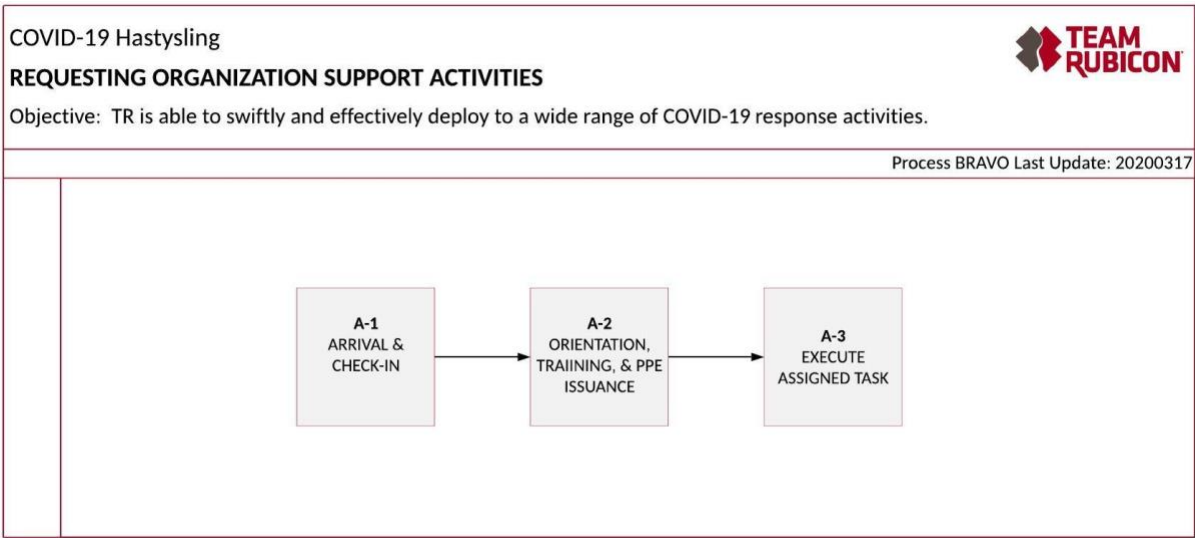

Figure 2 Requesting Organization Support Activities Process Map

For details about specific Requesting Organization Support Activities, refer to the appropriate field guide in the appendices of this document.

4. OUTFITTING

4.1 LOGISTICS

The requesting organization will provide most supplies, equipment, food, water, billeting, and other resources needed to sustain Greyshirts throughout activities. Team Rubicon will assess any resource gaps and solve for them on a discretionary, as-needed basis.

4.1.1 TR Facilities and Equipment

The following are guidelines for all TR facilities, equipment, FOBs, and billeting locations in the context of COVID-19 related operations:

Billeting Capacity and Access Restrictions
Upon agreement with the requesting organization, local Greyshirts may be able to return home after each shift. When appropriate for the activity or in cases where the requesting organization has deemed it a health risk for Greyshirts to return home after each shift, the requesting organization will provide billeting that meets TR's health and safety standards.

Billeting will not be shared with other organizations and no more than ten people will billet under one roof. If bathrooms and showering facilities are in another building, they may be shared by more than ten people, though no more than ten people should use them at any one time. Non-TR members will be limited from access to the FOB and billeting areas, including bathrooms, eating areas, and shared spaces, to the extent possible.

Billeting Set-Up and Sleeping Arrangements
Billeting and FOB locations will be kept separate.

There will be no less than six feet between cots to permit CDC-recommended radius. Bunks should be spread out as far as possible (to maximize distancing) and staggered (i.e. not in direct line with one another) and additional available rooms will be used to increase physical distancing.

Greyshirts should alternate head/feet positions to reduce the risk of respiratory spread while in bunks. Painters tape will be used on the floor to identify and maintain bunk positions. Personal belongings should remain stowed underneath each bunk and not left in shared areas.

Once a cot is occupied by a Greyshirt, it will remain occupied by that Greyshirt until the Greyshirt demobilizes. Greyshirts will not switch cots. In situations where a Greyshirt must switch locations, the Greyshirt will not occupy a new cot but will instead physically relocate their cot while maintaining six feet of clearance

among all other Greyshirts. Relocate cots when the billeting area is minimally occupied.

Upon a Greyshirt's demobilization, the cot occupied will immediately be thoroughly disinfected, using cleaners appropriate to the cot's surfaces, and in all cases before the cot is occupied by another Greyshirt. Additionally, upon the Greyshirt's demobilization, all linens, including pillows, will be laundered and fully dried per the instructions below.

Posting of Information
Health & safety guidance included, CDC Fact Sheets, and Effective Handwashing Techniques will be posted at entrances and in strategic places providing instructions on hand hygiene, respiratory hygiene, and cough etiquette. Additionally, there will be signs posted at exterior doors reading, "Wash hands upon entering." If hand sanitizer is available, sign may read "Wash hands or use hand sanitizer upon entering." All new Greyshirts will be given a one-time hygiene orientation when first working at the FOB or entering a billeting location. This orientation should include distribution of the Hygiene Guidelines in Appendix G.

General Sanitation
Frequently touched surfaces such as doorknobs and handles will be cleaned throughout the FOB while billeting facilities, including restrooms, will be cleaned at least twice daily following the CDC guidance for cleaning and disinfecting. If possible, disinfecting wipes will be available in frequently touched areas such as break rooms or workstations, and people will wipe off the area when they depart. Adequate disinfecting supplies will be made available.

Hotel Stays
When it is necessary for Greyshirts to stay in hotels during an operation, they will adhere to all provisions in APPENDIX D: HYGIENE GUIDE. Greyshirts should bring hand sanitizer and disinfecting wipes, minimize interaction with the hotel staff, and refrain from leaving hotel room for non-essential purposes. Furthermore, whenever possible, Greyshirts should adhere to the following considerations:

Parking: Use self-park to the extent practicable and avoid valet services. If valet services must be used, disinfect the keys and all surfaces upon entering the vehicle.
Check-In: Maintain physical distance from front desk clerk. Disinfect credit card/PEX card, room key, and any other check-in materials upon receipt.
Hygiene: Wash hands after encounters with high-touch surfaces (e.g., door handles, elevator buttons, railings)
Sanitation: Upon first entering a room, disinfect the space, paying close attention to high-touch surfaces and equipment. Follow the same process

each time a service attendant enters the room. High-touch surfaces include, but are not limited to:

- Doorknobs
- Light switches
- Remote controls
- Telephones
- Alarm clocks
- Bedside tables
- Bathroom counters and faucets
- Dresser tops, drawers, and closets
- Bedsides
- "Do Not Disturb" signs

Disinfecting Billeting/FOB after confirmed exposure

If a Greyshirt or other visitor to Team Rubicon-run billeting, FOB, or office locations is confirmed COVID-19+*, TR staff will shut down the operation per the Exposure Policy. As immediate as possible, a certified cleaning service will be hired to clean and disinfect the facilities in line with the CDC guidelines below. If such service is inaccessible , Greyshirts will be assigned to clean according to these guidelines:

- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Wait 24 hours or as long as practical before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, and remote controls used by the ill persons, focusing especially on frequently touched surfaces.

Hard (Non-porous) Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.
- A list of products that are EPA-approved for use against the virus that causes COVID-19 is available herepdf iconexternal icon. Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
- Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow

manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Household bleachwill be effective against coronaviruses when properly diluted.

- ▪ Prepare a bleach solution by mixing:
  - • 5 tablespoons (1/3 cup) bleach per gallon of water or
  - • 4 teaspoons bleach per quart of water

Soft (Porous) Surfaces

- o For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
- o If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
  - ▪ Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19pdf iconexternal icon and that are suitable for porous surfaces

Electronics

- o See electronic cleaning policy

Linens, Clothing, and Other Items That Go in the Laundry

- o In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- o Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- o Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

Personal Protective Equipment (PPE) and Hand Hygiene:

- o The risk of exposure to cleaning staff is inherently low. Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- o If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reuseable (washable) clothing should be laundered afterwards. Clean hands after handling dirty laundry.

- Gloves should be removed after cleaning a room or area occupied by ill persons. <u>Clean hands immediately after gloves are removed.</u>

If it has been more than 7 days since the person with confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

Physical Distancing: Refrain from using or congregating in common spaces, such as gyms, lobbies, public restrooms, and buffet lines. Put "Do Not Disturb" tag on the door. Greyshirt must refrain from requesting turndown service and should request that service attendants refrain from entering the room.

Food: Only eat hotel-prepared meals that have been pre-packaged. Disinfect all packaging before opening and consuming. Room service may be ordered, but Greyshirt should instruct the service attendant to knock and leave the meal next to the door to maintain physical distancing. Disinfect the tray and packaging prior to consuming.

Supplies: Though TR encourages Greyshirts to come prepared and use what is in the room sustainably, Greyshirt may request that housekeeping provide certain supplies (e.g., toothbrush, extra towels). Greyshirt should instruct the service attendant to knock and leave the supplies next to the door to maintain physical distancing. Disinfect the supplies prior to using.

Check-out: Request that hotel provide a digital receipt and avoid in-person check-out. If a physical receipt is the only option, request that hotel staff deliver receipt beneath the door at check-out. Greyshirt should disinfect receipt.

Vehicle and Equipment Decontamination

Thorough cleaning and disinfecting of all vehicles and equipment will be completed at the end of each shift. Interior vehicle surfaces will be wiped down with disinfectant wipes at least upon entering the vehicle and at the end of the day. Appropriate cleaning and disinfecting solution for decontamination should be used and power washing with water only is not effective.

Contaminants may be present on electronic equipment, including on the outside of cases containing electronic equipment. All TR personnel should practice proper equipment decontamination to reduce the risk of disease spread. Electronic equipment is sensitive and can be damaged by corrosive decontamination materials. Only approved cleaning equipment should be used. The following protocol for equipment decontamination should be adhered to by all Greyshirts:

- Equipment used by one person should be decontaminated at a minimum each day.
- Equipment used by multiple people should be decontaminated after each use. The last Greyshirt to use the equipment is responsible for decontamination prior to transferring to the next user.

- If the equipment is used while encountering COVID+ (or suspected COVID+) individuals, then Greyshirt will decontaminate equipment after each encounter.
- Gloves are recommended during decontamination, but not required

Never immerse electronic equipment in cleaning solutions. Do not use the following chemicals when cleaning electronics, as it may corrode the equipment:
- Any chlorine-based cleaner, such as bleach
- Peroxides (including hydrogen peroxide)
- Solvents such as acetone, paint thinner, benzene, methylene chloride or toluene Ammonia (e.g. Windex)
- Ethyl alcohol

Greyshirts should use one towel, wipe, cloth or item used for decontamination to clean each piece of equipment. Materials used to disinfect equipment should be handled carefully and properly disposed of in waste bins.

For further details about equipment and vehicle decontamination, refer to APPENDIX C: JOB AIDS.

Restrooms
Restrooms, both internal and port-o-johns, will be cleaned twice daily using the procedures outlined in CDC guidance for cleaning and disinfecting.

Office Space
There will be six feet of spacing between workstations if possible. All Greyshirts and staff will adhere to CDC-prescribed guidance for hygiene as outlined in APPENDIX G: HYGIENE GUIDE will be adhered to. Whenever possible, seating will be arranged so that individuals are facing the wall.

Laundry
Items will be washed as appropriate in accordance with the manufacturer's instructions using the warmest appropriate water setting and drying completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Shaking dirty laundry should never be done as it can disperse germs through the air. Clean and disinfect hampers or other carts for transporting laundry according to guidance for hard or soft surfaces

Food Preparation and Distribution
Food will be distributed as "grab-and-go" bagged lunches or meal delivery, not buffet-style. Food should not be shared. All produce will be washed thoroughly, and all food contact surfaces such as utensils, cutting boards, and serving ware must be washed, rinsed, and sanitized, either with chemical sanitizer or high-temperature dish machine, often throughout the day. For further information

about safe food handling, refer to the Safe Food Handling Guide in APPENDIX C: JOB AIDS.

Meal Take-Out and Delivery

When it is necessary for Greyshirts to order food during an operation, they will adhere to all provisions in APPENDIX D: HYGIENE GUIDE. Greyshirts should bring hand sanitizer and disinfecting wipes, minimize interaction with the restaurant staff, and always order food to go. Whenever possible, Greyshirts should adhere to the following considerations:

Ordering: Greyshirts should order ahead by phone or internet.

Delivery: When food can be delivered directly to the door, Greyshirts should instruct the delivery attendant to knock on the door and step back six feet prior to retrieving food. When food can only be delivered to a public entrance (e.g., hotel lobby), Greyshirts should instruct the delivery attendant to maintain six feet of physical distance to the extent
practicable. Greyshirts should immediately disinfect any materials that come into contact with delivery attendant during the transaction process (e.g., credit/PEX cards, pens, receipts). Prior to consuming the
meal, Greyshirts should disinfect all packaging and wash their hands.

Take-out: Greyshirts should maintain physical distance and immediately disinfect any materials that come into contact with vendors during the transaction process (e.g., credit/PEX cards, pens, receipts). Prior to consuming meal, Greyshirts should disinfect all packaging and wash their hands.

4.1.2 Transportation[4]

To avoid spreading COVID-19 through Greyshirt deployment, only Greyshirts who can transport themselves via personal vehicle will be deployed so that physical distance is maintained during commutes and sanitation can be controlled by the individual. Carpooling is discouraged, but when necessary Greyshirts must adhere to carpooling protocol:

o   Carpooling should only be utilized where no other alternative exists for a Greyshirt.

o   When carpooling, no more than two Greyshirts should ride together in a vehicle and attempts should be made to maintain six feet of physical distance; Greyshirts should sit in farthest points from each other in a vehicle.

o   Greyshirts should adhere to all guidance on proper hygiene.

o   Greyshirts who plan to carpool (for both non-operational and operational travel[5]) during an Operation must notify their designated TR lead of their intent to do so, including the names of all Greyshirts participating.

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[4] TR policy regarding transportation will be revisited daily to reflect evolving operational needs and up to date best practices.

[5] **Non-Operational Travel -** *Routine travel that is performed during TR operations that's not directly ordered by the OSC. This includes travel, Billeting to FOB, Off-duty runs, etc…*
Operational Travel - *Routine travel during TR operations that are directly ordered by the OSC and necessary for continuity of operation.*

- o   The designated TR lead will record names of all Greyshirts who are, or plan to, participate in carpooling in ICS Form 211 (Incident Check-in List) for non-operational travel
    - o   This can be notated on the 2ⁿᵈ page in the "notes section" of the form
- o   During Operation travel, the TR lead should record any instances of Greyshirt carpooling
    - o   The TR lead will record the names of all Greyshirts carpooling in the ICS Form 204 (Assignment list). This should be recorded in Section 7 (Special Instructions) of the ICS Form.

In cases pre-authorized by the Director of Field Operations, Greyshirts may be authorized to fly to and from an operation. In these cases, Greyshirts should adhere to CDC-endorsed best practices for flying and TR's hygiene guidelines detailed in APPENDIX D: HYGIENE GUIDE.

Rental vehicles will be used for any activities requiring transportation during an operation. Greyshirts are not permitted to use personal vehicles while executing activities during an operation. No more than two Greyshirts are permitted to ride in a vehicle together and, when sourcing vehicles, attempts should be made to procure rental vehicles that enable physical distancing.

In the event a Greyshirt will be driving a vehicle either rented/owned by TR or operating their personal vehicle while performing TR duties, the designated supervisor will ensure that the Greyshirt possesses a current driver's license. During Operations, any Greyshirts that is tasked with driving a motor vehicle in order to perform specific duties is required to provide their Driver's license information to the designated supervisor prior to assuming their role.
- o   The Designated Supervisor will visually confirm the Greyshirt(s) assigned to drive have official, non-expired driver's motor vehicle licenses in their possession.
- o   For tracking purposes, the Designated Supervisor will enter the name of the Greyshirt and the validity status of their Drivers License (with an indication of "yes/no") into the ICS Form 204 (Section 6 -Work Assignments)

If the designated supervisor cannot confirm the status of a Greyshirt's Driver's license, the Greyshirt will be prohibited from operating a motor vehicle while performing official duties for Team Rubicon.

4.2 PERSONNEL
4.2.1 Personnel Eligibility
While the delivery of TR capabilities involves a level of risk, TR is invested in mitigating such risks whenever possible. Therefore, those who are at increased vulnerability for COVID-19 or could pose a danger through infection to team and community members will not be deployed to COVID-19 related activities. In the interest of keeping Greyshirts and community members safe, TR will adhere to the following personnel guidelines:

- No Greyshirt 65 years of age or older will be deployed

- TR asks that Greyshirts experiencing common symptoms of COVID-19 avoid engagement in any TR activity or event. CDC guidelines advise screeners to watch for the following symptoms, which may appear 2 – 14 days after exposure:
    - Fever
    - Cough
    - Shortness of breath

Greyshirts exhibiting the following symptoms should seek immediate medical attention:
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Note that this list identifies the most common symptoms of COVID-19. It is not a complete list of COVID-19 symptoms and should not be used to diagnose COVID-19.

These criteria are based on the most accurate and up to date information provided by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). These organizations also suggest that people with underlying conditions including hypertension, diabetes, heart disease, and cancer are at an increased risk of developing serious COVID-19 illness. If a Greyshirt is ineligible to deploy due to exposure or symptoms of COVID-19, the decision to allow a return to work will be based on the TR Return to Work Guidelines.

All Greyshirts must be prepared to quarantine for 14 days following deployment if necessary. Additional requirements for personnel may apply to specific activities and are detailed in the Activity Field Guides.

"Close Contact" Deployment Constraint
Greyshirts who have come into close contact with anyone who has COVID-19 in the past 14 days should not sign up for TR events. Close contact is defined as one of the following:
- Living in the same household as a sick person with COVID-19
- Caring for a sick person with COVID-19
- Being within six feet of a sick person with COVID-19 for about 10 minutes
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.)

These guidelines apply exclusively to Greyshirts who have been exposed to COVID-19 without donning PPE for high exposure risk situations.

4.2.2 Operations Organizational Structure

TR's operational structure will adhere to FEMA ICS principles and the TR Incident Management Manual. Due to the unique risks presented by the COVID-19 pandemic, TR will employ a remote model for its command and general staff during operations with low complexity and low hazard profile.

Command Staff (Remote)
- Incident Commander (IC) – Sets objectives and command emphasis. The IC will update the IC check-in slides for each task force working that day, and report to the IMT leader on daily check-in calls.
- Safety – Writes the 206 and 208 for each task force location
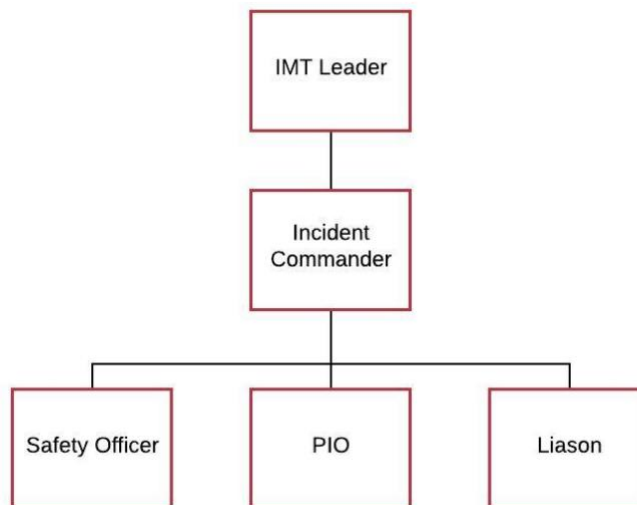
Figure 3 Remote Command Staff Org Chart

General Staff (Remote)
- Operations Section Chief (OSC) – Manages all task force activity until they reach their span of control. Also, the OSC will ensure each Task Force Leader completes a 211 and 204s.
- Planning Section Chief (PSC) – Fills subordinate roles as needed, including resource unit, situation unit, and document unit. The PSC will also build out the Incident Action Plan.
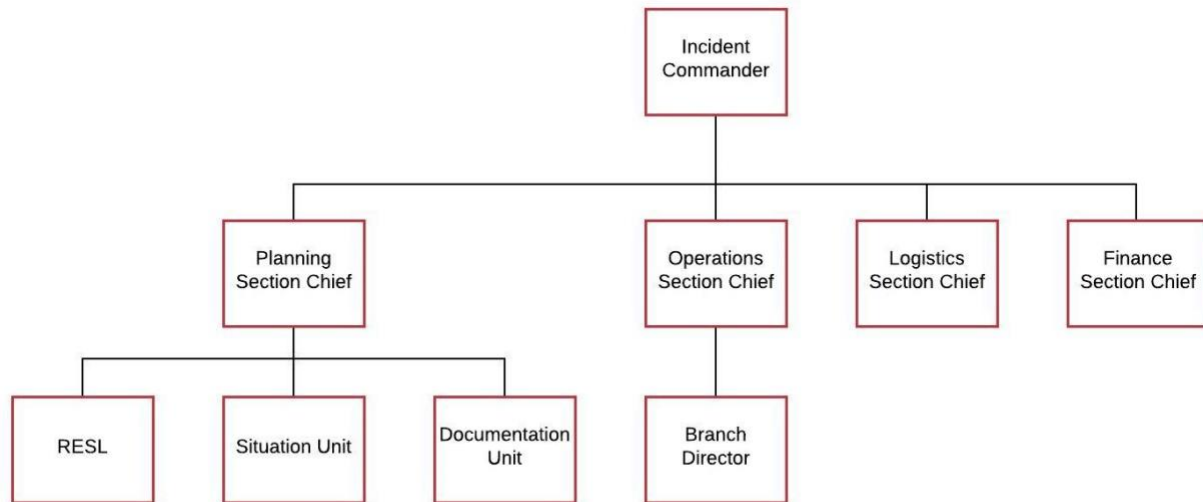
Figure 4 Remote General Staff Org Chart

Operational Models

Each territory will be responsible for choosing whether to adopt a Geographic or Functional model for its operations. Task Force Leaders report to the OSC and are either geographically fixed or functionally fixed depending on the model chosen. Strike Team Leaders report to the Task Force Leaders and are always functionally specific, specializing in one response activity (e.g., shelter support, food supportive services).

Geographic Task Force Model
The geographic model is designed to give territories flexibility to leverage geographically specific Task Force Leaders to supervise across multiple response functions (i.e., capability activities).
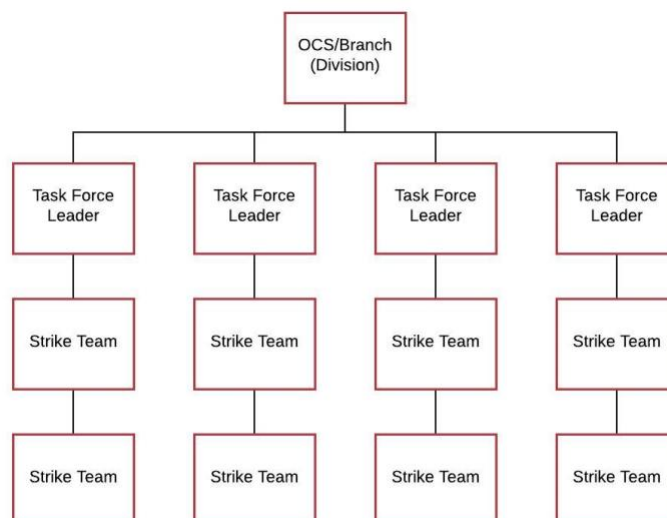
Figure 5 Geographic Task Force Model Org Chart

Functional Task Force Model

The functional (i.e., activity specific) model is designed to give territories flexibility to leverage functionally specific Task Force Leaders to supervise across multiple geographies. In this model, the Task Force Leader is also the Branch Leader. The Branch corresponds to the function that Strike Teams under its purview perform.
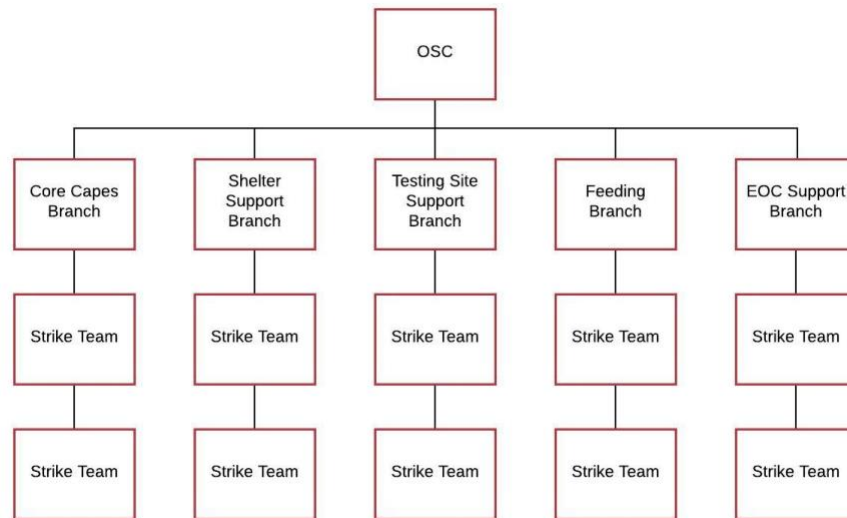
Figure 6 Functional Task Force Model Org Chart

4.3 SAFETY

4.3.1 Duty of Care

TR will use all appropriate and relevant assessments throughout the Mission Planning Process, and re-assess daily within the Incident Action Plan, duty of care and security of Greyshirts as it relates to COVID-19 and other risks associated with deploying in an emergency scenario. Direct interaction with other Greyshirts still presents a risk to contract/spread COVID-19. Physical distance and other standard safety measures will be followed. Greyshirts will maintain the recommended protocol of standing six feet apart from one another.

4.3.2 Maintenance of Hygiene

To mitigate the risk of infection and spread, Greyshirts are expected to practice proper hygiene during and while in transit to an operation. Please see Appendix G: Hygiene Guide for additional detail on these expectations.

4.3.3 Post-Operation Decontamination

After daily operations close, Greyshirts will undergo decontamination of personal as well as operational gear in accordance with requesting organization and local/state recommended protocols. In addition, the requesting organization may require that Greyshirts take measures after deployment to prevent community spread, such as physical isolation or self-quarantine. All Greyshirts are required to comply with these requests. Greyshirts returning to homes shared with other people should follow

guidance from the CDC's [Information for Healthcare Workers](#) as well as immediately disrobing outside (in backyard, garage, etc.) and washing clothes in hot water on high heat to minimize the chance of spreading COVID-19 to household members.

4.3.4 TR COVID-19 Exposure Policy

Any member of the TR team that is experiencing signs and symptoms associated with COVID-19 should immediately contact a healthcare provider, their designated supervisor (if on an operation) and reduce contact with others. All Greyshirts should be prepared to self-quarantine for 14 days following any TR event. TR may recommend this self-quarantine be enacted pursuant to the conditions outlined in this Exposure Policy. Greyshirts deployed on an operation will strictly adhere to the protocols outlined in this Exposure Policy.

Signs and Symptoms

COVID-19 [symptoms](#) include, but may not be limited to: fever, cough, or shortness of breath and may include body aches, diarrhea, and vomiting.

Pre-Operation Check-In and Monitoring During Operations

Greyshirt acknowledges risk through informed consent (waiver through the availability and mobilization process) to self and possible post event exposure to family at dispatch instructions.

Strike Team Leaders will check in with all team members at a minimum of twice per day, prior to the start of work and after its conclusion, and preferably periodically during the day for signs of COVID-19 symptoms. Command and General Staff will pair up to monitor one another, and/or check in with the strike team leader.

On Operations with moderate to high exposure risk as defined in the TR Minimum PPE Requirements, as well as those requiring billeting and/or FOB, Team Leaders will use remote temperature sensors to record the temperatures of all Greyshirts at regular intervals each day: once prior to the operation and again upon their return to billeting/FOB. Greyshirts with temperatures of 100.4°F or above will be further screened and subject to the provisions of the Exposure Policy.

If symptoms are present, Tea,m Leaders will note the date in order to index the case and date of potential onset. Greyshirts will not be permitted to take commercial transportation (including commercial air travel) until they have been cleared through local health department policy.

Greyshirt exhibits COVID-19 like symptoms during operations or training

If a Greyshirt develops fever, cough, or shortness of breath during an operation:

- Immediately give the individual a surgical mask and direct to wash hands/use hand sanitizer

- Isolate the individual and maintain physical distancing protocols
- Decontaminate the workspace of the affected person
- Local available phone screening conducted, as noted on the 206. This protocol will be on the medical plan for each operation

Based upon public health screening:
1. Greyshirt cleared
    - Greyshirt will remain isolated and standard viral syndrome precautions will be implemented (e.g. physical distancing, hand hygiene, surgical mask)
    - IC will send Greyshirt home
        - If Greyshirt drives to Operation, Greyshirt will return to HOR and will notify primary care provider
        - If Greyshirt flies to Operation or Carpools, IC will consult with NOC and IMT, who will coordinate and seek guidance from public health officials as necessary

Greyshirt told to quarantine by local medical authority

- Greyshirt will remain quarantined or be sent home, with standard viral syndrome precautions observed (e.g. physical distancing, hand hygiene, surgical mask)
- IC in consultation with NOC and TR Medical will send Greyshirt home if:
    - Greyshirt drove to operation, then the Greyshirt will return to home of residence (HOR)
    - If Greyshirt flew to Operation, then the IMT and NOC, in consultation with public health officials, will determine a safe and secure place for Greyshirt to quarantine. The IMT and NOC will also determine the duration and conditions regarding when the Greyshirt can safely exit quarantine. In cases where a local care/quarantine site is unavailable, the IMT and NOC will coordinate to secure a hotel for the Greyshirt for the duration of their quarantine.
2. Greyshirt requested for additional in-person testing
    - Greyshirt remains isolated and standard viral syndrome precautions implemented (e.g. physical distancing, hand hygiene, surgical mask)
    - IC notifies NOC and TR Med
    - Greyshirt transported to the testing site
        - If Greyshirt is able to drive and has a vehicle, the Greyshirt showing symptoms will drive his/her own vehicle to the

hospital while being followed by a Greyshirt in a separate car to ensure safe arrival at the testing site.

  - If Greyshirt is unable to drive due to symptoms, 911 is called
- Treatment per hospital/protocol

Test Results
Testing facility confirms negative COVID-19 in Greyshirt
- Greyshirt conforms to all medical advice
- Upon discharge from the medical facility the Greyshirt will notify IC via phone but will not return to the FOB
- Greyshirt will be demobilized.
- TR will coordinate transportation home as appropriate via commercial or personal transport at hospital release

Testing facility confirms positive COVID-19 in Greyshirt
- Greyshirt conforms to all medical advice
- Greyshirt remains hospitalized or under treatment per public health protocol, or is sent home to self-isolate and monitor symptoms
- Greyshirt notifies IC of positive test result.
- IC instructs the Greyshirt to demobilize and isolate, Greyshirt complies
- TR will coordinate transportation home as appropriate via commercial or personal transport at hospital release
- If a Greyshirt is told to return home and isolate, but refuses to comply due to concern of infecting family, the IMT and NOC, in consultation with public health officials, will determine a safe and secure place for Greyshirt to quarantine, as well as the duration and conditions upon which the Greyshirt can safely exit quarantine. In cases where a local care/quarantine site is not available, the IMT and NOC will coordinate to secure a hotel for the Greyshirt for the duration of their quarantines.

TR Actions if COVID-19 Confirmed Positive
If the Operation is still ongoing
- Operation will be shut down immediately
- Notify county public health of operation that Greyshirt had been exposed
- Notify all Greyshirts deployed of possible exposure and recommended next steps
- Greyshirts with direct contact with infected individual should be:
  - Isolated from the group and given mask
  - Referred to a testing site for testing if needed depending on severity of symptoms and county public health policy (follow above protocols)

- TR provides list of following information, locations and activities to the state's department of public health:
  - Greyshirt family contact info
  - Billeting establishment address, contact information
  - Contact information of Homeowners where Greyshirt worked
  - Restaurants or other facilities Greyshirt frequented

Operation already demobilized
- TR notifies public health authority of the following
  - Contact info of Greyshirt with confirmed COVID-19
  - Number of Greyshirts, and information, to have been possibly been exposed
  - Lodging establishment
  - Homeowner information where Greyshirt worked
- TR notifies all deployed Greyshirts of possible exposure

Second-Degree Contact
Second-degree contact is defined in this manual as contact with a healthy (or presumably healthy) individual who has had direct contact with another individual who has tested positive for COVID-19. In cases where a Greyshirt has experienced second-degree contact, the operation will proceed as planned and no action will be required. If the situation evolves (e.g. Greyshirt develops COVID-19 signs/symptoms or a COVID-19 case is confirmed at the operation site), the Greyshirt should adhere to the protocols outlined above.

4.3.5 TR Minimum PPE Requirement
The following TR Minimum PPE requirements are based on CDC standards, but local supply may impact availability. Greyshirts assigned to service sites equipped with less than minimum standard PPE are empowered to opt out of operations. Greyshirts are discouraged from using PPE unless required or recommended due to the international shortage of PPE and in the interest of reserving such equipment for those with the most critical needs. For activity specific exposure risk levels, see the relevant field guides in the appendices of this document.

Exposure Risk Level	Example Activities	Minimum PPE
Low Risk	No client interaction; warehouse and packaging support, remote support	Standard precautions including hand hygiene, physical distancing, and cleaning and disinfecting surfaces
Medium Risk	Cleaning, taking out trash, or handling potentially contaminated supplies or equipment, occupying spaces that previously had COVID+ individuals	Standard precautions plus: • Gloves • Isolation gown

High Risk	Direct interaction with clients suspected or confirmed to be COVID+, working inside of a facility treating COVID+ patients	Standard precautions plus: • Gloves • Face shield • Isolation gown • N95 mask • Bouffant Cap

All "high exposure risk" operations will provide a method for Greyshirts to be properly fit tested for use of N95 respirator masks (or other respirator masks of similar droplet protective quality). For further information about donning and doffing PPE, see APPENDIX C: JOB AIDS.

PPE EXTENDED USE AND REUSE POLICY:
TR responders will follow the protocols outlined below for the extended use and reuse of PPE on medium to high exposure risk Operations. Please note, this policy has been developed specifically for use in response to a critical shortage of PPE due to a pandemic or other disaster and when all other options of obtaining these items have been exhausted.

Furthermore, note that particulate respirators, which include N95 respirators, are not to be mistaken for surgical masks.

Extended Use of Particulate and N95 Respirators:
"Extended use" refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients. In these instances, the respirator continues to be worn between patient encounters[6] Extended use may be implemented when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards.
- N95 respirators should be discarded under the following conditions:
  - Following use during aerosol generating procedures (unless covered with a disposable mask during the aerosol generating procedure)
  - If N95 respirators become visibly contaminated with blood or other bodily fluids from patients.
  - If N95 is obviously damaged or becomes hard to breathe through.

Limited Reuse of N95 Respirators:

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[6] Centers for Disease Control and Prevention (2020, March 27). *Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings.* Retrieved from https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html#note1

"Reuse" refers to the practice of using the same N95 respirator for multiple encounters with patients and doffing (removing) the respirator after multiple patient encounters[7]. The respirator is stored between encounters to be donned again prior to the next encounter with a patient. Refer to <u>APPENDIX C: JOB AIDS for recommendations on storing and reusing N95 respirators, and keep the following in mind about reuse:</u> Used N95 respirators will be air-dried, either stored in a paper bag or hung at room temperature (68° - 72°F) for a minimum of **72 hours** prior to reuse for thorough sanitation [8]

  - Discard masks after **five uses.**[9]
  - CDC guidelines recommend use of face shields that can be thoroughly cleaned, or surgical masks (in preference to N95 masks)
- Whenever possible, patients should be issued surgical masks to reduce surface contamination of respirators
- Clean hands with soap and water or an alcohol-based hand sanitizer (at least 60 percent ethanol or 70 percent isopropanol) before and after touching the respirator
- Immediately after donning a used N95 respirator and performing a user seal, check to ensure a good seal by taking the following steps:
  - Ensure that no air comes through the perimeter of the mask when the user blows out. If air comes out, it is not a tight seal
  - A light intake of breath should cause a slight inward puckering of the mask. If it does not, then it is not a tight seal
  - A light exhale should cause a slight expansion of the mask. If it does not, then it is not a tight seal
- Observe hand hygiene and change gloves regularly
- N95 respirators should be discarded under the following conditions:
  - After aerosol generating procedures (unless covered with a disposable mask during the aerosol generating procedure)
  - If N95 mask becomes visibly contaminated with blood or other bodily fluids
  - If N95 mask is obviously damaged or if it makes breathing difficult
  - If the user cannot achieve a tight seal

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[7] Centers for Disease Control and Prevention (2020, March 27). *Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings.* Retrieved from https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html#note1

[8] Petras, G., Padilla, R., & Zaiets, K. (2020, March 27). *How Long Does the Coronavirus Live on Surfaces?* Retrieved from https://www.usatoday.com/in-depth/news/2020/03/25/coronavirus-survives-on-metal-plastic-cardboard-common-objects/2866340001/

[9] OSF Healthcare (2020). *N95 Reuse Guide.* Retrieved from https://www.osfhealthcare.org/media/filer_public/6e/7c/6e7c3b47-5b40-4e32-b028-8b6b9e1bd4db/n95_reuse_guide.pdf

NON-MEDICAL FACE COVERING POLICY:

Based on the recommendation of the CDC[10], Greyshirts are required to wear a non-medical face covering (such as homemade cloth mask, bandana, scarf, or even old t-shirts) to cover their faces and noses while participating on all TR Operations. This does not replace the need for additional PPE per TR's Minimum PPE guidelines. Greyshirts are expected to provide their own non-medical face covering. As non-medical face covering is not sufficient to prevent illness, all other protocols to this end (hand hygiene, physical distance, disinfecting, etc.) must be followed.

4.4 INFORMATION

Whenever possible, TR will request to be plugged in to the requesting organization's current information gathering operations. Key data points will be compiled with the support of Marcomms and Development. For further information, refer to Section 5c of the Domestic Emergency Operations Plan and Appendix C.

5. ADMINISTRATION
5.1 DOCUMENTATION

TR and requesting organizations will sign the Acknowledgement of Policy form, located in Appendix J, to confirm that they have shared all relevant policy, guidelines, and protocol related to COVID-19 and general execution of operations with each other. This form also ensures that, regardless of Greyshirt participation in different activities with the requesting organization, Greyshirts will adhere to minimum standards as dictated in TR doctrine and this COVID-19 Operations Manual. The Acknowledgement of Policy form must be signed by TR POC and requesting organization POC in order for MPT to move the mission planning process from WARNO to OPORD. The signed/completed Acknowledgement of Policy form should be stored in the Operations folder by MPT. If a requesting organization refuses to sign, or there are other difficulties surrounding capturing signatures on the Acknowledgement of Policy form, the MPT can consult with either the Director of Territory Operations or The Deputy Director of Operations Support on how to work towards a yes with the requesting organization.

6. ORGANIZATIONAL SUPPORT
6.1 MOBILIZATION

Standard operating procedures as detailed in the Mobilization-Demobilization Manual should be followed. Greyshirts will be deployed for no longer than fourteen days. Greyshirts will be deployed within a 50-mile radius whenever possible and will not work more than 12 hours per day, including travel time. Additional guidance specific to this capability is below.

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[10] Use Cloth Face Coverings to Help Slow Spread. (2020, April 3). Retrieved from
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html

The following deployment guidelines will apply:

- Incident Command Support, Non-Medical Testing Operations, and Shelter General Support will deploy within a 450-mile radius by driving only when billeting is confirmed and with DFO approval.
- Medical operations are preferred to deploy within a 450-mile radius by driving only, however airline travel for Greyshirts providing medical services will be authorized with DFO approval.
- TR Core Operations will deploy within a 450-mile radius by driving only when there is confirmed billeting, DFO approval, and all TR COVID-19 policies and protocols are followed.
- In all cases of deployment, Greyshirts are expected to adhere to the safety and hygiene guidelines as outlined in this COVID-19 Operations Manual.

APPENDIX A: EVALUATION PLAN

Assumptions	Indicators	Outputs	Definition
1) Government and non-governmental organization response at the local, state, and federal level will be overwhelmed.	Number of RFAs received by TR (as a measure of need of Government, NGO, Local Community need)	# of RFAs received	Total number of RFAs receive regardless of TRs ability to respond disaggregated by requesting organization (Government level, NGO, other)
2) The needs of the community throughout the US and globally, are beyond that of the local capacity.			
	TR can respond to requests for assistance	# of RFAs	Number of RFAs that go to OPORD disaggregated by capability type.
5) Appropriate PPE and other safety equipment will be available to TR.	Appropriate health and safety measures and equipment were provided to Greyshirts	% Greyshirts provided with PPE, when needed	PPE provided is defined as appropriate PPE for a task is assigned every time
		% of Greyshirts given health and safety training and/or protocols	Greyshirts given a briefing or required to read through protocols for health and safety.
6) The number of quarantined communities will increase in the coming weeks.	Number of quarantined communities over time	# of total communities quarantined mapped over time	# of total communities (by county) with any community spread order tracked as total per week
7) The number of confirmed positive cases will increase in the coming weeks.	Number of confirmed cases over time	# of total cases mapped over time	# of total confirmed cases tracked as total per week
10) Specific community needs will vary by geographic location.	Number and type of capabilities launched over the course of the operation	# of RFAs disaggregated by geographic location and activity type	# of RFAs disaggregated by geographic location and activity type
11) Some portion of TR staff and Greyshirts will become infected with COVID-19; it may or may not be related to TR activities	Number of confirmed or suspected cases during or after deployment.	% of Greyshirts that contract COVID-19 (confirmed or suspected cases) during or after deployment.	Number of confirmed or suspected cases during or after deployment /Total Greyshirts deployed

APPENDIX B: INFORMATION COLLECTION PLAN

Indicator	Activity	Unit of Measure	Source	Responsibility	Cadence	Process	Form	Notes
People Affected (pop)	All	Population count	US Census Bureau	NOC Planning	Daily	Download CSV raw data	No	
People Affected (day count)	All	Day counts	US Census Bureau	NOC Planning	Daily	Download CSV raw data	No	
Greyshirts Deployed	All	Greyshirts	EMS	NOC Planning	Daily	Pull data from EMS; disaggregate by activity type	No	
Greyshirt Hours Worked - Field	All	Work hours per task	Field (Collection Form)	Designated Field Rep	Daily	Designated field rep records information in Collection Form; form should allow field rep to assign hours (on a quarter-hour basis) to specific tasks (e.g. material handling, delivery driving) for each activity	Yes	Feeding will be the only activity that has designated tasks (as of 3/26); all other activities will just have a single general labor task
Greyshirt Hours Worked - Overall	All	Work hours	EMS	NOC Planning	Daily	Combine hours for Greyshirts in the field (recorded through Collection Form) and Greyshirts in non-field/CGS positions (recorded through EMS)	No	
Individuals Served - Feeding	Feeding	Population count	Field (Collection Form)	Designated Field Rep	Daily	Request number of individuals served as a result of Greyshirt efforts through Requesting Organization; record number in Collection Form	Yes	
Individuals Served - Testing (Non-Medical)	Testing (Non-Medical)	Population count	Field (Collection Form)	Designated Field Rep	Daily	Request number of individuals tested while Greyshirts were on site through Requesting Organization; record number in Collection Form	Yes	

Individuals Served - Testing (Medical)	Testing (Medical)	Population count	Field (Collection Form)	Designated Field Rep	Daily	TO BE FURTHER DEVELOPED; Request number of individuals tested while Greyshirts were on site through Requesting Organization; record number in Collection Form	Yes	
Individuals Served - Shelter General Support	Shelter General Support	Population count	Field (Collection Form)	Designated Field Rep	Daily	Request number of shelter users present while Greyshirts were on site through Requesting Organization; record number in Collection Form	Yes	
Individuals Served - Command Support	Comma nd Support	Population count	Field (Collection Form)	Designated Field Rep	Daily	Request number of individuals served as a result of Greyshirt efforts through Requesting Organization; record number in Collection Form	Yes	
Communities Served	All	Counties	Field (Collection Form)	Designated Field Rep; NOC Planning	Daily	Request counties served through Requesting Organization; record number in Collection Form *Information can be corroborated by NOC Planning based on Mission Planning data	Yes	
Socioeconomic Data	All	Various	US Census Bureau; SVI; others	NOC Planning	As time permits	Cross-reference relevant socioeconomic data against counties served	No	
Requesting Organizations Served	All	Organizatio ns	RFA tracker; Mission Planning process	NOC Planning	Daily	Unique organizations served; local affiliates count as "unique organizations" (e.g., a local Meals on Wheels affiliate)	No	
Operations - Completed	All	Operations	EMS	NOC Planning	Daily	Disaggregated by activity	No	
Operations - Ongoing	All	Operations	EMS	NOC Planning	Daily	Disaggregated by activity	No	
Operations - Mobilizing	All	Operations	EMS	NOC Planning	Daily	Disaggregated by activity	No	

Activities Performed - Feeding	All	Activities	Field (Collection Form)	Designated Field Rep	Daily	To be further developed to correspond with specific tasks.	Yes	For now, NOC Planning should analyze and compile discrete tasks in the 214s submitted
Activities Performed - Testing (Non-Medical)	All	Activities	Field (Collection Form)	Designated Field Rep	Daily	To be further developed to correspond with specific tasks.	Yes	For now, NOC Planning should analyze and compile discrete tasks in the 214s submitted
Activities Performed - Testing (Medical)	All	Activities	Field (Collection Form)	Designated Field Rep	Daily	To be further developed to correspond with specific tasks.	Yes	For now, NOC Planning should analyze and compile discrete tasks in the 214s submitted
Activities Performed - Shelter General Support	All	Activities	Field (Collection Form)	Designated Field Rep	Daily	To be further developed to correspond with specific tasks.	Yes	For now, NOC Planning should analyze and compile discrete tasks in the 214s submitted
Activities Performed - Command Support	All	Activities	Field (Collection Form)	Designated Field Rep	Daily	To be further developed to correspond with specific tasks.	Yes	For now, NOC Planning should analyze and compile discrete tasks in the 214s submitted
Satisfaction - Requesting Organization	All	Satisfaction Score	Qualtrics Form	Insights & Continuous Improvement	End of op	To be developed in consultation with Client Experience team	No	
Complaints Received - Requesting Organization	All	Complaints	Field (Collection Form)	Designated Field Rep; NOC Planning	Daily	Field rep to record any complaints from Requesting Organization in Collection Form; NOC Planning to corroborate/consolidate this info with other sources (e.g. 214s)	Yes	

Satisfaction - Service Recipient	All	Satisfaction Score	TBD	Insights & Continuous Improvement	End of op	Insights & Continuous Improvement to coordinate with Requesting Organizations post-op to determine service recipient satisfaction	No	
Complaints Received - Service Recipient	All	Complaints	Field (Collection Form)	Designated Field Rep; NOC Planning	Daily	Field rep to record any complaints from Requesting Organization in Collection Form; NOC Planning to corroborate/consolidate this info with other sources (e.g. 214s)	Yes	
H&S Trainings Completed	All	H&S trainings	SITREP; ICS safety forms	Safety Officer; NOC Planning	End of op	Safety Officer to coordinate with Field reps to record whether an H&S training was administered at the beginning of an op and the amount of Greyshirts attending; NOC Planning to corroborate/consolidate this info with other sources (e.g. 208s)	No	Trainings are typically offered once at the beginning of an op
H&S Briefings Completed	All	H&S briefings	SITREP; ICS safety forms	Safety Officer; NOC Planning	Daily	Safety Officer to coordinate with Field reps to record whether an H&S briefing was administered during shift changes and the amount of Greyshirts attending; relay up to NOC Planning; NOC Planning to corroborate/consolidate this info with other sources (e.g. 208s)	No	Briefings are typically conducted daily at the beginning of a shift
H&S Incidences	All	Incidences	SITREP; ICS safety forms	Safety Officer; NOC Planning	Daily	Safety Officer to coordinate with Field reps to record whether an incident occurred during an op and the nature of the incident; relay up to NOC Planning; NOC Planning to corroborate/consolidate this info with other sources (e.g. 208s)	No	Events that resulted in injury, illness, or damage

H&S Near Misses	All	Near Misses	SITREP; ICS safety forms	Safety Officer; NOC Planning	Daily	Safety Officer to coordinate with Field reps to record whether a near miss occurred during an op and the nature of the incident; relay up to NOC Planning; NOC Planning to corroborate/consolidate this info with other sources (e.g. 208s)	No	Events that did not result in injury, illness, or damage, but had the potential to
H&S Best Practices	All	Best Practices	SITREP; ICS safety forms	Safety Officer; NOC Planning	Daily	Safety Officer to coordinate with Field reps to gather best practice information; relay up to NOC Planning; NOC Planning to corroborate/consolidate	No	Data should be cleaned to identify only unique best practices
Personal Protective Equipment (PPE) Issued	All	PPE	Field (Collection Form)	Designated Field Rep	Daily	Field rep to record PPE issued and amounts issued to each Greyshirt; Collection Form should have fields for each type of PPE (mask by type, face shield, gloves, hand sanitizer) and the amounts issued	Yes	
Greyshirts Falling Ill - On Operation	All	Ill Greyshirts	SITREP; ICS safety forms	Safety Officer; NOC Planning	Daily	Safety Officer to coordinate with Field reps to record whether Greyshirts experienced signs and symptoms of Covid-19 during an operation; relay up to NOC Planning; NOC Planning to corroborate/consolidate	No	All measures should be taken to not identify Greyshirts in association with the collection of this data
COVID-19 Tests Taken	All	COVID-19 Tests	SITREP; ICS safety forms	Safety Officer; NOC Planning	Daily	Safety Officer to coordinate with Field reps to record whether Greyshirts were required by a Requesting Organization to take a Covid-19 test; relay up to NOC Planning; NOC Planning to corroborate/consolidate	No	All measures should be taken to not identify Greyshirts in association with the collection of this data
COVID-19 Tests - Positive - On Operation	All	Positive Tests	SITREP; ICS safety forms	Safety Officer; NOC Planning	Daily	Safety Officer to record whether Greyshirts tested positive for Covid-19 after taking a Requesting Organization required test; relay up to NOC Planning;	No	All measures should be taken to not identify Greyshirts in association with

						NOC Planning to corroborate/consolidate		the collection of this data
Greyshirts Falling Ill - Post-Deployment	All	Ill Greyshirts	Post-Deployment Follow-Up	NOC Planning	Daily	As part of the post-deployment follow-up, record whether Greyshirts self-report feeling signs and symptoms of Covid-19 within 14 days of their deployment (or the follow-up, whichever is sooner)	No	All measures should be taken to not identify Greyshirts in association with the collection of this data
COVID-19 Tests - Positive - Post-Deployment	All	Positive Tests	Post-Deployment Follow-Up	NOC Planning	Daily	As part of the post-deployment follow-up, record whether Greyshirts self-report a positive Covid-19 test result within 14 days of their deployment (or the follow-up, whichever is sooner)	No	All measures should be taken to not identify Greyshirts in association with the collection of this data
Self-Quarantines - Recommended	All	Self-Quarantines	SITREP; ICS safety forms; Post-Deployment Follow-Up	NOC Planning	Daily	Self-quarantines recommended to Greyshirts during or after an op as a result of a positive test, guidance from the Requesting Organization, and/or TR Exposure Policy	No	
Meals Packaged (Packaging)	Feeding	Meals	Field (Collection Form)	Designated Field Rep	Daily	Field rep should record in collection form. This number should be individual meals regardless of how they are packed. Ex: a box of meals for a family of 4 with 2 meals/day for a week would equal 4*2*7=56 meals.	Yes	Aggregated at NOC Planning
Food Delivered (Mobile Delivery)	Feeding	Pounds	Field (Collection Form)	Designated Field Rep	Daily	Field rep should record in collection form. Total Number of Pounds (lbs.) of Boxes/Meals delivered (if applicable or captured by requesting organization)	Yes	Aggregated at NOC Planning

Miles Driven (Mobile Delivery)	Feeding	Miles	Field (Collection Form)	Designated Field Rep	Daily	Field rep should record in collection form. Capture car mileage prior to leaving for deliveries and when returning from deliveries. DO NOT include personal Greyshirt travel to and from a site.	Yes	Aggregated at NOC Planning
Meals Distributed On-Site (On-site Distribution)	Feeding	Meals	Field (Collection Form)	Designated Field Rep	Daily	Field rep should record in collection form. Number of meals distributed on-site to individuals or families by TR Greyshirts. This number should be individual meals regardless of how they are packed. Ex: A box of meals for a family of 4 with 2 meals/day for a week would equal 4*2*7=56 meals.	Yes	Aggregated at NOC Planning

APPENDIX C: JOB AIDS

COVID-19 Safety Briefing for Greyshirts

Designated Team Leaders should seek out relevant sections within this job aid for orienting Greyshirts before the beginning of each shift. Take steps to ensure that Greyshirts observe minimum safety requirements in accordance with Policy. Any member of the TR team who is experiencing signs and symptoms associated with COVID-19 should immediately contact a healthcare provider, or if in an Operation, their designated supervisor, while reducing contact with others. Review the following points prior to the beginning of each shift:

Health & Safety Guidance
Team Leaders, do a brief walkthrough, making sure Greyshirts are familiar with the general locations of these guides.

☐ CDC Fact Sheets and Effective Handwashing Techniques are posted throughout the Operations site, at entrances in other strategic locations. Fact Sheets provide instructions on hand and respiratory hygiene, as well as on cough etiquette.

General Sanitation
Team Leaders, briefly review fundamentals of cleaning hard, non-porous and soft, porous surfaces with your team. You may also click the hyperlink below to print out detailed, updated guidelines on CDC-approved solutions.

☐ Frequently touched surfaces such as doorknobs and handles must be cleaned throughout the FOB, while billeting facilities, including restrooms, will be cleaned at least twice daily per CDC guidelines for cleaning and disinfecting. Disinfectant wipes will be available in frequently touched areas. Thoroughly wipe down workstations and breakrooms after each use.

Hard, Non-Porous Surfaces

☐ Prior to disinfecting, dirty surfaces should be cleaned using an EPA-approved cleaner and water

Soft, Porous Surfaces

☐ For soft, porous surfaces such as carpeted floors, rugs, and drapes, remove visible contamination if present, then clean with an EPA-approved cleaner formulated for soft,

porous surfaces. For items that can be laundered, clean in accordance with the manufacturer's instructions. Use the warmest appropriate water settings, then ensure that items are completely dry before reusing.

Disinfecting Billeting/FOB After Confirmed Exposure
If a Greyshirt or other visitor to a Team Rubicon-run billeting, FOB, or office locations is confirmed to have COVID-19, TR staff will shut down the operation according to the Exposure Policy. TR will then hire a certified cleaning service to clean and disinfect the facilities—in line with CDC guidelines—as soon as possible. If a certified cleaning service is inaccessible at the time of need, Greyshirts will be assigned to clean according to the following guidelines:

☐ Close off areas Inhabited by persons suspected or confirmed to be positive for COVID-19

☐ Wait 24 hours, or as long as practically possible, before cleaning and disinfecting the space. The waiting period helps to reduce risk of viral transmission

☐ Staff should clean and disinfect all areas including:
- Offices
- Bathrooms
- Common areas
- Shared electronic equipment (tablets, touch screens, keyboards, remote controls, etc.)

TR COVID-19 Exposure Policy
All Greyshirts must be prepared to self-quarantine for 14 days following any TR Operation. Furthermore, deployed Greyshirts must strictly adhere to the protocols outlined in the Exposure Policy.

Pre-Operation Check-In and Monitoring During Operations
Greyshirt acknowledges risk through informed consent (waiver through the availability and mobilization process) to self and possible post event exposure to family.

Strike Team Leaders: perform COVID-19 symptom check-ins with all team members at least twice each day, at the start of each shift and at the end, but preferably throughout the day. Command and General Staff must pair up to monitor one another, and/or check-in with Strike Team Leader.

Signs and Symptoms. COVID-19 symptoms include, but may not be limited to:
- Fever
- Cough

- Shortness of breath
- Body aches
- Diarrhea
- Vomiting

On operations with moderate to high exposure risk (as defined in the TR Minimum PPE Requirements) and those requiring billeting and/or FOB, all Greyshirts will have their temperatures recorded at regular intervals throughout each shift: once prior to the operation, and once upon their return to billeting/FOB. Take the following steps to fulfill this task:

- Use a remote sensor to take temperatures, taking note of temperatures that register at 100.4°F or above
- If the temperature of the Greyshirt registers at 100.4°F or above, TR will consider the Greyshirt COVID-19 symptomatic. In that case, the Greyshirt will be subject to the provisions outlined in the <u>Exposure Policy</u>
- Index the case by taking note of the date
- Inform Greyshirt that they will not be permitted to take commercial transportation (including commercial air travel) until they have been cleared through local health department policies

Personal Protective Equipment (PPE) Donning and Doffing Guide
Find this guide in "Appendix C" of the manual and print for your reference.

Storage and Reuse of N95 Respirator Masks
Find this guide in "Appendix C" of the manual and print for your reference.

Safe Food Handling Guide[11]

Contamination

Food-borne illnesses can result from consuming contaminated food. Contamination of foods can occur through various means and sources. By practicing safe food handling guidelines, contamination of food can be eliminated.

Types of contamination:

- Physical – hair, nails, glass, plastic, metal, bugs, rodent droppings
- Chemical – pesticides, food additives, cleaning chemicals
- Biological – bacteria, virus, fungus, parasite

Sources of food contamination:

- Poor personal hygiene
- Cross contamination
- Improper cleaning and sanitation
- Time and temperature

Food Safety and COVID-19

According to the U.S. Food and Drug Administration (FDA), there is currently no evidence of COVID-19 being transmitted through foodborne exposures. The virus is thought to spread mainly from person-to-person. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. However, it's always critical to follow the 4 key steps of food safety—clean, separate, cook, and chill – to prevent foodborne illness.   TR Greyshirts will not be responsible for food preparation.

Personal Hygiene

As with all TR activities, Greyshirts should not report to service sites if feeling ill. Additionally, Greyshirts should follow the following standards of personal hygiene when engaged in food handling activities:

- Keep fingernails clean and trimmed short.
- Pull long hair back prior to working with food.
- Cover your coughs and sneezes; wash your hands frequently.
- Remove all jewelry and watches.
- Cover minor cuts or scrapes on your hands with bandages and a glove.

Food Safety

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[11] Cooperative Extension Food Safety Education Program (n.d.). *Safe Food Events: Fairs, Festivals and Suppers: Five Steps to Food Safety*. Retrieved from http://cels.uri.edu/docslink/foodsafety/booklet.pdf
Dare to Care Food Bank (2016). Food safety training for pantries... because no one wants Shigellosis. *All Agencies Conference 2016*. Retrieved from https://www.lafoodbank.org/wp-content/uploads/Food-Safety-Training-for-Agencies-2016.pdf
U.S. Food and Drug Administration (2020). *Food Safety and the Coronavirus Disease 2019 (COVID-19)*. Retrieved from https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19

Greyshirts should adhere to the following food safety standards when participating in food handling activities:

Hand Hygiene
☐ Ensure there is a handwashing station with warm water, soap, and single-use paper towels. ☐ Wash hands prior to handling any food packages, after using the toilet, after touching any part of your body, after eating or drinking, and after any activities that may contaminate hands (e.g., taking out garbage, picking up dropped items, handling cleaning chemicals). ☐ Change gloves after touching any part of your body, touching food packages, using cleaning chemicals, and handling garbage. ☐ Wearing gloves is not a substitute for frequent handwashing. ☐ Use of hand sanitizers is not an acceptable substitute to handwashing. Sanitizers may be applied after hands have been properly washed.

Food Temperature
☐ Keep hot foods at 140˚F or higher. ☐ Keep cold foods at 41˚F or below. ☐ Check the temperature of the food every 4 hours.

Food Transportation

☐ If hot or cold food is being transported, it should be kept covered and carried in insulated coolers or hot-holding containers.
☐ Check and record the temperature of the food before it leaves the preparation kitchen and when it arrives at its destination.
☐ Cold food should arrive at or below 41˚F and hot food at or above 140˚F.
☐ Transporting food without temperature control:
  o Clean the inside of the delivery vehicle regularly.
  o Take note of the time departed from the food packaging site .
  o If available, pack food in insulated containers that can maintain food at 41˚F or below.
  o Refrigerated food should not reach above 70˚F.
  o Frozen food must not thaw.

Vehicle and Equipment Decontamination

Gloves should be worn when cleaning and decontaminating surfaces and equipment. If gloves are not available, hand hygiene (preferably hand washing but hand sanitizer is also acceptable) must be performed after cleaning is completed.

Overview	Equipment	Actions
Guidance for Disinfecting Hardware, PCs,	Disinfecting wipe or microfiber cloth or paper	1. Turn off the device you plan to clean and disconnect AC power. Also, to the extent practicable, remove batteries from items like

Monitors or Display Screens, Docking Stations, Keyboards, and Mice	towel moistened with a mixture of 70% isopropyl alcohol / 30% water. The cloth should be damp, but not dripping wet. Excess moisture should be removed if the cloth is wet before wiping the product.	wireless keyboards. Never clean a product while it is powered on or plugged in. 2. Disconnect any external devices. 3. Never spray on liquids directly on to the product. 4. Gently wipe the moistened cloth on the surfaces to be cleaned. Do not allow any moisture to drip into areas like keyboards, display panels, etc. Moisture entering the inside of an electronic product can cause damage to the product. Excessive wiping potentially could lead to damaging some surfaces. 5. When cleaning a display screen, carefully wipe in one direction, moving from the top of the display to the bottom. 6. Surfaces must be completely air-dried before turning the device on after cleaning. No moisture should be visible on the surfaces of the product before it is powered on or plugged in. 7. After cleaning or disinfecting a glass surface, it may be cleaned again using a glass cleaner designed for display surfaces following directions for that specific cleaner. Avoid glass cleaning products containing Ammonia. 8. Discard the disposable gloves used after each cleaning. Clean your hands immediately after gloves are removed and disposed.
Cleaning Vehicles and Equipment after Contact with or Transporting a Confirmed COVID-19 Patient	Personnel should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer Disinfectants for Use Against SARS-CoV-2 on the EPA website	1. After transporting the patient, leave the doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. The time to admit the patient to the receiving facility should provide sufficient air changes. 2. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle. 3. Clean and disinfect the vehicle in accordance with standard operating guidance procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient assessment should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.

	for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.	4. Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions. 5. Follow standard operating guidance (SOG) for the containment and disposal of used PPE and regulated medical waste.

PPE Donning and Doffing Guide

Follow the instructions below when donning PPE:

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist
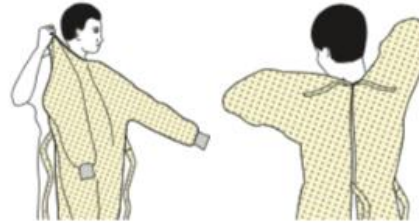
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown
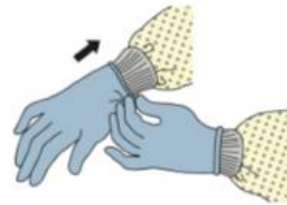
USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

CDC

Figure 7 Sequence for Putting On PPE

Follow the instructions below when doffing PPE:

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
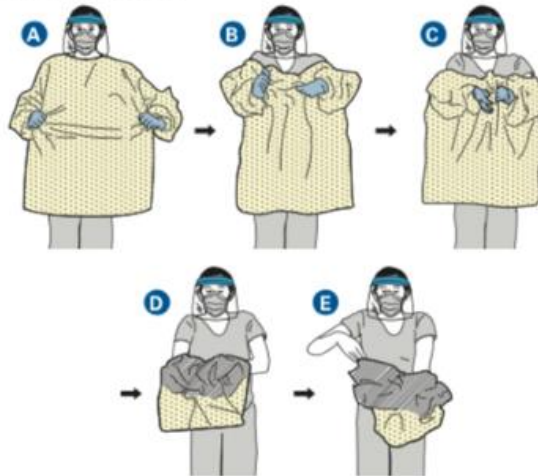
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE
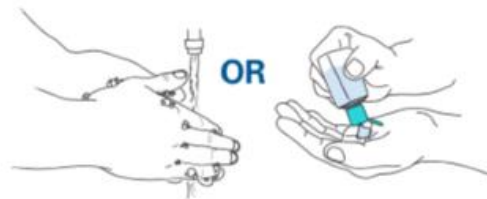
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

Figure 8 How to Safely Remove PPE

Storage and Reuse of N95 Respirator Masks

Keep used respirators in a clean, breathable paper bag between uses by following the steps below:

1. Perform hand hygiene and don a clean pair of gloves.
2. Obtain clean paper bag and write name and date on the outside of the bag.
3. Open the paper bag.
4. Remove the N95 mask by only touching the straps or the outermost rim of the N95 mask.
5. Place N95 mask in the labeled paper bag, handling only the straps or the outermost rim of the N95 mask.
6. Remove gloves.
7. Perform hand hygiene.
8. Close bag by folding over itself two times. Take care to not fold, bend or crush the N95 mask inside the bag. Place one N95 respirator per paper bag.
9. Store bags in the designated area in the designated warm zone. Ensure bag is 3 feet or more from a sink or potential splash zone.
10. Perform hand hygiene prior to leaving warm zone/doffing area.

When it is time to reuse the stored N95 respirator, follow the steps below:

1. Perform hand hygiene and don a clean pair of gloves.
2. Remove your previously used N95 mask from the labeled paper bag by only touching the straps or the outermost rim of the N95 mask. If contact with the front or inside surface of the mask occurs, place N95 mask on top of bag, remove gloves, perform hand hygiene and put on new pair of gloves.
3. Place N95 mask on face by only touching the straps and the outermost rim of the N95 mask.
4. Perform seal check by only by touching outermost rim of N95 mask
    a. To perform a negative/positive seal check[12]:
        i. No air should be felt around the perimeter while blowing out. If you feel air coming out it is not a tight seal.
        ii. When taking a small breath in, the mask should pucker in slightly. If it does not, it is not a tight seal.
        iii. When breathing out you should feel the respirator expand slightly. If it does not, it is not a tight seal.
        iv. If you cannot achieve a tight seal, the respirator must be discarded.
5. Throw the paper bag away- do not reuse paper bag.
6. Remove gloves and perform hand hygiene.

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[12] Nebraska Medicine (2020, March 19). *Nebraska Medicine COVID-19 PPE Guidance: Extended Use and Limited Resue of Disposable Facemasks, Respirators and Protective Eyewear.* Retrieved from https://www.nebraskamed.com/sites/default/files/documents/covid-19/COVID-Extended-Use-Reuse-of-PPE-and-N95.pdf?date03212020

APPENDIX D: HYGIENE GUIDE

Greyshirts are expected to practice proper hygiene at all times, including during transit
to the Operation. Note these best practice guidelines for hygienic conduct.

When should you wash your hands?
"Destination to destination"- Any time you arrive or depart from a location. Wash your hands immediately upon arrival to an operation and prior to departing. Wash your hands as soon as you return to your place of residence. **Before, during, and after preparing food** **Before eating food** **Before and after caring for someone at home who is vomiting and/or has diarrhea** **Before and after treating a cut or wound** **After using the toilet** **After changing diapers or cleaning up a child who has used the toilet** **After blowing your nose, coughing, or sneezing** **After touching an animal, animal feed, or animal waste** **After handling pet food or pet treats** **After touching garbage** **Remember to wash your hands after coughing or sneezing.** **If hands are visibly dirty**

How should you wash your hands?
Wash with soap and water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to thoroughly wipe down hands. Take the following steps for proper handwashing: 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

EFFECTIVE HAND WASHING TECHNIQUES

Washing your hands with soap and water for at least 20 seconds or using alcohol-based hand rub **kills viruses** that may be on your hands.

STEP 1 Wet hands with water and apply soap.

STEP 2 Rub hands, palm to palm.

STEP 3 Place right palm over left dorsum with interlaced fingers and then switch hands.

STEP 4 Place palm to palm with fingers interlaced.

STEP 5 Place the back of fingers to opposing palms with fingers interlocked.

STEP 6 Do rotational rubbing of left thumb clasped in right palm and then switch hands.

STEP 7 Rinse hands with clean water.

STEP 8 Dry hands thoroughly with a single use towel.

If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains **60 to 95% alcohol**, covering all surfaces of your hands and rubbing them together until they feel dry.

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Other Hygiene Requirements

- ☐ Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in a waste basket. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- ☐ Avoid touching your face.
- ☐ Practice "physical distancing"– stand at least 6 feet away from others whenever possible. When delivering an item, it's acceptable to place the item on a table or ground and allow the other person to come pick it up.
- ☐ Avoid shaking hands or other personal contact. When you meet people, wave or greet, but do not touch.
- ☐ Minimize hand contact with frequently touched surfaces as much as possible – for example, back into a door rather than pushing it open with hands, use elbows rather than hands to turn faucets, and so forth.
- ☐ Frequently disinfect surfaces that people routinely touch. You may use an EPA-registered household disinfectant, diluted bleach solution or alcohol-based solution with at least 70% alcohol. Follow separate guidance provided for each of these options.
- ☐ Wipe down any general areas (break rooms, sink in the bathroom, etc.) with a disinfectant wipe after using the area.

APPENDIX E: ISOLATION SHELTER SUPPORT FIELD GUIDE

OVERVIEW

Activity Exposure Risk Level: MEDIUM
The expected exposure risk level for shelter support activities is medium risk. There may be rare instances where specific activities raise expected exposure risk level to high risk. It is the responsibility of the MPT to identify the exposure risk level during the mission planning process. Greyshirts should adhere to 4.3.5 TR Preferred Minimum PPE Requirement to determine the appropriate level of PPE for shelter support activities.

Isolation and quarantine shelters are implemented by state or local governments to house the general population when the need surpasses the capacity of healthcare facilities. These shelters may serve as a short-term waiting area for medical testing, or they may function in a more long-term capacity as quarantine. Greyshirts supporting such shelters will be responsible for providing general support services. While specific services may vary by location, they may include delivery of meals, shelter user registrations, and informational services for patients.

General Support does **not** include medical, janitorial, and safety/security services. If a Greyshirt is asked to perform these functions, they should politely decline and immediately notify their designated supervisor for resolution.

This activity will likely involve direct exposure to shelter users who may have symptoms or have been diagnosed with COVID-19. Greyshirts will adhere to the Exposure Policy should they develop signs and symptoms of COVID-19 located in 4.3 SAFETY.

(A-1) Arrival and Check-In
Upon arriving at the shelter site, the Greyshirt will check in with appropriate TR lead per their dispatch instructions from Mobilization. This TR lead will provide introductory information about the operation, affirm TR's health and safety principles, and direct Greyshirts to the appropriate requesting organization representative for Orientation, Training, and Personal Protective Equipment (PPE) Issuance.

(A-2) Orientation, Training, and PPE Issuance
The requesting organization representative will register and orient Greyshirts to the shelter site. Prior to entering the facility or engaging with shelter users, the requesting organization will issue PPE and train Greyshirts on proper use and wear. The requesting organization will also train Greyshirts on practices for engaging with shelter users and maintaining health and safety while on site. *Greyshirts should NOT enter hazardous wards*

of the shelter facility or engage with shelter users until they have completed this training and secured PPE.

Greyshirts will also receive training to guide performance of general support functions. This training may be provided during orientation and/or on the job.

(A-3) Execute Assigned Task

At the direction of the requesting organization, Greyshirts will perform general support functions at the shelter facility. Greyshirts are expected to stay on site for the duration of their shift, and they should notify their designated supervisor prior to leaving the premises. If a requesting organization makes a request for a Greyshirt to leave the premises (e.g. to pick up something from the store), the Greyshirt will notify their designated supervisor and the supervisor, in consultation with the Safety Officer, will evaluate the request and determine whether it can be fulfilled.

Shift Transitions (TR Check-Ins and Check-Outs)
TR will conduct an operations briefing at every shift change. This will serve as an opportunity to:
- Check Greyshirts in/out
- Conduct safety reviews and put mitigation measures in place if necessary
- Provide situational updates
- Debrief outgoing Greyshirts and share lessons learned
- Prep incoming Greyshirts for their shift

Health Monitoring and Viral Testing
The requesting organization may require viral testing of Greyshirts during and after their engagement, especially if they show signs and symptoms of COVID-19. All Greyshirts are expected to comply with these requests for testing.

Furthermore, Greyshirts are expected to monitor their own health and wellbeing during the operation to ensure they are adequately protecting themselves and others. *If any Greyshirt develops signs and symptoms of COVID-19 during the operation, they are expected to notify their designated supervisor immediately.*

Personnel

TR will defer to guidance from the requesting organization on which populations are eligible to volunteer in their shelters and which may be ineligible due to health and safety concerns. The requesting organization may also designate specific technical skills or certification requirements, physical requirements, and insurance requirements for Greyshirts beyond TR's policy. Greyshirts must be able to access site by car.

Logistics

The requesting organization will provide most supplies, equipment, food, water, billeting, and other resources needed to sustain Greyshirts throughout an Isolation Shelter General Support activity.

Billeting

When billeting is offered by the requesting organization, TR will first make sure the billeting adheres to TR's Covid-19-related health and safety standards and mitigate any concerns. If billeting is provided off-site, if deemed adequate, TR will then determine lodging reimbursement and financial accounting measures with the requesting organization. If Greyshirts incur expenses for this lodging, they will be reimbursed in accordance with TR's standard expense policies.

Transportation

Greyshirts will be expected to transport themselves to and from the operation site. Reimbursements will follow standard TR expense policies for transportation and fuel.

Greyshirts are expected to stay on site for the duration of their shifts. If Greyshirts are asked to pick up shelter-related supplies off site at the request of the requesting organization and TR's command staff has approved the request, any mileage incurred will be reimbursed per standard TR expense policies for transportation and fuel.

Information

The Key Performance Indicators and Information Collection Plan for this activity are detailed in APPENDIX B: INFORMATION COLLECTION PLAN.

APPENDIX F: FOOD SUPPORTIVE SERVICES FIELD GUIDE

OVERVIEW

Activity Exposure Risk Level: LOW
The expected exposure risk level for food supportive services activities is low risk. There may be rare instances where food delivery or distribution raises expected exposure risk level to medium risk. It is the responsibility of the MPT to identify the exposure risk level during the mission planning process. Greyshirts should adhere to 4.3.5 to determine the appropriate level of PPE.

Food supportive services will include the packaging of emergency food boxes/meals, food distribution, mobile food delivery, and warehouse operations support in select locations at the direction of the requesting organization.

Team Rubicon does not require specialized training or qualifications for this activity. The requesting organization may require Greyshirts complete in-house training specific to the supportive service being executed.

Food supportive services does **not** include the preparation of meals in any capacity (e.g., making sandwiches, cutting vegetables, cooking food) or the serving of any meals (e.g., serving food in a food line). Greyshirts will only participate in activities in which food has been sealed with original packaging or sealed for delivery. If a Greyshirt is asked to perform these functions, they should politely decline and immediately notify their designated supervisor for resolution. Team Rubicon and the requesting organization will capture this need in the Mission Planning Process and will coordinate to fill that need.

This activity may involve direct interaction with individuals who may have symptoms of or have been diagnosed with having COVID-19. Greyshirts will adhere to the Exposure Policy should they develop signs and symptoms of COVID-19 locate in 4.3 SAFETY.

In accordance with physical distancing best practices, Greyshirts should never enter the homes of community members. If a Greyshirt is participating in home delivery and a community member is not home, or is unable to answer the door, the requesting organization's policy for inability to complete delivery should be adhered to. Greyshirts assisting with either in-person distribution or home delivery will maintain physical distance by placing food package on the table, or in front of door, backing away at least 6 feet, and then allowing the recipient to walk up and retrieve the food package.

(A-1) Arrival and Check-In

Upon arriving at the service site, the Greyshirt will check in with the appropriate TR lead per their dispatch instructions from Mobilization. This TR lead will direct the Greyshirt to connect with the site supervisor or other designated representative from the requesting organization. During this check-in, the site supervisor will provide introductory information about the operation and direct Greyshirts to the appropriate Orientation, Training, and Personal Protective Equipment (PPE) Issuance.

(A-2) Orientation, Training, & PPE Issuance

The requesting organization will register the Greyshirt and orient them. Prior to engaging in any service activity, the requesting organization will issue PPE (when appropriate) and train Greyshirts on proper use and wear. The requesting organization will also train Greyshirts on how to provide food supportive services, maintain health and safety while on site, and perform other general support functions.

(A-3) Execute Assigned Task

Execution of food support services may include but are not limited to packing emergency food boxes/meals, warehouse operations support, and on-site distribution and mobile delivery of food boxes/meals to clients.

Personnel

TR will defer to guidance from the requesting organization on which populations are eligible to volunteer in food supportive services and which may be ineligible due to health and safety concerns. Greyshirts who are not fully deployable are eligible to participate in food supportive services. Training may be required by the requesting organization or state/local government for Greyshirts to participate in any food packaging and delivery.

Basic job descriptions for the various food supportive service activities are detailed below. These should inform both the general Greyshirt and all designated field leaders. The requesting organization may also designate the following technical skills or certification requirements for Greyshirts in this activity:

- Experience with forklifts and other types of warehouse equipment
- Licensed commercial driver
- Food handling and safety certification (naming convention may vary by location)
- Other technical/certification requirements

Warehouse operations support & packaging of emergency food boxes/meals

- General Labor
    - Ability to lift 50lbs regularly for 2 – 8hrs
    - Stooping, bending, twisting, lifting, and reaching might be required.
    - Packing experience – able to follow packing templates provided by requesting organization

- o Stocking Experience - able to follow stocking and inventory controls of requesting organization
- Loading/off-loading shipments to and from requesting organization
- Control and manage inventory
- Ability to work in warehouse or similar setting (i.e. no central AC/Heat; possible exposure to the outdoor elements)
- Must wear Greyshirt uniform (Greyshirt, work pants, close-toed shoes – preferably work boots)

Food distribution & mobile food delivery

- Loading food/meals for distribution/delivery
- Transporting food/meals to their destination(s)
- Making sure food safety standards are respected (see APPENDIX C: JOB AIDS)
- Maintains vehicles and ensures food-dispensing equipment remains sanitary and in working condition
- Driver's License is current and in good standing
- Ability to lift 50lbs regularly for 2 – 8hrs
- Stooping, bending, twisting, lifting, and reaching might be required.
- Ability to adhere to all local/state driving laws
- Ability to follow GPS directions or read a map
- Ability to drive in various mild weather conditions (rain, light snow, mild heat, etc.) and long durations (2-8 hours)
- Must wear Greyshirt uniform (Greyshirt, work pants, close-toed shoes – preferably work boots)

Logistics

Food & water
Requesting organization may or may not provide food/water for deployed Greyshirts while on shift. Regardless of food/water provider, the necessity will be based on length of working day (i.e. No food or water will be provided by TR or hosting agency if a working shift lasts for only two hours).

Billeting
Greyshirts will most likely not be offered billeting. Work will start and end within one working day.

Transportation
Greyshirts will not use personal vehicles during food delivery services.

Information
The Key Performance Indicators and Information Collection Plan for this activity are detailed in APPENDIX B: INFORMATION COLLECTION PLAN.

Food Supportive Services Sub-Process Diagrams

Macro: Packing Emergency Food Meals/Boxes

Process ALPHA Last Update: 20200321

A-1
Collecting Meal Items

A-2
Consolidating appropriate items to make meal (may look different at each location)

A-3
Consolidating appropriate # of meals per box (if boxes contain multiple meals per each box)

A-4
Placing Box/ meal to be ready for delivery/ distribution

Macro: On-site Distro of Boxes/Meals to clients

B-1
Collecting Meals/
Boxes

B-2
Load POV/Rental
with meals/boxes

B-4
Set-up Distribution
if in-person or
specific location

B-5
Distribution/door-
to-door delivery

B-3
Drop-off at
designated location
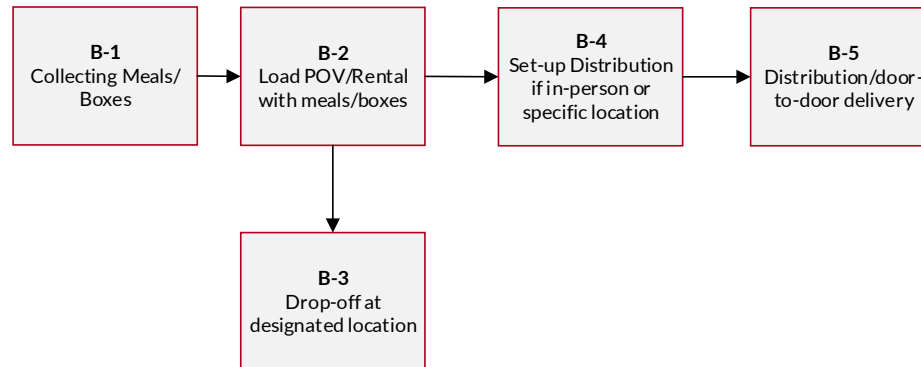
Macro: Warehouse Operations Support

Process CHARLIE Last Update: 20200321

```
┌─────────────┐     ┌─────────────┐     ┌─────────────┐     ┌─────────────┐
│     C-1     │     │     C-2     │     │     C-3     │     │     C-4     │
│ Collecting  │ ──> │  Sorting    │ ──> │ Packaging   │ ──> │  Moving/    │
│ Meal items  │     │ Meal Items  │     │ Items/      │     │ Organizing  │
│             │     │             │     │ boxes as    │     │ Warehouse   │
│             │     │             │     │ appropriate │     │ (supply-    │
│             │     │             │     │             │     │ chain       │
│             │     │             │     │             │     │ logistics)  │
└─────────────┘     └─────────────┘     └─────────────┘     └─────────────┘
```
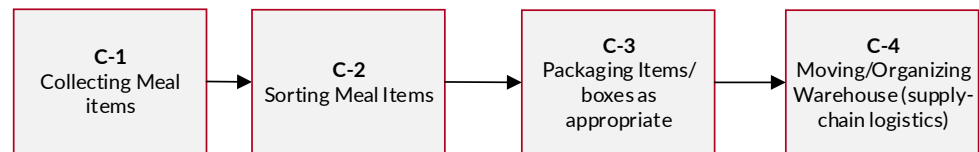
APPENDIX G: EOC SUPPORT FIELD GUIDE

> **Activity Exposure Risk Level: LOW**
> The expected exposure risk level for EOC support activities is low risk. Greyshirts should adhere to 4.3.5 to determine the appropriate level of PPE.

TR will assist organizations with remote and onsite logistics and support activities, namely through planning and logistical support. Greyshirts will serve in a support capacity to fill gaps for requesting organizations by performing such tasks as:
- Information and data gathering
- Coordinating civilian travel arrangements
- Managing inventory
- Assuming Command Staff roles when requested by the requesting organization
- Performing other administrative needs identified by the requesting organization

Activity may involve direct interaction with individuals who may have symptoms and/or diagnoses of COVID-19. If a Greyshirt develops signs and symptoms of COVID-19, they will adhere to the Exposure Policy located in 4.3 SAFETY.

(A-1) Arrival and Check-In
The Greyshirt will check in with the appropriate TR lead per their dispatch instructions from Mobilization. This TR lead will direct the Greyshirt to connect with the site supervisor or other designated representative from the requesting organization.

(A-2) Orientation, Training, & PPE Issuance
The site will be a secured installation and have specific procedures that must be adhered to.

(A-3) Execute Assigned Task
At the delegation of requesting organization's representative and/or their designated TR lead, Greyshirts will execute supplemental administrative duties.

Personnel
TR will defer to guidance from the requesting organization on which populations are eligible to volunteer in EOC support activities and which may be ineligible due to health and safety concerns. The requesting organization may also designate specific technical skills or certification requirements, physical requirements, and insurance requirements for Greyshirts beyond TR's policy.

Greyshirts may access secure EOC facilities and therefore may be required to provide personal identifying information to the requesting organization prior to deployment.

Greyshirts supporting EOCs should currently be on the IMT, have practical experience operating in planning and logistics sections, and/or have completed FEMA IS planning and logistics courses.
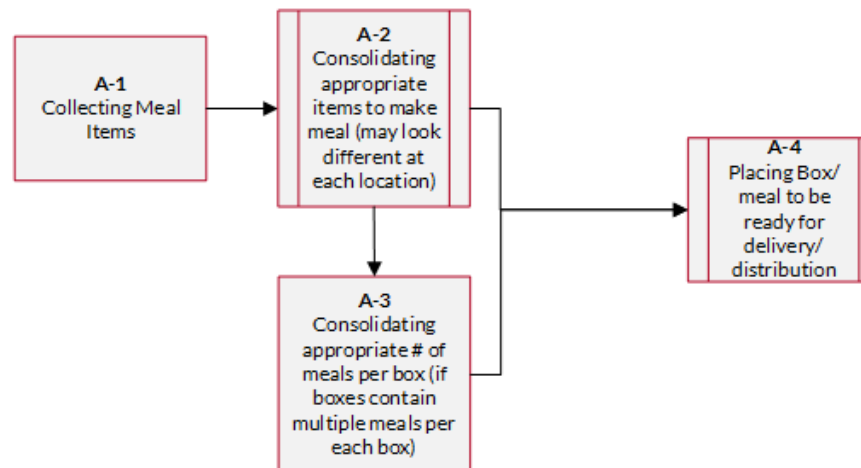
Information
The Key Performance Indicators and Information Collection Plan for this activity are detailed in APPENDIX B: INFORMATION COLLECTION PLAN.

APPENDIX H: MOBILE TESTING SITE SUPPORT FIELD GUIDE

OVERVIEW

> **Non-Medical Support Activity Exposure Risk Level: LOW**
> The expected exposure risk level for Mobile Testing Site Support non-medical activities is low risk. There may be rare instances where specific activities raise expected exposure risk level to medium risk.
>
> **Medical Support Activity Exposure Risk Level: HIGH**
> The expected exposure risk level for Mobile Testing Site Support medical activities is high risk.
>
> It is the responsibility of the MPT to identify the exposure risk level during the mission planning process. Greyshirts should adhere to 4.3.5 TR Minimum PPE Requirement to determine the appropriate level of PPE.

Mobile, community-based testing sites are emerging in numerous locations throughout the country. At mobile, community-based testing sites, COVID-19 testing is conducted by licensed medical professionals outside of the traditional healthcare setting. These testing sites are coordinated temporarily by local and/or state health departments or local healthcare systems and set up in community accessible locations such as parking lots and other open spaces. Testing sites may accept patients in a drive-through or walk-in fashion. Their main purpose is to provide streamlined processes for screening/testing community members for COVID-19 while diverting symptomatic community members from overwhelmed healthcare facilities.

Greyshirts will be deployed to support community-based testing sites in non-medical capacities such as logistical set up of testing sites, as well as medical capacities by directly screening and testing community members presenting to testing sites.

These activities may involve direct interaction with individuals who may have symptoms of or have been diagnosed with having COVID-19. Greyshirts will adhere to the

Exposure Policy should they develop signs and symptoms of COVID-19 located in 4.3 SAFETY.

NON-MEDICAL SUPPORT ACTIVITIES

(A-1) Arrival and Check-In

The Greyshirt will check in with the appropriate TR lead per their dispatch instructions from Mobilization. This TR lead will direct the Greyshirt to connect with the site supervisor or other designated representative from the requesting organization, who will provide instructions on the tasks to be performed.

(A-2) Orientation, Training & PPE Issuance

A representative from the requesting organization will provide an orientation of the tasks and expectations of Greyshirts. Additionally, training on protocols to be followed on the service site and on the execution of assigned tasks will be provided by the requesting organization.

Individual task assignments may occur at this time by the TR Team Lead. .
PPE issuance will take place at the beginning of every shift, including reflective vests to be worn by volunteers supporting traffic control activities.

(A-3) Execute Assigned Task

Only once Greyshirts have been oriented, received necessary training, and obtained required PPE may they engage in their assigned tasks. Greyshirts at community-based testing sites may engage in tasks including, but not limited to: setting up mobile testing sites, controlling and directing traffic on site; loading and unloading supplies and equipment; acting as runners for medical staff; and monitoring proper PPE utilization on site.

> *Mobile testing set up:* Setting up tents, arranging traffic cones, and dropping off supplies to various areas of the testing site.

> *Controlling and directing traffic:* Directing incoming vehicles to appropriate areas and controlling the safe and organized entry and exit of vehicles. Instructing drivers not to back up their vehicles and to turn off the engine when stopped at each station in the drive-through screening and testing areas.

> *Loading and unloading supplies and equipment:* Acting as runners to bring supplies and equipment to medical providers and other staff on site. Greyshirts should employ proper body mechanics when lifting and moving boxes and other equipment.

> *Monitoring PPE usage: Observing and evaluating correct PPE usage and doffing by medic*al staff.

MEDICAL SUPPORT ACTIVITIES

TR will be partnering with Atrium Health to pilot the incorporation of medically trained Greyshirts to support the on-going operation at a pre-hospital, drive-through COVID-19 testing site. This 14-day pilot will take place between 04/04/2020 - 04/18/2020 at the mobile testing site affiliated with Atrium Health Charlotte, NC. This pilot will allow TR to evaluate the safety and effectiveness of Greyshirt involvement in the medical support activities at mobile testing sites. Roll out of this support capability nationwide will be carefully considered through this pilot.

The following outlines the processes and protocols to be followed during the pilot.

(A-1) Arrival and Check-In

The deployed Greyshirt will check in with the assigned TR lead per their dispatch instructions from Mobilization. The TR Lead will direct the Greyshirt to connect with the designated representative from the requesting organization, who will provide directions on the tasks to be performed.

(A-2) Orientation, Training & PPE Issuance

A representative from the requesting organization will provide an orientation of the tasks and expectations of Greyshirts. Additionally, training on protocols to be followed on the service site and on the execution of assigned tasks will be provided by the requesting organization as outlined in their facility-specific Response Guide.

PPE issuance will take place at the beginning of every shift.

(A-3) Execute Assigned Task

Only once Greyshirts have been oriented, received necessary training, and obtained required PPE may they engage in their assigned tasks. Medically trained Greyshirts at community-based testing sites may engage in tasks including, but not limited to initial screening of incoming vehicles, screening patients for COVID-risk, swabbing patients, taking vital signs, discharging patients and non-medical tasks as detailed in the section above.

> *Initial screening of incoming vehicles*: Greyshirts will provide initial screening of vehicles when they arrive at the hospital. He/she will inquire from arriving patients if they are coming for COVID or other influenza like illness symptoms that would be appropriate for screening in the Drive Through Triage (DTT) tent. If

deemed appropriate they will direct them through to the DTT process, otherwise they will divert them to the patients other intended destination.

Screening patients for COVID-risk: Greyshirts will screen patients to determine whether they are high or low risk for COVID infection using the CDC screening guidelines.

Swabbing patients: Greyshirt will get single nasopharyngeal swab on both nares of the patient.

Taking vital signs: The Greyshirt will obtain vital signs from patients and report measures to the provider. Wipe down stethoscope and blood pressure cuffs in between each patient encounter.

Discharging patients: The Greyshirt will provide the patient with standard hospital discharge instructions, patient education material on COVID-19 and additional paperwork as needed (e.g., work excuse).

Personnel

TR will defer to protocols outlined in section 4.2 PERSONNEL in addition to guidance from the requesting organization on which populations are eligible to volunteer at their testing sites and which may be ineligible due to health and safety concerns. The requesting organization may also designate specific technical skills or certification requirements, physical requirements, and insurance requirements for Greyshirts beyond TR's policy.

Non-Medical Support Activities
No specific pre-training or qualifications are necessary for Greyshirts to deploy and participate in non-medical support activities at mobile testing sites.

Medical Support Activities
Individuals with the following training and credentials are currently considered for supporting at pilot mobile testing site:

- EMT-B
- Paramedic
- RN

The pilot site will currently staff two RNs and two Paramedic/EMTs per shift in addition to two non-medical staff for logistical support and PPE use observation.

Medically trained Greyshirts who wish to support in the medical support capacity will be asked to provide their current certifications and licensures to TR Mobilization. Medical professionals licensed/credentialed in states outside of the service site will be

considered for deployment for this operation. Temporary waivers for state licensure requirements have been passed in a number of states across the US in addition to the existing Uniform Emergency Volunteer Health Practitioner Act (UEVHPA)[13] and Emergency Management Assistance Compact (EMAC)[14] in response to the emergency declaration.[15]

Logistics
Meals and Water

TR point of contact will inquire to the requesting organization whether meals and water will be provided to the Greyshirts. TR point of contact will communicate the decision and ensure appropriate arrangements can be made internally to provide such accommodations to the deployed Greyshirts.

Billeting

As much as feasible, Mobilization will activate Greyshirts within commuting distance to the service site such that Greyshirts will be able to return home daily after their assigned shift. Billeting will only be provided at the discretion of TR and/or the requesting organization should they deem it necessary for the purpose of Greyshirt health and safety.

Information

The Key Performance Indicators and Information Collection Plan for this activity are detailed in APPENDIX B: INFORMATION COLLECTION PLAN.

APPENDIX I: MEDICAL SUPPORT FIELD GUIDE
OVERVIEW

> **Activity Exposure Risk Level: HIGH**
> The expected exposure risk level for Mobile Testing Site Support medical activities is high risk. Greyshirts should adhere to 4.3.5 TR Minimum PPE Requirement to determine the appropriate level of PPE.

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[13] American College of Surgeons (n.d.). *Uniform Emergency Volunteer Health Practitioners Act.* Retrieved from https://www.facs.org/advocacy/state/uevhpa

[14] Federation of State Medical Boards (n.d.). *Report of the FSMB Board of Directors: Emergency Licensure Following A Natural Disaster.* Retrieved from http://www.fsmb.org/siteassets/advocacy/pdf/fsmb-report-on-emergency-licensure-following-an-emergency-or-natural-disaster.pdf

15 Medscape (2020, March 25). *States Allow Doctors to Practice Across State Lines During COVID-19 Crisis.* Retrieved from https://www.medscape.com/viewarticle/927495

Hospitals and healthcare systems throughout the country are experiencing a sharp rise in patients presenting with COVID-like symptoms. This rise is an addition to routine patient flows. Especially in areas with high community spread of COVID-19, the number of patients requiring medical care is exceeding the capacity of hospitals, while the number of available resources and beds are quickly diminishing.

Hospital systems and local government are beginning to establish Federal Medical Stations and other off-site, adjunct facilities to manage the surge of patients.

At the discretion of the requesting organization, adjunct facilities may manage the following patient populations:

- Low acuity COVID+ patients ready to discharge from the hospital but do not have a safe/reasonable place to quarantine
- Individuals who have tested COVID+ at community-based testing sites who do not have a safe/reasonable place to quarantine
- Hospitalized low acuity COVID+ patients able to be managed in a step-down environment and monitored for recovery
- Low acuity in-patient population; unrelated to COVID

Medically trained Greyshirts will be deployed to these adjunct facilities to provide patient care and monitoring.

(A-1) Arrival and Check-In

The deployed Greyshirt will check in with the TR Task Force Leader per their dispatch instructions from Mobilization. The Task Force Leader will direct the Greyshirt to connect with the designated representative from the requesting organization, who will provide directions on the tasks to be performed.

(A-2) Orientation, Training & PPE Issuance

Greyshirts will receive an orientation from the requesting organization on the specific tasks and expectations along with the supplies and resources available.

Greyshirts will review the available supplies including medical equipment, formulary, and facility resources. Greyshirts will set up supplies and equipment in a manner best suited for patient care based upon the facility layout and expected patient capacity.

Greyshirts will be trained by the TR Task Force Leader in conjunction with the requesting organization on the medical protocols to be followed in the adjunct facility. Protocol should include, but not be limited to:

- Patient admission criteria and process
- Patient intake process

- PPE use and reuse
-
- Medical interventions expected on site (e.g., oxygen use, breathing treatment, laboratory testing, cardiac arrest)
- Reporting forms and process (e.g., Patient Medical Record, Medication Administration Record, Physician Order Form)
- Patient rounding
- Patient sign out
- Patient discharge criteria and process(including AMA)
- Patient transfer to higher level of care

Each medical professional is expected to follow the medical protocol corresponding to his/her scope of practice to ensure safe and consistent care delivery.

PPE issuance will take place at the beginning of every shift.

(A-3) Execute Assigned Task

Only once Greyshirts have been oriented, trained and received required PPE may they engage in their assigned tasks. Greyshirts at adjunct medical sites may engage in tasks including, but not limited to:

- Assessing vital signs
- Passing medications
- Documenting patient care
- Monitoring patient condition
- Calling for higher level of care, if needed
- Discharging patients

Personnel

TR in coordination with the requesting organization will determine the capacity in which Greyshirts will support at the adjunct medical facilities. Based upon the tasks to be performed at the facility and the corresponding level of medical training and credentials required to perform the tasks, personnel needs will be identified. Individuals with the following training and credentials may be considered to support at adjunct medical facilities:

- EMT-B
- Paramedic
- RN
- PA/NP
- MD/DO
- Pharmacist
- Pharmacy Technician
- Respiratory Therapist

Medically trained Greyshirts who wish to support in the medical support capacity will be asked to provide their current certifications and licensures to TR Mobilization. Medical professionals licensed/credentialed in states outside of the service site will be considered for deployment for this operation. Temporary waivers for state licensure requirements have been passed in a number of states across the US in addition to the existing Uniform Emergency Volunteer Health Practitioner Act (UEVHPA)[16] and Emergency Management Assistance Compact (EMAC)[17] in response to the emergency declaration.[18]

Logistics

Meals and Water

TR point of contact will inquire to the requesting organization whether meals and water will be provided to the Greyshirts. TR point of contact will communicate the decision to the Mission Planning Team and ensure appropriate arrangements are made to provide such accommodations to the deployed Greyshirts.

Billeting

As much as feasible, Mobilization will activate Greyshirts within commuting distance to the service site such that Greyshirts will be able to return home daily after their assigned shift. Billeting will be provided at the discretion of TR and/or the requesting organization should they deem it necessary for the purpose of Greyshirt health and safety or if traveling outside of commuting distance

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[16] American College of Surgeons (n.d.). *Uniform Emergency Volunteer Health Practitioners Act*. Retrieved from https://www.facs.org/advocacy/state/uevhpa

[17] Federation of State Medical Boards (n.d.). *Report of the FSMB Board of Directors: Emergency Licensure Following A Natural Disaster*. Retrieved from http://www.fsmb.org/siteassets/advocacy/pdf/fsmb-report-on-emergency-licensure-following-an-emergency-or-natural-disaster.pdf

18 Medscape (2020, March 25). *States Allow Doctors to Practice Across State Lines During COVID-19 Crisis*. Retrieved from https://www.medscape.com/viewarticle/927495

APPENDIX J: ACKNOWLEDGEMENT OF POLICY FORM

TEAM RUBICON®

LOS ANGELES HEADQUARTERS
6171 W. CENTURY BLVD. SUITE 310
LOS ANGELES, CA 90045

Acknowledgement of Policy

Team Rubicon is committed to maintaining the health and safety of Team Rubicon volunteers and the communities we serve. To meet this commitment, Team Rubicon reviews each request for assistance for alignment with our organizational guidelines and relevant local, state, and federal guidance; and asks that requesting organizations share materials related to the scope of requested activities and the health and safety standards of its operations, including:

- ☐ Manuals
- ☐ Protocols
- ☐ Policies
- ☐ Standard operation guidelines or procedures

- ☐ Job aids
- ☐ Training curricula
- ☐ Certifications

By signing below, [REQUESTING ORGANIZATION] acknowledges that they have shared the requested materials with Team Rubicon and commit to upholding health and safety standards that meet or exceed Team Rubicon's organizational guidelines.

_____

[Requesting Organization]

_____

[Representative Name – Print]

_____

[Representative Name – Sign]

Materials shared (please list below):

_____

_____

_____

_____

_____

_____

_____

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APPENDIX K: GLOSSARY

Definitions

Clients – An individual, family, household, and/or community that is the end-recipient of TR's services

Community spread – Indicates that people have been infected with the virus in an area, including some who are not sure how or where they became infected. Typically measured at the county, parish, or metropolitan area level.

COVID-19 – Coronavirus disease 2019 (COVID-19) is an infectious disease caused by a newly discovered coronavirus, first detected in Wuhan, China in 2019.

Direct Exposure – An epidemiological mode of disease transmission involving either direct contact with an infectious agent (e.g., skin-to-skin, kissing, sexual intercourse) or droplet spread (e.g., sneezing, coughing, talking). See CDC Intro to Epidemiology.

Indirect Exposure – An epidemiological mode of disease transmission involving contact with suspended air particles (e.g., dust), inanimate objects/vehicles (e.g., food, water, biologic products), or vectors (e.g., mosquitoes, fleas, ticks). See CDC Intro to Epidemiology.

Hastysling Capability – An expediently fashioned service (or package of service "activities") provided to an individual or community affected by disaster or humanitarian crisis.

Physical Distancing (previously referred to as "Social Distancing") – Practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). See CDC guidance.

Plug-n-Play Service – A surge of personnel support provided to Requesting Organizations to augment their existing provision of services

Requesting Organization – An external entity who has submitted a Request for Assistance to TR

Request for Assistance (RFA) – A direct ask from a Requesting Organization to TR for support and/or a plug-n-play service

Second-Degree Contact – Contact with a healthy (or presumably healthy) individual who has had direct contact with another individual who has tested positive for COVID-19

Acronyms

CDC – Centers for Disease Control

COVID-19 – Novel Coronavirus of 2019

EOC – Emergency Operations Center

FOB – Forward Operating Base

H&S – Health and Safety

IC – Incident Commander

ICP – Information Collection Plan

MPT – Mission Planning Team

N95 – N95 Respirator Mask

NOC – National Operations Center

OSC – Operations Section Chief

PPE – Personal Protective Equipment

PSC – Planning Section Chief

TFL – Task Force Leader

RFA – Request for Assistance

STL – Strike Team Leader

VOAD – Voluntary Organizations Active in Disaster

WHO – World Health Organization

APPENDIX L: CHANGE LOG (FULL)

Section	Page	Description	Reviser	Revision Date
1.1	5	Updated version time parameters (will happen daily)	Alyssa Quaranta	3/18/20
1.2	5	Updated infection and mortality numbers (will happen daily)	Alyssa Quaranta	3/18/20
3.2	10	Standardized language in process map and description	Alyssa Quaranta	3/18/20
3.3	11	Standardized language in process map and description	Alyssa Quaranta	3/18/20
3.4	12	Added new content- Overview of drive through clinic activity	Alyssa Quaranta	3/18/20
4.2	14	Added new content- Description of personnel requirements for deployment	Alyssa Quaranta	3/18/20
6.5	15	Added new content- Explanation of limitations for mobilization across county lines	Alyssa Quaranta	3/18/20
7	17-21	Added field guides detailing activity	Alyssa Quaranta	3/19/20
3.1	7	Updated process map and description	Alyssa Quaranta	3/19/20
3.2	9	Updated process map and description	Alyssa Quaranta	3/19/20
3.3	10	Updated process map and description	Alyssa Quaranta	3/19/20
3.4	11	Updated process map and description	Alyssa Quaranta	3/19/20
5.1	14	Added performance indicators for overall capability	Alyssa Quaranta	3/19/20
4.3	14	Added end of day and end of deployment requirements	Alyssa Quaranta	3/19/20
4.4	14	Information section added	Alyssa Quaranta	3/20/20

7.1	16	Information Collection Plan updated	Alyssa Quaranta	3/20/20
7.2	17	Information Collection Plan updated	Alyssa Quaranta	3/20/20
7.3	19	Information Collection Plan updated	Alyssa Quaranta	3/20/20
7.4	20	Information Collection Plan updated	Alyssa Quaranta	3/20/20
Appendix C	24	Was previously in section 5.1 Information Collection Plan further developed	Alyssa Quaranta	3/20/20
7.1	17	Information Collection Plan updated	Nick Busalacchi	3/21/20
7.2	18	Information Collection Plan updated	Nick Busalacchi	3/21/20
7.3	19	Information Collection Plan updated	Nick Busalacchi	3/21/20
7.4	20	Information Collection Plan updated	Nick Busalacchi	3/21/20
Appendix C	24	Information Collection Plan updated	Nick Busalacchi	3/21/20
Appendix G	32	Added Hygiene Guide	Nick Busalacchi	3/21/20
Appendix H; 1.4	34	Added Change Log (Full); abridged Change Log in 1.4 to reflect two most recent iterations	Nick Busalacchi	3/21/20
Appendix I	36	Added Food Supportive Services Capture Tool & Sub-Processes	Nick Busalacchi	3/21/20
4.1	13	Billeting logistics updated	Alyssa Quaranta	3/22/20

4.3	15	Symptoms of COVID-19 added	Alyssa Quaranta	3/22/20
Appendix F	32	Safe Food Handling Guide added	Alyssa Quaranta	3/22/20
Appendix D	30	Added Exposure Policy	Alyssa Quaranta	3/23/20
Appendix C	25	Added to the information collection plan	Alyssa Quaranta	3/23/20
Appendix I	40	Added to Food Supportive Services Capture Forms	Alyssa Quaranta	3/23/20
Appendix H and I		Reversed Food Supportive Capture Form (now H) and Change Log (now I)	Nick Busalacchi	3/24/20
Section 4.2		Added Operations Organizational Structure	Nick Busalacchi	3/24/20
Section 4.3		Moved Exposure Policy from Appendix D; updated policy	Nick Busalacchi	3/24/20
Section 4.1		Updated TR Facilities and Equipment policies	Nick Busalacchi	3/24/20
3	7	Added Section 3 Requesting Organization Support Activities	Alyssa Quaranta	3/25/20
Appendix H	37	Moved and built out Isolation Shelter Support Field Guide	Alyssa Quaranta	3/25/20
Appendix I	40	Moved and built out Food Supportive Services Field Guide	Alyssa Quaranta	3/25/20

Appendix J	46	Moved and built out EOC Support Field Guide	Alyssa Quaranta	3/25/20
Appendix K	47	Moved and built out Mobile Testing Site Support Field Guide	Alyssa Quaranta	3/25/20
1.4	6	Added Commander's Intent	Alyssa Quaranta	3/26/20
4.3	14	Added safety information for post deployment	Alyssa Quaranta	3/26/20
Appendix B	21	Added Evaluation Plan	Alyssa Quaranta	3/26/20
Appendix F	36	Updated Safe Food Handling Guide	Alyssa Quaranta	3/26/20
4.1	9	Added Transportation guidelines	Alyssa Quaranta	3/27/20
6.5	19	Update to Mobilization policy	Alyssa Quaranta	3/27/20
Appendix B	22	Updates to Information Collection Plan	Alyssa Quaranta	3/27/20
4.1.2	12	Clarified guidance on not using personal vehicles on ops; rental vehicle guidance	Nick Busalacchi	3/28/20
4.3.4	16	Clarified guidance on temperature taking; being developed further	Nick Busalacchi	3/28/20
Appendix I	47	Added Glossary; moved Change Log to Appendix J	Nick Busalacchi	3/28/20

4.31.	15	Added requirements for physical distancing	Alyssa Quaranta	3/29/20
4.3.4	18	Second-degree contact description and policy	Alyssa Quaranta	3/29/20
4.3.5	18	TR Preferred Minimum PPE Requirements	Alyssa Quaranta	3/29/20
Appendix H	44	Began editing language on Mobile Testing Guide	Toyin Adeyemi	3/30/20
Appendix I	48	Incorporated content on the Santa Clara adjunct support operation	Toyin Adeyemi	3/30/20
4.3.4	18	Added bullets in the Temperature Checks Section. Additional edits forthcoming	Toyin Adeyemi	3/30/20
3	8	Edited and replaced previous Lucidchart with alphanumerical notations	Toyin Adeyemi	3/31/20
4.3.4	17	Added content in Current Guidance section	Toyin Adeyemi	3/31/20
4.3.4	17	Added and edited content in the Greyshirts Clearance section for clarity and to align with third-person future-tense persp.	Toyin Adeyemi	3/31/20
4.3.4	17	Moved Temp Check content to "Pre-Op Check-In and Monitoring…" paragraph	Toyin Adeyemi	3/31/20
4.1.1	12	Added Equipment Decontamination content	Toyin Adeyemi	3/31/20
4.1.2	14	Added carpool policy	Alyssa Quaranta	3/31/20

4.3.4	19-20	Updates to exposure policy	Alyssa Quaranta	3/31/20
4.3.5	22	Minimum PPE updated	Alyssa Quaranta	3/31/20
5.1	23	Acknowledgement of Policy form description and protocols added	Alyssa Quaranta	3/31/20
6.1	23	Change in deployment guidelines based on updated community spread policy	Alyssa Quaranta	3/31/20
Appendix G	47	PPE level added to field guide	Alyssa Quaranta	3/31/20
Appendix J	55	Acknowledgement of Policy Form	Alyssa Quaranta	3/31/20
4.3.5	22	Added PPE Use and Reuse Policy	Alyssa Quaranta	4/1/20
Appendix C	37	Added Guidance for disinfecting hardware	Alyssa Quaranta	4/1/20
Appendix C	38	Added guidance for cleaning vehicles and equipment after transporting COVID+ patients	Alyssa Quaranta	4/1/20
Appendix C	39	Donning and Doffing PPE protocols	Alyssa Quaranta	4/1/20
Appendix D	41	Update to Hygiene Guide	Alyssa Quaranta	4/1/20
6.1	24	Update to deployment policy	Alyssa Quaranta	4/1/20

4.1.1	11	Hotel Stays protocol added	Alyssa Quaranta	4/2/20
4.1.1	13	Meal take-out and delivery protocols added	Alyssa Quaranta	4/2/20
Appendix C	35-40	Job Aids reformatted	Alyssa Quaranta	4/2/20
4.3.4	20	Edited language in the Exposure Policy section	Toyin Adeyemi	4/2/20
Appendix G	50	Edited EOC Support Guide language	Toyin Adeyemi	4/2/20
4.1.1	11	Updated CDC link in General Sanitation paragraph to latest guidelines	Toyin Adeyemi	4/3/20
4.1.1	12	Corrected formatting in Hotels Stays section	Toyin Adeyemi	4/3/20
4.3.4	21	Corrected formatting and changed "Self-isolation" references to "Quarantine" for language consistency	Toyin Adeyemi	4/3/20
Appendix H	53	Inserted hyperlink reference for Mobile Community-Based Testing Sites	Toyin Adeyemi	4/3/20
4.3.4	23	Added section on "Close Contact" Deployment Constraint"	Toyin Adeyemi	4/3/20
4.1.1	11	Added section on "Disinfecting Billeting/FOB after Confirmed Exposure"	Toyin Adeyemi	4/3/20

4.3.5	26	Non-Medical Face Mask Policy added	Alyssa Quaranta	4/4/20
Appendix C	40	Protocol for storage and reuse of N95 masks added as job aid	Alyssa Quaranta	4/4/20
Appendix E	44	Exposure risk added to field guide	Alyssa Quaranta	4/4/20
Appendix F	47	Exposure risk added to field guide	Alyssa Quaranta	4/4/20
Appendix G	53	Exposure risk added to field guide	Alyssa Quaranta	4/4/20
Appendix H	55	Exposure risk added to field guide	Alyssa Quaranta	4/4/20
Appendix I	60	Exposure risk added to field guide	Alyssa Quaranta	4/4/20
Appendix C	35	Wrote and added "Safety Briefing for Greyshirts" job aid	Toyin Adeyemi	4/5/20
4.1	15	Driver's license policy added	Alyssa Quaranta	4/5/20