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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.

Greyshirts should also complete the applicable FLASH LEARNINGS. These can be found where an online learning icon is shown:

This document is structured as follows:
- 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, checklists, and one-page flyers including:
  - Greyshirt travel checklist
  - Food handling safety
  - Vehicle and equipment decontamination
  - Personal protective equipment donning, doffing, and use details
  - Hygiene safety and handwashing
  - Spontaneous volunteers
  - Core Ops COVID-19 safety protocols
  - Sample forms and letters
  - In-person activity guidance and risk awareness

For Printing and Display: Job aids are available in printable size and resolution by clicking on the green link in the caption.

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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<td>Alyssa Quaranta</td>
<td>2/1/21</td>
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<td>32</td>
<td>Middle seat requirement removed from air travel</td>
<td>Kat Anaza</td>
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<td>3.2.4</td>
<td>38</td>
<td>Guidance on post vaccination deployment timing and on site vaccination of Greyshirts</td>
<td>Kat Anaza</td>
<td>2/17/21</td>
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</table>
1. SAFETY

COVID-19 spreads through tiny droplets and aerosolized particles that form in the air when someone coughs, talks, sings or laughs. This risk is higher indoors; therefore, all Greyshirts and staff should practice standard safety measures of face covering (as much as possible when not eating) (see How to Wear a Mask), physical distancing, hand hygiene, and surface disinfection guidelines explained in this manual.

1.1 DUTY OF CARE

TR will use appropriate and relevant assessments throughout the Mission Planning Process and daily re-assess, within the Incident Action Plan (IAP), duty of care and security of Greyshirts relating 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 of COVID-19; therefore, standard safety measures will be followed.

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. Instructions are provided in Appendix B: Job Aids. 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 members should follow guidance from the CDC’s Information for Healthcare Professionals about Coronavirus (COVID-19), immediately disrobe outside (backyard, garage, etc.), and wash clothes in hot water on high heat to minimize the chance of spreading COVID-19.

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),

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and reduce contact with others. All Greyshirts should be prepared to self-quarantine for 14 days following any TR event. TR may recommend this self-quarantine be enacted pursuant to the conditions outlined in this Exposure Policy. Greyshirts deployed on an operation will strictly adhere to the protocols outlined in this Exposure Policy.

**Signs and Symptoms**

COVID-19 symptoms include⁴, 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 guidance⁴. See Appendix B: Job Aids for CDC Symptoms of COVID-19.

**Pre-Operation Check-In and Monitoring During Operations**

When the Greyshirt receives their dispatch instructions, they will acknowledge risk through informed consent (waiver through the availability and mobilization process) to self and possible post-event exposure to household members.

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

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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.

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 1. Exposure Protocol Process**

**(X-1) Protocol for Signs of Illness**

If a Greyshirt develops COVID-19 symptoms during an operation, the designated 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 notify the Safety Officer about the symptomatic individual. The Safety Officer will notify and provide details to the IC.

The designated field leader will also 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, designated field leaders will continue to enforce strict symptom checks and hygiene measures at the work site.

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, the Greyshirt will remain isolated and standard viral syndrome precautions will be implemented (e.g., physical distancing, hand hygiene, surgical mask). If the Greyshirt drove to the operation, they will return to Home of Record (HOR) and notify a primary care provider. If the Greyshirt flew to operation or carpooled, the IC will consult with the National Operations Center (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:
The Greyshirt will remain isolated and standard viral syndrome precautions will be implemented (e.g., physical distancing, hand hygiene, surgical mask). The 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:
The Greyshirt will conform to all medical advice and notify Greyshirt Support Team of a positive test result. The 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 isolate, as well as the duration and conditions upon which the Greyshirt can safely exit isolation. In cases where a local care/isolation 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 isolation.
(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 at greyshirtsupport@teamrubiconusa.org. Greyshirts will also receive an e-mail from Mobilization confirming safe arrival home and notifying that Greyshirts can report a positive COVID-19 test by responding to the message. The Greyshirt Support Team will notify impacted locations’ public health authorities and Mobilization, who will notify Greyshirts who were 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 will 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

<table>
<thead>
<tr>
<th>Method</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Method:</strong></td>
<td>If within an 8-hour drive of HOR, Greyshirt is immediately demobilized via Privately Owned Vehicle (POV).</td>
</tr>
<tr>
<td><strong>Alternate Method:</strong></td>
<td>If within an 8-hour drive of HOR, Greyshirt is immediately demobilized via TR-provided rental vehicle.</td>
</tr>
<tr>
<td><strong>Contingency Method:</strong></td>
<td>Greyshirt is demobilized via commercial air. Demobilization by commercial air <strong>requires the Greyshirt to:</strong></td>
</tr>
<tr>
<td></td>
<td>• Target departure within 24 hours of exposure and reach HOR before 48 hours after exposure</td>
</tr>
<tr>
<td></td>
<td>• Be asymptomatic</td>
</tr>
<tr>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td></td>
<td>• Practice Universal Source Control in accordance with CDC guidance³</td>
</tr>
<tr>
<td></td>
<td>• Wear a surgical mask (NOT a cloth mask or N95) for the duration of the travel</td>
</tr>
<tr>
<td></td>
<td>• Perform excellent hand hygiene</td>
</tr>
<tr>
<td><strong>Emergency Method:</strong></td>
<td>Greyshirt is quarantined on site.</td>
</tr>
</tbody>
</table>

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 Guidance⁴.

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If a Greyshirt becomes symptomatic, they will immediately contact their healthcare provider and follow local jurisdictional guidelines for COVID-19 evaluation. During routine check-in, the Greyshirt will 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 had direct contact with another individual who tested positive for COVID-19. In cases where a Greyshirt 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 will 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 shortages and to reserve equipment for those with the most critical needs. PPE should only be used in situations that have potential for exposing Greyshirts to COVID-19.

### 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 spaces they may have come into contact. | Warehouse and packaging support, remote support              | Standard precautions including:  
  • Hand hygiene  
  • Non-medical face covering  
  • Physical distancing  
  • Clean and disinfect surfaces |
| **Medium Risk**     | No contact with COVID-19 infected individuals; however, there may           | Handling potentially contaminated supplies or equipment, occupying | Standard precautions plus:  
  • Nitrile gloves (when contacting or cleaning |

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## OPERATIONAL GUIDANCE

<table>
<thead>
<tr>
<th>Exposure Risk Level</th>
<th>Description</th>
<th>Example Activities</th>
<th>Minimum PPE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Be contact with the surfaces and spaces they may have come into contact.</td>
<td>Spaces that previously contained COVID-19+ individuals</td>
<td>Contaminated surfaces or items</td>
</tr>
<tr>
<td></td>
<td>High Risk</td>
<td>Direct interaction with clients suspected or confirmed to be COVID-19+, working inside of a facility treating COVID-19+ patients</td>
<td>Standard precautions plus:</td>
</tr>
<tr>
<td></td>
<td>Both immediate contact with COVID-19 infected individuals and with the surfaces and spaces they may have come into contact.</td>
<td></td>
<td>- Nitrile gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Face shield/goggles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Isolation gown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- N95 mask</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Bouffant cap (available, but optional, for outdoor mobile testing sites)</td>
</tr>
</tbody>
</table>

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, and PPE Trained Observer, see Appendix B: Job Aids.

Minimum PPE required per risk level and example activities to use proper PPE are provided in a one-page job aid found in Appendix B: Job Aids. Alternative PPE options are noted here.

See Appendix B: Job Aids for a graphic on how to properly put on and remove a disposable respirator.

### 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 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, including N95 respirators, are not to be mistaken for surgical masks.
Use N95 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 (as shown in Appendix B: Job Aids) or take precautions as referenced in Appendix I: Core Ops COVID-19 Safety Protocols.

Extended Use of Particulate and N95 Respirators
In these instances, the respirator will continue 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.

Discard N95 respirators under the following conditions:

- After aerosol-generating procedures (unless covered with a disposable mask during the aerosol-generating procedure).
- Visible contamination with blood or other bodily fluids from patients.
- Obvious damage or becomes hard to breathe through.
- A tight seal cannot be achieved.

Limited Reuse of N95 Respirators
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 over N95 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 using 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.
  - 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.

---


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

**Face Shield Reuse and 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 pieces and elastic headbands cannot be fully disinfected.
- The user will don gloves and disinfect inside and then outside surfaces.
- Do not use germicidal wipes on foam and elastic bands.
- Store reused full face shield alongside labeled paper bag containing reused N95 mask.

Face shields will be discarded under the following conditions:

- Face shield can no longer fasten securely.
- Visibility is obscured and reprocessing does not restore visibility.
- Physical damage (e.g., breakage, bending, degradation of materials).

For more information about reprocessing face shields for reuse refer to [Appendix B: Job Aids](#).

**Non-Medical Face Covering Policy**

Based on the CDC’s recommendation, Greyshirts are required to wear a non-medical face covering⁸ (e.g., homemade cloth mask, bandana, scarf, old t-shirt) to cover their mouth and nose 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 a 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 will not need to wear face coverings. If the cab will also be used by other operators, ensure decontamination protocols are followed. Face coverings should be secured in a pocket and kept with the person to be worn immediately before and after using equipment. If working in isolated areas, with no other people in proximity, a face covering will not be required.

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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 2 describes the process flow of RFAs submitted to TR.

![Figure 2. 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:
OPERATIONAL GUIDANCE

- Director of Field Operations
- 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 3, 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).

For details about specific Requesting Organization Support Activities, refer to Greyshirt Staff Augmentation Manual.

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 resource gaps and solve for them on a discretionary, as-needed basis.

3.1.1 TR Facilities and Equipment
Upon agreement with the Requesting Organization, local Greyshirts may 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.

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

**Billeting Capacity and Access Restrictions**
Billeting and FOB locations will be separate. Limited time should be spent in shared spaces (e.g., spend time outside except during nighttime hours). Social interaction between different working groups should be avoided as much as possible. Staff should not enter billeting spaces unless necessary and will use virtual communications and check-ins (e.g., phone, video chat) as available.
Non-TR members, eternal visitors, and non-essential volunteers will be not be allowed access to the FOB and billeting areas including bathrooms, eating areas, and shared spaces. Billeting will not be shared with other organizations.

When possible, no more than 10 people will billet under one roof. If this is not feasible, groups of over 10 will be allowed to billet in open floor plan billeting that meets the group setup arrangements below:

- Common areas will be limited to less than 10 people.
- Physical artificial barriers (e.g., sneeze guards, partitions) will be set up to meet Occupational Safety and Health Administration (OSHA) office cubicle guidelines in common areas where it is difficult to maintain six feet of separation (e.g., check-in reception desks, bathrooms). See Appendix B: Job Aids to create a physical barrier. Barriers will not impact or interfere with egress and will be placed away from fire extinguishers and combustible materials.
- Bathrooms and showering facilities may be shared by more than 10 people; however, no more than 10 people will occupy the facility at any one time. Clients, staff, and Greyshirts will:
  - Use masks while in the bathroom
  - Stagger shower times
  - Ensure bathroom ventilation fans run at least 20 minutes between showers
  - Leave windows open as much as possible

Buildings for open floor plan billeting will be chosen with consideration on air flow, ceiling height, and ventilation. Areas that promote physical spacing, support large occupancy, and accommodate Heating, Ventilation, and Air Conditioning (HVAC) systems will be considered to reduce potential airborne spread of the virus. Spaces with operable windows will be preferred if potential ventilation issues exist. The following ventilation options will also be used to increase ventilation:

- Open windows or screened doors as much as possible. Do not open windows and doors if this will pose a safety or health risk (e.g., falling, triggering asthma symptoms).
- Turn on fans to increase air ventilation with minimal air recirculation.
- Operate a window air conditioner with an outdoor air intake or vent, with the vent open. Some window air conditioners do not have outside air intakes.
- Open the outside air intake of the HVAC system, if there is one. (This is not common.)
- Create cross-ventilation by opening windows (or doors) at opposite sides of a building, and keeping internal doors open. Preferably not directly opposite of each other.
- Open the highest and lowest windows, especially on different floors.
- Use air filtration/purification/HEPA air scrubbers when possible and position to pull air out of buildings.
Billeting Setup and Sleeping Arrangements

Cots will be spaced no less than six feet apart to maintain the CDC-recommended radius, preferably spread out as far as possible to provide more space between individuals (to maximize distancing) and will be 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. For group setup arrangements, room occupancy will be scaled to floor-plan size based on 113 sq. ft/person.

Cots will be relocated with more spacing when the billeting area is minimally occupied.

Greyshirts will alternate cot head/feet positions to reduce the risk of respiratory spread. Painter’s tape will be used on the floor to identify and maintain positions. Personal belongings will remain stowed under each bunk and not left in shared areas.

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

When a Greyshirt demobilizes, the occupied cot will be immediately disinfected using cleaners appropriate to the cot’s surfaces, and in all cases before the cot will be 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 Linens, Clothing, and Other Items That Go in the Laundry.

Current evidence suggests 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 CPAP device users will do so in a separate room and will not share sleeping spaces with others, even if the users are not actively showing symptoms of COVID-19.

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.

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Maximizing the wearing of surgical or cloth masks while sleeping on the billeting site will further mitigate risk of viral spread.

**Conduct Regular Screenings**
Strike Team Leaders assigned to billeting sites 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: prior to each operational period, and upon returning to the communal billeting site. Greyshirts with temperatures of 100.4°F or above (i.e., fever) will be screened and subject to the provisions of [Section 1.4 TR COVID-19 Exposure Policy](#). The Medical & Technical Advisory Team will review each escalation case to ensure correct actions are taken.

**Posting 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 will 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**
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 six feet of physical distance.

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: Self-park to the extent practicable and avoid valet services. If valet services must be used, keys and all surfaces should be disinfected upon entering the vehicle.
Check-In: 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. Disinfect credit cards/PEX cards, room keys, and any other check-in materials upon receipt.

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

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

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

Physical Distancing: 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. Refrain from requesting turndown service and will request service attendants avoid entering the room.

Food: Only consume hotel-prepared pre-packaged meals. Packaging and trays will be disinfected before opening and consuming. Room service may be ordered; however, 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). 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: 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.

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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.
- 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.

**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.

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, Disinfecting High-Touch Surfaces](#) for instructions.

Soft (Porous) Surfaces

Remove visible contamination from soft (porous) surfaces such as carpeted floor, rugs, and drapes and clean 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, do not shake dirty laundry. Items will 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 will 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) will 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. Remove gloves after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.

**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 will 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 will be used. All Greyshirts should adhere to the following protocol for equipment decontamination:

- At minimum, disinfect used equipment on a daily basis using the instructions found in Appendix B: Job Aids, Disinfecting High-Touch Surfaces.
- Equipment used by multiple people should be decontaminated after each use. The last to use the equipment will be responsible for decontamination prior to transferring to the next user.
- If the equipment will be used while encountering COVID-19+ (or suspected COVID-19+) individuals, then decontaminate the equipment after each encounter.
- Gloves are recommended during decontamination, but not required.

Never immerse electronic equipment in cleaning solution. Do not use the following chemicals 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 will 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 disinfection.\(^{13}\)

**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**
The Food Unit Lead (FUL) should be the only person in contact with food or related supplies and equipment for food distribution during the operation, but other duties can be delegated. The FUL will not be responsible for cleaning the kitchen or food service areas. The FUL will maintain the standards of hygiene outlined in the Food Unit Leader Handbook, including sanitizing all food prep surfaces and utensils after every use.

The FUL should have access to effective surface disinfectant products (such as bleach, hydrogen peroxide, quaternary ammonium) to use against SARS-CoV-2 (the novel coronavirus that causes COVID-19).

During COVID-19, the FUL and Greyshirts involved in food handling should increase hand hygiene. All Greyshirts involved with food handling and related equipment will wash their hands often.

The FUL will ensure barriers such as tongs, gloves, or other utensils are being used effectively when handling ready to eat food or packaged food.

The FUL will remind food handlers to avoid touching their eyes, nose, and mouth to help slow the spread of germs. Hand sanitizers with at least 60% ethyl alcohol will be readily available. The FUL will also remind food handlers of the guidelines of ‘minimal touch’ food distribution as listed in the Food Unit Leader Handbook to minimize touch points.

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Coronavirus is a respiratory virus spread through respiratory droplets. The Centers for Disease Control and Prevention (CDC) does not consider COVID-19 to be a foodborne illness, but similar actions to prevent foodborne illness can be taken to mitigate the spread of COVID-19. The most important actions to take include proper handwashing using soap and water and scrubbing for at least 20 seconds, frequent cleaning and sanitation of touch points. Whenever possible, the FUL should maintain 6 feet of distance from others. The FUL and Greyshirts feeling sick should avoid food service areas.

During Covid-19, the FUL should avoid buffet style service distribution. Food is encouraged to either be purchased separately packaged when possible. When bulk food is purchased (e.g. catering trays) it should be separated into individual packages by the FUL and distributed ‘grab and go’ style.

**Food Delivery**
When possible, acquiring food via delivery services is preferred because it can reduce potential exposure. * 

Food delivered from external organizations (e.g., churches, food kitchens, outside organizations) will be subject to tougher rules for drivers delivering to the FOB or billet.

Delivery drivers should remain in their vehicle and the FUL/LSC will meet them in appropriate PPE to receive the food.

If there are multiple deliveries. The FUL should coordinate to stagger deliveries for crowd control. * 

**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 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 materials that come into contact with vendors during the transaction process (e.g., credit/PEX cards, pens, receipts). Before eating the 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 will only be utilized when no other alternative exists. If necessary, travel is acceptable with more than 2 to a car provided attempts are made to keep 6 feet of physical distance, with Greyshirts sitting in farthest points from each other in a vehicle. Face coverings will be worn in the vehicle and air conditioning avoided, if possible, by rolling down windows in accordance with CDC rideshare guidance\(^\text{15}\) and transportation guidance\(^\text{16}\).

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, focus on rental vehicles that enable physical distancing.

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.

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.

The vehicle rideshare process below will be followed when Greyshirts travel in a vehicle during an operation (see **Appendix B: Job Aids, Vehicle Rideshare Checklist**):

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\(^{14}\) TR policy regarding transportation will be revisited daily to reflect evolving operational needs and up-to-date best practices.


3.1.2.1 Vehicle Ridesharing Conduct Health Screening

Before entering the car, a Safety Officer (e.g., the front row passenger) will be designated to ensure risk mitigation precautions are followed.

The Safety Officer will conduct a health screening for each traveler entering the vehicle using the Health Screening Questions in the box to the right.

If an individual responds “yes” to any of the questions, they will not be permitted in the shared vehicle and a health screening as relevant will ensue.

**Ensure Space Between Individuals**

Avoid “shoulder to shoulder” travel. In typical 5 seat vehicle configurations, up to 4 people may ride in a car together in opposite corners of the car leaving an empty middle space in the back. For larger seat arrangements, ensure 1 seat is empty between each traveler. Travelers reusing the same vehicle more than once should sit in the same seats each time.

**Wear PPE/Face Coverings**

Anytime there is more than one person in a TR vehicle, precautions will be taken to decrease potential viral transmission. If N95 masks are available, consider wearing it for the duration of the shared ride. Surgical masks can be worn as an alternative method, if available. Otherwise, a cloth face covering shall be worn in all situations where physical distancing cannot be maintained.

**Ideal:** If logistically and practically feasible (e.g., an individual has been fit-tested prior to travel for a personal N95 respirator), passengers will wear an N95 respirator. Be aware that the effectiveness of N95 masks at respiratory protection is dependent on a proper seal. N95 masks should be replaced as they get soiled or damp. Store your masks in a personal bag and do not share masks between people.

**Primary:** All passengers will wear a surgical mask. Surgical masks should be replaced as they get soiled or damp. Store your masks in a personal bag and do not share masks between people.

**Alternative:** All passengers will wear a cloth face covering. Face coverings should be replaced as they get soiled or damp. Ensure cloth masks are laundered on a regular basis. Do not share masks.

**Maintain Ventilation**

**Primary:** Roll down all windows to increase air ventilation throughout the duration of the trip. Maximize in/out air flow and avoid using the recirculated air option for car ventilation.

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**HEALTH SCREENING QUESTIONS**

In the last two weeks, have you experienced:

- Fever or feeling feverish?
- Chills?
- A new cough?
- Shortness of breath?
- A new sore throat?
- New muscle aches?
- New headache?
- New loss of smell or taste?
- Have you been exposed to someone with a confirmed case of COVID-19?
**Contingency (when weather is limiting):** Roll down windows intermittently (as weather permits) to increase air ventilation throughout the entire duration of the trip.

**At all Times:** Avoid using the recirculated air option for car ventilation.

**Ensure Passenger and Vehicle Sanitization**

Apply the universal risk mitigation strategies outlined in the following table:

<table>
<thead>
<tr>
<th>Universal Risk Mitigation Strategies</th>
<th>More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure the car has been disinfected prior to and following use.</td>
<td>Pay close attention to frequently touched surfaces like door handles, steering wheels, ignition, operating buttons, seat buckles, keys, etc. Wear disposable gloves when cleaning and only use them once. Disinfectants should be EPA-registered antimicrobial, diluted household bleach according to manufacturer instructions, or alcohol solutions with at least 70% alcohol.</td>
</tr>
<tr>
<td>Carry hand sanitizer and tissues.</td>
<td>Consider having appropriate disinfectant tools on hand including cleaning and disinfectant spray, or disposable wipes and a small trash bag for each vehicle.</td>
</tr>
<tr>
<td>Wash your hands before and after entering the vehicle with soap and water for at least 30 seconds.</td>
<td>Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.</td>
</tr>
<tr>
<td>Avoid touching your face with unwashed hands.</td>
<td>Specifically avoid touching your eyes, nose, or mouth.</td>
</tr>
<tr>
<td>Cover your mouth and nose with a tissue when you cough or sneeze.</td>
<td>Throw the tissue in the trash and wash your hands.</td>
</tr>
</tbody>
</table>

Refer to [Section 1.4 TR COVID-19 Exposure Policy](#) if you experience 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.

### 3.1.2.2 Air Travel

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 will adhere to CDC-endorsed best practices for flying including wearing face coverings, the airline’s rules and regulations, and TR’s hygiene guidelines detailed in [Appendix C: Hygiene Guide](#).

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Priority will be given to booking flights on airlines following strict COVID-19 precautions (e.g., Alaska Air, Delta, Jet Blue, Southwest). These airlines are preferred because they: 1) Mandate face coverings, 2) Clean and sanitize between every flight, and 3) Do not fill middle seats. When flying to and from a site through commercial air travel, the following mitigation strategies **MUST** be taken:

**Prior to Your Flight, Conduct Self-Health Screening**
If you answer “yes” to any of the questions in the box to the right, do not travel and contact mobilization.

**Wear Face Coverings**
Wear face coverings for the entirety of travel (e.g., in the airport, aircraft, throughout subsequent travel - see new guidance related to vehicle travel). Abide by air travel guidance for the type of mask used.

**Perform Hand Hygiene**
Before entering the aircraft, wash your hands with soap and water for at least 30 seconds. If soap is not available, use an alcohol-based hand sanitizer containing at least 60 percent alcohol throughout the flight as needed. Avoid touching your eyes, nose, or mouth with unwashed hands. Cover your mouth and nose with a tissue when you cough or sneeze; throw the tissue in the trash and wash your hands.

Greyshirts deployed on an operation will strictly adhere to the protocols outlined in the TR Exposure Policy. 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 the Exposure Policy. Symptomatic Greyshirts are not permitted to take commercial flights until cleared through local health department policy.

### 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:

- Greyshirts age 18-64 can deploy with no restriction, regardless of COVID-19 vaccination status or the risk level of the operation or event.
- Greyshirts aged 65-74
  - Unvaccinated can deploy to low risk, non-billeting operations/events ONLY
  - Vaccinated can deploy with no restrictions on in-person operations/events after 14 days post vaccination, regardless of risk level, except for direct medical care operations
- Greyshirts aged 75+
  - Unvaccinated are restricted from all in person events & ops
  - Vaccinated can deploy with no restrictions on in person operations/events after 14 days post vaccination, regardless of risk level, except for direct medical care operations
- Unvaccinated Greyshirts ages 65+ must sign 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, which may appear 2–14 days after exposure:
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - Fever
  - Chills
  - Muscle or body aches
  - Headache
  - Sore throat
  - A new loss of taste or smell
  - Fatigue
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

Greyshirts exhibiting the following symptoms should seek immediate medical attention:

- Trouble breathing
OPERATIONAL GUIDANCE

- 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 will 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 illness.\(^\text{18}\)

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 Guidance.\(^4\) 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><strong>Background Check - In Progress</strong></td>
<td><strong>Background Check - Complete</strong></td>
<td><strong>Background Check - Complete</strong></td>
</tr>
<tr>
<td><strong>TR101 - Complete</strong></td>
<td><strong>TR101 - Complete</strong></td>
<td><strong>TR101 - Complete</strong></td>
</tr>
<tr>
<td><strong>Profile - Complete</strong></td>
<td><strong>Profile - Complete</strong></td>
<td><strong>Profile - Complete</strong></td>
</tr>
<tr>
<td><strong>ICS 100 &amp; 700 - None</strong></td>
<td><strong>ICS 100 &amp; 700 - None</strong></td>
<td><strong>ICS 100 &amp; 700 - None</strong></td>
</tr>
</tbody>
</table>

Greyshirts must be prepared to quarantine for 14 days following deployment, if necessary.

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 policies, including travel restrictions (e.g., mandatory quarantine, testing, screening) is extremely important.

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

3.2.4 COVID-19 Vaccination Policy

Policy Principles:

1) **Mission First**: Our clients and communities come first, and no action should be taken that jeopardizes or could be perceived to jeopardize those individuals.
2) **Greyshirts Always**: We believe that Greyshirts volunteering themselves to be on the frontlines of the COVID-19 pandemic should qualify as a high priority group for vaccination to maximize impact in communities across the country.
3) **Your Mother’s A Donor**: This principle extends to our organizational partners as well as Team Rubicon. Waste and inefficiency should be minimized. In this case, the challenging logistics of vaccine delivery may result in daily surpluses. If there are vaccines that will expire and Greyshirts in need of the vaccine, Team Rubicon can acquire the vaccine if the supporting organization deems Greyshirts eligible and in accordance with all tracking, reporting and follow up requirements.
Guidance

Team Rubicon has positioned Greyshirts across the country to provide critically needed frontline support to local jurisdictions’ COVID-19 vaccination efforts. If the type of work Greyshirts are providing qualifies Greyshirts for COVID-19 vaccination within the jurisdiction’s qualification criteria, Greyshirts are encouraged to be vaccinated. Wherever possible, Team Rubicon mission planning teams will inquire about jurisdictions’ vaccination qualification criteria to determine if Greyshirts will qualify as prioritized frontline workers.

*Greyshirts should not sign up for vaccination operations with an expectation that they will be vaccinated.*

If the opportunity arises and volunteers can receive a vaccination for the reasons listed above, Greyshirts should use discretion when publicizing their vaccination. Misperceptions or misrepresented images about how the vaccinations were obtained could challenge the validity of vaccine distribution, putting future operations in jeopardy and questioning TR’s integrity in the process.

*Note that Greyshirts who have been vaccinated will be approached to share their experience when the vaccination is available to the general population.*

Team Rubicon supports the recommendations from the CDC’s Advisory Committee on Immunization Practices regarding the prioritization of access to the COVID-19 vaccine. Team Rubicon also recognizes that the decision of prioritization is determined at the local level and if Greyshirts qualify as frontline workers, then this is an opportunity to increase the immunity of the nation and help the country heal from the COVID-19 pandemic.

Post-Vaccination Deployments

The risk for severe illness from COVID-19 increases with age, and older adults are at highest risk. However, the development of a COVID-19 vaccine has reconfigured an assessment for Greyshirt risk, enabling Team Rubicon to welcome back our Greyshirt force. Now, Greyshirts ages 65+ who have been vaccinated for COVID-19 are eligible to deploy on non-direct medical operations with billeting if the following conditions have been met:

- Greyshirt’s vaccination is 100% complete (i.e., both initial and final inoculations have been attained, if applicable)
- Greyshirt’s deployment date is at least 14 days past the date of inoculation completion
- Greyshirt can provide vaccination verification to a Mobilization Leader during registration
• Greyshirt continues to follow all COVID-19 preventative measures including proper use of PPE, physical distancing, and practicing clean hygiene.19

All vaccinated Greyshirts (ages 18-64) may not deploy to operations within 72 hours of receiving a vaccination as they could exhibit signs and symptoms that mimic COVID infection like fever, body aches, or fatigue that may interfere with site operation. If a Greyshirt is vaccinated onsite and exhibits symptoms, he or she will be asked to forego participation and begin isolation, with a few exceptions:

• If an operation site has a more stringent policy, site policy will take precedence and TR policy will be suspended
• If symptoms do not align to those expected post vaccinations, Greyshirts will be treated accordingly to the rest of the COVID symptom policy within this manual
• TR will not be expected to enforce or monitor quality control of onsite vaccination policy

3.2.5 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 4 during operations.

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 5 shows general staff leadership starts with the IC, and not the IMT Leader.
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).

**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).

![Geographic Task Force Model Org Chart](image-url)
**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)

**Figure 7. Functional Task Force Model Org Chart**

### 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 will 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.

**Authority Role Division**

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Non-medical</td>
<td>Medical and non-medical</td>
</tr>
<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>
</tbody>
</table>
**OPERATIONAL GUIDANCE**

### Exposure/risk: Low, with no direct contact with COVID-19-infected individuals
- Territory Agency Executive
- National Agency Executive

### Exposure/risk: Medium/high, with direct contact with COVID-19-infected individuals
- Territory Agency Executive
- National Agency Executive

### Named storm systems/disasters affecting more than one Territory
- Territory Agency Executive
- National Agency Executive

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**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.

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**FRAGO Review Roles & Responsibilities**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C&amp;G</strong></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><strong>IMT/Field Leadership</strong></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.</td>
</tr>
<tr>
<td><strong>Agency Executive</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
# OPERATIONAL GUIDANCE

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acts as the central element to facilitate support to C&amp;G with either National or Territory Operational Support.</td>
<td></td>
</tr>
<tr>
<td>Agency Executive &amp; Territory/National Operational Support</td>
<td>Performs final quality assurance review.</td>
</tr>
<tr>
<td>Provides position and task-level support and coaching to IMT/Field Leadership and C&amp;G as requested.</td>
<td></td>
</tr>
<tr>
<td>National Operational Support Team</td>
<td>Provides general compliance, oversight, and development of processes, systems, and policies.</td>
</tr>
<tr>
<td>Collects and disseminates insights on operational trends, improvements, and lessons learned.</td>
<td></td>
</tr>
<tr>
<td>Controls change management of processes, systems, and policies relating to the mission planning, execution, and support of operations.</td>
<td></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>
<tr>
<td></td>
<td>Operational Support – Agency Executive</td>
</tr>
<tr>
<td></td>
<td>IMT/Field Leadership – IMT Leader</td>
</tr>
<tr>
<td>Resources</td>
<td>C&amp;G – Logistics Section Chief (LSC)</td>
</tr>
<tr>
<td></td>
<td>Operational Support – Disaster Ops Associate or National Operational Logistics</td>
</tr>
<tr>
<td></td>
<td>IMT/Field Leadership – IMT Leader</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 will 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) |
<table>
<thead>
<tr>
<th>Task</th>
<th>Review Action</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waivers: Homeowner Right of Entry Waivers (Core Operations)</td>
<td>• Validate personnel request is appropriately scaled based on the quantity and scope of work authorized.</td>
<td></td>
</tr>
<tr>
<td>Demolition (Core Operations)</td>
<td>• 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).</td>
<td></td>
</tr>
<tr>
<td>Spontaneous Volunteer Waiver and Memorandum of Understanding (COVID-19-response specific)</td>
<td>• Ensure personnel are properly accounted for on days worked and when they billeted in alignment with ICS-211s.</td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>Verify personnel requirements</td>
<td>• Confirm personnel are assigned to Strike Teams for all operational periods.</td>
</tr>
<tr>
<td>Verify daily personnel tracking in EMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure the current and proposed ratio of C&amp;G Staff to volunteers is appropriate (15% C&amp;G to 85% volunteers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONOPs</td>
<td>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</td>
<td>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.</td>
</tr>
<tr>
<td>Consider the number of NGOs, or community support, in the area of operations who are conducting work within TR’s scope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure operation aligns with organizational objectives and branding</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Resources and Consumption

<table>
<thead>
<tr>
<th>Task</th>
<th>Review Action</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>Resources</td>
<td>• Ensure sufficient resources (e.g., trailers, saws, rental vehicles, heavy equipment, billeting) are available to meet the requested change.</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td></td>
<td>• Verify current or planned operations resource needs in light of the foregoing request.</td>
</tr>
</tbody>
</table>

| Finance & Budget              | Review operational spending and ensure it is proportionate to approved operation type and/or established budget for the operation. |
APPENDIX A: TRAVEL GUIDE

TRAVEL GUIDE
Greyshirt Job Aid

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. door/knobs, 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

For Printing and Display: Job aids are available in printable size and resolution by clicking on the blue link in the caption.

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)

- 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 8. 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 9. Symptoms of COVID-19
Stop the Spread of Germs

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

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

Figure 10. Stop the Spread of Germs

cdc.gov/coronavirus
Vehicle Rideshare Checklist

In vehicles with more than one occupant, the front row passenger will serve as the vehicle safety officer. This Greyshirt will have responsibility for ensuring that COVID-19 mitigation practices are adhered to include proper supply of PPE and sanitization materials, prescreening of passengers, cleaning of the vehicle, physical distancing, and proper environmental practices.

The following checklist serves to ensure every Greyshirt does their part to support the safety of our Greyshirts and survivors we serve.

☐ **Conduct health screening for each traveler entering the vehicle.**
   In the last two weeks, have you experienced:
   - Fever or feeling feverish?
   - Chills?
   - A new cough?
   - Shortness of breath?
   - A new sore throat?
   - New muscle aches?
   - New headache?
   - New loss of smell or taste?
   - Have you been exposed to someone with a confirmed case of COVID-19?

☐ **Ensure space between individuals sharing a vehicle, avoiding “shoulder to shoulder“ travel.**

☐ **Wear PPE/face coverings.**

☐ **Maintain proper ventilation in the vehicle.**

☐ **Ensure proper vehicle sanitization and passenger preparations.**

<table>
<thead>
<tr>
<th>Universal Risk Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mitigation Strategy</strong></td>
</tr>
<tr>
<td>Ensure the car has been disinfected prior to and following use.</td>
</tr>
<tr>
<td>Carry hand sanitizer and tissues.</td>
</tr>
</tbody>
</table>
Wash your hands before and after entering the vehicle with soap and water for at least 30 seconds.

Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Avoid touching your face with unwashed hands.

Specifically avoid touching your eyes, nose, or mouth.

Cover your mouth and nose with a tissue when you cough or sneeze.

Throw the tissue in the trash and wash your hands.

**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>
<tbody>
<tr>
<td><strong>Hardware, PCs, Monitors or Display Screens, Docking Stations, Keyboards, and Mice</strong></td>
<td>• Disinfecting wipe, or • Microfiber cloth, or • Paper towel moistened with a mixture of 70% isopropyl alcohol / 30% water. <em><strong>The cloth should be damp, but not dripping wet. Remove excess moisture if the cloth is wet before wiping the product.</strong></em></td>
<td>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.</td>
</tr>
</tbody>
</table>
### What are you disinfecting?

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Discard disposable gloves used after each cleaning. Clean hands immediately after gloves are removed and disposed.</td>
<td></td>
</tr>
</tbody>
</table>

#### Vehicles and Equipment after Contact with or Transporting a Confirmed COVID-19 Patient

- Disposable gown and gloves
- Face shield or facemask and goggles will also be worn if splashes or sprays during cleaning are anticipated
- [Disinfectants for Use Against SARS-CoV-2](https://www.epa.gov) 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. Keep doors 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, will 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. |

---

**Figure 11. Vehicle and Equipment Decontamination Guide**
Disinfecting High-Touch Surfaces
Greyshirt Job Aid

Use these guidelines to ensure that high-touch surfaces and tools are properly and regularly disinfected.

Disinfect high-touch surfaces in vehicles, common areas, and the FOB (doorknobs, light switches, countertops, faucets, etc.) at the beginning and end of each work shift. Disinfect equipment and tools at the end of every workday.

How-To

1. Use an approved EPA-registered disinfectant. Always follow the directions on the label.
2. If surfaces are visibly dirty, clean them first with detergent or soap.
3. Put on disposable gloves and open windows and doors for ventilation.
4. Apply the solution to the surface so it’s visibly wet. Make sure it remains wet for at least 2–3 minutes and leave product to air dry.
5. When finished, discard disposable gloves and wipes after each cleaning.
6. Clean hands after gloves are removed.

What’s an EPA-Registered Disinfectant?

They’re disinfectants that can be used against SARs-CoV-2 or Human Coronaviruses.

Examples:
- Scrubbing Bubbles Disinfectant
- Clorox Disinfecting Wipes
- Super Sani Cloth
- Peroxide Multisurface cleaner and disinfectant

If you’re not sure if your disinfectant works against SARs-CoV-2, use the EPA’s ‘List N’ tool (link or QR Code) to look it up using the EPA Registration Number.

If no commercial disinfectants that are effective against coronaviruses are available, see Appendix C: Alternatives to Surface Disinfectant in the COVID-19 Operations Manual.

Figure 12. Disinfecting High-Touch Surfaces
## 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<sup>20</sup>

### 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.

---

COVID-19 Minimum PPE Requirements

Greyshirt Job Aid

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

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

**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:**
- EOC Support & Food Support Services
- Isolation Shelter Support
- Non-Medical Mobile Testing Site
- Medical Support
- Medical Mobile Testing Site

*Hand Hygiene*  
*Physical Distancing (6ft)*

*Non-Medical Face Covering*  
*(must be worn at all times on low risk operations)*

*Clean and Disinfect Surfaces*

*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)*

*Face Shield*  
*Bouffant Cap*

---

*Figure 14. Minimum PPE Requirements*
### Alternative PPE

<table>
<thead>
<tr>
<th>Required PPE</th>
<th>PPE Descriptions/Specifications</th>
<th>Acceptable Alternative(s)²¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTE: 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>Gloves</th>
<th>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.</th>
<th>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 not used for other purposes.</th>
</tr>
</thead>
</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>Gloves</th>
<th>Medical gloves</th>
<th>• NA</th>
</tr>
</thead>
</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)  
• 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 during | Reusable face shields or extended use of a disposable face shield that can be properly disinfected |

---

<table>
<thead>
<tr>
<th>Required PPE</th>
<th>PPE Descriptions/Specifications</th>
<th>Acceptable Alternative(s)(^2^1)</th>
</tr>
</thead>
</table>
| patient-care procedures and activities that carry the risk of generating splashes of blood, body fluids, excretions, or secretions. | **N95 Mask** | • 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 15. Alternative PPE Table**
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. **GOOGLES 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 16. Sequence for Putting On PPE*
Follow the instructions below when doffing PPE:

**Figure 17. How to Safely Remove PPE**
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>
</tbody>
</table>
**Tape gown sleeve onto base layer glove to form a seal (suggested)**  
Or  
**Optional Alternative:** (If gown can withstand thumb poke) Make a thumb hole in each gown sleeve and secure gloved hand in place

- Use hand sanitizer to clean gloved hands
- 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)
- 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)
- Clean gloved hands with hand sanitizer
- Put on bouffant cap or surgical cap
- Clean gloved hands with hand sanitizer
- Put on face shield
- Clean gloved hands with hand sanitizer
- Don second pair of gloves
- Turn in a circle with the observer reviewing and communicating any gaps or PPE damage
- **Final check:** Each participant confirms all equipment is appropriately placed and fitted

### 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.**

**If any breaches occur, that step will be completed followed with conducting disinfection of the exposed area and an additional check for any other exposures.**

- Upon team member communicating they are ready to exit the hot zone, advise team member to wait for your confirmation to exit
- When you are ready, communicate to the team member to enter warm zone
- Remove and dispose of outer pair of gloves into biohazard trash bin
- Cut ties to back of isolation gown
- 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)
- Remove gown slowly with minimal disruption and turn it inside out with removal
<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispose of isolation gown in biohazard trash bin</td>
<td></td>
</tr>
<tr>
<td>Clean gloved hands with hand sanitizer</td>
<td></td>
</tr>
<tr>
<td>Remove face shield and drop it into the decon bucket (i.e., diluted bleach solution) if being reused or into the biohazard trash bin if not being reused</td>
<td></td>
</tr>
<tr>
<td>Clean gloved hands with hand sanitizer</td>
<td></td>
</tr>
<tr>
<td>If face shield is being reused, Trained Observer will retrieve it from the decon bucket and take it over to the designated clean face shield storage area</td>
<td></td>
</tr>
<tr>
<td>Remove bouffant cap and dispose in biohazard trash (if using surgical cap, remove and place in receptacle until it can be laundered)</td>
<td></td>
</tr>
<tr>
<td>Clean gloved hands with hand sanitizer</td>
<td></td>
</tr>
<tr>
<td>Remove the bottom strap of the respirator mask and then the top strap, taking care not to touch the inside of the respirator</td>
<td></td>
</tr>
<tr>
<td>If respirators are being reused, carefully place them into a brown paper bag labeled with responder name (if not being reused, drop respirator into biohazard trash bin)</td>
<td></td>
</tr>
<tr>
<td>Remove base layer of gloves</td>
<td></td>
</tr>
<tr>
<td>Wash hands and all areas below the elbows with soap and water for a minimum of 20 seconds and dry thoroughly</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 18. PPE Trained Observer Checklist**

### Storage and Reuse of N95 Respirator Masks and Face Shields

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

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

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

1. Perform hand hygiene and don a clean pair of gloves.
2. Remove your previously used N95 mask from the labeled paper bag by only touching the straps or the outermost rim of the N95 mask. If contact with the front or inside
surface of the mask occurs, place N95 mask on top of bag, remove gloves, perform hand hygiene and put on new pair of gloves.
3. Place N95 mask on face by only touching the straps and the outermost rim of the N95 mask.
4. Perform seal check by only touching outermost rim of N95 mask
   a. To perform a negative/positive seal check\textsuperscript{22}:
      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.

Steps for reprocessing face shields and goggles:
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.
2. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
3. Wipe the outside of the face shield or goggles with clean water or alcohol to remove residue.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and perform hand hygiene.

\textbf{Figure 19}. Use and Reuse of N95 Respirator Masks and Face Shields

How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.

Follow the instructions that come with your respirator.

Putting On the Respirator

Position the respirator in your hands with the nose piece at your fingertips.

Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.

The top strap (on single or double strap respirators) goes over and rests at the top of your head. The bottom strap is positioned around the neck and below the ears. Do not cross any straps.

Place your fingertips from both hands at the top of the metal nose clip, if present. Slide your fingers down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal

Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.

Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.

If air leaks around the nose, readjust the noseclip as described. If air leaks at the mouth edges, readjust the straps along the sides of your head until a proper seal is achieved.

If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator

DO NOT TOUCH the front of the respirator. It may be contaminated!

Remove by pulling the headband over back of head, followed by the top strap without touching the respirator.

Discard in waste container, WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

1. Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/topics/respirators/disp_page1.html.

2. According to the manufacturer’s recommendations.

For more information call 1-800-CDC-NIOSH or go to http://www.cdc.gov/niosh/topics/respirators/.

Figure 20. How to Put on and Take off a Disposable Respirator
## Protection Differences Between Valved and Non-Valved N95 Respirators

![Valve vs Non-Valved N95 Respirators](image)

**Figure 21. N95 Respirators with Valves/Without Valves**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>N95 Valve Respirator</th>
<th>N95 Respirator without Valve</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 construction site workers. Valve respirators provide one-way protection by filtering the air inhaled by the wearer. However, this respirator 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.</td>
<td>Respirators without valves filter breath as it leaves the mask. Both the wearer and those around them are effectively protected from microorganisms, body fluids, and particulate material.</td>
</tr>
</tbody>
</table>

---


Recommended Temperature Check Options

Temperature takers will 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.26

<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 with probe cover</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>Note: If probe covers are not available, oral temperature option is not recommended. Eating or drinking liquids and solids within 30 minutes can cause inaccurate readings.</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>2. Place thermometer tip at the center of the armpit</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><strong>Temporal (forehead) temperature</strong></td>
<td><strong>Digital temporal thermometer</strong></td>
<td>3. Tuck arm against body to keep thermometer in place</td>
<td>the entire thermometer after each use.</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>
<tr>
<td><strong>Temporal (forehead) temperature</strong></td>
<td><strong>Infrared non-contact thermometer</strong></td>
<td>1. Thoroughly clean thermometer</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.(^{26})</td>
<td>Note: Ambient temperature, sunlight, and wind can cause inaccurate readings with a forehead (temporal) thermometer when used outdoors(^{27}).</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>Tympanic (ear) temperature</td>
<td>Tympanic thermometer</td>
<td>1. Thoroughly clean thermometer 2. Gently tug ear up and back to straighten the ear canal</td>
<td>Use alcohol wipes or isopropyl alcohol to thoroughly wipe down</td>
<td>Note: Temperature reading may not be accurate if thermometer is</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Power on the thermometer gun and hold the trigger until the laser appears</td>
<td>you do not need to wipe down the thermometer or change gloves between each check.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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</td>
<td>Use alcohol wipes or isopropyl alcohol to thoroughly wipe down</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Continue holding down the thermometer’s trigger while it reads the temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Once the temperature has been read, the thermometer will display reading on the screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Thoroughly clean thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and wind can cause inaccurate readings with an infrared thermometer when used outdoors.</td>
</tr>
<tr>
<td>Option</td>
<td>Tool</td>
<td>Method</td>
<td>Cleaning</td>
<td>Notes</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
<td>------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Insert tympanic thermometer tip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Keep in place for 1 minute, or until thermometer signals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Remove thermometer and check temperature reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>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 22. Temperature Check Options**
Building a Handwashing Station
Greyshirt Job Aid

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 screw driver

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 ¾” Schedule 40 PVC Pipe (4 ft)
2 ¾” 45 degree elbows
3 ¾” 90 degree elbows
1 ¾” 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.

1. Lay out PVC pipe assembly as shown in diagram (do not assemble yet).
2. Thread the vinyl tube through the PVC as you assemble the PVC. Hand tighten the connections (gluing is not necessary).
Building a Handwashing Station

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!

Notes & Cautions

1. Clearly display a "Do Not Drink" sign.

2. Place handwashing stations at least 6 ft. apart.

3. Place a waste bin nearby for paper towel disposal. Bin should have a lid and step pedal to reduce touch surfaces.

4. If the station is on an uneven surface (e.g. grass), place a piece of scrap plywood underneath.

5. Graywater buckets should be emptied into sink or toilet. If sink/toilet unavailable, graywater may be disposed in a grassy area if permitted by local regulations.

Figure 23. Building a Handwashing Station
Build Physical Barriers for Common Spaces
Greyshirt Job Aid

Use this guide to build rapid temporary wall partitions to mitigate the spread of airborne particles and promote physical distancing. This model must be adjusted or adapted for the mobile command post with the ability to deconstruct daily.

All materials for the partition can be purchased at a local hardware store, are highly customizable, easy to disinfect, and easy to assemble and break down rapidly.

**What You’ll Need**

- (3) \(\frac{3}{4}"\) threaded PVC piping (recommended 24" length for table-top size)
- (2) \(\frac{3}{4}"\) PVC Sch. 40 90° S x FPT Elbow
- (2) \(\frac{3}{4}"\) FPT Black Iron FPT Floor Flange
- Clear 6 mil Plastic Sheeting 10ft x 25 ft*
- Zip Ties

**Optional**

- Banner Ups Corner Grommet Tabs (to reinforce corners)
- Packaging tape (to seal gaps)

**Important Notes**

*Use non-flammable partition materials when possible
Dimensions should be scaled depending on use.

For a tutorial video to build a physical barrier, watch this video linked in the QR code.

1. **Build the Frame**

   - A. Take one PVC pipe and thread an elbow on each side.
   - B. Connect the remaining two PVC pipes to each elbow.
   - C. Attach an iron floor flange to the end of each PVC pipe so that the frame can stand up.

2. **Attach the Screen**

   - D. Using a sharp object, punch a hole through the top two corners of the plastic. To avoid ripping the plastic corner, use duct tape or clear tape to reinforce corners.
   - E. Place the plastic sheeting within the PVC frame.
   - F. Thread zip ties through all 4 reinforced corners and around the PVC pipes to secure it to the frame.

   **Optional:** To ensure extra protection, seal the gaps using packing tape. To ensure extra stability, screw the flanges into a table or a longer piece of 2x4.

3. **Set It Up**

   Place the barrier on tables, between beds, or in other common spaces as needed. *Dimensions should be scaled depending on use.*

4. **Keep It Clean**

   Disinfect the plastic regularly.
Build Plexiglass Barriers for Common Spaces
Greyshirt Job Aid

Use this guide to build rapid temporary plexiglass wall partitions to mitigate the spread of airborne particles and promote physical distancing. This model must be adjusted or adapted for the mobile command post with the ability to deconstruct daily.

All materials for the partition can be purchased at a local hardware store, are highly customizable, easy to disinfect, and easy to assemble and break down rapidly.

**What You’ll Need**
- (1) 32x32 in 1/8” Plexiglass
- (4) 12”x12” L Brackets
- Screws and nuts (#6 machine)
- Power Drill
- Sharpie or marker

**Important Note**
Dimensions should be scaled depending on use.

**Mark the Hole**

**A** On a flat surface, line up the shelf bracket with the plexiglass and use a Sharpie to mark the holes where you will drill.

**Drill and Tighten Brackets**

**B** Remove the brackets and drill the holes into the plexiglass on the Sharpie marks.

**C** Sandwich the plexiglass between the two brackets and use the screws and locking nuts to tighten them to stay together.

* “Plexiglass can crack if tightened too much.”

**Set It Up**

**D** Peel off the protective coating on the plexiglass and prop where needed.

* Secure the brackets to your table surface to avoid tipping over.

**Figure 24.** *Build Physical Barriers*
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 (handling)</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></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></td>
<td>X</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><strong>Visible Dirt</strong></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

**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>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>For Example: <a href="#">Clorox Germicidal Bleach</a></td>
<td></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>Electro chlorinators are devices that use electrolysis to turn table salt and water into a chlorine solution. Dilute as needed for disinfection.</td>
<td>Manufacturing include: <a href="#">MSR Gear</a>, <a href="#">WaterStep</a>, <a href="#">H2go</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>TBD (see comments)</td>
<td>Use in accordance with manufacturer’s specifications. Can be irritating to skin.</td>
<td><a href="#">Fiberlock Shockwave RTU Disinfectant &amp; Cleaner Product Fact Sheet</a></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>It can irritate skin, so wear cleaning gloves if possible. Note: This is not alcohol for drinking, it can easily poison you!</td>
<td></td>
<td><a href="#">Isopropyl Rubbing Alcohol, 70% USP</a></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>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.</td>
<td></td>
<td>Try your local liquor store (suggest something like Everclear)</td>
</tr>
</tbody>
</table>

---

28 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: Use DIY hand sanitizers 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 then 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.
APPENDIX E: FORMS AND LETTERS

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 COVID19 Declaration of National Emergency and Major Disaster Declaration for state XXXX. 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
(O) 310.640.8787

Figure 25. 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 26. 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

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

---

Signature of Acknowledgement

Printed Name

Date

Email Address/Phone Number

---

1 As of May 13, 2020, CDC Symptoms of Coronavirus include: cough, shortness of breath or difficulty breathing, fever or chills, fatigue, headache, muscle pain, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, 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 27. 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 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:

- Asthma
- Chronic kidney disease treated with dialysis
- Chronic lung disease
- Diabetes
- Hemoglobin disorders
- Liver disease
- Serious heart condition
- Severe obesity
- Am immunocompromised
- Or live (or am in contact with someone living) in a nursing home or long-term care facility

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

__________________________  __________________
Signature                          Date

__________________________
Printed Name

__________________________
Email/Phone Number

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 28. 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 29. 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). 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 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, 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.

References:
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 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>7) The number of confirmed positive cases will increase in the coming weeks.</td>
<td># of confirmed cases over time</td>
<td># of total cases mapped over time</td>
<td># of total confirmed cases 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 30. 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](https://www.cdc.gov/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](https://www.cdc.gov/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  
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
OSHA - Occupational Safety and Health Administration
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
APPENDIX I: CORE OPS COVID-19 SAFETY PROTOCOLS

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, Greyshirts will take the following steps to prevent the spread of COVID-19 at worksites:

- 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 cleaner, 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
Greyshirts 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 cleaner, for surfaces. 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 avoid exchanging tools, if possible, and passing equipment or materials.
Disinfect each tool before it will be used by someone else or placed back in the trailer. 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 (See Appendix C: Hygiene Guide) and wash hands thoroughly after each use. Greyshirts should also limit touching surfaces and door handles. If handwashing facilities are not available, see the instructions on how Building a Handwashing Station in Appendix B: Job Aids.

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 will 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 will 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, it will be replaced with a new, clean N95 mask. Greyshirts will adhere to the “5 Ds” and change their 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, Greyshirts will:

- Wear a 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)
- Air dry the surgical mask and store for reuse
- Replace the surgical mask if it becomes wet or soiled

Note: Surgical masks do not provide adequate filter performance and facial fit to be considered respiratory protection devices.\(^{32}\)

If surgical masks are unavailable, follow the instructions below for a no-sew cloth face covering.\(^ {33}\) Materials needed:

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

---


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 will 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

<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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>GREYSHIRTS FOLLOWING TECHNOLOGY AND VEHICLE DISINFECTANT GUIDELINES</td>
<td>THROUGHOUT</td>
<td>APPENDIX B</td>
<td></td>
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<td>GREYSHIRTS FOLLOWING PPE/NON-MEDICAL FACE COVERING GUIDELINES</td>
<td>THROUGHOUT</td>
<td>1. SAFETY APPENDIX I</td>
<td></td>
</tr>
<tr>
<td>GREYSHIRTS FOLLOWING HYGIENE GUIDELINES</td>
<td>THROUGHOUT</td>
<td>APPENDIX C</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL DISTANCING (6') MAINTAINED (UNLESS SCOPE OF WORK MANDATES EXCEPTION)</td>
<td>THROUGHOUT</td>
<td>APPENDIX I</td>
<td></td>
</tr>
<tr>
<td>CLEAN/DISINFECT WORK AREAS</td>
<td>END OF DAY &amp; END OF OP</td>
<td>APPENDIX I</td>
<td></td>
</tr>
<tr>
<td>ITEM</td>
<td>TIME</td>
<td>OPS MANUAL SECTION</td>
<td>Y / N</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------</td>
<td>-------------------------------------</td>
<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.</td>
</tr>
<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, restrict attendance to only internal state attendees.</td>
<td>Nearly every state is enacting daily changes to their responses to COVID-19.</td>
<td>State-by-state policy.</td>
</tr>
</tbody>
</table>
### Regional Indicator

<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>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>Recent history of legislative changes by state. 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

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**KEY**

<table>
<thead>
<tr>
<th>Activity Value Factor Level</th>
<th>Individual Risk</th>
<th>Community Risk</th>
<th>Organizational Risk</th>
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<td>Low</td>
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*This list is not comprehensive of all TR activities, but generally informs decision-making processes.*

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*COVID-19 Risk Awareness*