COVID-19 OPERATIONS MANUAL
VERSION 47
2020
H1.V47.20200828
Period Applicable: COB August 28, 2020 to COB September 11, 2020
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INTRODUCTION

This document outlines Team Rubicon (TR)’s response capabilities designed for the COVID-19 pandemic and shall serve as the overarching doctrine for all activities, tools, training, and communications. It also contains important safety guidelines to be followed by TR staff and Greyshirts during operations.

The document is structured as follows:

- Field guides are provided for Greyshirt COVID-19 activity execution. Greyshirts should also complete the applicable FLASH LEARNINGS. These can be found in the manual anywhere an online learning icon is shown:

- The operational guidance section contains a comprehensive collection of best practices for operational activities and specific guidelines for effective coordination with government agencies and partner organizations.
- Appendices include supplemental information including:
  - Greyshirt travel checklist
  - Food handling safety
  - Vehicle/equipment decontamination
  - Personal protective equipment donning, doffing, and details
  - Hygiene safety and handwashing
  - Spontaneous volunteers
  - Core Ops COVID-19 safety protocols
  - Sample forms and letters
  - In-person activity guidance and risk awareness

This document will be continually developed through the iteration process and updated as appropriate. This document provides policy and protocol from COB August 28, 2020 to COB September 11, 2020.

CHANGE LOG (ABRIDGED)

This log contains entries from past iterations of this document. Please see Change Log (Full) for a full accounting of changes since inception.

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Greyshirts participating in Isolation Shelter Support activities should complete the following **FLASH LEARNINGS**:

- Signs and Symptoms
- PPE Requirements
- Maintenance of Hygiene
- Post-Operation Decontamination Protocol
- Donning and Doffing PPE

### ACTIVITY REQUIREMENTS CHECKLIST

<table>
<thead>
<tr>
<th>SAFETY ACTION</th>
<th>WHEN TO DO IT</th>
<th>FOR MORE INFORMATION...</th>
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<tbody>
<tr>
<td>Wear non-medical face covering, unless wearing higher standard PPE</td>
<td>Throughout activity</td>
<td>1.5 TR Minimum PPE Requirements</td>
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<tr>
<td>Disinfect equipment</td>
<td>After each use</td>
<td>3.1.1 TR Facilities and Equipment</td>
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<td>Maintain physical distancing (6’)</td>
<td>Throughout activity</td>
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<td></td>
</tr>
<tr>
<td>Complete Requesting Organization training and orientation</td>
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<td></td>
<td></td>
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<tr>
<td>PPE Requirement:</td>
<td>Throughout activity</td>
<td>1.5 TR Minimum PPE Requirements Appendix B</td>
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<tr>
<td>- Nitrile gloves (when contacting or cleaning contaminated surfaces or items)</td>
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<td></td>
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<tr>
<td>- Isolation gown (when contacting or cleaning contaminated surfaces or items)</td>
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<tr>
<td>- N95 mask, if working in spaces with potential COVID-19 exposure;</td>
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OVERVIEW

Activity Exposure Risk Level: MEDIUM
The expected exposure risk level for Isolation Shelter Support activities is medium risk. Rare instances may exist where specific activities raise expected exposure risk level to high risk. The Mission Planning Team (MPT) is responsible for identifying the expected exposure risk level during the mission planning process. Greyshirts should adhere to Section 1.5 TR Minimum PPE Requirements 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, duties 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 Section 1.4 TR COVID-19 Exposure Policy should they develop COVID-19 signs and symptoms.
**COVID-19 Hasty Sling**

**REQUESTING ORGANIZATION SUPPORT ACTIVITIES**

Objective: TR is able to swiftly and effectively deploy to a wide range of COVID-19 response activities.

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(A-1) **Arrival and Check-In**

Upon arriving at the shelter site, the Greyshirt will check in with the appropriate designated supervisor per their Mobilization dispatch instructions. The designated supervisor 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 shelter facility’s hazardous wards or engage with shelter users until this training is complete and PPE has been secured.

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 Requesting Organization’s direction, Greyshirts will perform general support functions at the shelter facility. Greyshirts are expected to stay on site for the duration of their shift, and 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., pick up something from the store), the Greyshirt will notify their designated supervisor. 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, 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 Greyshirt viral testing during and after their engagement, especially if exhibiting signs and symptoms of COVID-19. All Greyshirts are expected to comply with testing requests.

Furthermore, Greyshirts are expected to monitor their own health and wellbeing during the operation to ensure protection of 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 regarding 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 the site by car.

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

Billeting
When billeting is offered by the Requesting Organization, TR will first ensure the billeting adheres to TR’s COVID-19-related health and safety standards and mitigate concerns. If billeting is provided off-site and 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 offsite, at the request of the Requesting Organization and if TR’s Command Staff has approved the request, 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 the [INFORMATION COLLECTION PLAN](#).
Greyshirts participating in Food Supportive Services activities should complete the following **FLASH LEARNINGS**:

- Signs and Symptoms
- PPE Requirements
- Safe Food Handling
- Maintenance of Hygiene
- Post-Operation Decontamination Protocol

**ACTIVITY REQUIREMENTS CHECKLIST**

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**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 **Section 1.5 TR Minimum PPE Requirements** 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.

(E-1) **RFA is received and TR territory is notified**
The requesting food bank will submit the Request for Assistance (RFA) via an external link. The territory the request is within will be notified of RFA (Deputy Directors of Regional Operations (DDROs) & Territory Associates).

(E-2) **Requesting Organization asks for 30-90-day commitment**
If the RFA is asking for a 30–90-day commitment, this is a trigger for DDROs and geo associates to consider starting the leased employee process (sub-process Foxtrot). This does not mean a leased employee is needed for this RFA, but it can inform decision makers that this may be a scenario where it is appropriate to request a leased employee and they can begin that process. Only one trigger within the box labeled "Triggers for leased employee:" needs to be met for a leased employee to be justified.

(E-3) **TR territory acknowledges RFA is received within 1 business day**
Once the geo associate receives the RFA for their territory, they will have the local city/state leader reach out to the Requesting Organization. The geo associate will be
responsible for updating the RFA tracker and dictating whether action has been taken or not.

- In column AY titled “Status of Feeding America” of the RFA tracker, the geo associates will mark either:
  - Actioned – geo associate has contacted local city/state leader to reach out to Requesting Organization and that touch point is moving forward.
  - Not-Actioned – geo associate has either:
    1. Not able to reach local city/state leader.
    2. Local city/state leader and/or geo associate is unable to contact or reach out to Requesting Organization.

- In column AZ titled “Notes” geo associates will capture the TR POC’s name and when they have, or plan to, reach out to the Requesting Organization. All other RFA details will be captured in the appropriate location within the EMS.

Local city/state leaders should update the geo associate as soon as possible with the status of the RFA after they have attempted to reach out to the Requesting Organization.

NOTE: Geo associates CANNOT make edits to any additional columns in the RFA tracker.

**(E-4) TR will inform the Requesting Organization of Greyshirt or leased employee availability within 3 business days**
This is 3 days after E-3 and not 3 days from E-1. Local city/state leaders can reach out prior to 3 days. If getting enough intel on TR’s response takes longer than 3 business days, the local leaders should be in constant contact with the Requesting Organization prior to the 3 business days deadline.

If the following triggers have been met during the mission planning process or it is otherwise appropriate, DDROs and geo associates may start the leased employee process:

- Consistent and long-term request for 5 or more volunteers
- Complex needs (food delivery, volunteer management, etc.)
- Need to maintain 1:20 staff to volunteer ratio
- Designate high-priority need without local volunteer base to support
- Territory capacity to meet demand is overwhelmed
- Size-scale/type of Requesting Organization ask requires a Food Supportive Services (FSST) Dedicated Member (e.g., day/week hours, management responsibilities)
- Need for specialized skill set (e.g., Commercial Driver's License (CDL), forklift experience)

**(E-5) Dispatch Personnel**
TR will work with Requesting Organization to get boots on the ground.
(F) Leased employee hiring process

(E-6) TR will work towards meeting the RFA or inform the Requesting Organization that TR is unable to meet the RFA
The local city/state leader will continue to work through barriers and challenges to get to a “yes.” If unable to get to a “yes,” local city/state leaders will inform the Requesting Organization.

All leased employees will be employed by Superior Staffing. TR will be their manager on-site. Task Force Leaders are exempt and able to work overtime in this role if necessary. Anyone filling the team member role can work a maximum of 40 hours a week, 8 hours in a day, and 5 days a week. The team member's hours will be tracked and reported to TR manager who will then provide to their employer, Superior Staffing.

(M-1) Job Description (JD) is posted
Available positions will be posted on Greenhouse and by territory and state.

(M-2) Applicants for review have met the selection criteria below:
- Applicant is currently unemployed or underemployed.
- Applicant meets all COVID-19 TR deployment restrictions if working on-site (same restrictions are not required for remote work).
- Applicant is within 50 miles from work site.
Note: TR prefers applicants to offer currently unemployed or underemployed an opportunity to provide financial support for themselves and those they care for through this job. However, TR will hire the best applicant regardless of current job status if they can commit to the duration and scope of work.

(M-3) **After an employee is selected, the TR manager will inform the employee of their pay rate and the scope of work**
A JD covering FSST roles will be made available on Greenhouse when a leased employee is needed to support an operation.

(M-4) **The TR manager will complete the Contract/Temp request form and send information to People Ops**
A People Ops guide on Contractors and the Temp Process will be made available.

(M-5) **People Ops will coordinate with Superior Staffing and employee for complete onboarding**
Superior Staffing and the leased employee will need to complete paperwork as a new employee of Superior Staffing. People Ops will be informed and consulted if needed during this step.

(M-6) **Superior Staffing will send a “complete” status report for the employee to People Ops**
People Ops will continue working with the employee and Superior Staffing to get employee onboarded.

(M-7) **People Ops will send a confirmation of employment email to the TR manager**
No leased employee will begin working until the TR manager receives the confirmation email from People Ops.

(M-8) **Employee Orientation**
The TR manager will provide the leased employee with all appropriate training and materials to be effective at their job.

(M-9) **Employee will be eligible to begin working**
At this time the TR manager is allowed to provide the leased employee with job related tasks within their scope of work.

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 Section 1.4 TR COVID-19 Exposure Policy should they develop signs and symptoms of COVID-19.

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 Greyshirt should adhere to the Requesting Organization’s policy for inability to complete delivery. 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 designated supervisor per their dispatch instructions from Mobilization. This designated supervisor 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 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 technical skills or certification requirements:

- General labor
  - Ability to lift 50lbs regularly for 2–8 hours
  - Stooping, bending, twisting, lifting, and reaching might be required.
  - Packing experience – able to follow packing templates provided by Requesting Organization
  - Stocking experience – able to follow stocking and inventory controls of Requesting Organization

- Loading/off-loading shipments to and from Requesting Organization
- Controlling and managing inventory
- Ability to work in a warehouse or similar setting (e.g., no central AC/Heat – possible exposure to the outdoor elements)
- Greyshirt uniform (Greyshirt, work pants, closed-toed shoes – preferably work boots)

Food distribution and mobile food delivery technical skills or certification requirements:

- Loading food/meals for distribution/delivery
- Transporting food/meals to their destination(s)
- Ensuring food safety standards are followed (see Appendix B: Job Aids)
- Maintaining vehicles and ensuring food-dispensing equipment remains sanitary and in working condition
- Possessing a driver's license that is current and in good standing
- Lifting 50lbs regularly for 2–8 hours
- Stooping, bending, twisting, lifting, and reaching might be required
- Following GPS directions or reading a map
- Driving in various mild weather conditions (rain, light snow, mild heat, etc.) and long durations (2–8 hours)
- Wearing a Greyshirt uniform (Greyshirt, work pants, closed-toed shoes – preferably work boots)

**Logistics**
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 two hours or less).

**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 [INFORMATION COLLECTION PLAN](#).
**Macro: Packing Emergency Food Meals/Boxes**

![Diagram of Food Supportive Services Sub-Process]

**Figure 1. Food Supportive Services Sub-Process**
Figure 2. Onsite Distribution of Boxes and Meals to Clients
Macro: Warehouse Operations Support

Process CHARLIE Last Update: 20200321

C-1 Collecting Meal items
C-2 Sorting Meal Items
C-3 Packaging Items/ boxes as appropriate
C-4 Moving/Organizing Warehouse (supply-chain logistics)

Figure 3. Warehouse Operations Support
EOC SUPPORT FIELD GUIDE

Greyshirts participating in Emergency Operations Center (EOC) activities should complete the following FLASH LEARNINGS:

- Signs and Symptoms
- PPE Requirements
- Maintenance of Hygiene
- Post-Operation Decontamination Protocol

ACTIVITY REQUIREMENTS CHECKLIST

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OVERVIEW

Activity Exposure Risk Level: LOW

The expected exposure risk level for EOC Support activities is low risk. Greyshirts should adhere to Section 1.5 TR Minimum PPE Requirements 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:

- Gathering information and data
- 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 Section 1.4 TR COVID-19 Exposure Policy.

(A-1) Arrival and Check-In
The Greyshirt will check in with the appropriate designated supervisor per their dispatch instructions from Mobilization. This designated supervisor 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 representative and/or their designated supervisor, Greyshirts will execute supplemental administrative duties.

Personnel
TR will defer to guidance from the Requesting Organization on which populations are eligible to volunteer in Emergency Operations Center (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 ICS planning and logistics courses.

**Information**
The Key Performance Indicators and Information Collection Plan for this activity are detailed in [INFORMATION COLLECTION PLAN](#).
Greyshirts participating in Mobile Testing Site Support activities should complete the following **FLASH LEARNINGS:**

- Signs and Symptoms
- PPE Requirements
- Maintenance of Hygiene
- Post-Operation Decontamination Protocol
- Donning and Doffing PPE

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**MEDIUM Risk PPE Requirements:**
- Nitrile gloves (*when contacting or cleaning contaminated surfaces or items*)
- Isolation gown (*when contacting or cleaning*)
OVERVIEW

Non-Medical Support Activity Exposure Risk Level: MEDIUM
The expected exposure risk level for Mobile Testing Site Support non-medical activities is 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 Section 1.5 TR Minimum PPE Requirements 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 aid community-based testing sites with logistical set-up, command support, and other non-medical capacities. Additionally, medically trained Greyshirts may be deployed to directly assess and test community members at mobile testing sites, if support is requested.

These activities may involve direct interaction with individuals who may have symptoms of, or have been diagnosed with, COVID-19. Greyshirts will adhere to Section 1.4 TR COVID-19 Exposure Policy should they develop COVID-19 signs and symptoms. If at any time Greyshirts face potential escalating conflicts at testing sites or adjacent property, they will contact on-site security to address the situation.

**Verily**

TR will partner with *Project Baseline* by Verily to support the COVID-19 Community-Based Testing Program. Verily has developed a program to guide agencies on establishing drive-through as well as walk-up sample collection and testing sites. The program is federally supported, state directed, and built in alignment with federal and state public health guidelines.

TR's collaboration with Verily will entail deploying Greyshirts to provide Command and General (C&G) staff, along with non-medical staff, to support at the community-based drive-through testing sites. At testing sites hosted by Verily, Greyshirts will follow the guidance and operational model developed by Verily. In any activity where a Greyshirt may have access to, or need to work with, Personal Identifiable Information (PII), review of and signing of TR's PII policy (Appendix E: Forms and Letters, Figure 30) will be required.

**COVID-19 Hastysling**

**REQUESTING ORGANIZATION SUPPORT ACTIVITIES**

Objective: TR is able to swiftly and effectively deploy to a wide range of COVID-19 response activities.

(A-1) **Arrival and Check-In**

The deployed Greyshirt will check in with the TR Task Force Leader based on their dispatch instructions from Mobilization. The Task Force Leader will direct the Greyshirt
to connect with the on-site representative from Verily, who will provide directions on the tasks to be performed.

**(A-2) Orientation & Training**
An onsite representative from Verily will provide an orientation of the tasks and expectations of Greyshirts. Verily will provide Greyshirts with the guidance documents containing details on task execution and roles and responsibilities. Additionally, training on protocols and on the execution of various on-site tasks will be provided.

**(A-3) Execute Assigned Task**
Only after Greyshirts have been oriented, received necessary training, and obtained required PPE, they may engage in their assigned tasks. Greyshirts at Verily’s community-based testing sites engage in tasks including, but not limited to: initial setup of the mobile testing sites, provide C&G staff support, control and direct traffic on site, and act as runners for medical staff.

**Initial Site Setup**
Upon arriving at a newly established mobile testing site, Greyshirts, in coordination with the on-site Verily representative and the representative from the hosting facility, will establish a setup for the drive-through testing site.

In preparation for the site setup, TR, Verily, and the hosting facility will work together to ensure all necessary supplies, equipment, and support resources are in place. The necessary equipment and supply, according to the Operational Supply and IT Equipment lists, are found [here](#). TR will verify the list of supplies and equipment available with Verily (e.g., label printers, barcode scanner, PPE). Additionally, TR will coordinate with the hosting facility on supplies and equipment that may be available for use on site (e.g., tables, chairs, canopy, WIFI access).

After an initial site setup has been established, a dry run will be conducted by the Greyshirts and the Verily on-site representatives to ensure the site is ready for participant (community member) throughput. Placement of traffic cones, signage, and checkpoints will be carefully assessed. The dry run will also entail testing out the on-site equipment such as power connections, WIFI, and label printers to ensure they are all in working order.

**Daily Mobile Testing Site Activities**
**Site setup:** At the beginning of each workday the mobile testing site will be set up with all necessary equipment and staff, the site entrance and exit areas will be opened, and the ice and sample bags will be verified as delivered by the laboratory partner.

**Print requisition and labels:** Prior to accepting participants each day, the Participant Data Specialist will print requisition and labels to assemble patient testing kits. For further details on kit assembly, refer to [Section 7 – Daily Kit Assembly](#) of the COVID-19 Requisition and Label Preparation Guide.
Coordinate with state and local governmental agencies: The mobile testing site will ensure close coordination with state and local government agencies on mobile testing activities in the agency’s jurisdiction.

Accept participants: As pre-registered participants arrive at the testing site, they will progress through the various checkpoints as detailed in Section 7 – Process Steps of the COVID-19 Participant Workflow document.

Manage inventory: Daily inventory of PPE and other consumable supplies and equipment will be tracked using the COVID-19 Supply Forecast Calculator provided by Verily. TR will be responsible for identifying supply shortages and contacting the designated supplier, as identified by Verily, for resupply as needed.

Reconcile samples and hand off to laboratory partner: At the end of the workday, the Patient Data Specialist will reconcile the specimens collected against the Specimen Collection Log in accordance with the steps outlined in Section 7.3 – Sample Reconciliation and Transfer in the COVID-19 Sample Collection and Transfer document. After all of the specimens are reconciled, they will be handed off to the laboratory partner who will retrieve the samples daily.

In some of the remote area Verily mobile testing sites, laboratory partners may not be able to provide sample pick up services. In such cases, Verily will identify a local courier service, or arrange for FedEx, to ship the lab specimens to the partnering laboratory. See FedEx Lab Specimen Shipping Process for guidance on handling FedEx shipping of lab specimen.

Site cleanup: At the end of the day, the testing site will be cleaned and biohazardous waste will be disposed of according to Section 8 – Daily Biohazard Waste Closeout Procedure of the COVID-19 Medical Biohazard Waste Instruction document.

Schedule next-day participants: Appointments will be confirmed the day prior to the scheduled participant appointment. For additional details on the participant appointment scheduling, refer to the Scheduling Appointments section of the COVID-19 Community Based Testing Guide.

For additional information regarding Verily’s Community-Based Testing Program, refer to the COVID-19 Community Based Testing Guide.[1]

If there is a medical emergency on site, please call 911 to activate the local EMS for immediate medical attention.

**Personnel**
Greyshirts will fulfill the following roles at the Verily-hosted community-based testing sites:

- Task Force Leader / Incident Commander (IC)
- Operations Section Chief (OSC)
- Planning Section Chief (PSC)
- Participant Data Specialist
- Non-medical Operational Support

All role-specific job aid and operational checklists can be accessed [here](#).

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

**Logistics**
TR will be responsible for planning meals and providing water at the mobile testing site. Meals and delivery services will be arranged daily for the duration of TR support at the Verily mobile testing sites.

**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.
Greyshirts participating in Medical Support activities should complete the following FLASH LEARNINGS:

- Signs and Symptoms
- PPE Requirements
- Maintenance of Hygiene
- Post-Operation Decontamination Protocol
- Donning and Doffing PPE

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PPE Requirements:
- Nitrile gloves
- Face shield
- Isolation gown
- N95 mask
- Bouffant cap

Throughout activity 1.5 TR Minimum PPE Requirements
OVERVIEW

Activity Exposure Risk Level: HIGH
The expected exposure risk level for Medical Support activities is high risk. Greyshirts should adhere to Section 1.5 TR Minimum PPE Requirements to determine the appropriate level of PPE.

Hospitals and healthcare systems in areas with high community spread of COVID-19 are experiencing disproportionate strain due to the high volume of patients presenting COVID-19-like symptoms. In these communities, patients requiring medical care exceed the capacity of hospitals to handle them, while the number of available resources and beds is quickly diminishing.

TR will provide medical support to the communities in need by participating in the following activities: supporting the operation of Federal Medical Stations/Alternate Care Sites and other adjunct care facilities, augmenting hospital staff, and augmenting Emergency Medical Service (EMS) staff. The sections below outline how TR will support in each of the medical support activities.

Federal Medical Station/Alternate Care Site Support
Hospital systems and local government are beginning to establish Federal Medical Stations/Alternate Care Sites 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-19+ patients ready to discharge from the hospital, but do not have a safe/reasonable place to quarantine.
- Individuals who have tested COVID-19+ at community-based testing sites who do not have a safe/reasonable place to quarantine.
- Hospitalized low acuity COVID-19+ patients able to be managed in a step-down environment and monitored for recovery.

Medically trained Greyshirts will be deployed to these adjunct facilities to provide direct patient care and monitoring.
(A-1) Arrivals and Check-In
The deployed Greyshirt will check in with the TR Task Force Leader per their dispatch instructions from Mobilization. The Greyshirt will receive relevant materials to prepare for the operation including on-boarding materials from the Requesting Organization as well as this COVID-19 Operations Manual. 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 on site.

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 on 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 and Greyshirts will follow the protocols established for proper donning and doffing as well as reuse of equipment as appropriate.

(A-3) Execute Assigned Task
Only after Greyshirts have been oriented, trained, and received required PPE, they may 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

Hospital Staff Augmentation
Medically trained Greyshirts will be deployed to work alongside healthcare providers in emergency departments to treat patients presenting for emergency care.

(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 instructions for on-boarding and orientation to the hospital.

(A-2) Orientation, Training, & PPE Issuance
Greyshirts will receive an orientation from the hosting hospital or health system on the hospital as well as the hospital unit they will be supporting.

Greyshirts will receive training on medical protocols to be followed in the facility as well as on the electronic medical record, or other patient charting system as appropriate.

PPE issuance will take place at the beginning of every shift and Greyshirts will follow the protocols established for proper donning and doffing as well as reuse of equipment as appropriate.

(A-3) Execute Assigned Task
Only after Greyshirts have been oriented, trained, and received required PPE, they may engage in their assigned tasks. Greyshirts may engage in tasks including, but not limited to:

- Assessing vital signs
- Passing medications
- Documenting patient care
- Performing cardiac resuscitation and other life-sustaining care
- Monitoring patient condition

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

Emergency Medical Service (EMS) Staff Augmentation
Emergency Medical Technician (EMT)-certified Greyshirts will work alongside local EMTs to provide pre-hospital care and transport to community members through their 911 system.

(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 instructions for on-boarding and orientation to the local EMS system.

(A-2) Orientation, Training, & PPE Issuance
Greyshirts will receive an orientation from the hosting health system on the EMS they will be supporting.

Greyshirts will receive training on medical protocols to be followed as well as on the patient charting system and other equipment as appropriate.
PPE issuance will take place at the beginning of every shift and Greyshirts will follow the protocols established for proper donning and doffing as well as reuse of equipment as appropriate.

**(A-3) Execute Assigned Task**

Only after Greyshirts have been oriented, trained, and received required PPE, they may engage in their assigned tasks. Greyshirts supporting the EMS ambulance service may engage in tasks including, but not limited to:

- Assessing vital signs
- Passing medications and administering oxygen
- Documenting patient status
- Rendering basic life support

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

**Personnel**

In coordination with the Requesting Organization, TR will determine how Greyshirts will support at the adjunct medical facilities, hospitals, and EMS systems. Personnel needs at supporting facilities and EMS systems will be based on medical support capacity requested and specific tasks to be performed.

As a preliminary step, medically trained Greyshirts who wish to deploy in a medical support capacity will be asked to provide their current certifications and licensures to Mobilization.

In a temporary break from standard procedure, medical professionals licensed or credentialed in states outside of the service site will be considered for deployment at this time. In addition to the existing Uniform Emergency Volunteer Health Practitioner Act (UEVHPA)² and the Emergency Management Assistance Compact (EMAC)³, temporary waivers for state licensure requirements have been passed in numerous states across the US.⁴

Additionally, Greyshirts may also be asked to provide immunization records and agree to a background check, if required by the Requesting Organization or the hosting health system. This process will be conducted on Roll Call.

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Greyshirts with the most relevant qualifications and experiences to the various medical support operations will be prioritized. Mobilization will utilize the criteria below to categorize individual suitability for deployment.

Mobilization may also request current resumes and references from prospective responders. Furthermore, Mobilization staff will meet with each prospective medical responder to learn more about relevant experiences and comfort level with operation-specific working conditions. Mobilization will then place each responder into one of the three deployment categories:

- **Green**—first-line candidate to deploy; licensure/certification, work experience, and responder comfort with working conditions sufficiently meet deployment criteria
- **Yellow**—second-line candidate to deploy; licensure/certification meet deployment criteria but may not meet desired work experience (type of work experience or length of relevant experience)
- **Red**—not suitable for deployment; work experience and responder comfort with working conditions deem responder not suitable for the response operation

### Hospital Staff Augmentation
Greyshirts interested in deploying to provide hospital staff augmentation support will be considered based upon the following qualifications:

| MD/DO     | • Emergency department experience required
| ---       | • Emergency department or Intensive Care Unit (ICU) experience required
| RN        | • Comfortable working 12-hour shifts, day or night
| Paramedic | • Current certification as a Nationally Registered Paramedic (NRP) through the National Registry of Emergency Medical Technician (NREMT) required
|           | • Experience as Emergency Room (ER) Tech is ideal
| EMT-B     | • National Registry of Emergency Medical Technician (NREMT) certification required
|           | • Experience as ER Tech is ideal

### EMS Staff Augmentation
Greyshirts with the following qualifications will be considered for deployment to provide EMS staff augmentation support:

| EMT-B     | • National Registry of Emergency Medical Technician (NREMT) certification required
|           | • Experience as full-time pre-hospital EMT working on EMS rigs
|           | • Experience managing patients with acute on chronic medical conditions
### Logistics

TR POC will inquire to the Requesting Organization whether meals and water will be provided to the Greyshirts. TR POC 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 Greyshirt health and safety, or if traveling outside of commuting distance.

| **• Comfortable with managing patients on extended-duration transports**  |
| **• Experience working in rural communities a plus** |

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1. SAFETY

1.1 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.

1.2 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. See Appendix C: Hygiene Guide for expectations.

1.3 POST-OPERATION DECONTAMINATION
As part of closing daily operations, Greyshirts will decontaminate personal and operational gear in accordance with TR protocol. In addition, TR may require 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 Professionals about Coronavirus (COVID-19)\(^5\), immediately disrobe outside (backyard, garage, etc.), and wash clothes in hot water on high heat to minimize the chance of spreading COVID-19 to household members.

1.4 TR COVID-19 EXPOSURE POLICY
Any member of the TR team experiencing signs and symptoms associated with COVID-19 should immediately contact a healthcare provider and 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.

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Operational Guidance

Signs and Symptoms
COVID-19 symptoms include6, but are not limited to: cough, shortness of breath, or difficulty breathing. Symptoms may also include at least two of the following:

- Fever
- Chills
- Muscle or body aches
- Fatigue
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptoms appear 2–14 days after exposure to the virus. Refer to the CDC for further guidance6. See Appendix B: Job Aids for CDC Symptoms of COVID-19.

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 household members at dispatch instructions.

Strike Team Leaders will check in with all team members 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 (C&G) Staff will pair up to monitor and check in with one another a minimum of twice per day.

On operations with medium-to-high exposure risk, as defined in Section 1.5 TR Minimum PPE Requirements, as well as those requiring communal billeting (sleeping more than 1 person to a room) and/or FOB, Strike Team Leaders will use one of the recommended temperature check options in Appendix B: Job Aids to record the temperatures of all Greyshirts at regular intervals each day: once prior to the operation, and again upon their return to communal billeting/FOB. Greyshirts with temperatures of 100.4°F or above (i.e., fever) will be further screened and subject to the provisions of the Exposure Policy.

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

**Figure 4. Exposure Protocol Process**

**X-1 Protocol for Signs of Illness**
If a Greyshirt develops COVID-19 symptoms during an operation, the field leader will immediately give the individual a surgical mask and direct them to perform hand hygiene. The individual will isolate and maintain physical distancing protocols. The workspace of the affected person will be decontaminated.

The designated field leader will then notify the Safety Officer about the symptomatic individual. Following that step, the designated field leader will notify Greyshirts who worked alongside the symptomatic Greyshirt of possible risk. Should other Greyshirts wish to demobilize as a precaution, designated field leaders will accommodate their requests. Meanwhile, field leaders will continue to enforce strict symptom checks and hygiene measures at the work site.

Finally, the designated field leader will report to the Safety Officer, who will then notify the IC. The IC will submit the Incident Report, prompting the IMT and the Greyshirt Support Team to complete the COVID-19 Incident Form and follow standard Incident Report procedure.

**X-2 Medical Assessment & Demobilization**
The Greyshirt Support Team will contact the Safety Officer, who will consult the 206 to identify local testing facilities and phone numbers. The Safety Officer will direct the Greyshirt Support Team and the individual showing symptoms to the appropriate local resources for COVID-19 screening and/or testing.
Greyshirt Tests Negative:
The IMT, in consultation with the Greyshirt Support Team, will direct the IC to send the Greyshirt home. While waiting to depart, Greyshirt will remain isolated and standard viral syndrome precautions will be implemented (e.g., physical distancing, hand hygiene, surgical mask). If Greyshirt drove to the operation, Greyshirt will return to Home of Record (HOR) and notify a primary care provider. If Greyshirt flew to operation or carpooled, the IC will consult with the NOC and IMT who will coordinate and seek guidance from public health officials as necessary. The IMT will keep the Greyshirt Support Team informed.

Healthcare assessment determined additional in-person testing requested/required for Greyshirt:
Greyshirt will remain isolated and standard viral syndrome precautions will be implemented (e.g., physical distancing, hand hygiene, surgical mask). Greyshirt Support Team will notify NOC, TR Med, IMT, and IC. Greyshirt will be 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 will be called. The 911 operator should be notified the individual is showing symptoms of COVID-19.
- Greyshirt will receive treatment per hospital/protocol.

(X-3) Greyshirt Tests Positive
Testing facility confirms positive COVID-19 in Greyshirt:
Greyshirt will conform to all medical advice and notify Greyshirt Support Team of positive test result. Greyshirt will remain hospitalized or under treatment per public health protocol or will be sent home to self-isolate and monitor symptoms. The IMT, in consultation with the Greyshirt Support Team, will instruct the Greyshirt to demobilize and isolate, and the Greyshirt will comply. 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 Greyshirt Support Team, 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 Greyshirt Support Team, IMT, and NOC will coordinate to secure a hotel for the Greyshirt for the duration of their quarantine.
(X-4) Exposure Notification

**TR actions if COVID-19 confirmed positive and the operation is still ongoing:**
The Greyshirt Support Team will contact IMT and Mobilization. The IMT will notify deployed Greyshirts of possible exposure. Mobilization will notify Greyshirts dispatched to the operation. Local authorities will be responsible for contact tracing and TR will provide any requested information to this end. If the Greyshirt is tested outside of the county of operation, the Greyshirt Support Team will notify public health authorities in the county of operation. If any other Greyshirts develop symptoms, the above protocol should be followed for each individual showing signs of illness.

**TR actions if COVID-19 confirmed positive and the operation is already demobilized:**
If a Greyshirt is confirmed positive after an operation has been demobilized, but had symptoms during the operation, s/he will notify the Greyshirt Support Team via greyshirtsupport@teamrubiconusa.org. Greyshirts will also receive an e-mail from Mobilization confirming safe arrival home and Greyshirts can report a positive COVID-19 test by responding to this message as well. The Greyshirt Support Team will notify impacted locations’ public health authorities and Mobilization, who will notify Greyshirts deployed on the operation of potential exposure.

**Direct exposure to COVID-19:**
The following procedures apply if a Greyshirt comes into direct contact with an individual either suspected or confirmed to have COVID-19, who was not wearing a cloth face covering or facemask, and were exposed to respiratory droplets or airborne particles without the proper use of PPE.

Upon identification of direct exposure, the following notification actions should occur immediately:

1. **Greyshirts** involved in or who witnessed the exposure will notify the designated field leader.
2. The **designated field leader** will report the exposure event to the Safety Officer.
3. The **Safety Officer:**
   - Will investigate the exposure and determine if other Greyshirts were affected.
   - Will notify the IC, who submits the Incident Report.
4. The **IMT** will coordinate with the **Greyshirt Support Team** and the **TR Medical Team** to recommend immediate quarantine of the affected Greyshirt and determine the course of demobilization.

As soon as possible, TR will coordinate plans for transporting the exposed Greyshirt home. The Greyshirt will immediately report any COVID-19 symptoms or change in health status.

**Transportation Modality**

| Primary Method: | If within an 8-hour drive of HOR, Greyshirt is immediately demobilized via Privately Owned Vehicle (POV). |
### Alternate Method:
If within an 8-hour drive of HOR, Greyshirt is immediately demobilized via TR-provided rental vehicle.

### Contingency Method:
Greyshirt is demobilized via commercial air. Demobilization by commercial air requires the Greyshirt to:
- Target departure within 24 hours of exposure and reach HOR before 48 hours after exposure
- Be asymptomatic
- Undergo a temperature check by the TR Medical Team immediately prior to departing the operation and produce a temperature of less than 100.0 orally
- Practice Universal Source Control in accordance with CDC guidance
- Wear a surgical mask (NOT a cloth mask or N95) for the duration of the travel
- Perform excellent hand hygiene

### Emergency Method:
Greyshirt is quarantined on site.

The Greyshirt Support Team will reach out to the exposed Greyshirt daily for 14 days to inquire about symptoms and support fulfilling daily needs (e.g., groceries). If a Greyshirt refuses to quarantine at home due to concern of infecting family, the Greyshirt Support Team, IMT, and NOC (in consultation with public health officials) will determine a safe and secure place for the Greyshirt to quarantine, the duration, and conditions upon which the Greyshirt can safely exit quarantine. In cases where a local care/quarantine site is not available, the Greyshirt Support Team, IMT, and NOC will coordinate to secure a hotel for the Greyshirt for the duration of their quarantine. The TR Medical Team will work with the IMT and NOC to track exposures and assist with Greyshirt medical needs as able.

Upon returning home, the Greyshirt is requested to quarantine for 14 days and monitor symptoms. Greyshirts wishing to return to their place of employment as healthcare workers must disclose their exposure and follow the guidelines set forth by their health system. The decision to allow the Greyshirt to sign up for future TR operations will be based on the CDC Discontinuation of Isolation Guidance.

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If a Greyshirt becomes symptomatic, they should immediately contact their healthcare provider and follow local jurisdictional guidelines for COVID-19 evaluation. During routine check-in, the Greyshirt should immediately notify the Greyshirt Support Team or the IMT if they become symptomatic or test positive.

*(X-5) Site Decontamination and Demobilize Decision*

The site will be decontaminated following *cleaning and disinfecting CDC guidance*. IMT will decide whether to demobilize the site or reopen and continue operations.

**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 symptoms or a COVID-19 case is confirmed at the operation site), the Greyshirt should adhere to the protocols outlined above.

### 1.5 TR MINIMUM PPE REQUIREMENTS

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 authorized 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. PPE should only be used in situations that have potential for exposing Greyshirts to COVID-19. For activity-specific exposure risk levels, see the relevant field guides in this document.

#### PPE Requirements for Exposure Risk Levels

<table>
<thead>
<tr>
<th>Exposure Risk Level</th>
<th>Description</th>
<th>Example Activities</th>
<th>Minimum PPE</th>
</tr>
</thead>
</table>
| **Low Risk**        | No contact with COVID-19-infected individuals or surfaces and | Warehouse and packaging support, remote support | Standard precautions including:  
- Hand hygiene  
- Non-medical face covering |

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<table>
<thead>
<tr>
<th>Exposure Risk Level</th>
<th>Description</th>
<th>Example Activities</th>
<th>Minimum PPE</th>
</tr>
</thead>
</table>
| Medium Risk         | No contact with COVID-19 infected individuals; however, there may be contact with the surfaces and spaces they may have come into contact. | Handling potentially contaminated supplies or equipment, occupying spaces that previously contained COVID-19+ individuals | Standard precautions plus:  
• Nitrile gloves (when contacting or cleaning contaminated surfaces or items)  
• Isolation gown (when contacting or cleaning contaminated surfaces or items)  
• N95 mask if working in spaces occupied by COVID-19+ individuals; otherwise, wear a non-medical face covering |
| High Risk           | Both immediate contact with COVID-19 infected individuals and with the surfaces and spaces they may have come into contact. | Direct interaction with clients suspected or confirmed to be COVID-19+, working inside of a facility treating COVID-19+ patients | Standard precautions plus:  
• Nitrile gloves  
• Face shield/Goggles  
• Isolation gown  
• N95 mask  
• Bouffant cap (available, but optional, for outdoor mobile testing sites) |

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 B: 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. 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.

Note 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. 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 respirator is obviously damaged or becomes hard to breathe through.

Limited Reuse of N95 Respirators:
“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. The respirator is stored between encounters to be donned again prior to the next encounter with a patient. Refer to Appendix B: Job Aids for instructions on storing and reusing N95 respirators. Discard masks after five uses. CDC guidelines recommend use of face shields that can be thoroughly cleaned, or surgical masks, over N95 respirators. Whenever possible, patients should be issued surgical masks to reduce surface contamination of respirators. Follow the protocol below:

- 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 no air comes through the perimeter of the mask when the user blows out. If air comes out, it is not a tight seal.

o 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.
  o 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:
  o After aerosol-generating procedures (unless covered with a disposable mask during the aerosol-generating procedure).
  o If N95 mask becomes visibly contaminated with blood or other bodily fluids.
  o If N95 mask is obviously damaged or if it makes breathing difficult.
  o If the user cannot achieve a tight seal.

**Face Shield Reuse & Decontamination**
A face shield is a device used to protect the user’s eyes and face from bodily fluids, liquid splashes, and potentially infectious materials. The following guidelines allow for the reuse of face shields:

  • Full face shields are dedicated to individual healthcare workers as foam piece and elastic headband cannot be fully disinfected.
  • The user should don gloves and disinfect inside then outside surfaces.
  • Do not use germicidal wipe on foam and elastic band.
  • Store reused full face shield alongside labeled paper bag containing reused N95 mask.

Face shields should be discarded under the following conditions:

  • If face shield can no longer fasten securely to the provider.
  • If visibility is obscured and reprocessing does not restore visibility.
  • If the device becomes physically damaged (e.g., breakage, bending, degradation of materials).

For more information about reprocessing face shields for reuse, refer to Appendix B: Job Aids.

**Use Respirators Without Breathing Valves as Much as Possible**
Breathing valves do not filter contaminated breath as it leaves the respirator, which may leave others vulnerable to contaminated air. If available, use respirators without breathing valves or take precautions as referenced in Appendix I: Core Ops COVID-19 Safety Protocols.
Non-Medical Face Covering Policy
Based on the CDC’s recommendation Greyshirts are required to wear a non-medical face covering\textsuperscript{12} (such as homemade cloth mask, bandana, scarf, or even old t-shirts) to cover their mouth 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 (e.g., hand hygiene, physical distance, disinfecting) must be followed.

Face Covering Exceptions
Heavy equipment operators alone in single cabs do not need to wear face coverings. If the cab is also used by other operators, ensure decontamination protocols are followed. Face coverings should always be secured in a pocket and kept with the person. They should be worn immediately before and after using equipment. If working in isolated areas, with no other people in proximity, a face covering is not required.

If face coverings create the following safety hazards when working, they may be removed while physically distancing:

- Obstructs vision (e.g., steams up safety glasses/shields)
- Could be caught in machinery
- Creates respiratory hazards
- Restricts breathing and causes asphyxiation

2. REQUESTING ORGANIZATION SUPPORT ACTIVITIES

Requesting Organizations engage TR through the RFA process. RFAs are managed through the Request for Assistance Form. This form collects information on incoming requests, notifies key decision makers, and expedites the decision-making process. Missing information can quickly be identified, which reduces follow-up information gathering sessions. As this is an internal form (initially), it empowers the applicant to obtain all necessary information prior to submitting a request.

Figure 5 describes the process flow of RFAs submitted to TR.

![Figure 5. Community Request for Assistance Workflow](image)

Procedures:

(R-1) When a request is received from an outside agency, a TR member completes the Request for Assistance Form.

(R-2) Form answers are populated into an Excel form and key stakeholders (below) are notified:

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

(R-3) These stakeholders 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 is assessed by the Capabilities Team.
(R-4a) If a capability is not required, the request progresses to the Mission Planning Process and/or be considered as a #NeighborsHelpingNeighbors initiative.

(R-4b) If the Capability Design Process is required, the request is forwarded to the Capabilities Team for development in parallel with the Mission Planning Team (MPT) beginning reconnaissance.

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

**Reporting Process:** At the time of request, the Requesting Organization designates a Point of Contact (POC). Once the request is received, it is the key stakeholders’ responsibility to communicate with the POC. If a capability is required, it is the key stakeholders’ responsibility to notify the Capabilities Team and provide all necessary information to begin the design process.

**Approval and Denial:** Key stakeholders are also responsible for determining acceptance and refusal of incoming requests, and timely notifying the Requesting Organization's POC. Whenever possible, TR obtains 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 follows a standard process in deploying resources to Requesting Organization support activities.

As noted in **Figure 6**, deploying to an operation starts with arrival & check-in (A-1), proceeds to orientation, training, and PPE issuance (A-2), then to execution of the assigned task (A-3).

**COVID-19 Hastysling**

**REQUESTING ORGANIZATION SUPPORT ACTIVITIES**

Objective: TR is able to swiftly and effectively deploy to a wide range of COVID-19 response activities.

![Figure 6. Requesting Organization Support Activities Process Map](image)

For details about specific Requesting Organization Support Activities, refer to the appropriate field guide.
3. OUTFITTING

3.1 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.

3.1.1 TR Facilities and Equipment
The following are guidelines for all TR facilities, equipment, FOBs, and billeting locations in the context of COVID-19 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 when possible, no more than 10 people will billet under one roof. If this is not feasible, groups of over 10 are allowed to billet in open floor plans meeting the group setup arrangements below.

Common areas should be limited to less than 10 people. Non-TR members will be excluded from access to the FOB and billeting areas including bathrooms, eating areas, and shared spaces.

Physical artificial barriers (e.g., sneeze guards, partitions) that meet OSHA office cubicle guidelines will be set up in areas where it is difficult to maintain 6 feet of separation (e.g., check-in reception desks, bathrooms). Barriers cannot impact or interfere with egress and should be placed away from fire extinguishers and combustible materials.

Bathrooms and showering facilities may be shared by more than 10 people, though no more than 10 people should use them at any one time. Clients, staff, and Greyshirts should use masks while in the bathroom, stagger shower times, ensure bathroom ventilation fans run at least 20 minutes between showers, and leave windows open.

Billeting Setup and Sleeping Arrangements
Billeting and FOB locations will be kept separate.

No less than 6 feet will exist between cots to maintain the CDC-recommended radius. Bunks should be spread out as far as possible to provide more space between individuals.

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(to maximize distancing) and staggered (i.e., not in direct line with one another). The entire floor plan, and any additional rooms, will be used to increase physical distancing.

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

For group setup arrangements, room occupancy will be scaled to floor-plan size based on 113 sq. ft/person\(^4\) with cots properly spaced at least 6 feet apart. Buildings will be chosen with consideration for air flow and ventilation. Windows, doors, and fans will be open and on to increase air ventilation with minimal air recirculation, using air filtration/purification when possible.

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 in \textit{Linens, Clothing, and Other Items That Go in the Laundry}.

Current available evidence suggests there is a risk for aerosolization of respiratory particles when using a Continuous Positive Airway Pressure (CPAP) device. Therefore, the American Academy of Sleep Medicine (AASM) recommends those who use a CPAP device to do so in a separate room and not share sleeping spaces with others, even if the users are not actively showing symptoms of COVID-19\(^5\).

Greyshirts who wear a CPAP to sleep will be billeted in individual rooms separated by a door from other rooms or shared spaces. The room must be equipped to accommodate the power source for the CPAP if required. If the operation has open billeting, arrangements will be made for individuals using CPAPs to sleep in a separate room outside of the common sleeping area. If the facility does not have an appropriate space available for a separate sleeping area, an alternate lodging option will be arranged to accommodate the Greyshirt.

\footnotesize
\textsuperscript{4} FEMA. (2020, June 3). \textit{Understanding the impact of social distancing on occupancy}. Retrieved from \url{https://www.usfa.fema.gov/coronavirus/planning_response/occupancy_social_distancing.html}
Single-occupancy rooms will be made available when billeting in hotels as it is difficult for individuals to share sleeping or other areas (e.g., bathrooms, kitchens) while maintaining 6ft of physical distance.

**Posting of Information**
Health and safety CDC fact sheets, including at a minimum Stop the Spread of Germs and Effective Handwashing Techniques, will be posted at entrances and in strategic places providing instructions on hand hygiene, respiratory hygiene, and cough etiquette. Additionally, signs will be posted at exterior doors reading, “Wash hands upon entering.” If hand sanitizer is available, the 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 C: Hygiene Guide.

**General Sanitation**

High-touch surfaces, such as doorknobs and handles, will be cleaned throughout the FOB. Billeting facilities, including restrooms, will be cleaned at least twice daily following the CDC guidance, Cleaning and Disinfection for Community Facilities. If possible, disinfecting wipes will be available in high-touch areas such as break rooms or workstations. Individuals 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 C: Hygiene Guide. Greyshirts should carry disinfecting wipes, minimize interaction with the hotel staff, and refrain from leaving the hotel room for non-essential purposes. Furthermore, whenever possible, Greyshirts should adhere to the following considerations:

Parking: Greyshirts should self-park to the extent practicable and avoid valet services. If valet services must be used, keys and all surfaces will be disinfected upon entering the vehicle.

Check-In: If possible, Greyshirts should check in remotely by phone or internet rather than in-person. If checking in remotely isn’t an option, physical distance from the front desk clerk will be maintained while checking in. Credit cards/PEX cards, room keys, and any other check-in materials should be disinfected upon receipt.

Hygiene: Greyshirts will wash their hands after encounters with high-touch surfaces (e.g., door handles, elevator buttons, railings).

Sanitation: Upon first entering a room, Greyshirts will disinfect the space paying close attention to high-touch surfaces and equipment. The same process will be followed each time a service attendant enters the room. High-touch surfaces include, but are not limited to:
OPERATIONAL GUIDANCE

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

Physical Distancing: Greyshirts will refrain from using or congregating in common spaces, such as gyms, lobbies, public restrooms, and buffet lines. “Do Not Disturb” tag will be placed on the door. Greyshirts will refrain from requesting turndown service and will request service attendants avoid entering the room.

Food: Greyshirts will only consume hotel-prepared pre-packaged meals. Packaging and trays will be disinfected before opening and consuming. Room service may be ordered; however, Greyshirts will instruct service attendants knock and leave meals next to the door to maintain physical distancing.

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

Check-out: Greyshirts should request hotels provide digital receipts and avoid in-person check-out. If a physical receipt is the only option, Greyshirts should request hotel the receipt to be delivered beneath the door at check-out and disinfect the receipt.

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 Section 1.4 TR COVID-19 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 areas visited by the ill person(s). Open outside doors and windows. Use ventilating fans to increase air circulation in the area.
- Wait 24 hours, or as long as practical, before beginning cleaning and disinfection.

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• Clean and disinfect all areas such as offices, bathrooms, common areas and shared electronic equipment like tablets, touch screens, keyboards, and remote controls used by the ill person(s), focusing on high-touch surfaces.

**Hard (Non-Porous) Surfaces**

Hard surfaces will be cleaned using a detergent or soap and water prior to disinfection. For disinfection, most common US Environmental Protection Agency (EPA)-registered household disinfectants should be effective. A list of EPA-approved products for use against the virus that causes COVID-19 is available [here](#). The manufacturer’s instructions will be followed for cleaning and disinfection product concentration, application method, contact time, etc. Diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. See [Appendix B: Job Aids](#) for instructions.

**Soft (Porous) Surfaces**

Soft (porous) surfaces such as carpeted floor, rugs, and drapes should have visible contamination removed and will be cleaned with appropriate cleaners indicated for use on these surfaces. After cleaning, if the items can be laundered, items will be laundered in accordance with the manufacturer’s instructions using the warmest water setting appropriate for the items and then the dry items completely. Otherwise, products recommended by the EPA as [Disinfectants for Use Against SARS-CoV-2](#) suitable for porous surfaces will be used.

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

To minimize the possibility of dispersing germs through the air, dirty laundry should not be shaken. Items should be washed as appropriate in accordance with the manufacturer’s instructions using the warmest water setting appropriate and drying completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Hampers or other carts will be cleaned and disinfected for transporting laundry according to guidance for hard or soft surfaces.

**Personal Protective Equipment (PPE) and Hand Hygiene**

Greyshirts assigned to cleaning on low-to-medium exposure risk operations should wear disposable gloves during tasks and contact with high-touch surfaces. Greyshirts assigned to cleaning on high exposure risk operations (i.e., close contact with suspected COVID-19-infected individuals or items) should wear gowns and disposable gloves when cleaning. If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reusable (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. Clean hands immediately after gloves are removed.

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

Thorough cleaning and disinfecting of all vehicles and equipment will be performed at the end of each shift. Interior vehicle surfaces will be wiped down with disinfectant wipes at least twice per day, upon entering the vehicle and at the end of the day. Appropriate cleaning and disinfecting or diluted bleach solution for decontamination should be used. Power washing only with water 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. All Greyshirts should adhere to the following protocol for equipment decontamination:

- At minimum, Greyshirts should disinfect used equipment on a daily basis.
- 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-19+ (or suspected COVID-19+) individuals, then Greyshirt will decontaminate equipment after each encounter.
- Gloves are recommended during decontamination, but not required.

Electronic equipment should never be immersed in cleaning solution. The following chemicals should not be used when cleaning electronics, as it may cause corrosion:

- 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 B: Job Aids.
Restrooms
Restrooms, both interior and port-o-johns, will be cleaned twice daily using the procedures outlined in CDC guidance for cleaning and disinfection17.

Office Space
Greyshirts and staff will wear face coverings in office spaces and keep six feet of physical distancing to minimize risk. Maintain six feet of spacing between workstations by downsizing the number of individuals, arranging seating so individuals are facing the wall, using remote dial-ins for meetings, opening doors and windows, and using a fan for air circulation. Adhere to CDC-prescribed guidance for hygiene as outlined in Appendix C: Hygiene Guide.

Food Preparation and Distribution
To minimize the number of people handling food, the Logistics Section Chief will assign a Greyshirt the role of Food Unit Leader (FUL). This FUL will be responsible for preparing all food, organizing all food distribution, and providing food distribution among Greyshirts during the operation and for adhering to the Safe Food Handling Guide in Appendix B: Job Aids. The FUL should be the same person in contact with food or related supplies and equipment for food distribution during the operation, other duties can be delegated. The FUL is not responsible for cleaning the kitchen or food service areas. The FUL will maintain the following standards when performing food preparation and distribution:

Personal Hygiene:

- Do not report to service sites if feeling ill.
- Keep fingernails clean and trimmed short.
- Keep beards and mustaches trimmed short or wear a beard net if available when participating in food preparation.
- Pull long hair back prior to working with food.
- Cover your coughs and sneezes; wash your hands frequently!
- Remove all jewelry and watches.
- If you have minor cuts or scrapes on your hands, cover them with bandages and a glove.

Food Safety Measures:

All produce will be washed thoroughly, and all food contact surfaces such as utensils, cutting boards, and serving ware must be frequently washed, rinsed, and sanitized, either with chemical sanitizer or a high-temperature dish machine.

Hand Hygiene:

- Ensure a handwashing station with warm water, soap, and single-use paper towels is available.
- Prior to beginning food preparation, wash hands for at least 20 seconds.
- Wash hands prior to preparing any food, 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).
- Do not handle food with bare hands. Use utensils and single-use gloves.
- Change gloves after touching any part of your body, touching raw food, 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.

Surfaces/Materials:

- Protect foods from insects and other critters by keeping them covered.
- Sanitize all food prep surfaces and utensils after every use.
- Serve using disposable silverware, cups, and plates, if available.

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.

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 C: 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:

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). Before eating 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). Before eating a meal, Greyshirts should disinfect all packaging and wash their hands.

**3.1.2 Transportation**

To avoid spreading COVID-19 through Greyshirt deployment, carpooling is discouraged and should only be utilized when no other alternative exists. Attempts should be made to keep six feet of physical distance, with Greyshirts sitting in farthest points from each other in a vehicle. CDC rideshare guidance should be followed including wearing face coverings while in the car and avoiding air conditioning by rolling down windows. Furthermore, Greyshirts should adhere to all guidance on proper hygiene. Refer to Section 1.4 TR COVID-19 Exposure Policy if you are experiencing signs and symptoms associated with COVID-19. Inform your designated supervisor if you participated in any carpooling activities during an operation and are experiencing signs and symptoms.

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 C: Hygiene Guide.

Rental or TR vehicles will be used for all activities requiring transportation during an operation. Greyshirts are not permitted to use personal vehicles or partner organization’s vehicles while executing activities during an operation, or working with partner organizations. When sourcing vehicles, attempts should be made to procure rental vehicles that enable physical distancing. In rental or TV vehicles, face coverings will be worn and physical distancing maintained.

In the event a Greyshirt will be driving a vehicle rented or owned by TR, the designated supervisor will ensure the Greyshirt possesses a current non-expired driver’s license. During operations, any Greyshirt tasked with driving a motor vehicle to perform specific duties is required to have their driver’s license in their possession and present it to the designated supervisor prior to assuming their role.

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18 TR policy regarding transportation will be revisited daily to reflect evolving operational needs and up-to-date best practices.


The designated supervisor will visually confirm the Greyshirt assigned to drive has a non-expired motor vehicle driver's license in their possession. If the Greyshirt cannot provide a non-expired driver's license, the designated supervisor is responsible for assigning the Greyshirt to a non-driver role.

3.1.3 High-Output Non-Operational In-Person Activities

Only the following high-output non-operational in-person activities will be authorized:

- Chainsaw courses
- Heavy equipment courses
- Logistics readiness activities (e.g., inventory checks, supplies/equipment procurement)

In all cases, no more than 10 individuals will be authorized to attend high-output non-operational in-person activities and there will be no overnight billeting. For these activities, refer to the strategic toolkit in Appendix J: COVID-19 Strategic Toolkit to guide decision-making and cancellation of high-output activities.

3.2 PERSONNEL

3.2.1 Personnel Eligibility

While TR capabilities delivery involves a level of risk, TR is committed to mitigating such risks whenever possible. Individuals with increased vulnerability to COVID-19, or who 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
  - Greyshirts ages 65–74 will be eligible to support daytime-only/no-billeting low risk operations and events after signing a required liability waiver stating they are at higher risk of developing severe complications from COVID-19, and may not be deployed based on pre-existing health conditions. See Appendix E: Forms and Letters.
- 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\(^6\), which may appear 2–14 days after exposure:
  - Cough
  - Shortness of breath
  - Difficulty breathing
- Symptoms may also include at least two of the following:
  - Fever
  - Chills
  - Muscle or body aches
  - Headache
  - Sore throat
  - A new loss of taste or smell
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 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 chronic kidney disease, cancer, chronic obstructive pulmonary disease (COPD), immunocompromised (weakened immune system), obesity, serious heart conditions, sickle cell disease, and diabetes type 2 are at an increased risk of developing severe COVID-19 illness²¹.

If a Greyshirt is ineligible to deploy due to symptoms or a confirmed case of COVID-19, the decision to allow a return to work will be based on the CDC Discontinuation of Isolation Guidance⁸. TR is not responsible for verifying Greyshirt COVID-19 status and all Greyshirts are expected to honestly report their status.

### 3.2.2 Deployability Requirements

<table>
<thead>
<tr>
<th>Low-Risk Operations Without Billeting</th>
<th>Low-Risk Operations With Billeting</th>
<th>Medium/High Risk Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Background Check - In Progress</td>
<td>• Background Check - Complete</td>
<td>• Background Check - Complete</td>
</tr>
<tr>
<td>• TR101 - Complete</td>
<td>• TR101 - Complete</td>
<td>• TR101 - Complete</td>
</tr>
<tr>
<td>• Profile - Complete</td>
<td>• Profile - Complete</td>
<td>• Profile - Complete</td>
</tr>
<tr>
<td>• ICS 100 &amp; 700 - None</td>
<td>• ICS 100 &amp; 700 - None</td>
<td>• ICS 100 &amp; 700 - None</td>
</tr>
</tbody>
</table>

Greyshirts must be prepared to quarantine for 14 days following deployment, if necessary. Additional requirements for personnel may apply to specific activities and are

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detailed in the Activity Field Guides (Isolation Shelter Support, Food Supportive Services, EOC Support, Mobile Testing Site Support, Medical Support).

Spontaneous volunteers working under TR COVID-19 response activities will adhere to the policies and protocols laid out in this manual. Spontaneous volunteers will only assist with low exposure risk operations. TR will not provide billeting for spontaneous volunteers. Spontaneous volunteers will sign the Memorandum of Understanding located in Appendix E: Forms and Letters.

“Close Contact” Deployment Constraint
Greyshirts who have come into close contact with COVID-19 positive individuals without the use of respiratory protection (e.g., N95, PAPR) 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.)

3.2.3 Travel Restrictions
When regional policies restrict travel to and from an operation, Greyshirts may present the “Jurisdictional Travel Restrictions” letter to checkpoint authorities. Jurisdictional restrictions may include COVID-19 checkpoints, established curfews, and any other travel restriction issued by local, state, or tribal authorities. This official letter is a template sent with dispatch instructions, which will need to be edited for personal use. An example of the Jurisdictional Travel letter is located in Appendix E: Forms and Letters.

Prior to deployment, Greyshirts should anticipate travel restrictions along the way to, or on the way back from, an operation. Read local and government websites, as well as other sources for information. Full adherence to local polices, including travel restrictions (e.g., mandatory quarantine, testing, screening) is extremely important.

If a Greyshirt is denied entry into a jurisdiction, they should follow the recommendations of the local authority, contact their designated supervisor, and wait for further instruction.

3.2.4 Operations Organizational Structure
TR’s operational structure will adhere to Federal Emergency Management Agency (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 updates the IC check-in slides for each task force working that day and reports to the Incident Management Team (IMT) leader on daily check-in calls.
- Safety—Writes the 206 and 208 for each task force location.

TR utilizes the Remote Command Staff organizational structure in Figure 7 during operations.

*Figure 7. 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.

The Remote General Staff Org Chart in Figure 8 shows general staff leadership starts with the IC, and not the IMT Leader.

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**Figure 8. 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 9. 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 performed by Strike Teams under its purview.

![Functional Task Force Model Org Chart](image)

**3.3 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, Information Management, of the [Domestic Emergency Operations Plan](#).

**4. ADMINISTRATION**

**4.1 DOCUMENTATION**

TR and Requesting Organizations will sign the Acknowledgement of Policy Form, in [Appendix E: Forms and Letters](#), to confirm 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 the TR POC and Requesting Organization POC for MPT to move the mission planning process from Warning Order (WARNO) to Operations Order (OPORD). The signed and 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 involving 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.

5. ORGANIZATIONAL SUPPORT

5.1 MOBILIZATION

Greyshirts will follow standard operating procedures as detailed in the Mobilization-Demobilization Manual. Greyshirts will be deployed for no longer than 14 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.

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.
- Training instructors will be authorized to travel when their respective training is identified as capacity-building and approved at the Deputy Director level. Instructors will be prioritized by their proximity to an operations site. Instructors (registered as leased employees) under the age of 65, and within a 450-mile radius of an operations site, will drive a POV to the training site. In limited cases, if no other viable instructor is within a 450-mile radius of the training site, commercial air travel will be allowed and follow pre-existing TR travel policy.
- In all cases of deployment, Greyshirts are expected to adhere to the safety and hygiene guidelines as outlined in this COVID-19 Operations Manual.

5.2 FRAGO GUIDELINES

To effectively manage TR operations in a COVID-19 environment, Territory and National Agency Executives are authorized to approve Fragmentary Orders (FRAGOs) for operations meeting the following guidelines. ICs will act as initial proposers of FRAGOs and will coordinate with the IMT/Field Leadership as well as Agency Executives for approval.

<table>
<thead>
<tr>
<th>Authority Role Division</th>
<th>Territory Agency Executive</th>
<th>National Agency Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic (Types 3-5)</td>
<td>Domestic and International</td>
<td></td>
</tr>
<tr>
<td>Non-medical</td>
<td>Medical and non-medical</td>
<td></td>
</tr>
</tbody>
</table>
OPERATIONAL GUIDANCE

<table>
<thead>
<tr>
<th>Territory Agency Executive</th>
<th>National Agency Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core capability, including low-risk COVID-19 capabilities</td>
<td>Core capabilities, including COVID-19 Emerging capabilities</td>
</tr>
<tr>
<td>Travel method: Local, drivers only</td>
<td>Travel method: Local drivers, mass ground movements, or mass air operations</td>
</tr>
<tr>
<td>Exposure/risk: Low, with no direct contact with COVID-19-infected individuals</td>
<td>Exposure/risk: Medium/high, with direct contact with COVID-19-infected individuals</td>
</tr>
<tr>
<td></td>
<td>Named storm systems/disasters affecting more than one Territory</td>
</tr>
</tbody>
</table>

FRAGO Approval Process

1. IC coordinates with C&G Staff to generate the initial FRAGO request.
2. IC submits the FRAGO to IMT/Field Leadership Supervisor (i.e., any IMT, field leader, or leased employee providing direct operation oversight) for review and endorsement.
3. IMT/Field Leadership Supervisor endorses the FRAGO, or works with IC to offer modifications to the FRAGO, and moves the FRAGO to Agency Executive for review and approval.
4. Agency Executive reviews the FRAGO and approves or works with IC and IMT/Field Leadership to modify the FRAGO.
5. The FRAGO is approved and modifications to the operation are executed as follows:
   - If additional personnel are needed beyond currently bookable personnel, a call to action is executed to meet the demand based on resending notification to existing segment, expanding notification area, or widening member segment to reach more Greyshirts.
   - Staff and Organizational partners are notified of operation changes.
   - IMT/Field Leadership Supervisor communicates the FRAGO approval to the IC.
   - Agency Executive and National/Territory Operational Support Team adjusts the new size, scope, or duration of the operation in Enterprise Management System (EMS) (Op Event and Project, if applicable).
   - Agency Executive directs Operational Support Team to execute logistics and mobilization follow-on plans, if needed.
   - Standing contracts are extended or changed, as needed.
   - Agency Executive directs Operational Support Team to update the operation's dates, minimum/maximum personnel needed, or specialists requested.
### FRAGO Review Roles & Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>C&amp;G</td>
<td>In coordination with the IC, performs initial task execution and quality assurance in all areas to ensure all FRAGO points of review are complete and meet approval guidelines.</td>
</tr>
<tr>
<td>IMT/Field Leadership</td>
<td>In coordination with IMT coaches and staff, performs initial quality assurance and review of all areas to ensure the FRAGO meets approval guidelines. As defects to documentation and information are identified, acts as the central coordination authority to provide corrective action. This includes facilitating direct lines of communication between National and Territory teams to work directly with C&amp;G to correct issues. Acts as the central element to facilitate support to C&amp;G with either National or Territory Operational Support.</td>
</tr>
<tr>
<td>Agency Executive &amp; Territory/National Operational Support</td>
<td>Performs final quality assurance review. Provides position and task-level support and coaching to IMT/Field Leadership and C&amp;G as requested.</td>
</tr>
<tr>
<td>National Operational Support Team</td>
<td>Provides general compliance, oversight, and development of processes, systems, and policies. Collects and disseminates insights on operational trends, improvements, and lessons learned. Controls change management of processes, systems, and policies relating to the mission planning, execution, and support of operations.</td>
</tr>
</tbody>
</table>

### FRAGO Task Owners

<table>
<thead>
<tr>
<th>Task</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>C&amp;G – PSC/Resource Unit Leader (RESL), if applicable</td>
</tr>
<tr>
<td></td>
<td>Operational Support – Disaster Ops Associate or National Mobilization</td>
</tr>
<tr>
<td></td>
<td>IMT/Field Leadership – IMT Leader</td>
</tr>
<tr>
<td>Finance</td>
<td>C&amp;G – Finance Section Chief (FSC)</td>
</tr>
<tr>
<td></td>
<td>Operational Support – Disaster Ops Associate or National Operational Finance</td>
</tr>
<tr>
<td></td>
<td>IMT/Field Leadership – IMT Leader</td>
</tr>
<tr>
<td>Documentation</td>
<td>C&amp;G – PSC</td>
</tr>
<tr>
<td></td>
<td>Operational Support – Disaster Ops Associate or National Operational Planning</td>
</tr>
<tr>
<td></td>
<td>IMT/Field Leadership – IMT Leader</td>
</tr>
<tr>
<td>CONOPs</td>
<td>C&amp;G – IC</td>
</tr>
</tbody>
</table>
### OPERATIONAL GUIDANCE

<table>
<thead>
<tr>
<th>Task</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Support</td>
<td>– Agency Executive</td>
</tr>
<tr>
<td>IMT/Field Leadership</td>
<td>– IMT Leader</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
</tr>
<tr>
<td>C&amp;G – Logistics Section Chief (LSC)</td>
<td></td>
</tr>
<tr>
<td>Operational Support – Disaster Ops Associate or National Operational Logistics</td>
<td></td>
</tr>
<tr>
<td>IMT/Field Leadership – IMT Leader</td>
<td></td>
</tr>
</tbody>
</table>

### FRAGO Review Guidelines

C&G Staff, IMT/Field Leadership Team, and Territory and National Support Teams are responsible for the following review actions to ensure all considerations are met before FRAGO approval. Components of the below actions are part of the quality assurance process and should be maintained throughout the operation.

<table>
<thead>
<tr>
<th>Task</th>
<th>Review Action</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Documentation Accuracy | All operational documentation is in proper operational folders, up-to-date, and complete for all operational periods | This includes:  
- ICS-211  
- Situational Reports (SitReps): Daily SitRep, Task Force Leader Electronic SitRep (COVID-19-response specific)  
- Waivers: Homeowner Right of Entry Waivers (Core Operations)  
- Demolition (Core Operations)  
- Spontaneous Volunteer Waiver and Memorandum of Understanding (COVID-19-response specific) |
| Personnel | Verify personnel requirements | • Validate personnel request is appropriately scaled based on the quantity and scope of work authorized.  
• Validate need for additional call to action and confidence that requested call to action will meet personnel request (additional notification, widens the notification radius, or notifies Territory Director/Deputy Director of the shortfall). |
<table>
<thead>
<tr>
<th>Task</th>
<th>Review Action</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Verify daily personnel tracking in EMS | • Ensure personnel are properly accounted for on days worked and when they billeted. This should align with ICS-211s.  
• Confirm personnel are assigned to Strike Teams for all operational periods. |
| Ensure the current and proposed ratio of C&G Staff to volunteers is appropriate (15% C&G to 85% volunteers) | |
| CONOPs | Review the quantity and quality of work on the operation to ensure work has been in scope and requested FRAGO ensures work continues to be in scope | RFA: If assistance was requested, ensure work is within organizational scope, capability, and resources. A request is not justification for an extension.  
Palantir: Ensure leads, work orders, and related updates are accurate. The number of open leads and work orders should indicate unmet needs within scope (core capabilities).  
Crisis Cleanup: Verify the amount and type of unclaimed work that exists within the scope of the operation, or within the proposed scope in the FRAGO. Consider the age of the request to determine if work is still actionable. |
| Consider the number of NGOs, or community support, in the area of operations who are conducting work within TR’s scope | |
| Ensure operation aligns with organizational objectives and branding | |
| Resources and Consumption | Resources | • Ensure sufficient resources (e.g., trailers, saws, rental vehicles, heavy equipment, billeting) are available to meet the requested change. |
## OPERATIONAL GUIDANCE

<table>
<thead>
<tr>
<th>Task</th>
<th>Review Action</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• If local resources are not sufficient, verify the presence of national resources by identifying the gaps and work resolutions (e.g., coordination with partners, procurement of additional assets).</td>
<td>• Verify current or planned operations resource needs in light of the foregoing request.</td>
</tr>
<tr>
<td>Finance &amp; Budget</td>
<td>Review operational spending and ensure it is proportionate to approved operation type and/or established budget for the operation.</td>
<td></td>
</tr>
</tbody>
</table>
Hygiene, sanitation, and physical distancing are critical to your health and safety on an operation. Use the checklists provided to ensure your health and safety while in transit and during your TR operation. Please note that these checklists do not apply to Neighbors Helping Neighbors.

Follow these CDC Best Practices for hygiene and sanitation when you are: on an operation, staying in a hotel, visiting rest or fuel stops, and getting food delivery or takeout.

- Clean your hands often, washing with soap and water for at least 20 seconds.
- Use a hand-sanitizer with at least 60% alcohol content if soap and water are unavailable.
- Use a face covering when in public and avoid touching your face with unwashed hands.
- Clean and disinfect frequently touched surfaces daily.
- Keep your personal property confined to pre-determined areas.
- Avoid direct contact with high-touch items (e.g., door handles and gas pumps).

While In Transit To and From an Operation

☐ Travel alone. Carpool only if there is no other option. If you plan to carpool, practice physical distancing as much as possible in the vehicle, wear a face covering, and roll windows down instead of using air conditioning.

☐ Check vehicle. Check tires, breaks, oil levels, and all vehicle lights before traveling.

☐ Have a plan. Pack food, beverages, paper towels, hand sanitizer, and any items you’ll need if you make a stop or if businesses are closed. If you need reimbursement for trip expenses, get approval from your Team Lead before purchasing.

☐ Minimize fuel stops. Try to fuel up once to avoid multiple trips to the gas station. Wear gloves or use paper towels while handling the gas pump.

☐ Take extra precautions at restroom stops. Use paper towels to touch doors/faucets and to dry hands. Avoid hot-air dryers as some have been shown to spread germs.

☐ Confirm rally point and route. Print or download directions to avoid connectivity issues.

☐ Check local regulations along your route. Visit government websites to check COVID-19 policies or interstate travel restrictions that may affect your trip. When in doubt, prepare for the strictest travel policies.

☐ Print the Jurisdictional Travel Letter in advance. Find this in the “Job Aids” section of TR’s COVID-19 Operations Manual.

☐ Leave early and follow speed limit laws.
While On Your Operation

☐ Wash your hands immediately upon arriving and departing from any location during your operation.

Transportation Guidelines

☐ Only use rental vehicles. TR will use rental vehicles for all activities involving transportation during the operation. Greyshirts will not be permitted to use personal vehicles.

☐ Carpooling. If you plan to carpool, practice physical distancing as much as possible in the vehicle, wear a face covering, and roll windows down instead of using air conditioning.

☐ Make sure your driver's license is valid. Greyshirts with invalid driver's licenses are prohibited from driving during operations.

☐ Disinfect all high-touch areas in the rental car before driving. Disinfect again at the end of the shift.

Meal Take-Out and Delivery Guidelines

☐ Order in advance online or by phone.

☐ Give delivery instructions. Prior to receiving food, request that the delivery attendant maintain six feet of distance during exchange.

☐ Immediately disinfect items that have contact with delivery attendant (e.g. credit/PEX cards, pens, receipts). Disinfect all packaging and wash hands before eating.

Decontamination Guidelines

☐ Decontaminate personal and operational gear after daily operations close.

☐ Disinfect soft (porous) luggage before leaving.

☐ Disinfect hard (non-porous) luggage before leaving.

Follow this link for further EPA guidance on Disinfectants for Use Against SARS-CoV-2: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
Hotel Stay Guidelines

☐ Use self-park and avoid valet services.

☐ Check in remotely (online or by phone) if possible. If this isn’t an option, maintain physical distance from front desk clerk and disinfect credit/PEX card, room key, fobs, and any other check-in items.

☐ Disinfect hotel room upon first entering. Disinfect high-touch surfaces and equipment (e.g. doorknobs, light switches, remote controls, alarm clocks, telephones, tables, counters, faucets, dressers, “Do Not Disturb” signs).

☐ Keep room secure. Place a “Do Not Disturb” tag on the door to avoid service attendants entering the room.

☐ Maintain physical distancing. Avoid congregating in common hotel spaces (e.g. gyms, lobbies, public restrooms).

☐ Arrive prepared with necessary supplies. If requesting hotel supplies (e.g. toothbrush, soap, extra towels), disinfect items when possible.

☐ Request a digital receipt and remote checkout if possible. If only paper receipts are available, request to have your receipt slipped beneath the door at checkout. Take a photo of the receipt, dispose of it, and perform hand hygiene.

For non-hotel billeting, ask your Team Lead.
APPENDIX B: JOB AIDS

This COVID-19 job aid should be included in daily safety briefings.

Daily Hygiene Safety Briefing

1. FACILITIES

Tell team members the locations of the following:
- Bathrooms and hand washing stations
- Emergency exits
- Posted Health and Safety information (ex. hand hygiene poster)
- Food (including mealtimes if applicable)

2. HYGIENE & SANITATION

Tell team members the following:
- Wash your hands with soap and water for at least 20 seconds after eating or drinking, touching one’s face, using the bathroom, or any other activity that may contaminate one’s hands.
- Non-medical face covering is required at all times.
- Team members should stay 6 feet apart at all times.
- If using equipment or vehicles, be sure to sanitize them per protocol.

Assign one team member to clean high-touch surfaces (e.g., doorknobs, light switches) with disinfecting wipes throughout the shift.

3. COVID-19 INFORMATION

Tell team members the following:
- COVID-19 symptoms include, but are not limited to: cough, shortness of breath, or difficulty breathing. Symptoms may also include at least two of the following:
  - Fever
  - Chills
  - Fatigue
  - Muscle or body aches
  - Nausea or vomiting
  - Headache
  - Sore throat
  - A New loss of taste or smell
  - Congestion or runny nose
  - Diarrhea
- If you experience any of these symptoms, or any other signs of illness at any time during your deployment, immediately report to your supervisor.

4. MEDIUM AND HIGH EXPOSURE RISK GUIDELINES (DO NOT READ FOR LOW EXPOSURE RISK OPERATIONS)

Go to the Field Guide for your activity and find the exposure risk level at the top. If the activity performed is medium or high risk, read the following to team members:
- Your supervisor will check your temperature twice daily: once at the beginning of each shift, and once when returning to communal billeting/FOB.

Complete temperature check procedure (Section 1.4).

Figure 11. Daily Hygiene Safety Briefing
Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

- Cough
- Fever
- Chills
- Muscle pain
- Shortness of breath or difficulty breathing*
- Sore throat
- New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

*Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Figure 12. Symptoms of COVID-19
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

- Stay at least 6 feet (about 2 arms’ length) from other people.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.
- When in public, wear a cloth face covering over your nose and mouth.
- Do not touch your eyes, nose, and mouth.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.

Figure 13. Stop the Spread of Germs
Safe Food Handling Guide

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 four key steps of food safety—clean, separate, cook, and chill—to prevent foodborne illness. 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 coughs and sneezes; wash hands frequently.
- Remove all jewelry and watches.
- Cover minor cuts or scrapes on hands with bandages and a glove.

---

Food Safety Guide

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

<table>
<thead>
<tr>
<th>Hand Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Ensure there is a handwashing station with warm water, soap, and single-use paper towels.</td>
</tr>
<tr>
<td>□ 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).</td>
</tr>
<tr>
<td>□ Change gloves after touching any part of your body, touching food packages, using cleaning chemicals, and handling garbage.</td>
</tr>
<tr>
<td>□ Wearing gloves is not a substitute for frequent handwashing.</td>
</tr>
<tr>
<td>□ Use of hand sanitizers is not an acceptable substitute to handwashing. Sanitizers may be applied after hands have been properly washed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Keep hot foods at 140°F or higher.</td>
</tr>
<tr>
<td>□ Keep cold foods at 41°F or below.</td>
</tr>
<tr>
<td>□ Check the temperature of the food every 4 hours.</td>
</tr>
</tbody>
</table>

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

Figure 14. Food Safety Guide
Vehicle and Equipment Decontamination Guide

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.

<table>
<thead>
<tr>
<th>What are you disinfecting?</th>
<th>Equipment</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Hardware, PCs, Monitors or Display Screens, Docking Stations, Keyboards, and Mice | • Disinfecting wipe, or  
• Microfiber cloth, or  
• Paper 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.*** | 1. Turn off the device you plan to clean and disconnect AC power. Also, to the extent practicable, remove batteries from items like wireless keyboards. Never clean a product while it is powered on or plugged in.  
2. Disconnect external devices.  
3. Never spray liquids directly on the product.  
4. Gently wipe the moistened cloth on the surfaces to be cleaned. Do not allow moisture to drip into areas like keyboards, display panels, etc. Moisture entering the inside of an electronic product can cause damage. Excessive wiping could potentially damage 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 and following directions for that specific cleaner. Avoid glass cleaning products containing ammonia.  
8. Discard disposable gloves used after each cleaning. Clean hands immediately after gloves are removed and disposed. |
<table>
<thead>
<tr>
<th>What are you disinfecting?</th>
<th>Equipment</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Vehicles and Equipment after Contact with or Transporting a Confirmed COVID-19 Patient | - Disposable gown and gloves  
- Face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated  
- [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 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.  
4. Clean and disinfect reusable patient-care equipment before using on another patient and according to manufacturer’s instructions.  
5. Follow standard operating guidance for the containment and disposal of used PPE and regulated medical waste. |
COVID-19 Minimum PPE Requirements

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 should opt out of operations. Continue utilizing and add any standard PPE precautions as the risk categories increase.

**Example Activities**

**Low Risk**
- Warehouse/packaging support
- Remote support

**TR Operation Type:** EOC Support & Food Support Services

- Hand Hygiene
- Physical Distancing (6ft)
- Non-Medical Face Covering (must be worn at all times on low risk operations)
- Clean and Disinfect Surfaces

**Medium Risk**
- Cleaning/Taking out trash or handling potentially contaminated supplies or equipment
- Occupying spaces that previously contained COVID-19+ individuals

**TR Operation Type:** Isolation Shelter Support
- Non-Medical Mobile Testing Site

- Isolation Gown
- Nitrile Gloves
  - (Only be required during direct contact with potential COVID-19-infected surfaces or patients. May be provided on-site and worn at the discretion of the Greyshirt.)
- N95 Mask
  - (Only in spaces where COVID-19+ individuals present; otherwise, wear a non-medical face covering.)

**High Risk**
- Direct interaction with clients suspected or confirmed to be COVID-19+
- Working inside of a facility treating COVID-19+ patients

**TR Operation Type:** Medical Support
- Medical Mobile Testing Site

- Face Shield
- Bouffant Cap

Figure 16. *Minimum PPE Requirements*
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

*Figure 17. Sequence for Putting On PPE*
Follow the instructions below when doffing PPE:

**Figure 18. How to Safely Remove PPE**
# Alternative PPE

<table>
<thead>
<tr>
<th>Required PPE</th>
<th>PPE Descriptions/Specifications</th>
<th>Acceptable Alternative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOTE:</strong> Ensure all reused PPE is disinfected between uses per CDC guidelines.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## LOW RISK

There are currently no alternatives to low risk PPE.

## MEDIUM RISK

<table>
<thead>
<tr>
<th>PPE</th>
<th>Specification</th>
<th>Acceptable Alternative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td>Use for handling potentially contaminated supplies. Ideally use waterproof disposable gloves (e.g., medical gloves) and dispose of them after each incidence of touching potentially contaminated material.</td>
<td>Reusable waterproof gloves (e.g., cleaning gloves) are acceptable; however, those gloves must be dedicated for cleaning and disinfection of potential COVID-19 exposed surfaces and should not be used for other purposes.</td>
</tr>
</tbody>
</table>
| Isolation Gown | Use fluid-resistant and impermeable protective clothing options (isolation gowns and surgical gowns). | • Hospital grade reusable/washable isolation gown  
• Coveralls (such as Tyvek) |

## HIGH RISK

<table>
<thead>
<tr>
<th>PPE</th>
<th>Specification</th>
<th>Acceptable Alternative(s)</th>
</tr>
</thead>
</table>
| Gloves | Medical gloves | • NA  
| Isolation Gown | Use fluid-resistant and impermeable protective clothing options (isolation gowns and surgical gowns). | • Hospital grade reusable/washable isolation gown  
• Coveralls (such as Tyvek)  
• Gowns or coveralls conforming to international standards (Note: Situations with moderate-to-high amounts of body fluids) |
| Bouffant Cap | A loose disposable cap, so called because of its puffy shape, typically secured around the head with an elastic. Required for patient contact. | For non-patient contact, a cloth bouffant cap is acceptable. Also, fabric covering (such as a bandana or headscarf, as long as it covers all hair) |
| Face shield (including eye protection) | A face shield is a mask, typically made of clear plastic, that protects the mucous membranes of the eyes, nose, and mouth | Reusable face shields or extended use of a disposable face shield that can be properly disinfected |

---

## Required PPE

### PPE Descriptions/Specifications

during patient-care procedures and activities that carry the risk of generating splashes of blood, body fluids, excretions, or secretions.

<table>
<thead>
<tr>
<th>Required PPE</th>
<th>PPE Descriptions/Specifications</th>
<th>Acceptable Alternative(s)$^{23}$</th>
</tr>
</thead>
</table>
| **N95 Mask** | Disposable N95 filtering facepiece respirators | • Powered Air Purifying Respirators (PAPRs) or full-face elastomeric respirators which have built-in eye protection (and for which proper fit test/training have occurred)  
• Substitution of other NIOSH-certified respirators (e.g., R95, P100), including elastomeric half facepiece respirators (if initial fit test has been conducted)  
• Use of certain (identified by CDC by make/model) N95 masks beyond their stated shelf life  
• Use of respirators approved under international standards similar to NIOSH-approved respirators |

Figure 19. Alternative PPE Table
PPE Trained Observer
A PPE Trained Observer is an individual whose sole responsibility is to guide responders as they don and doff PPE. The role of the Trained Observer will be fulfilled at TR high COVID-19 exposure risk operations.

The Trained Observer will verbally assist the responders with donning and doffing PPE piece-by-piece, according to the donning and doffing checklists, to ensure proper protection and minimize contamination in the process.

Prior to serving in this role, Greyshirts should complete the PPE TRAINED OBSERVER FLASH LEARNING.

PPE Trained Observer Checklist
As a PPE Trained Observer, it is your responsibility to lead and protect your team members through the following PPE donning and doffing procedures. The following checklists are appropriate for operations with high exposure risk requiring the use of full PPE (bouffant cap, face shield, respirator, isolation gown, and two pairs of gloves). If there are any variations in the PPE utilized at a job site, the checklist should be modified to reflect such changes to best guide the Trained Observer and the responders.

<table>
<thead>
<tr>
<th>Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to assisting with PPE donning and doffing, conduct the following:</td>
</tr>
<tr>
<td>Confirm enough of each PPE item is available</td>
</tr>
<tr>
<td>Confirm appropriate decontamination area set up including biohazard trash bins</td>
</tr>
<tr>
<td>Confirm your own safety by donning PPE (e.g., gloves) to allow you to safely observe and assist as needed</td>
</tr>
<tr>
<td>Undergo a pre-brief with each team member</td>
</tr>
<tr>
<td>• Together identify the equipment the individual requires; ensure they are aware of its location and it is both present and of good quality</td>
</tr>
<tr>
<td>• Confirm team member has been respirator fit-tested and knows their mask size and suitable mask type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Donning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbally direct and observe each team member undergoing the following procedures. As team members don equipment, ensure appropriate seals and fit of all gear and call out any rips or damages. Encourage slow and purposeful movement throughout the donning process to prevent contamination.</td>
</tr>
<tr>
<td>Wash hands with soap and water for a minimum of 20 seconds and dry thoroughly (if hand washing station not available, hand sanitizer is appropriate)</td>
</tr>
<tr>
<td>Don first pair of gloves</td>
</tr>
<tr>
<td>Don isolation gown (observer may help with tying into gown as needed)</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Tape gown sleeve onto base layer glove to form a seal (suggested) Or</td>
</tr>
<tr>
<td>Optional Alternative: (If gown can withstand thumb poke) Make a thumb hole in each gown sleeve and secure gloved hand in place</td>
</tr>
<tr>
<td>Use hand sanitizer to clean gloved hands</td>
</tr>
<tr>
<td>Put on respirator mask top strap first, taking care to not touch the inside of the respirator (and outside of the respirator if mask is being reused)</td>
</tr>
<tr>
<td>Place bottom strap of the respirator in place and ensure proper seal (visualize seal of respirator onto face and nosepiece. Point out to team members any apparent loose spaces around their respirator that would prevent effective filtration or damages that warrant grabbing a new respirator)</td>
</tr>
<tr>
<td>Clean gloved hands with hand sanitizer</td>
</tr>
<tr>
<td>Put on bouffant cap or surgical cap</td>
</tr>
<tr>
<td>Clean gloved hands with hand sanitizer</td>
</tr>
<tr>
<td>Put on face shield</td>
</tr>
<tr>
<td>Clean gloved hands with hand sanitizer</td>
</tr>
<tr>
<td>Don second pair of gloves</td>
</tr>
<tr>
<td>Final check: confirm all equipment is appropriately placed and fitted</td>
</tr>
</tbody>
</table>

**Doffing**

As team members remove equipment, ensure they do not accidentally touch exposed skin. Be vigilant and remind team members they are not decontaminated and need to continue to not touch exposed skin. Be careful about placement of contaminated gear into biohazard trash or designated storage for reuse to prevent transfer of particles on equipment.

<table>
<thead>
<tr>
<th>Upon team member communicating they are ready to exit the hot zone, advise team member to wait for your confirmation to exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you are ready, communicate to the team member to enter warm zone</td>
</tr>
<tr>
<td>Remove and dispose of outer pair of gloves into biohazard trash bin</td>
</tr>
<tr>
<td>Cut ties to back of isolation gown</td>
</tr>
<tr>
<td>Remove tape used for base layer gloves if applied previously (assist if necessary and ensure even if tape is removed that base layer gloves remain on)</td>
</tr>
<tr>
<td>Remove gown slowly with minimal disruption and turn it inside out with removal</td>
</tr>
<tr>
<td>Dispose of isolation gown in biohazard trash bin</td>
</tr>
<tr>
<td>Clean gloved hands with hand sanitizer</td>
</tr>
<tr>
<td>Step</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>8.</td>
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<tr>
<td>9.</td>
</tr>
<tr>
<td>10.</td>
</tr>
</tbody>
</table>

**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 touching outermost rim of N95 mask
   a. To perform a negative/positive seal check\textsuperscript{24}:
      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.

<table>
<thead>
<tr>
<th>Steps for reprocessing face shields and goggles:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. While wearing gloves, carefully wipe the inside followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution of cleaner wipe.</td>
</tr>
<tr>
<td>2. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.</td>
</tr>
<tr>
<td>3. Wipe the outside of the face shield or goggles with clean water or alcohol to remove residue.</td>
</tr>
<tr>
<td>4. Fully dry (air dry or use clean absorbent towels).</td>
</tr>
<tr>
<td>5. Remove gloves and perform hand hygiene.</td>
</tr>
</tbody>
</table>

\textbf{Figure 21. Use and Reuse of N95 Respirator Masks and Face Shields}

Protection Differences Between Valved and Non-Valved Respirators

![Valve vs Non-Valved Respirators](image)

Figure 22. Respirators with Valves/Without Valves

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Valve Respirator</th>
<th>Non-Valved Respirator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Respirators with exhalation valves were developed for ease of breathing and less moisture build-up for those wearing respirators on construction sites. Valve respirators provide one-way protection by filtering the air being inhaled by the wearer. However, it does not filter the air exhaled by the wearer as it leaves the mask through the valve.</td>
<td>Worn primarily in healthcare settings to reduce the wearer’s exposure to airborne particles, from small particle aerosols to large droplets.</td>
</tr>
<tr>
<td>Appropriate for COVID-19?</td>
<td>The use of a valve respirator does not effectively mitigate COVID-19 exposure risk to the individuals around the wearer who are not wearing respiratory protection themselves. One method to protect others when wearing a valve respirator is to put a surgical mask or a cloth face covering over the valve respirator, to filter the exhaled breath.</td>
<td>Respirators without valves filter breath as it leaves the mask. As a result, both the wearer and those around them are effectively protected from microorganisms, body fluids, and particulate material.</td>
</tr>
</tbody>
</table>

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### Mix and Use of Disinfecting Diluted Bleach Solution

#### Mix
- 5 tablespoons of bleach per gallon of water
- 4 teaspoons of bleach per quart of water \(^{28}\)

#### Use
1. Open windows and doors.
2. If surfaces are visibly dirty, clean them first with detergent or soap.
3. Apply the solution to the surface to be disinfected, leave for 1 minute.
4. Let the surface air dry.
5. When finished, follow hand-washing protocol immediately.

#### Do:
- Use on hard non-porous surfaces (e.g., glass, plastic, varnished wood).
- Mix solution outside or in a well-ventilated area.
- Wear PPE (e.g., eye protection, gloves, face shield) when handling bleach.
- Add bleach to measured water to prevent splashes.
- Check the bleach’s expiration date.
- Store in a cool location out of direct sunlight and away from metal.

#### Don’t:
- Use on porous surfaces (e.g., untreated wood, cardboard, fabric).
- Mix with ammonia or other cleaning product.
- Eat, drink, or smoke during or after handling bleach.

---

Recommended Temperature Check Options

Temperature takers should keep as much distance from the Greyshirt as possible, wash their hands with soap and water or use alcohol-based hand sanitizer (at least 60% alcohol) regularly, and use gloves if available.\(^29\)

<table>
<thead>
<tr>
<th>Option</th>
<th>Tool</th>
<th>Method</th>
<th>Cleaning</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral temperature</td>
<td>Digital thermometer</td>
<td>1. Thoroughly clean thermometer</td>
<td>Use alcohol wipes or isopropyl alcohol to thoroughly wipe down the entire thermometer after each use.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>with probe cover</td>
<td>2. Place new probe cover</td>
<td></td>
<td>Note: If probe covers are not available, oral temperature option is not recommended.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Place tip of thermometer under the tongue</td>
<td></td>
<td>Eating or drinking liquids and solids within 30 minutes can cause inaccurate readings.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Close mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Keep in place for 1 minute, or until thermometer signals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Remove thermometer and check temperature reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Remove probe cover</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Thoroughly clean thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axillary (armpit)</td>
<td>Digital thermometer</td>
<td>1. Thoroughly clean thermometer</td>
<td>Use alcohol wipes or isopropyl alcohol to thoroughly wipe down</td>
<td></td>
</tr>
<tr>
<td>temperature</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option</th>
<th>Tool</th>
<th>Method</th>
<th>Cleaning</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporal (forehead) temperature</td>
<td>Digital temporal thermometer</td>
<td>1. Thoroughly clean thermometer 2. Gently sweep the thermometer across the forehead to the temple 3. Remove the thermometer and with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each use. You can reuse the same wipe as long as it remains wet.</td>
<td>Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each use. You can reuse the same wipe as long as it remains wet.</td>
<td>Note: Ambient temperature, sunlight, and wind can cause inaccurate readings with a forehead (temporal) thermometer when used outdoors.</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Option</th>
<th>Tool</th>
<th>Method</th>
<th>Cleaning</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Temporal (forehead) temperature | Infrared non-contact thermometer | 1. Thoroughly clean thermometer  
2. Power on the thermometer gun and hold the trigger until the laser appears  
3. Once the laser is emitted from the thermometer, hold the sensing area perpendicular to the forehead and instruct the person to remain still during measurement  
4. Continue holding down the thermometer's trigger while it reads the temperature  
5. Once the temperature has been read, the thermometer will | If you did not touch the person being screened, you do not need to wipe down the thermometer or change gloves between each check.  
Use alcohol wipes or isopropyl alcohol to thoroughly wipe down the thermometer at the beginning and end of the temperature check. | Note: Ambient temperature, sunlight, and wind can cause inaccurate readings with an infrared thermometer when used outdoors. |
<table>
<thead>
<tr>
<th>Option</th>
<th>Tool</th>
<th>Method</th>
<th>Cleaning</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tympanic (ear)</td>
<td>Tympanic thermometer</td>
<td>1. Thoroughly clean thermometer</td>
<td>Use alcohol wipes or isopropyl alcohol to thoroughly wipe down the thermometer after each use.</td>
<td>Note: Temperature reading may not be accurate if thermometer is not correctly placed in the ear.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Gently tug ear up and back to straighten the ear canal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Insert tympanic thermometer tip</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Keep in place for 1 minute, or until thermometer signals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Remove thermometer and check temperature reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Thoroughly clean thermometer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If performing a temperature check on multiple individuals, ensure a clean pair of gloves is worn and the thermometer has been thoroughly cleaned between each check. If non-contact thermometers are used, and you did not have physical contact with an individual, you do not need to change gloves before the next check. Clean and disinfect thermometers according to manufacturer’s instructions.

*Figure 24. Temperature Check Options*
Building a Handwashing Station
Greyshirt Job Aid

SUPPLEMENTAL INFORMATION/APPENDICES

Use the following guide to build a makeshift handwashing station that can be easily assembled and broken-down as needed. All materials should be available at any local hardware station with the possible exception of the fuel transfer bulb. Fuel transfer bulbs can also typically be locally sourced from big box stores such as Walmart or ordered online from numerous vendors such as Amazon.

### What You’ll Need
- Drill with 5/8" bit
- Pocket knife or scissors
- Tape measure
- PVC cutter or saw
- Flat-head screwdriver

### Materials
- 2 buckets (5 gallon)
- 1 bucket lid
- 1 3/8” ID vinyl tube (7 ft)
- 2 #4 hose clamps
- 1 fuel transfer bulb with 3/8” (10 mm) hose barbs
- 1 ¼” Schedule 40 PVC Pipe (4 ft)
- 2 ¼” 45 degree elbows
- 3 ¼” 90 degree elbows
- 1 ¼” Tee socket
- 1 Gorilla tape roll
- Soap dispenser
- Paper towel rolls

### Assembling the Pump
1. Cut the ID vinyl tube in two pieces: one should measure 32” long, the other should measure 48” long.
2. Thread a hose clamp on each tube.
3. Noting the flow direction arrow on the bulb, attach the shorter tube to the suction end of the bulb and the longer tube to the outlet end of the bulb.
4. Tighten the hose clamp around the hose/bulb connection using a flat-head screw driver.

### Assembling the PVC Pipes
- Using the PVC cutter, cut the PVC pipe into 6 lengths according to the measurements shown in the diagram. If using a saw, a mask must be worn to avoid breathing in dust.
- Lay out PVC pipe assembly as shown in diagram (do not assemble yet).
- Thread the vinyl tube through the PVC as you assemble the PVC. Hand tighten the connections (gluing is not necessary).
Assembling the Station

1. Drill a 5/8" diameter hole near the top of one bucket.

2. Thread the short end of the vinyl tube through the hole and tape the end of the tube near the bottom of the bucket (the bucket must be dry for the tape to hold).

3. Tape the PVC assembly to the side of the bucket. Place one tape strip above the tee socket and one strip below it. The bottom elbow should be resting on the ground (tape labeled in gray).

4. Fill the bucket with fresh water and seal with the lid.

5. Place second bucket on top of the first bucket and adjust PVC assembly so that the outlet is positioned in the center of the bucket.

6. Tape the soap dispenser to the top bucket (tape labeled in gray). Place paper towels on holder.

7. Step on bulb several times to prime the pump (it should stay primed for future users).

8. Wash your hands!

Figure 25. *Building a Handwashing Station*
APPENDIX C: HYGIENE GUIDE

When Should You Wash Your Hands?

“Destination to destination:” wash your hands any time you arrive or depart from a location, including immediately after you arrive at an operation, and before you leave. When you return to your place of residence, wash your hands again.

<table>
<thead>
<tr>
<th>Wash Your Hands</th>
<th>Before</th>
<th>During</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animals, Animal Feed, and Animal Waste</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(handling)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom Use</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Coughing, Sneezing, or Nose-Blowing</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Cuts and wounds (treating)</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Diaper Changes or Potty Assistance</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Eating</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Food Preparation</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Garbage</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pet Food (handling)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Visible Dirt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash hands properly with soap and water for at least twenty seconds.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting and/or diarrhea (caring for the sick)</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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.
- Don't touch your face.
- Practice “physical distancing”—stand at least 6-feet away from others.
- Don't shake hands or have other personal contact. When you meet people, wave or greet, but do not touch.
- Minimize hand contact with high touch surfaces as much as possible.
- Frequently disinfect surfaces that people routinely touch.
- Wipe down any general areas with a disinfectant wipe.
### Alternatives to Surface Disinfectant[^31]

**NOTE:** Many commercial disinfection products may be used against COVID-19. If products are commercially available, they're probably most convenient to use. Check the N list. The table below provides options if no commercial solution is available.

<table>
<thead>
<tr>
<th>Product</th>
<th>How to Use</th>
<th>What to Use On</th>
<th>PPE</th>
<th>Details</th>
<th>Product Links</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bleach (0.1% or 1,000 ppm concentration)</strong></td>
<td>Apply with a sponge or cloth. Leave solution on the surface for at least 1 minute.</td>
<td>Hard surfaces, goggles and face shields</td>
<td><strong>PPE</strong></td>
<td>Typical household bleach is ~6%. Make sure bleach isn’t expired and read label to make sure it’s suitable for disinfection. To make a bleach solution, mix: 5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water</td>
<td><strong>For Example:</strong> <a href="https://www.clorox.com">Clorox Germicidal Bleach</a></td>
</tr>
<tr>
<td><strong>Chlorine Concentrate</strong></td>
<td>Apply with a sponge or cloth. Leave solution on the surface for at least 1 minute.</td>
<td>Hard surfaces, goggles and face shields</td>
<td><strong>Electro chlorinators</strong> are devices that use electrolysis to turn table salt and water into a chlorine solution. Dilute as needed for disinfection.</td>
<td><strong>Manufacturers include:</strong> <a href="https://www.msr.com">MSR Gear</a>, <a href="https://www.watertreatment.com">WaterStep</a>, <a href="https://www.h2go.com">H2go</a>, <a href="https://www.fiberlock.com">Fiberlock Shockwave</a></td>
<td></td>
</tr>
<tr>
<td><strong>Shockwave</strong></td>
<td>Apply with a sponge, thoroughly wet and allow to sit 10 minutes before wiping or air drying</td>
<td>Hard surfaces, porous, semi porous</td>
<td><strong>TBD (see comments)</strong></td>
<td>Use in accordance with manufacturer’s specifications. Can be irritating to skin.</td>
<td><strong><a href="https://www.fiberlock.com">Fiberlock Shockwave RTU Disinfectant &amp; Cleaner Product Fact Sheet</a></strong></td>
</tr>
<tr>
<td><strong>Rubbing Alcohol (70% or greater)</strong></td>
<td>Spray or wipe on surface. Dry surface thoroughly to avoid pooling of liquids.</td>
<td>Hard surfaces, electronics</td>
<td><strong>It can irritate skin, so wear cleaning gloves if possible. Note: This is not alcohol for drinking, it can easily poison you!</strong></td>
<td></td>
<td><strong><a href="https://www.isopropyl.com">Isopropyl Rubbing Alcohol, 70% USP</a></strong></td>
</tr>
<tr>
<td><strong>Grain alcohol (60% or greater)</strong></td>
<td>Spray or wipe on surface. Dry surface thoroughly to avoid pooling of liquids.</td>
<td>Hard surfaces, electronics</td>
<td><strong>You can use grain alcohol (liquor) to disinfect. Make sure you have at least 120 proof (60%) and don’t drink too much of it during your disinfection process.</strong></td>
<td></td>
<td><strong>Try your local liquor store (suggest something like Everclear)</strong></td>
</tr>
</tbody>
</table>

[^31]: Note: NEVER mix ammonia and bleach-based cleaners! The combination of ammonia and bleach produces dangerous chlorine gas, which in small doses can cause irritation to the eyes, skin and respiratory tract. In large doses, it can kill.
# Alternatives for Disinfecting PPE

Note: First alternative is to use and dispose of used PPE as recommended by manufacturer. Options are provided if we must reuse PPE (and/or it was designed for reuse and standard disinfecting products are unavailable).

<table>
<thead>
<tr>
<th>Product</th>
<th>How to Use</th>
<th>What to Use On</th>
<th>PPE</th>
<th>Comments</th>
<th>Product Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moist heat</td>
<td>Microwave steam bag</td>
<td>Filtering Face Respirators (e.g., N95)</td>
<td>Filtering Face Respirators (e.g., N95)</td>
<td>Approximately 99.9% reduction in virus. For low risk applications this is a good option. Note: if there are any metal parts to a filtering face respirator, it may spark in the microwave and could be a fire hazard.</td>
<td>There are multiple options on the market, for example: Micro Steam Bags</td>
</tr>
<tr>
<td>Protex90</td>
<td>Various forms as a POST disinfection treatment</td>
<td>Cloth masks</td>
<td>Laundry product may be used for cloth mask treatment</td>
<td>Note: NOT for disinfection. This is a good alternative for low risk environments where people are wearing cloth masks.</td>
<td>Protex90</td>
</tr>
<tr>
<td>Neutral detergent/ cleaner wipe/ hospital disinfectant</td>
<td>See comments</td>
<td>Eye protection/ face shields</td>
<td>Eye protection/ face shields</td>
<td>Per CDC: While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution (see list N). Wipe the outside of face shield or goggles with clean water or alcohol to remove residue. Fully dry (air dry or use clean absorbent towels).</td>
<td>NA</td>
</tr>
</tbody>
</table>
| Bleach solution               | See comments                    | Eye protection/ face shields        | Eye protection/ face shields             | • Dip 3 times in 0.5% chlorine  
• Soak in 0.05% chlorine for 30 minutes  
• Rinse with clean water  
• Hang to dry | NA                                                                            |
## Alternatives to Hand Sanitizer

Note: First alternative and preferred option is washing your hands with soap and water.

<table>
<thead>
<tr>
<th>Product</th>
<th>How to Use</th>
<th>Comments</th>
<th>Product Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Sanitizer from Distilleries</td>
<td>Liquid/gel applied to hands</td>
<td>In the product link are distilleries by state. Many are making hand sanitizer.</td>
<td>Distilleries Making Hand Sanitizer</td>
</tr>
</tbody>
</table>
| DIY Hand Sanitizer             | Liquid/gel applied to hands | Note: DIY hand sanitizers should be used when no other option is available. Avoid use on children below the age of 12. Hand sanitizer recipe:  
  - 3/4 cup of isopropyl or rubbing alcohol (99 percent)  
  - 1/4 cup of aloe vera gel  
  - 10 drops of essential oil (ex. lavender oil, or even lemon juice)  
Directions: Pour all ingredients into a bowl, ideally one with a pouring spout like a glass measuring container. Mix with a spoon and then beat with a whisk to turn the sanitizer into a gel. Pour the ingredients into an empty bottle for easy use, and label it “hand sanitizer.”  
**NOTE:** Only use homemade hand sanitizers in extreme situations when handwashing isn’t available for the foreseeable future. Don’t use homemade hand sanitizers on children’s skin as they may be more prone to use them improperly, leading to a greater risk of injury. | How to make hand sanitizer                          |
APPENDIX D: PEOPLE OPS CONTRACTOR AND TEMP PROCESS

CONTACTS

- People Ops Rep – Sarah Hauke
  - Email: hauke@teamrubiconusa.org
  - Also, resource for contacting Superior Staffing (SS)
- People Ops Rep (2) - Cinthia Martinez
  - Email: cinthia.martinez@teamrubiconusa.org
- Field Ops Rep – TBD
- Timecard Managers – TBD

INFORMATION NEEDED - TEMPS

For them to be onboarded and paid through SS, we need to have the following items:

- FULL LEGAL NAME
- EMAIL ADDRESS
- FULL ADDRESS (City, State, Zip)
- PHONE NUMBER
- PAY RATE (50% will be day rate & 50% will be hourly)

Dispatch instructions from Mob/ZBM to include in welcome email.

PROCESS

Contract/temp requests will be sent via the Contract Request Form to the People Ops Rep. If you don't have all of the information need for the Contract Request Form please send it over with NA in the unknown fields.

If we are using a temp agency, we will need to know the following:

1. Hiring TR Manager will complete or send all the information for the new leased employee temps in this Microsoft Form which notifies People Ops Rep when people have been added.
   a. This information is important so SS can track if they need to open a new state and determine appropriate onboarding paperwork (e.g., someone from Ohio will have a different state tax form than someone from California).
2. We will send the leased employee temps a “welcome email” (People Ops Task).
3. The People Ops Rep will send all completed leased employees to SS so they can send them their onboarding packet.
4. The People Ops Rep will confirm with the TR Manager once the leased employee has completed their onboarding paperwork. Leased employees will not be able to begin work until the onboarding paperwork is complete.
5. Once the leased employee is on contract with the Superior Staffing, the People Ops Rep will send a “confirmation email” which notifies People Ops Rep (2) of next steps.
a. People Ops Rep (2) sends Status Change email and New User Access Form (NUAF) which tells Tech and the TR Manager what access is needed for their time as a leased employee.

**NOTE:** Tech access usually takes ONE WEEK to be fully turned on.

All Temps **MUST COMPLETE** their onboarding paperwork before they can begin working.

**TIMECARD PROCESS**

*Superior Staffing:*

If the leased employee is being paid by a day rate and is employed by a SS, **they will need to complete this timecard form each day.**

- This populates an Excel sheet People Ops will send to SS to process payment.
  - **Timesheets for the previous week need to be sent to SS Monday mornings so payment can be made by Friday to the leased employees.**
  - SS will then send an invoice of the payment back to People Ops and the invoice approval process will begin.

The RT manager will forward to timecard manager and TRinvoices@ for approval.

**NOTE:** Utilizing the day rate will probably be the best for this need. It will eliminate the overtime aspect and it will be easier for the leased employees to keep track of their hours each day. Overall, it will save a lot of time for everyone.
15 April 2020

FROM: Zachary Brooks-Miller, Director of Field Operations, Team Rubicon

SUBJECT: Identification of Essential Personnel During COVID-19 Response

The bearer of this letter provides essential services pursuant to Section 403 of the Robert T. Stafford Act Disaster Relief Act. The bearer is performing these services at the request of Federal, State/Tribal, and/or Local Emergency Management Agencies in response to the COVID-19 Declaration of National Emergency and Major Disaster Declaration for state XXX. These essential services include actions taken and services provided to save/sustain lives and protect property.

All operations are coordinated in partnership with local public health officials. We are responding in areas where shelter-in-place may be in effect for non-essential functions.

The bearer is subject to recall around the clock for emergency management operations which may require traveling to their duty location during irregular work hours. They must be able to travel during curfews, stay at home orders, and restricted travel periods. This is required to sustain Team Rubicon functions in support of Federal, State/Tribal and Local Emergency Management offices.

Team Rubicon requests that you extend any courtesy available to the bearer of this letter during this response.

Team Rubicon appreciates your understanding and cooperation during this national emergency.

Zachary Brooks-Miller
Director of Field Operations
(0) 310.640.8787
Team Rubicon | BUILT TO SERVE
CFC #59162

Figure 26. Jurisdictional Travel Letter
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):

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

Figure 27. Acknowledgement of Policy Form
Spontaneous Volunteer COVID-19 Memorandum of Understanding

Team Rubicon is committed to the health and safety of all volunteers supporting its operations. In pursuit of that goal, TR has implemented policies, protocols, and personnel eligibility requirements for all volunteers, including spontaneous volunteers. By signing this document, I certify I meet TR’s Personnel Eligibility and Deployability Requirements and will adhere to TR’s COVID-19 policies and protocols.

Personnel Eligibility and Deployability Requirements Self-Certification

| ✓ | I agree to wear a non-medical face covering and other TR-required protective equipment. |
| ✓ | I agree to follow the COVID-19 guidance provided by my assigned field leader. |
| ✓ | I am not 65 or older. |
| ✓ | I am not currently experiencing COVID-19 symptoms as described by the CDC1, or have not experienced COVID-19 symptoms in the past 14 days. |
| ✓ | I have not been in close contact2 with someone who is/was COVID-19 positive in the past 14 days. |

Signature of Acknowledgement

---

1 As of May 7, 2020, CDC Symptoms of Coronavirus include: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
2 Close Contact is defined as one of the following in the past 14 days:
   • 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)

Figure 28. Spontaneous Volunteer COVID-19 MOU
Greyshirt Over 65 Acknowledgment of Risk

I ___________________ acknowledge Team Rubicon has taken reasonable steps to provide me with information related to my risk as an older adult (above the age of 65) who would like to participate in a low-risk\(^1\) service or operation.

I am aware the Centers for Disease Control and Prevention (CDC) issued specific guidance for older adults (65+) and people who have severe underlying medical conditions, who could be at higher risk for developing serious complications from COVID-19 illness.

I understand COVID-19 is thought to spread mainly from person-to-person. CDC information about this spread includes:

- It is spread between people who are in close contact with one another (within 6 feet distance).
- It is spread through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- Droplets can land in the mouths or noses of people who are nearby, or possibly be inhaled into the lungs.
- Some recent studies suggest COVID-19 may be spread by people who are not showing symptoms.

I am aware steps to reduce my risk of illness include:

- Staying home when possible
- Washing my hands often
- Keeping space between myself and others (6 feet, or about two arm lengths)
- Keeping away from people who are sick
- Cleaning and disinfecting frequently touched services
- Avoiding all cruise travel and non-essential air travel as much as possible

I do not have the following conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Liver disease</td>
</tr>
<tr>
<td>Chronic kidney disease treated with dialysis</td>
<td>Serious heart condition</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Severe obesity</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Am immunocompromised</td>
</tr>
<tr>
<td>Hemoglobin disorders</td>
<td>Or live (or am in contact with someone living) in a nursing home or long-term care facility</td>
</tr>
</tbody>
</table>

I have carefully read, clearly understand, and accept the risk of participating in this event.

__________________________________________
Signature

__________________________________________
Date

\(^1\) A low-risk event is defined as no known risk of contact with individuals who are infected with COVID-19, or surfaces, materials, or spaces COVID-19 individuals may have come into contact with.

Figure 29. *Over 65 Acknowledgement of Risk*
Personal Identifiable Information (PII) Security & Confidentiality Policy

Purpose

This policy outlines the standards that must be meet for the protection of Personal Identifiable Information (PII) and other sensitive data from various types of individuals performing tasks on behalf of TR and includes PII maintained on both employees & volunteers. Team Rubicon recognizes its need to protect & maintain the confidentiality of PII.

Personal Identifiable Information (PII) is defined as information:

(i) that directly identifies an individual (e.g., name, address, social security number or other identifying number or code, telephone number, email address, etc.) or
(ii) by which an agency intends to identify specific individuals in conjunction with other data elements, i.e., indirect identification. These data elements may include a combination of gender, race, birth date, geographic indicator, and other descriptors. Additionally, information permitting the physical or online contacting of a specific individual is the same as personally identifiable information.

This information can be maintained in either paper, electronic or other media. Safeguarding sensitive information is a critical responsibility that must be taken seriously at all times.

Personal Identify Information (PII) Management & Expectations

- It is the responsibility of the individual user to protect & safeguard data to which they have access.
- All company employees must maintain the confidentiality of PII as well as company proprietary data to which they may have access and understand that such PII is to be restricted to only those with a business need to know.
- Individuals having access to personal information shall respect the confidentiality of such information, and refrain from any conduct that would indicate a negligence toward such information. Only individuals who have a ‘need to know’ in the capacity of their role shall have access to such systems of records.

Reporting

If an employee has reason to believe that Personal Identifiable Information (PII) has been compromised, an employee should contact a member of National People Ops.


Violations of PII Policies and Procedures

Infractions of this policy or its procedures will result in corrective action up to and including termination. Team Rubicon views the protection of PII data to be of the utmost importance.

If you have any questions about this policy, please contact People Operations.

Art delaCruz
President & Chief Operating Officer

Signature ___________________________ Date ___________________________

<table>
<thead>
<tr>
<th>Version</th>
<th>Revision Date</th>
<th>Revision Reason</th>
<th>Revised By</th>
</tr>
</thead>
<tbody>
<tr>
<td>v.1</td>
<td>12/20/19</td>
<td>Policy drafted</td>
<td>Shantal Merchain</td>
</tr>
</tbody>
</table>

Figure 30. PII Security and Confidentiality Policy Form
APPENDIX F: BACKGROUND AND DESIGN ELEMENTS

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)\(^{32}\). 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 3,926,000 cases of COVID-19 have been confirmed worldwide resulting in more than 374,000 deaths\(^{33}\) and those numbers continue to rise.

It quickly became clear that government agencies at all levels, as well Non-Governmental Organizations (NGOs) and Voluntary Organizations Active in Disasters (VOADs), would struggle to fulfill the needs of impacted communities. Because COVID-19 is most deadly to those 65 years of age and older,\(^{34}\) or people with 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 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.

IMPACT
The intended impact of this capability is to swiftly mobilize human resources to support communities in meeting 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.


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.

ASSUMPTIONS
General Assumptions:

- Government and non-governmental organization response at the local, state, and federal level will be overwhelmed
- Travel to locations with service needs will be possible
- Specific community needs will vary by geographic location
- Resources will become limited for citizens, either due to physical access or financial strain
- Appropriate Personal Protective Equipment (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 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, related, or not related, to TR activities
- Some portion of TR staff and Greyshirts will be personally impacted by COVID-19
- Virus risk factors and pathologies will remain consistent
- The situation will remain fluid, meaning guidance on self-isolation, quarantine, and other public health actions may change

SCOPE
Throughout the COVID-19 pandemic, TR expects to receive multiple requests for a variety of services. To provide timely response to these requests, TR will maintain the concept of operations described in the Domestic Emergency Operations Plan. TR will adhere to standard Incident Command System (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 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 in this manual.
## APPENDIX G: EVALUATION PLAN

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

*Figure 31. Operations Evaluation Plan*
APPENDIX H: GLOSSARY

Definitions

**Capability** – TR service provided to individuals and/or communities affected by disaster.

**Clients** – End-recipient (e.g., individual, family, household, and/or community) of TR’s services.

**Close Contact** – Immediate contact without PPE with a person who is COVID-19 positive.

**Community Spread** – Indicates people are infected with the virus in an area, including those 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.

**Extended Use** – Wearing the same N95 respirator or face shield for repeated close-contact encounters with several patients.

**Hastysling Capability** – An ad hoc new service created amid a response to an urgent demand prompted by a sudden onset disaster.

**High Exposure Risk** – Both immediate contact with COVID-19-infected individuals and with the surfaces and spaces they may have come into contact with.

**High-Touch Surfaces** – Surfaces handled frequently throughout the day by multiple people (e.g., doorknobs, light switches, phones).

**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.

**Isolation** – Separating sick people with a contagious disease from people who are not sick.
Limited Reuse – Using the same N95 respirator or face shield for multiple encounters with patients, doffing the respirator or face shield, storing, and donning again for further encounters with patients.

Low Exposure Risk – No contact with COVID-19 infected individuals, or with the surfaces and spaces they may have encountered.

Medium Exposure Risk – No contact with COVID-19 infected individuals; however, contact may have been made with the surfaces and spaces they encountered.

N95 Respirator/Mask – Type of PPE worn over one's mouth and nose to prevent the transmission of airborne particles, including droplets containing COVID-19.

Non-Operational Travel – Routine travel performed during TR operations not directly ordered by the OSC. This includes travel, billeting to FOB, off-duty runs, etc.

Operation – A temporary organizational TR structure that delivers capabilities to individuals and communities.

Operational Travel – Routine travel during TR operations directly ordered by the OSC and is mission critical.

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

Plug-n-Play Service – TR providing Greyshirts to support another organization’s response activities.

Quarantine – Separating and restricting the movement of people exposed to a contagious disease to see if they become sick.

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.
Acronyms

C&G – Command and General
CDC – Centers for Disease Control and Prevention
CDL – Commercial Driver’s License
CONOPS – Concept of Operations
COPD – Chronic Obstructive Pulmonary Disease
COVID-19 – Novel Coronavirus of 2019
CPAP – Continuous Positive Airway Pressure
CSSE – Center for Systems Science and Engineering
DDRO – Deputy Director of Regional Operations
EMAC – Emergency Management Assistance Compact
EMS – Emergency Medical Service
EMS – Enterprise Management System
EMT – Emergency Medical Technician
EOC – Emergency Operations Center
EPA – Environmental Protection Agency
ER – Emergency Room
FEMA – Federal Emergency Management Agency
FOB – Forward Operating Base
FRAGO – Fragmentary Order
FSMB – Federation of State Medical Boards
FSST – Food Supportive Services
FUL – Food Unit Leader
HOR – Home of Record
IAP – Incident Action Plan
IC – Incident Commander
ICS – Incident Command System
ICU – Intensive Care Unit
IMT – Incident Management Team
JD – Job Description
LSC – Logistics Section Chief
MPT – Mission Planning Team
N95 – N95 Respirator Mask
NIOSH – National Institute for Occupational Safety and Health
NGO – Non-Governmental Organization
NOC – National Operations Center
NREMT – National Registry of Emergency Medical Technician
NRP – Nationally Registered Paramedic
NUAF – New User Access Form
OPORD – Operations Order
OSC – Operations Section Chief
PAPR – Powered Air Purifying Respirator
PII – Personal Identifiable Information
POC – Point of Contact
POV – Privately Owned Vehicle
PPE – Personal Protective Equipment
PSC – Planning Section Chief
TR – Team Rubicon
RESL – Resource Unit Leader
RFA – Request for Assistance
SitRep – Situation Report
SS – Superior Staffing
UEVHPA – Uniform Emergency Volunteer Health Practitioner Act
VOAD – Voluntary Organizations Active in Disaster
WARNO – Warning Order
WHO – World Health Organization
OVERVIEW

Activity Exposure Risk Level: LOW to MEDIUM
The expected exposure risk level for Core Ops activities is low to medium risk.

If the exposure risk is medium, the Greyshirt may use a Tyvek suit in lieu of an isolation gown.

Greyshirts should adhere to the Core Ops Manual while taking additional steps for hand hygiene and wearing non-medical face coverings. See Section 1.4 TR COVID-19 Exposure Policy.

Pre-Work Disinfecting Guidelines
In addition to the standard worksite preparation and decontamination protocols in the Core Ops manual, take the following steps to prevent the spread of COVID-19 at worksites:

- Plan to disinfect at the beginning of each work shift
- Disinfect all high-touch surfaces (see examples below)
  - Doorknobs, light switches, countertops, faucets, etc.
  - Use 10 to 15 percent bleach solution, or other approved disinfectant cleaners before starting work

Refer to Section 1.5 TR Minimum PPE Requirements of the COVID-19 Operations Manual for further guidance.

Post-Work Disinfecting Guidelines
TR staff will disinfect the following items at the end of each work shift:

- High-touch surfaces (e.g., doorknobs, light switches, countertops, faucets)
- Equipment, materials, and tools

Use bleach solution or other approved and appropriate disinfecting cleaners for the surface item. See Section 1.5 TR Minimum PPE Requirements for further guidance.

Tools and Equipment
Greyshirts will take turns accessing tools and materials to maintain physical distancing. Greyshirts should generally avoid exchanging tools if possible and disinfect each tool before it can be used by somebody else or placed back in the trailer. Directly passing equipment or materials should also generally be avoided. Refer to the Vehicle and Equipment Decontamination Guide in Appendix B: Job Aids.
Performing Work
While some situations may require additional hands and/or greater proximity, Greyshirts will adhere to the following guidelines to the extent practicable:

- Physical distancing (6 feet of space) will be maintained while performing work tasks, including working in different rooms
- Work tasks should be performed individually
- Avoid more than two people in a room at a time, except when necessary to complete a joint work task

Port-O-Johns and Handwashing Facilities
When using Port-O-Johns, Greyshirts will adhere to TR’s Hygiene Guidelines and wash hands thoroughly after each use. Greyshirts should also limit their touching of surfaces and door handles.

The Team Leader or assigned Greyshirt will disinfect exterior handles of Port-O-Johns in the morning when unlocking. They will disinfect high-touch surfaces on the Port-O-John (e.g., door handles, toilet paper holster, toilet seats) and handwashing facilities at a minimum twice a day—once before lunch and once at the end of shift. The Team Leader or assigned Greyshirt will check daily to ensure Port-O-Johns are adequately stocked and will procure new materials as necessary. The Port-O-John vendor will clean and re-stock these facilities weekly.

The Team Leader, or assigned Greyshirt, will secure Port-O-Johns each night.

Core Ops N95 Respirator Use
In the interest of preserving our supply of N95 masks, TR will observe strict guidance on use and reuse of masks. Greyshirts should use an N95 mask if:

- Visual inspection of the work site reveals microbiological growth (i.e., mold).
- If Greyshirts will be working in homes built prior to 1978 and work will likely disrupt painted surfaces (walls, doors, etc.) and asbestos-containing materials.
- If work entails breaking, drilling, sawing or jackhammering of concrete, brick or stone in an enclosed area without the use of silica dust mitigating tool.

If these conditions are present, N95 masks should be used and re-used according to the N95 Re-Use instructions (see below). If silica dust and other threats to the respiratory system are not present, N95 masks will be discouraged and alternative respiratory protection will be used.

If at any time an N95 mask becomes visibly soiled, difficult to breathe through, or structurally damaged to the point of compromising a tight seal against the face, replace with a new, clean N95 mask. Adhere to the “5 Ds” and change your mask if it is:

- Dirty
• Damaged
• Damp
• Deformed
• Difficult to breathe through

Recommended Protocol:
N95 Re-Use
N95 Re-use consists of a four-mask rotation:

• Take four N95 masks and number them (#1–4).
• On Day 1, use mask #1, then hang dry in a cool dry area for 3–4 days.
• On Day 2, use mask #2, then hang dry in a cool dry area for 3–4 days.
• Repeat same process for mask #3 and mask #4.
• On Day 5, re-utilize mask #1, and repeat process.

Alternate Respiratory Protective Measure (N95 use conditions not present)
If surgical masks are available:

• Wear surgical mask with two facial tissues coupled together inside the mask and secure snugly to the face
• Replace the facial tissues daily at minimum or as needed (e.g., tissues become wet or soiled)
• The surgical mask can be air dried and stored for reuse
• If surgical mask becomes wet or soiled, replace with a new mask
• Note: Surgical masks do not provide adequate filter performance and facial fit characteristics to be considered respiratory protection devices\textsuperscript{35}

If surgical masks are unavailable, follow the instructions below for a no-sew cloth face covering\textsuperscript{36}. Materials needed:

• Bandana (or square cotton cloth approximately 20”x20”)
• Coffee filter
• Rubber bands (or hair ties)
• Scissors (if you are cutting your own cloth)


1. Cut coffee filter

2. Fold filter in center of folded bandana.
   Fold top down. Fold bottom up.

3. 

4. Place rubber bands or hair ties about 6 inches apart.

5. Fold side to the middle and tuck.

6. 

7. 

No-Sew Cloth Face Covering

- Mask users should take care not to touch their eyes, nose, and mouth when removing their face covering and wash hands immediately after removing.
- Replace the coffee filter daily at minimum or as needed (e.g., if coffee filter becomes wet or soiled).
- Cloth face coverings should be washed routinely after use in a washing machine with hot water and detergent.

Face Covering Exceptions
Heavy equipment operators alone in single cabs do not need to wear face coverings. If the cab is also used by other operators, ensure decontamination protocols are followed. Face coverings should be secured in a pocket and with the person at all times to be worn immediately before and after using equipment. If working in isolated areas, with no other people in proximity, a face covering is not required.

If face coverings create the following safety hazards when working, they may be removed while physically distancing:

- Obstructs vision (e.g., steams up safety glasses/shields)
- Could be caught in machinery
- Creates respiratory hazards
- Restricts breathing and causes asphyxiation
# CORE OPS DAILY COVID-19 CHECKLIST

**Date:**

**Location:**

**Person completing checklist:**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>TIME</th>
<th>OPS MANUAL SECTION</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAILY SAFETY BRIEF/COVID-19 UPDATE</td>
<td>START OF DAY</td>
<td>APPENDIX B</td>
<td></td>
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<tr>
<td>REQUIRED PPE/NON-MEDICAL FACE COVERINGS PRESENT</td>
<td>START OF DAY</td>
<td>1. SAFETY</td>
<td></td>
</tr>
<tr>
<td>DISINFECT WORK AREA BEFORE WORK BEGINS</td>
<td>START OF DAY</td>
<td>APPENDIX I</td>
<td></td>
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<tr>
<td>DISINFECT PORT-A-JOHN &amp; HANDWASH STATION</td>
<td>BEFORE LUNCH &amp; END OF DAY</td>
<td>APPENDIX I</td>
<td></td>
</tr>
<tr>
<td>DISINFECTANT AND HYGIENE SUPPLIES PRESENT</td>
<td>START OF DAY</td>
<td>APPENDIX C</td>
<td></td>
</tr>
<tr>
<td>GREYSHIRTS FOLLOWING TOOL HANDLING &amp; DISINFECTANT GUIDELINES</td>
<td>THROUGHOUT</td>
<td>APPENDIX I</td>
<td></td>
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<td>GREYSHIRTS FOLLOWING TECHNOLOGY AND VEHICLE DISINFECTANT GUIDELINES</td>
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<td>GREYSHIRTS FOLLOWING PPE/NON-MEDICAL FACE COVERING GUIDELINES</td>
<td>THROUGHOUT</td>
<td>1. SAFETY APPENDIX I</td>
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<td>GREYSHIRTS FOLLOWING HYGIENE GUIDELINES</td>
<td>THROUGHOUT</td>
<td>APPENDIX C</td>
<td></td>
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<td>PHYSICAL DISTANCING (6') MAINTAINED (UNLESS SCOPE OF</td>
<td>THROUGHOUT</td>
<td>APPENDIX I</td>
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### SUPPLEMENTAL INFORMATION/APPENDICES

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<th>Y / N</th>
</tr>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>CLEAN/DISINFECT WORK AREAS</td>
<td>END OF DAY &amp; END OF OP</td>
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<td></td>
</tr>
<tr>
<td>CLEAN/DISINFECT OPERATIONAL GEAR &amp; TOOLS</td>
<td>END OF DAY</td>
<td>3.1.1 TR FACILITIES AND EQUIPMENT</td>
<td></td>
</tr>
<tr>
<td>SECURE PORT-A-JOHN &amp; HANDWASH STATION</td>
<td>END OF DAY</td>
<td>APPENDIX I</td>
<td></td>
</tr>
</tbody>
</table>

DESCRIBE ANY COVID-19-RELATED RISKS OR CONCERNS DURING THIS SHIFT:
APPENDIX J: COVID-19 STRATEGIC TOOLKIT

COVID-19 Strategic Toolkit for High-Output Non-Operational In-Person Activities

The indicators and triggers toolkit assists stakeholders in establishing boundaries for the health and safety of all TR volunteers and personnel, preventing the spread of virus in communities. Together, indicators and triggers guide decision making in providing training and logistics readiness activities as we navigate a rapidly changing environment.

As a standard of care, Team Rubicon will closely monitor the indicators (measures or predictors) below in conjunction with domestic *high-output *non-operational *in-person activities held in the territories. (This toolkit does not apply to any TR operations.) If at least one trigger (decision point) is present in a location of interest, a contingency strategy will be implemented based on an appropriate situational response.

### Indicators and Triggers Toolkit

<table>
<thead>
<tr>
<th>Regional Indicator</th>
<th>Regional Trigger(s)</th>
<th>Restriction Details</th>
<th>Information Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Restrictions</td>
<td>If interstate restrictions have been enacted in a state where a high-output non-operational in-person activity is scheduled to take place, restrict attendance to only internal state attendees.</td>
<td>To mitigate the spread of COVID-19, certain states have enacted restrictions on interstate travel. Local policy could enforce a 14-day quarantine, either mandatory or advised. Some restrictions are only applicable if individuals traveling from states are deemed high risk.</td>
<td>Frequently updated state-by-state responses and restrictions. Currently (updated August 18, 2020) interstate travel restrictions exist in Alaska, Connecticut, District of Columbia, Hawaii, Illinois, Kansas, Kentucky, Maine, Maryland, Massachusetts, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Utah, Vermont, Virginia, and Wisconsin.</td>
</tr>
</tbody>
</table>
## SUPPLEMENTAL INFORMATION/APPENDICES

<table>
<thead>
<tr>
<th>Regional Indicator</th>
<th>Regional Trigger(s)</th>
<th>Restriction Details</th>
<th>Information Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay at Home or Shelter-in-Place Mandates</td>
<td>If a stay-at-home mandate, shelter-in-place, or any other request from a Public Health Agency has been enacted in an area where a high-output non-operational in-person activity is scheduled to take place, implement a contingency strategy.</td>
<td>Nearly every state is enacting daily changes to their responses to COVID-19.</td>
<td>State-by-state policy. Recent history of legislative changes by state.</td>
</tr>
<tr>
<td>Risk in Positive COVID-19 Cases</td>
<td>If an upturn in infections is reported in a state where a high-output non-operational in-person activity will take place, implement a contingency strategy measured in one of the following two ways: 1) 10 infections per 100,000 residents on a 7-day rolling average. 2) 10 percent or higher of the state’s total positive test rate on a 7-day rolling average.</td>
<td>Multiple sources are providing clear and consistent information on COVID-19 risk levels in different jurisdictions to assist decisions for policy makers.</td>
<td>TR Situational Awareness Dashboard, provides COVID-19 cases 14-day difference per 100,000 layer to identify the state percentage. Johns Hopkins Daily State-by-State Testing Trends may help determine the positive test rates. Harvard Global Health Institute dashboard provides a 7-day rolling average.</td>
</tr>
</tbody>
</table>
Contingency Strategy
This strategy discusses what to do once a trigger has been identified and when the risk of conducting a **high-output non-operational in-person activity** outweighs the positive outcome of the activity itself.

If a concern for the safety and health of attendees exists, and a trigger has been identified, the information will be immediately directed to Territory Directors, or assigned leaders in the associated territory. From here, two different contingency strategies can be followed:

1) **Future Scheduled Event**—Implement this strategy if a high-output non-operational in-person activity has been scheduled in the future. The Event Lead will immediately coordinate with Territory staff to determine the course of demobilization leading to shutdown (and potential rescheduling). All communication will be sent directly via email and phone to any volunteer, personnel, or other attendee expecting to deploy to the scheduled activity. The Event Lead, in concert with the Territory Team, will ensure either verbal or written confirmation of the cancellation has been attained for every attendee on the roster. Updates will be posted on Roll Call, TR’s website, or social media platforms (e.g., TR Facebook groups) when needed.

2) **Event in Progress**—Implement this strategy if a high-output non-operational in-person activity is currently in progress when the trigger has been identified. The Event Lead will coordinate with Territory staff to determine the immediate course of demobilization.
COVID-19 Activity Risk Awareness

This assessment tool provides a sample of 20 capabilities with a total risk score. This score is comprised of three factors: individual risk, community risk, and organizational risk.

**Operational Capabilities**
- Swabbing Patients: 10
- Repairing Disaster-Affected Homes: 8
- Supporting EOC: 7
- Delivering Groceries: 6
- Supporting Food Banks: 5
- Coordinating Volunteers for Mobilization: 8

**Logistics**
- Performing Inventory/Resupply: 5
- Setting up FOBs: 7
- Setting up Operation Sites: 5

**Training**
- Operating Heavy Machinery: 4
- Coordinating Equipment Delivery: 4
- Instructing Saw Positioning: 4
- Exchanging Equipment: 4
- Switching Machinery Operators: 4

**Miscellaneous**
- Providing on-site C&G Support: 7
- Billeting or Staying in Hotels: 8
- Attending Social Events/Meet-and-Greets: 9
- Providing Camera/Photojournalist Duties: 6
- Conducting Photoshoots: 8
- Handing off Materials (e.g., mail): 4

TR aims to reduce or prevent local COVID-19 transmission by emphasizing personal-level (i.e., individual) action awareness and responsibility. Understanding risk engagement types inform steps to lessen (or mitigate) risk. For example, mitigating individual risk includes behaviors that prevent spread, while mitigating community risk relates to maintaining healthy environments and limiting interaction while in a community.

**KEY**

<table>
<thead>
<tr>
<th>Activity Value</th>
<th>High</th>
<th>Medium-High</th>
<th>Medium</th>
<th>Low</th>
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<tbody>
<tr>
<td>Individual Risk</td>
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<tr>
<td>Community Risk</td>
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<td>Organizational Risk</td>
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</table>

*This list is not comprehensive of all TR activities, but generally informs decision-making processes.*

COVID-19 Risk Awareness