TEAM RUBICON
DISASTER RESPONSE

COVID-19 OPERATIONS MANUAL

Team Rubicon National Operations Center

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COVID-19 OPERATIONS MANUAL

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INTRODUCTION

This document serves as the overarching guidance for all activities, tools, training, and communications to be followed by TR staff and Greyshirts during all in-person operations and events.

This document includes a comprehensive collection of best practices for operational activities and specific guidelines for effective coordination with government agencies and partner organizations. The appendices include supplemental information, checklists, and one-page flyers.

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

Job aids are available in printable size and resolution by clicking on the green link in the caption (See green link example below):

Figure *1.* *Symptoms of COVID-19*

1.1. CHANGE LOG (ABRIDGED)

This log contains entries from past iterations of this document.

Section	Page	Description	Reviser	Revision Date
2.6.2	12	Add deployment restriction for GSs exhibiting symptoms to Pre-Op Monitoring	Melissa Stone	07/27/21
2.7	17	Update to minimum PPE requirements (masking indoors/outdoors)	Melissa Stone	07/27/21
3.1.1	18	Update to billeting policy (spacing between cots, maximize outdoor/virtual interactions, disinfect cots after use, limit sharing)	Melissa Stone	07/27/21
3.1.1	19	Update to CPAP policy (can deploy if op supports a single-use room)	Melissa Stone	07/27/21
3.1.1	20	Update to hotel stay policy (single-occupancy rooms when necessary; removed extraneous information)	Melissa Stone	7/27/21
Appendix G	74	Replaced PII form with updated version	Kathleen Anaza	07/27/21

COVID-19

OPERATIONS MANUAL

OPERATIONAL GUIDANCE

2. SAFETY

2.1. DUTY OF CARE

Team Rubicon assesses risk throughout the Mission Planning process and during all operational periods to ensure the health, wellbeing, and security of all Greyshirts, personnel, and community members are prioritized. Greyshirts in the field represent Team Rubicon and are held to a high standard for protecting vulnerable communities served. Therefore, all interactions within communities will continue to adhere to mitigation strategies for COVID-19-related risks.

2.2. FULLY-VACCINATED GREYSHIRT POLICY

Team Rubicon aims to increase response capacity in the field and reduce the risk presented to families in vulnerable communities served. As such, all Greyshirts and external/corporate volunteers are required to be fully-vaccinated to participate in any in-person activities and will adhere to all related guidance herein.

An individual is considered fully-vaccinated, when the following conditions are met:

- Two weeks have passed after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna), OR two weeks have passed after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen), AND
- Greyshirt acknowledges vaccination status at the time of activity registration and attests to their vaccination status on their *Roll Call* profile.

Fully-vaccinated Greyshirts (18 years and older):

- Are required to be fully-vaccinated in order to participate in any in-person activities hosted by Team Rubicon.
- May attend in-person activities that were previously closed, including but not limited to: training events, leadership meetings, service projects, operational and partnership meetings, and socials.

Registering for In-Person Activities:

All Greyshirts will be prompted to verify vaccination status during activity registration as well as attest to their vaccination status on their personal profile in *Roll Call*.

Unvaccinated Greyshirts or Greyshirts with unverified vaccination status:

Greyshirts who are unable to verify vaccination status may still participate in many virtual events and activities listed in *Roll Call* and can continue to make a difference in communities in virtual and remote capacities.

De-Conflicting Policies:

In cases where local, state, or territory regulations conflict with any rules or regulations stated in this *COVID-19 Operations Manual*, Team Rubicon staff and Greyshirts will always abide by

regulations led by local, state, or territory initiatives when they are more conservative than our own.

2.3. RECEIVING AN ON-SITE VACCINE POLICY

2.3.1. Policy Principles:

- ***Mission First:*** Our clients and communities come first, and no action should be taken that jeopardizes or could be perceived to jeopardize those individuals.
- ***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.
- ***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.

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 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 may 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.

2.3.2. Post-Vaccination Deployments

If a Greyshirt has been vaccinated on site, (s)he may not deploy to another operation within 72 hours of receiving a vaccine 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 on site and exhibits symptoms, (s)he will be asked to forego participation and begin isolation, with a few exceptions:

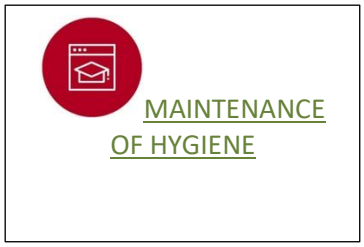
- If an operation site has a more stringent policy, site policy will take precedence and TR policy will be suspended.
- If symptoms do not align to those expected post vaccinations, Greyshirts will be treated accordingly to the rest of the COVID symptom policy within this manual.
- TR will not be expected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

2.4. MAINTENANCE OF HYGIENE

To mitigate infection and spread and continue hygienic standards, Greyshirts are expected to practice proper hygiene during and while in transit to an operation. See APPENDIX C: HYGIENE GUIDE for expectations.

2.5. POST-OPERATION DECONTAMINATION

At the end of operations and/or operational periods, Greyshirts will decontaminate personal and operational gear in accordance with TR protocol. Instructions for this are provided in APPENDIX F: JOB AIDS. Additionally, TR may suggest Greyshirts take measures after deployment to prevent community spread, such as physical isolation or self-quarantine. Greyshirts returning to homes shared with other unvaccinated members should follow guidance from the CDC's Information for Healthcare Professionals about Coronavirus (COVID-19)[1], immediately disrobe outside (backyard, garage, etc.), and wash clothes in hot water on high heat to minimize the chance of spreading COVID-19.



2.6. 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 reduce contact with others. While on, or immediately following an operation or event, Greyshirts and staff must also inform their designated supervisor. 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 the Exposure Policy.

[1] Centers for Disease Control and Prevention (2020, August 25). *Information for Healthcare Professionals about Coronavirus (COVID-19).* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

EXPOSURE PROTOCOLS

2.6.1. Signs and Symptoms

COVID-19 symptoms include[2], 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

SIGNS AND SYMPTOMS

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

2.6.2. Pre-Operation Check-In and Monitoring During Operations

When a 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. Greyshirts will not deploy, but will isolate and get tested, if exhibiting any symptoms of COVID-19 (see Section 2.6.1 Signs & Symptoms).

All traveling GSs will refer to local channels as well as TR's COVID-19 High-Output Decision Indicators Dashboard to confirm they are not traveling from a county with high disease burden.

Indicators of low disease burden include:

- Weekly decline in daily deaths
- Rolling 7-day average daily cases staying below 50,000

[2] Centers for Disease Control and Prevention (2020, May 13). *Symptoms of Coronavirus.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

- Daily average deaths below 1000
- ICU Hospitalizations remains below 10,000 daily.

DAILY HEALTH MONITORING PROTOCOLS

Strike Team Leaders will assess the needs of all team members throughout the day and monitor intermittently for signs of COVID-19 symptoms. Command and General (C&G) Staff will pair up to monitor and check in with teams as needed.

If symptoms are exhibited by any Greyshirt or personnel on site, Team Leaders will document the date and details related to the case, as well as any details related to time of potential onset. Greyshirts exhibiting symptoms of COVID-19 will not be permitted to take commercial transportation (including commercial air travel) until cleared through local health department policy.

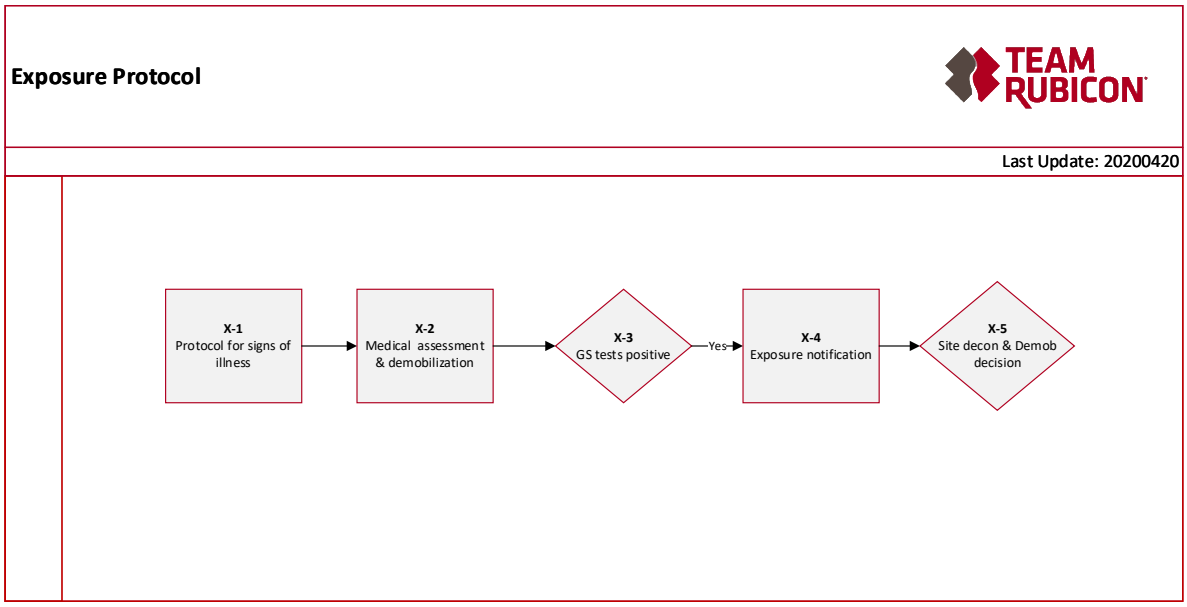


Figure 1. Exposure Protocol Process

2.6.3. (X-1) Protocol for Signs of Illness

If a Greyshirt develops COVID-19 symptoms during an operation, their 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.

2.6.4. (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 syndrome precautions will be implemented (e.g., physical distancing, hand hygiene, surgical mask). If the Greyshirt drove to the operation, they will return to their Home of Record (HOR) and notify a primary care provider. If the Greyshirt took commercial transportation 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 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.

2.6.5. (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.

2.6.6. (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 potential COVID-19 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 everyone 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:

- Greyshirts involved in or who witnessed the exposure will notify the designated field leader.
- The designated field leader will report the exposure event to the Safety Officer.
- The Safety Officer:

- Will investigate the exposure and determine if other Greyshirts were affected.
- Will notify the IC, who submits the Incident Report.

- The IMT will coordinate with the Greyshirt Support Team and the TR Medical Team to recommend immediate quarantine of the affected Greyshirt and determine the course of demobilization.

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

Transportation Modality

Primary Method:	If within an 8-hour drive of HOR, Greyshirt is immediately demobilized via Privately Owned Vehicle (POV).
Alternate Method:	If within an 8-hour drive of HOR, Greyshirt is immediately demobilized via TR-provided rental vehicle.
Contingency Method:	Greyshirt is demobilized via commercial air. Demobilization by commercial air **requires the Greyshirt to**: • Target departure within 24 hours of exposure and reach HOR before 48 hours after exposure • Be asymptomatic • Undergo a temperature check by the TR Medical Team immediately prior to departing the operation and produce a temperature of less than 100.0 orally • Practice Universal Source Control in accordance with CDC guidance[3] • Wear a surgical mask (NOT a cloth mask or N95) for the duration of the travel • Follow hand hygiene guidance
Emergency Method:	Greyshirt is quarantined on site.

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

Upon returning home, the Greyshirt is requested to quarantine for 14 days and monitor symptoms. Greyshirts wishing to return to their place of employment need to follow the

[3] Centers for Disease Control and Prevention (2020, July 15). *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 19 (COVID-19).* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

guidelines set forth by their employer. The decision to allow the Greyshirt to sign up for future TR operations will be based on the CDC Discontinuation of Isolation Guidance[4].

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.

2.6.7. (X-5) Site Decontamination and Demobilize Decision

The site will be decontaminated following. Cleaning and Disinfecting CDC Guidance[5]. 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), TR and the Greyshirt will adhere to the protocols outlined above.

2.7. TR MINIMUM PPE REQUIREMENTS

Due to an increase in COVID-19 infections across the country and at the recommendation of the CDC, (effective 7/27/2021), Team Rubicon will require masking indoors at all in-person events, operations and in Team Rubicon offices even if all Greyshirts are vaccinated.

- Community Settings: In all interactions with the community, we will continue to wear masks and practice social distancing to reduce the risk of and prevent potential spread of COVID-19, even if all Greyshirts are vaccinated.
- Outdoor Settings: We will resume the practice of social distancing for outdoor activities. Where social distancing is not feasible, masking is required. For isolated, independent activities like sawyer or HEO work, masking is not required.

Non-Medical Face Covering Policy

[4] Centers for Disease Control and Prevention (2020, July 20). *Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

[5] Centers for Disease Control and Prevention (2020, September 10). *Cleaning and Disinfection for Community Facilities.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Based on the CDC's recommendation, when masks are required as stated in PPE policy, Greyshirts are required to wear a non-medical face covering[6] (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. Non-medical face coverings do not sufficiently prevent illness. All other COVID protocols to this end (e.g., hand hygiene, physical distance, disinfecting) must be followed.

3. OUTFITTING

The following are operational guidelines for all TR facilities, equipment, FOBs, and billeting locations for fully-vaccinated Greyshirts participating in in-person activities:

3.1. BILLETING

3.1.1. 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, visitors, and non-essential volunteers are not allowed access to the FOB and billeting areas including bathrooms, eating areas, and shared spaces. Billeting will not be shared with other organizations.

Buildings with 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.)

[6] Centers for Disease Control and Prevention (2020, June 28). *Use Masks to Help Slow Spread of COVID-19*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html

- 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 at least six feet apart. Additionally:
- Use the entire floor plan to arrange cots as far as possible to maximize distancing (room occupancy is recommended at about 113 sq. Ft/person)
- Stagger the direction of cots (i.e., not in direct line with one another)
- Use painter's tape on the floor to maintain positions
- Make sure personal belongings remain stowed under each bunk and aren't left out in common areas
- Once a cot is occupied, try not to share or switch cots until demobilization by that Greyshirt until the Greyshirt demobilizes. Greyshirts will not switch cots
- Disinfect cots using appropriate cleaners before the cot will be occupied by another Greyshirt.

Billeting for CPAP Users

Greyshirts who wear a CPAP to sleep may billet in individual rooms separated by a door from other rooms or shared spaces. The room must be:

- Closed off by four walls from the main billeting area or any common areas like the kitchen
- Equipped to accommodate the power source for the CPAP, if required
- If the facility does not have an appropriate space available for a separate sleeping area, an alternate lodging option may be arranged

Conduct As-Needed Screenings

Designated field leaders assigned to billeting sites will be equipped to conduct temperature checks as needed during operations and at events. See APPENDIX F: JOB AIDS for recommendations for temperature screening but note that there is no requirement to screen Greyshirts at regular intervals each day. Greyshirts with temperatures of 100.4°F or above (i.e., fever) will be screened and subject to the provisions of 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[5]. If possible, disinfecting wipes will be available in high-touch areas such as break rooms or workstations. Individuals will wipe off the area when they depart. Adequate disinfecting supplies will be made available.

Hotel Stays
When it is necessary, Greyshirts will stay in single-occupancy hotel rooms, unless operationally unavidable. When staying in hotels, Greyshirts will adhere to all provisions in APPENDIX C: HYGIENE GUIDE.

Disinfecting Billeting/FOB After Confirmed Exposure
If a Greyshirt or staff member has confirmed COVID-19 status, regardless of vaccination status, on any billeting, FOB, or office location, Team Rubicon staff will shut down the operation as outlined in TR COVID-19 EXPOSURE POLICY. A certified cleaning service will be hired immediately 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.

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.

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.

3.2. TRANSPORTATION

Fully-vaccinated Greyshirts who are carpooling are required to wear well-fitting masks throughout the duration of their ride. However, these do not need to be N95 masks. If necessary, fully-vaccinated groups may fill the car to their maximum capacity (e.g., as many GSs as there are seatbelts).

SAFE FOOD HANDLING

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.

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):

3.2.1. Vehicle Ridesharing

Wear PPE/Face Coverings
Anytime there is more than one person in a TR vehicle, precautions will be taken to decrease potential viral transmission. Vaccinated Greyshirts will wear personal and well-fitting masks for the duration of the shared ride.

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.
- *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.

TRANSPORTATION REQUIREMENTS AND RESTRICTIONS

Ensure Passenger and Vehicle Sanitization

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

Universal Risk Mitigation Strategies	
Mitigation Strategy	**More Information**
Ensure the car has been disinfected prior to and following use.	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.
Carry hand sanitizer and tissues.	Consider having appropriate disinfectant tools on hand including cleaning and disinfectant spray, or disposable wipes and a small trash bag for each vehicle.
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.

Refer to TR COVID-19 EXPOSURE POLICY if you experience signs and symptoms associated with COVID-19, isolating immediately. Inform your designated supervisor if you participated in any carpooling activities during an operation and are experiencing signs and symptoms.

3.2.2. Air Travel

In cases pre-authorized by the Director of Field Operations, Greyshirts may fly to and from an operation. In these cases, Greyshirts will adhere to CDC-endorsed best practices[7] for flying including wearing face coverings, the airline's rules and regulations, and TR's hygiene guidelines detailed in APPENDIX C: HYGIENE GUIDE.

Priority will be given to booking flights on airlines following strict COVID-19 precautions. 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.

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?

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

[7] Centers for Disease Control and Prevention (2020, October 21). *Travel During the COVID-19 Pandemic.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Ftravelers%2Ftravel-in-the-us.html

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.

3.3. PERSONNEL

3.3.1. Personnel Eligibility

While delivery of service will always involve certain amount 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:

As part of our continued commitment to the service of others and fight the spread of COVID-19, Team Rubicon requires the acknowledgement and attestation of COVID-19 vaccination status from all Greyshirts participating in in-person events and operations. Greyshirts will be required to provide accurate information about their vaccination status during the registration process, or alternatively may decline to provide vaccination status. If a Greyshirt declines to provide information about vaccination status, TR will be required to assume the Greyshirt is unvaccinated for purposes of policies that are different for vaccinated or unvaccinated volunteers.

FULLY-VACCINATED GREYSHIRT POLICY will outline which individuals are considered "fully-vaccinated"

Finally, 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:

- 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
- 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.[8]

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.

3.3.2. Deployability Requirements

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 Figure 20. Spontaneous Volunteer COVID-19 MOU.

"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.)

[8] Centers for Disease Control and Prevention (2020, October 16). *People with Certain Medical Conditions*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html.

3.3.3. 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 Figure 18. Jurisdictional Travel Letter.

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

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

3.4. INFORMATION

Whenever possible, TR will request to be plugged in to the Requesting Organization's current information gathering operations. Key data points will be compiled with the support of Marcomms and Development. For further information, to the Information Management section, of the *Domestic Emergency Operations Plan*.

4. ADMINISTRATION

4.1. DOCUMENTATION

TR and Requesting Organizations will sign the Acknowledgement of Policy Form, in Figure 19. Acknowledgement of Policy Form 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 are preferred to deploy within a 450-mile radius by driving only when billeting is confirmed.
- Medical Operations will 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 are preferred to deploy within a 450-mile radius by driving when there is confirmed billeting and DFO approval.
- 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) are preferred to drive to the training site.
- In all cases of deployment, Greyshirts are expected to adhere to the safety and hygiene guidelines as outlined in this COVID-19 Operations Manual.

COVID-19

OPERATIONS MANUAL

SUPPLEMENTAL INFORMATION

APPENDIX A: GLOSSARY

Definitions

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

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

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

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

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

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

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

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

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

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

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

Isolation – Separating sick people with a contagious disease from people who are not sick.

Limited Reuse – Using the same N95 respirator or face shield for multiple encounters with patients, doffing the respirator or face shield, storing, and donning again for further encounters with patients.

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

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

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

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

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

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

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

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

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

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

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

Acronyms

C&G – Command and General

CDC – Centers for Disease Control and Prevention

CDL – Commercial Driver's License

CONOPS – Concept of Operations

COPD – Chronic Obstructive Pulmonary Disease

COVID-19 – Novel Coronavirus of 2019

CPAP – Continuous Positive Airway Pressure

CSSE – Center for Systems Science and Engineering

DDRO – Deputy Director of Regional Operations

EMAC – Emergency Management Assistance Compact

EMS – Emergency Medical Service

EMS – Enterprise Management System

EMT – Emergency Medical Technician

EOC – Emergency Operations Center

EPA – Environmental Protection Agency

ER – Emergency Room

FEMA – Federal Emergency Management Agency

FOB – Forward Operating Base

FRAGO – Fragmentary Order

FSMB – Federation of State Medical Boards

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 B: COVID-19 STRATEGIC TOOLKIT

COVID-19 Strategic Toolkit for 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 in-person activities. 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

Regional Indicator	Regional Trigger(s)	Restriction Details	Information Review
Travel Restrictions	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.	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.	Frequently updated state-by-state responses and restrictions. Currently (updated August 18, 2020) interstate travel restrictions exist in Alaska, Connecticut, District of Columbia, Hawaii, Illinois, Kansas, Kentucky, Maine, Maryland, Massachusetts, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Utah, Vermont, Virginia, and Wisconsin.
Stay at Home or Shelter-in-Place Mandates	If a stay-at-home mandate, shelter-in-place, or any other request from a Public Health Agency has been enacted in an area where a high-output non-operational in-person activity is scheduled to take place, implement a contingency strategy.	Nearly every state is enacting daily changes to their responses to COVID-19.	State-by-state policy. Recent history of legislative changes by state.
Risk in Positive COVID-19 Cases	If an upturn in infections is reported in a state where a high-output non-operational in-person	Multiple sources are providing clear and consistent information on COVID-19 risk	TR Situational Awareness Dashboard, provides COVID-19 cases 14-day difference

Regional Indicator	Regional Trigger(s)	Restriction Details	Information Review
	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.	levels in different jurisdictions to assist decisions for policy makers.	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.

Contingency Strategy

This strategy discusses what to do once a trigger has been identified and when the risk of conducting an in-person event or 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 an 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.

APPENDIX C: HYGIENE GUIDE

When Should You Wash Your Hands?			
"Destination to destination:" wash your hands any time you arrive or depart from a location, including immediately after you arrive at an operation, and before you leave. When you return to your place of residence, wash your hands again.			
Wash Your Hands	**Before**	**During**	**After**
Animals, Animal Feed, and Animal Waste (handling)			X
Bathroom Use			X
Coughing, Sneezing, or Nose-Blowing			X
Cuts and wounds (treating)	X		X
Diaper Changes or Potty Assistance			X
Eating	X		
Food Preparation	X	X	X
Garbage			X
Pet Food (handling)			X
Visible Dirt	*Wash hands properly with soap and water for at least twenty seconds.*		
Vomiting and/or diarrhea (caring for the sick)	X		X

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[9]

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.

Product	How to Use	What to Use On	PPE	Details	Product Links
Bleach (0.1% or 1,000 ppm concentration	Apply with a sponge or cloth. Leave solution on the surface for at least 1 minute.	Hard surfaces, goggles and face shields		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	For Example: Clorox Germicidal Bleach
Chlorine Concentrate	Apply with a sponge or cloth. Leave solution on the surface for at least 1 minute.	Hard surfaces, goggles and face shields		Electro chlorinators are devices that use electrolysis to turn table salt and water into a chlorine solution. Dilute as needed for disinfection.	Manufactures include: MSR Gear WaterStep H2go
Shockwave	Apply with a sponge, thoroughly wet and allow to sit 10 minutes before wiping or air drying	Hard surfaces, porous, semi porous	TBD (see comments)	Use in accordance with manufacturer's specifications. Can be irritating to skin.	Fiberlock Shockwave RTU Disinfectant & Cleaner Product Fact Sheet
Rubbing Alcohol (70% or greater)	Spray or wipe on surface. Dry surface thoroughly to avoid pooling of liquids.	Hard surfaces, electronics		It can irritate skin, so wear cleaning gloves if possible. Note: This is not alcohol for drinking, it can easily poison you!	Isopropyl Rubbing Alcohol, 70% USP

[9] 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.

Grain alcohol (60% or greater)	Spray or wipe on surface. Dry surface thoroughly to avoid pooling of liquids.	Hard surfaces, electronics		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.	Try your local liquor store (suggest something like Everclear)

Alternatives to Hand Sanitizer

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

Product	How to Use	Comments	Product Links
Hand Sanitizer from Distilleries	Liquid/gel applied to hands	In the product link are distilleries by state. Many are making hand sanitizer.	Distilleries Making Hand Sanitizer
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

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).

Product	How to Use	What to Use On	PPE	Comments	Product Links
Moist heat	Microwave steam bag	Filtering Face Respirators (e.g., N95)	Filtering Face Respirators (e.g., N95)	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.	There are multiple options on the market, for example: Micro Steam Bags
Protex90	Various forms as a POST disinfection treatment.	Cloth masks	Laundry product may be used for cloth mask treatment	Note: NOT for disinfection. This is a good alternative for low risk environments where people are wearing cloth masks.	Protex90
Neutral detergent/ cleaner wipe/ hospital disinfectant	See comments	Eye protection/ face shields	Eye protection/ face shields	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).	NA
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

APPENDIX D: TRAVEL GUIDE

TRAVEL GUIDE

Greyshirt Job Aid

TEAM RUBICON

Hygiene, sanitation, and physical distancing are **critical** to your health and safety on an operation. Use the checklists provided to ensure your health and safety while in transit and during your TR operation. Please note that these checklists do not apply to Neighbors Helping Neighbors.

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

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

While In Transit To and From an Operation

- ☐ **Travel alone.** Carpool only if there is no other option. If you plan to carpool, practice physical distancing as much as possible in the vehicle, wear a face covering, and roll windows down instead of using air conditioning.
- ☐ **Check vehicle.** Check tires, breaks, oil levels, and all vehicle lights before traveling.
- ☐ **Have a plan.** Pack food, beverages, paper towels, hand sanitizer, and any items you'll need if you make a stop or if businesses are closed. If you need reimbursement for trip expenses, get approval from your Team Lead before purchasing.
- ☐ **Minimize fuel stops.** Try to fuel up once to avoid multiple trips to the gas station. Wear gloves or use paper towels while handling the gas pump.
- ☐ **Take extra precautions at restroom stops.** Use paper towels to touch doors/faucets and to dry hands. Avoid hot-air dryers as some have been shown to spread germs.
- ☐ **Confirm rally point and route.** Print or download directions to avoid connectivity issues.
- ☐ **Check local regulations along your route.** Visit government websites to check COVID-19 policies or interstate travel restrictions that may affect your trip. When in doubt, prepare for the strictest travel policies.
- ☐ **Print the Jurisdictional Travel Letter in advance.** Find this in the "Job Aids" section of TR's COVID-19 Operations Manual.
- ☐ **Leave early and follow speed limit laws.**

While On Your Operation

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

Transportation Guidelines

- ☐ **Only use rental vehicles**. TR will use rental vehicles for all activities involving transportation during the operation. Greyshirts will not be permitted to use personal vehicles.
- ☐ **Carpooling.** If you plan to carpool, practice physical distancing as much as possible in the vehicle, wear a face covering, and roll windows down instead of using air conditioning.
- ☐ **Make sure your driver's license is valid.** Greyshirts with invalid driver's licenses are prohibited from driving during operations.
- ☐ **Disinfect all high-touch areas in the rental car before driving. Disinfect again at the end of the shift.**

Meal Take-Out and Delivery Guidelines

- ☐ **Order in advance online or by phone.**
- ☐ **Give delivery instructions.** Prior to receiving food, request that the delivery attendant maintain six feet of distance during exchange.
- ☐ **Immediately disinfect items that have contact with delivery attendant** (e.g. credit/PEX cards, pens, receipts)**.** Disinfect all packaging and wash hands before eating.

Decontamination Guidelines

- ☐ **Decontaminate personal and operational gear after daily operations close.**
- ☐ **Disinfect soft (porous) luggage before leaving.**
- ☐ **Disinfect hard (non-porous) luggage before leaving.**

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

Hotel Stay Guidelines

- ☐ **Use self-park and avoid valet services.**
- ☐ **Check in remotely (online or by phone) if possible.** If this isn't an option, maintain physical distance from front desk clerk and disinfect credit/PEX card, room key, fobs, and any other check-in items.
- ☐ **Disinfect hotel room upon first entering.** Disinfect high-touch surfaces and equipment (e.g. doorknobs, light switches, remote controls, alarm clocks, telephones, tables, counters, faucets, dressers, "Do Not Disturb" signs).
- ☐ **Keep room secure.** Place a "Do Not Disturb" tag on the door to avoid service attendants entering the room.
- ☐ **Maintain physical distancing.** Avoid congregating in common hotel spaces (e.g. gyms, lobbies, publicrestrooms).
- ☐ **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.

Printable Travel Guide

APPENDIX E: CORE OPS COVID-19 SAFETY PROTOCOLS

OVERVIEW

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

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 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 Figure 5. Vehicle and Equipment Decontamination Guide.

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

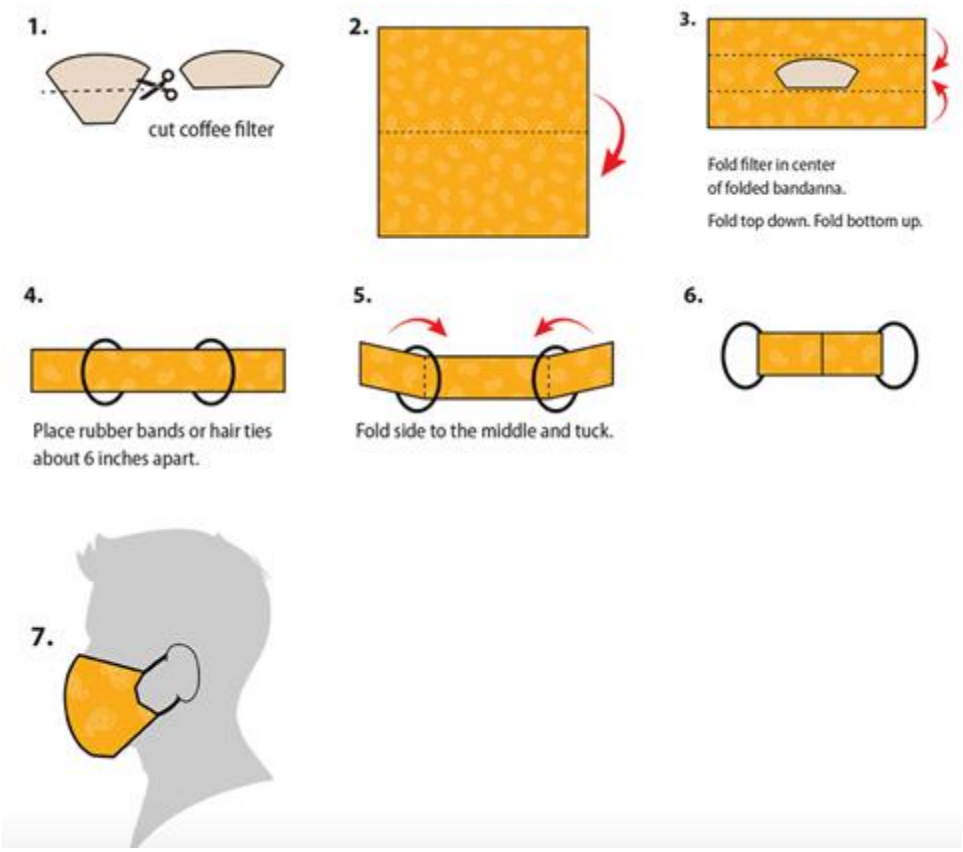
When using Port-O-Johns, Greyshirts will adhere to TR's Hygiene Guidelines (See APPENDIX C: HYGIENE GUIDE) and wash hands thoroughly after each use. Greyshirts should also limit touching surfaces and door handles. If handwashing facilities are not available, see the instructions on how Building a Handwashing Station in Figure 16. Building a Handwashing Station.

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. If surgical masks are unavailable, follow the instructions below for a no-sew cloth face covering[10]. Materials needed:

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

[10] Centers for Disease Control and Prevention (2020, June 28). *Use of Cloth Face Coverings to Help Slow the Spread of COVID-19*. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html



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.

CORE OPS DAILY COVID-19 CHECKLIST

Date:			
Location:			
Person completing checklist:			
ITEM	**TIME**	**OPS MANUAL SECTION**	**Y / N**
DAILY SAFETY BRIEF/COVID-19 UPDATE	START OF DAY	APPENDIX B	
REQUIRED PPE/NON-MEDICAL FACE COVERINGS PRESENT	START OF DAY	1. SAFETY	
DISINFECT WORK AREA BEFORE WORK BEGINS	START OF DAY	APPENDIX I	
DISINFECT PORT-A-JOHN & HANDWASH STATION	BEFORE LUNCH & END OF DAY	APPENDIX I	
DISINFECTANT AND HYGIENE SUPPLIES PRESENT	START OF DAY	APPENDIX C	
GREYSHIRTS FOLLOWING TOOL HANDLING & DISINFECTANT GUIDELINES	THROUGHOUT	APPENDIX I	
GREYSHIRTS FOLLOWING TECHNOLOGY AND VEHICLE DISINFECTANT GUIDELINES	THROUGHOUT	APPENDIX B	
GREYSHIRTS FOLLOWING HYGIENE GUIDELINES	THROUGHOUT	APPENDIX C	
CLEAN/DISINFECT WORK AREAS	END OF DAY & END OF OP	APPENDIX I	
CLEAN/DISINFECT OPERATIONAL GEAR & TOOLS	END OF DAY	3.1.1 TR FACILITIES AND EQUIPMENT	
SECURE PORT-A-JOHN & HANDWASH STATION	END OF DAY	APPENDIX I	
DESCRIBE ANY COVID-19-RELATED RISKS OR CONCERNS DURING THIS SHIFT:			

APPENDIX F: 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.*

Figure 2. *Daily Hygiene Safety Briefing*

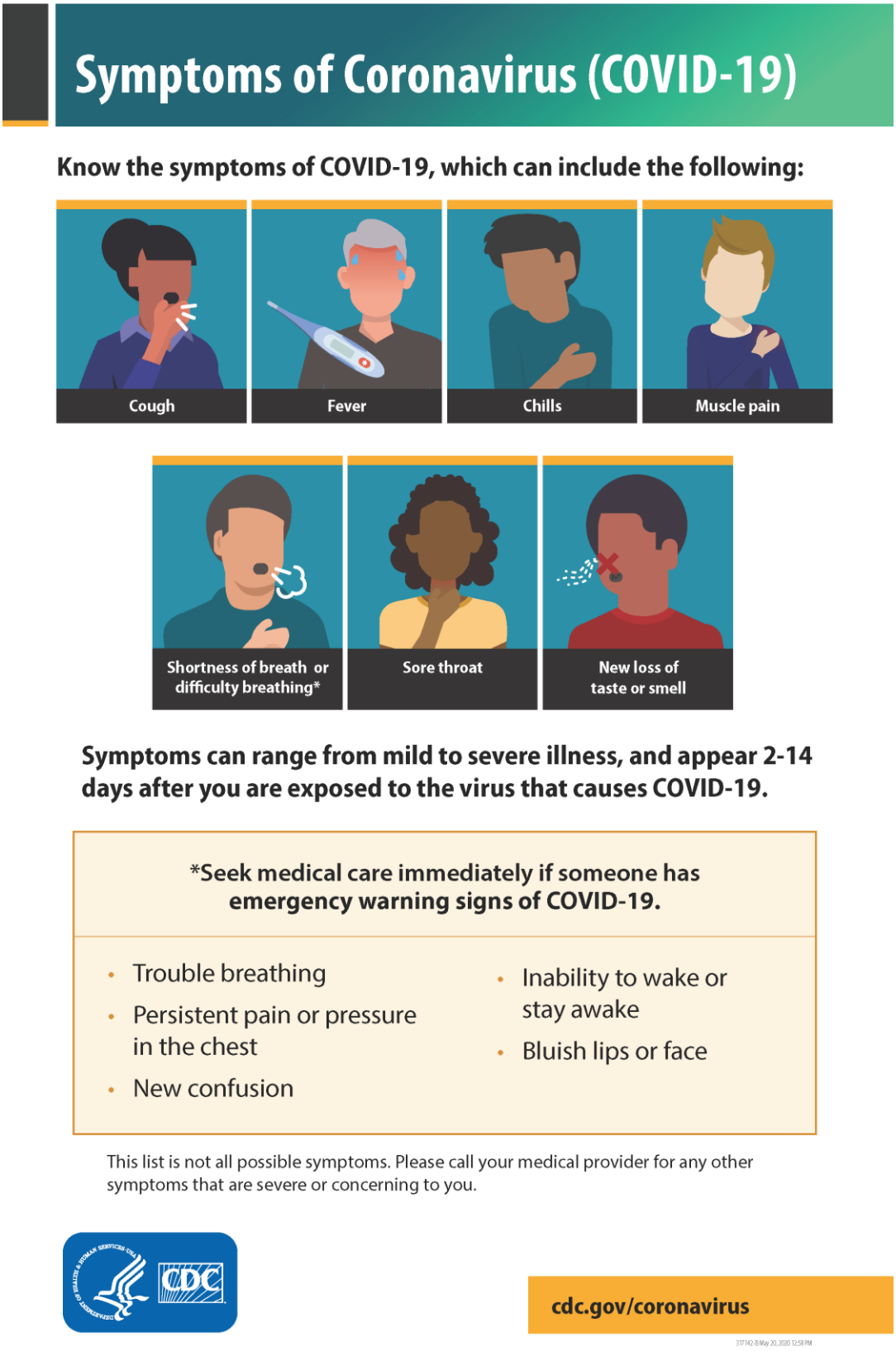


Figure 3. *Symptoms of COVID-19*

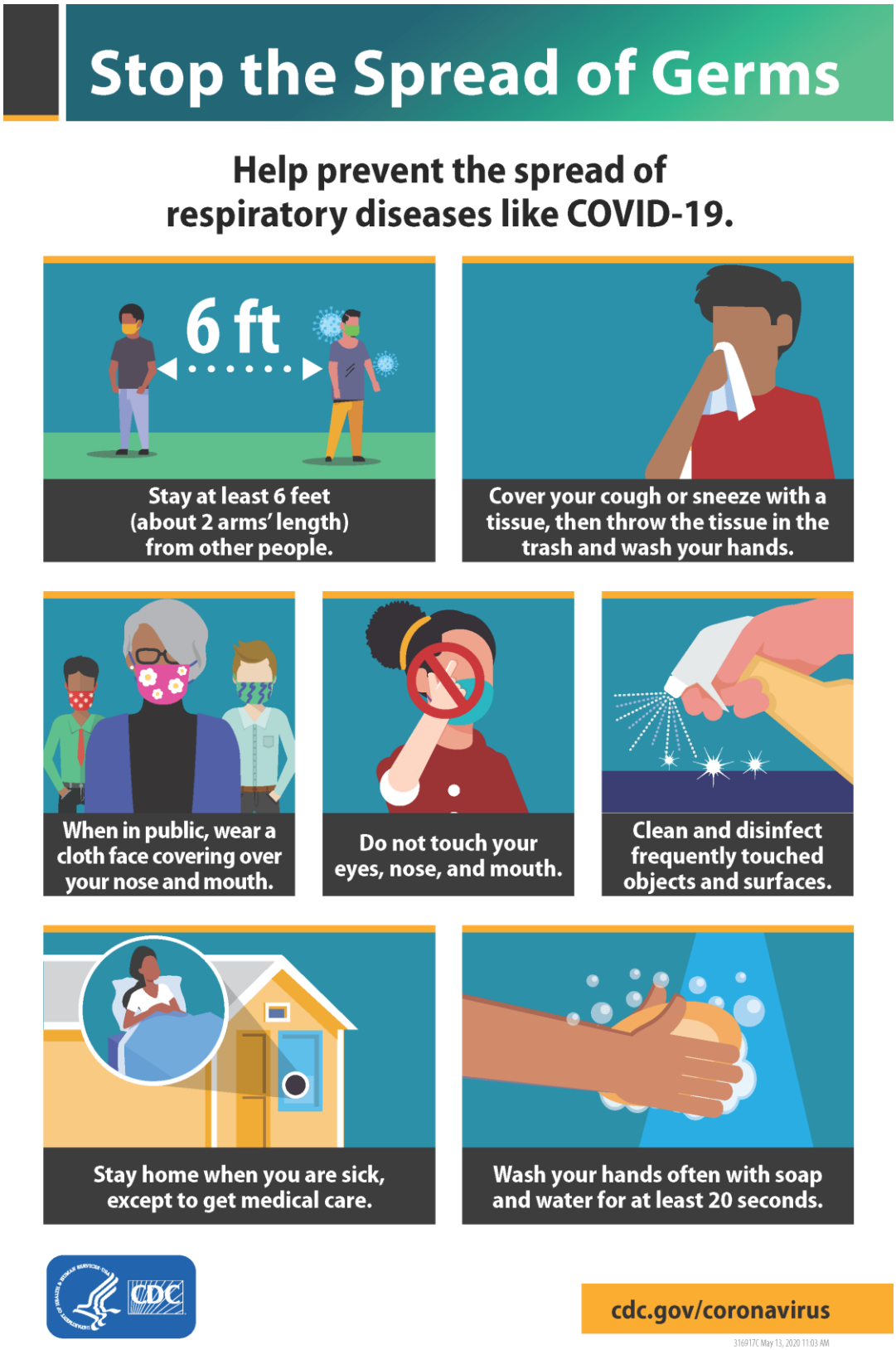


Figure 4. *Stop the Spread of Germs*

Vehicle Rideshare Checklist

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. ☐ **Wear PPE/face coverings.** ☐ **Maintain proper ventilation in the vehicle.** ☐ **Ensure proper vehicle sanitization and passenger preparations.**

Universal Risk Mitigation Strategies	
Mitigation Strategy	**More Information**
Ensure the car has been disinfected prior to and following use.	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.
Carry hand sanitizer and tissues.	Consider having appropriate disinfectant tools on hand including cleaning and disinfectant spray, or disposable wipes and a small trash bag for each vehicle.
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.

What are you disinfecting?	Equipment	Actions
Hardware, PCs, Monitors or Display Screens, Docking Stations, Keyboards, and Mice	• Disinfecting wipe, or • Microfiber cloth, or • Paper towel moistened with a mixture of 70% isopropyl alcohol / 30% water. ***The cloth should be damp, but not dripping wet. Remove excess moisture if the cloth is wet before wiping the product.***	1. Turn off the device you plan to clean and disconnect AC power. Also, to the extent practicable, remove batteries from items like wireless keyboards. Never clean a product while it is powered on or plugged in. 2. Disconnect external devices. 3. Never spray liquids directly on the product. 4. Gently wipe the moistened cloth on the surfaces to be cleaned. Do not allow moisture to drip into areas like keyboards, display panels, etc. Moisture entering the inside of an electronic product can cause damage. Excessive wiping could potentially damage some surfaces. 5. When cleaning a display screen, carefully wipe in one direction moving from the top of the display to the bottom. 6. Surfaces must be completely air dried before turning the device on after cleaning. No moisture should be visible on the surfaces of the product before it is powered on or plugged in. 7. After cleaning or disinfecting a glass surface, it may be cleaned again using a glass cleaner designed for display surfaces and following directions for that specific cleaner. Avoid glass cleaning products containing ammonia. 8. Discard disposable gloves used after each cleaning. Clean hands immediately after gloves are removed and disposed.

What are you disinfecting?	Equipment	Actions
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 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 5. *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?

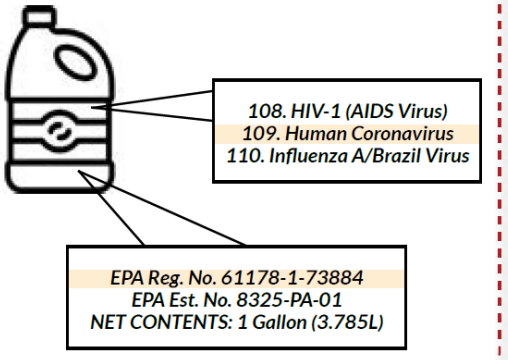
They're disinfectants that can be used against SARs-CoV-2 or Human Coronaviruses.

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 you can't find an example disinfectant, check the product label for a list of viruses the disinfectant is effective against.



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

TEAM RUBICON

F1.V1.L1.20201113

Figure 6. *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[11]
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.

Figure 7. *Mix and Use of Disinfecting Diluted Bleach Solution*

[11] Centers for Disease Control and Prevention (2020, July 10). *Cleaning and Disinfection for Households.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html

Alternative PPE

Required PPE	PPE Descriptions/ Specifications	Acceptable Alternative(s)[12]
NOTE: Ensure all reused PPE is disinfected between uses per CDC guidelines.		
LOW RISK		
There are currently no alternatives to low risk PPE.		
MEDIUM RISK		
Gloves	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.	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.
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		
Gloves	Medical gloves	• NA
Isolation Gown	Use fluid-resistant and impermeable protective clothing options (isolation gowns and surgical gowns).	• Hospital grade reusable/washable isolation gown • Coveralls (such as Tyvek) • Gowns or coveralls conforming to international standards (Note: Situations with moderate-to-high amounts of body fluids)
Bouffant Cap	A loose disposable cap, so called because of its puffy shape, typically secured around the head with an elastic. Required for patient contact.	For non-patient contact, a cloth bouffant cap is acceptable. Also, fabric covering (such as a bandana or headscarf, as long as it covers all hair)
Face shield (including eye protection)	A face shield is a mask, typically made of clear plastic, that protects the mucous membranes of the eyes, nose, and mouth during patient-care procedures and activities that carry the risk of	Reusable face shields or extended use of a disposable face shield that can be properly disinfected

[12] Centers for Disease Control and Prevention. (2020, July 16). *Optimizing Supply of PPE and Other Equipment during Shortages*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Required PPE	PPE Descriptions/ Specifications	Acceptable Alternative(s)[12]
	generating splashes of blood, body fluids, excretions, or secretions.	
N95 Mask	Disposable N95 filtering facepiece respirators	• Powered Air Purifying Respirators (PAPRs) or full-face elastomeric respirators which have built-in eye protection (and for which proper fit test/training have occurred) • Substitution of other NIOSH-certified respirators (e.g., R95, P100), including elastomeric half facepiece respirators (if initial fit test has been conducted) • Use of certain (identified by CDC by make/model) N95 masks beyond their stated shelf life • Use of respirators approved under international standards similar to NIOSH-approved respirators

Figure 8. *Alternative PPE Table*

PPE Donning and Doffing Guide

Follow the instructions below when donning PPE:

Figure 9. *Sequence for Putting On PPE*

Follow the instructions below when doffing PPE:

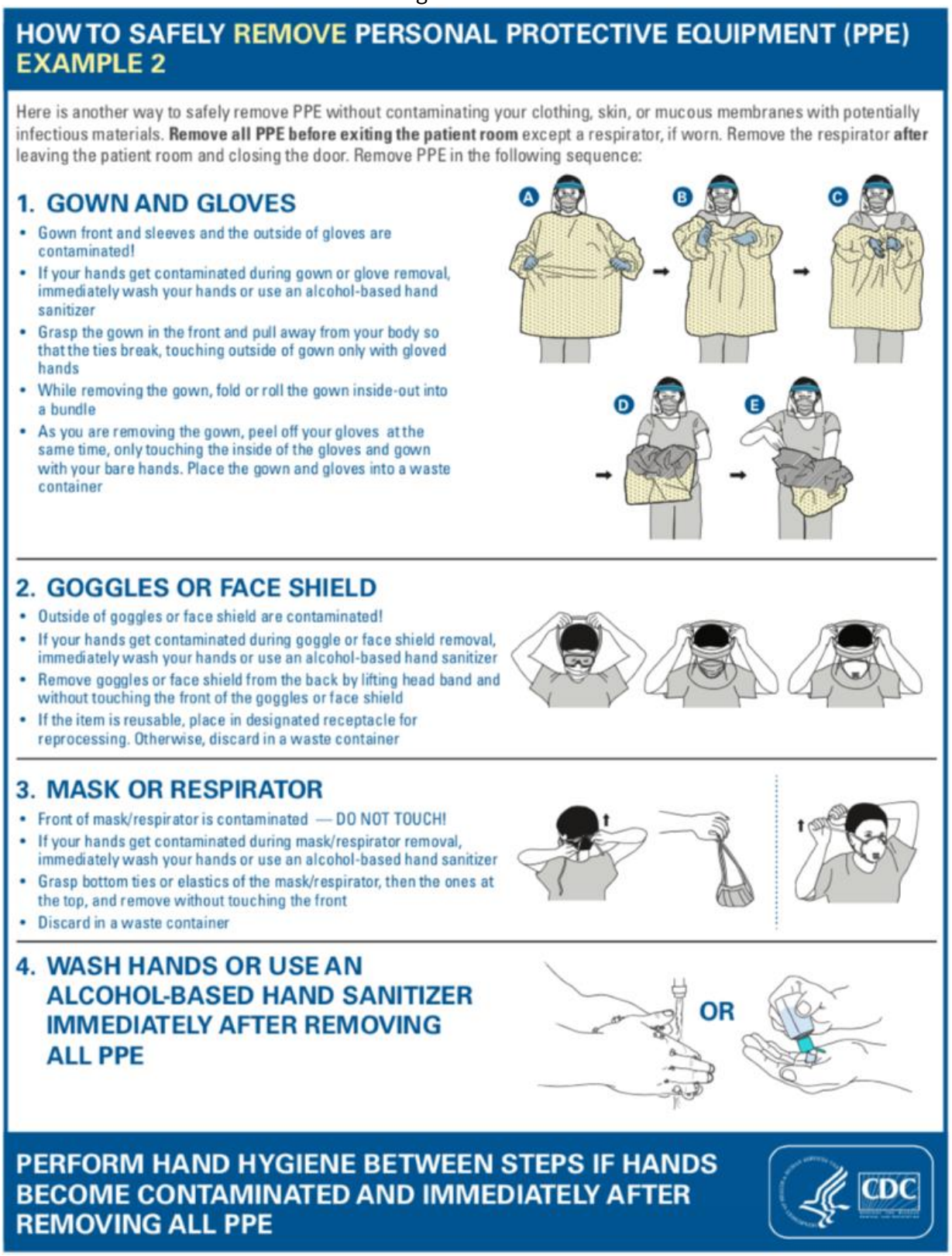


Figure 10. *How to Safely Remove PPE*

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.

Preparation	
Prior to assisting with PPE donning and doffing, conduct the following:	
	Confirm enough of each PPE item is available
	Confirm appropriate decontamination area set up including biohazard trash bins
	Confirm your own safety by donning PPE (e.g., gloves) to allow you to safely observe and assist as needed
	Undergo a pre-brief with each team member • Together identify the equipment the individual requires; ensure they are aware of its location and it is both present and of good quality • Confirm team member has been respirator fit-tested and knows their mask size and suitable mask type
Donning	
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.	
	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)
	Don first pair of gloves
	Don isolation gown (observer may help with tying into gown as needed)
	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
	Dispose of isolation gown in biohazard trash bin
	Clean gloved hands with hand sanitizer
	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
	Clean gloved hands with hand sanitizer
	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

	Remove bouffant cap and dispose in biohazard trash (if using surgical cap, remove and place in receptacle until it can be laundered)
	Clean gloved hands with hand sanitizer
	Remove the bottom strap of the respirator mask and then the top strap, taking care not to touch the inside of the respirator
	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)
	Remove base layer of gloves
	Wash hands and all areas below the elbows with soap and water for a minimum of 20 seconds and dry thoroughly

Figure 11. *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 by touching outermost rim of N95 mask
    a. To perform a negative/positive seal check[13]:

[13] Nebraska Medicine (2020, April 20). *Nebraska Medicine COVID-19 PPE Guidance: Extended Use and Reuse of Facemasks, Respirators and Protective Eyewear for Healthcare Personnel.* Retrieved from https://www.nebraskamed.com/sites/default/files/documents/covid-19/COVID-Extended-Use-Reuse-of-PPE-and-N95.pdf

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.

***Figure* 12.** *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.[1]

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 back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.

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

Checking Your Seal[2]

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 nosepiece as described. If air leaks at the mask edges, re-adjust 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 bottom strap 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/npptl/topics/respirators/disp_part/

2 According to the manufacturer's recommendations

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

Figure 13. *How to Put on and Take off a Disposable Respirator*

Protection Differences Between Valved and Non-Valved N95 Respirators

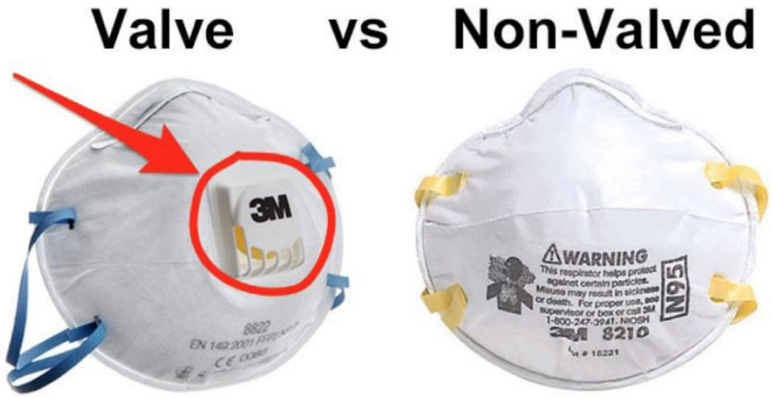


Figure *14. N95 Respirators with Valves/Without Valves*[14]

	N95 Valve Respirator	N95 Respirator without Valve
Purpose	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.	Worn primarily in healthcare settings to reduce the wearer's exposure to airborne particles, from small particle aerosols to large droplets[15].
Appropriate for COVID-19?	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.	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[16].

[14] Fast Life Hacks (2020, July 12). *N95 vs FFP3 & FFP2 Masks - what's the difference?* https://fastlifehacks.com/n95-vs-ffp/

[15] U.S. Food and Drug Administration. (2020, August 20). *N95 Respirators, Surgical Masks, and Face Masks*. Retrieved from https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks

[16] Centers for Disease Control and Prevention (2020, August 8). *Personal Protective Equipment: Questions and Answers*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html

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[17].

Option	Tool	Method	Cleaning	Notes
Oral temperature	Digital thermometer **with** probe cover 	1. Thoroughly clean thermometer 2. Place new probe cover 3. Place tip of thermometer under the tongue 4. Close mouth 5. Keep in place for 1 minute, or until thermometer signals 6. Remove thermometer and check temperature reading 7. Remove probe cover 8. Thoroughly clean thermometer	Use alcohol wipes or isopropyl alcohol to thoroughly wipe down the entire thermometer after each use.	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.
Axillary (armpit) temperature	Digital thermometer 	1. Thoroughly clean thermometer 2. Place thermometer tip at the center of the armpit	Use alcohol wipes or isopropyl alcohol to thoroughly wipe down the entire thermometer after each use.	

[17] Centers for Disease Control and Prevention. (2020, August 3). *Screening Clients for COVID-19 at Homeless Shelters or Encampments*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html

Option	Tool	Method	Cleaning	Notes
		3. Tuck arm against body to keep thermometer in place 4. Keep in place for 1 minute, or until thermometer signals 5. Remove thermometer and check temperature reading 6. Thoroughly clean thermometer		
Temporal (forehead) temperature	Digital temporal thermometer 	1. Thoroughly clean thermometer 2. Gently sweep the thermometer across the forehead to the temple 3. Remove the thermometer and check temperature reading 4. Thoroughly clean thermometer	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.[17]	Note: Ambient temperature, sunlight, and wind can cause inaccurate readings with a forehead (temporal) thermometer when used outdoors[18].
Temporal (forehead) temperature	Infrared non-contact thermometer	1. Thoroughly clean thermometer 2. Power on the thermometer gun and	If you did not touch the person being screened, you do not need to wipe	Note: Ambient temperature, sunlight, and wind can cause inaccurate

[18] San Francisco Department of Public Health. (2020, May 26). *Interim Guidance: Measuring Temperatures when Screening for COVID-19 Symptoms*. Retrieved from https://www.sfcdcp.org/wp-content/uploads/2020/05/COVID19-Temperature-Measurement-UPDATE-05.26.2020.pdf

Option	Tool	Method	Cleaning	Notes
		hold the trigger until the laser appears 3. Once the laser is emitted from the thermometer, hold the sensing area perpendicular to the forehead and instruct the person to remain still during measurement 4. Continue holding down the thermometer's trigger while it reads the temperature 5. Once the temperature has been read, the thermometer will display reading on the screen 6. Thoroughly clean thermometer	down the thermometer or change gloves between each check. Use alcohol wipes or isopropyl alcohol to thoroughly wipe down the thermometer at the beginning and end of the temperature check.	readings with an infrared thermometer when used outdoors[18].
Tympanic (ear) temperature	Tympanic thermometer	1. Thoroughly clean thermometer 2. Gently tug ear up and back to straighten the ear canal 3. Insert tympanic thermometer tip 4. Keep in place for 1 minute, or until thermometer signals	Use alcohol wipes or isopropyl alcohol to thoroughly wipe down the thermometer after each use.	Note: Temperature reading may not be accurate if thermometer is not correctly placed in the ear.

Option	Tool	Method	Cleaning	Notes
		5. Remove thermometer and check temperature reading 6. Thoroughly clean thermometer		
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 15. *Temperature Check Options*

Building a Handwashing Station

Greyshirt Job Aid

TEAM RUBICON

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

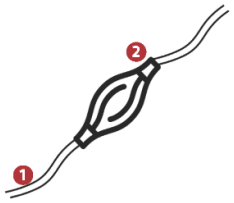
Drill with 5/8" bit
Pocket knife or scissors
Tape measure
PVC cutter or saw
Flat-head screw driver

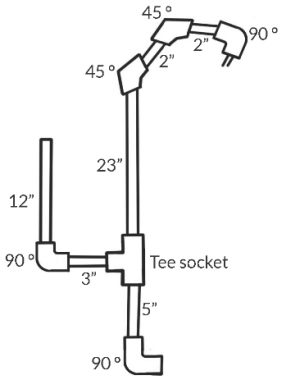
Materials

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

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

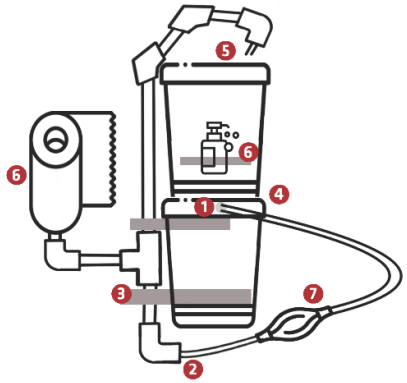
Building a Handwashing Station

Greyshirt Job Aid

TEAM RUBICON

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!



Actual representation of built handwashing station.

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, gray-water may be disposed in a grassy area if permitted by local regulations.

Figure *16.* *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) ¾" threaded PVC piping (recommended 24" length for table-top size)
- (2) ¾" PVC Sch. 40 90° S x FPT Elbow
- (2) ¾" 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.

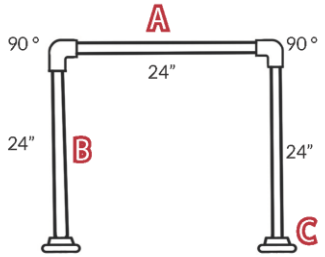
For a tutorial video to build a physical barrier, watch this video linked in the QR code.

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.



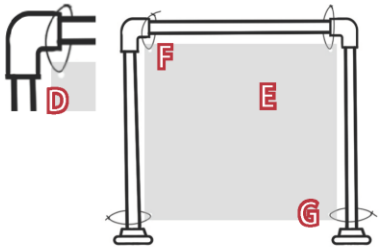
2 Attach the Screen

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.

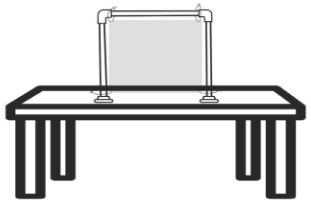
F Thread zip ties through all 4 reinforced corners and around the PVC pipes to secure it to the frame.

G **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.

TEAM RUBICON

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) 32x32in 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.

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

1 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.

2 Drill and Tighten Brackets

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

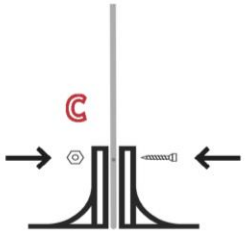
C Sandwich the plexiglass between the two brackets and use the screws and locking nuts to tighten them to stay together.

Plexiglass can crack if tightened too much.

3 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.



TEAM RUBICON

Figure *17.* *Build Physical Barriers*

APPENDIX G: FORMS AND LETTERS

TEAM RUBICON

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

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.

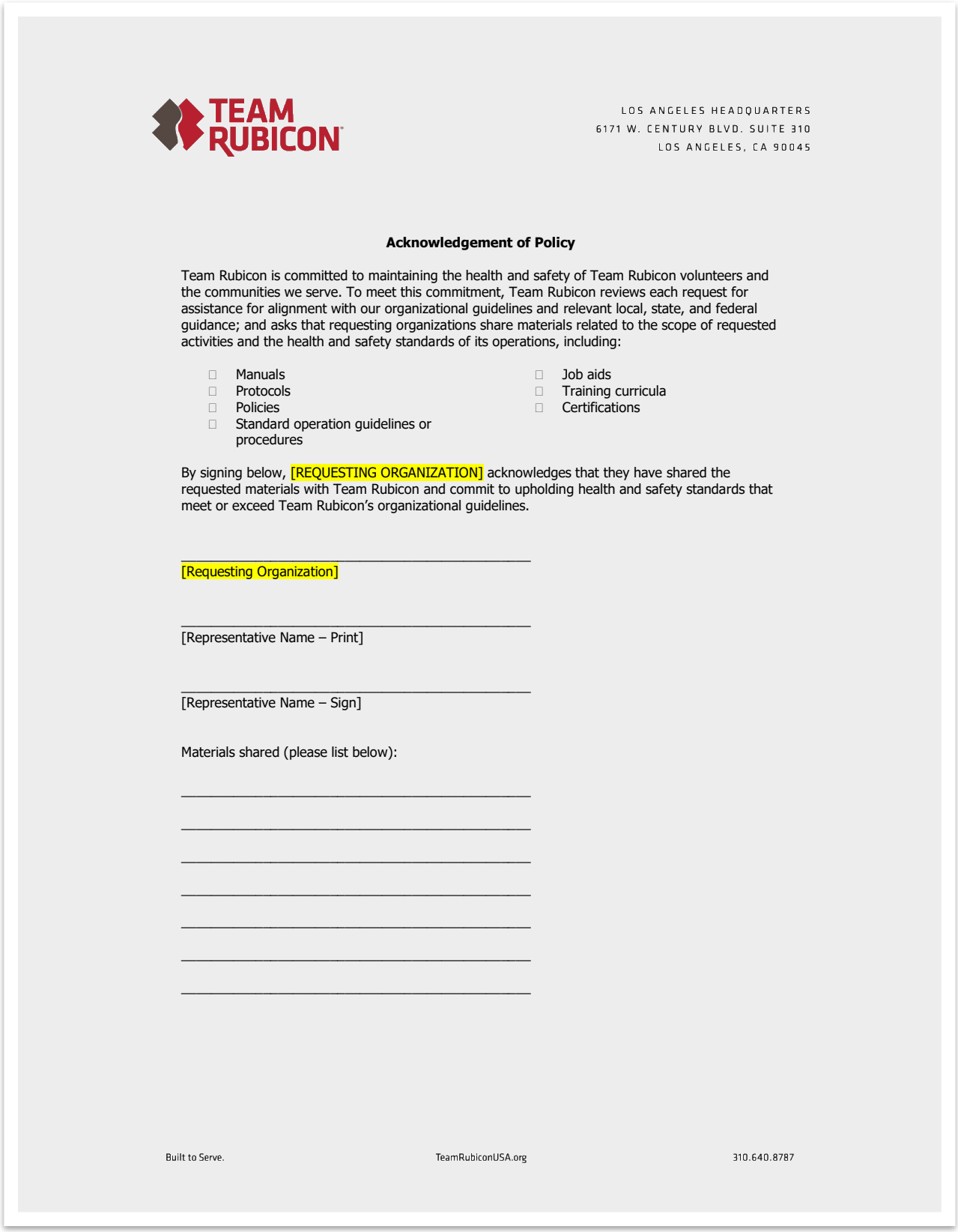
Team Rubicon appreciates your understanding and cooperation during this national emergency.

_____

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

Built to Serve. TeamRubiconUSA.org 310.640.8787

Figure *18. Jurisdictional Travel Letter*



TEAM RUBICON

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

Acknowledgement of Policy

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

- ☐ Manuals
- ☐ Protocols
- ☐ Policies
- ☐ Standard operation guidelines or procedures
- ☐ Job aids
- ☐ Training curricula
- ☐ Certifications

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

_____
[Requesting Organization]

_____
[Representative Name – Print]

_____
[Representative Name – Sign]

Materials shared (please list below):

_____
_____
_____
_____
_____
_____
_____

Built to Serve. TeamRubiconUSA.org 310.640.8787

Figure *19.* *Acknowledgement of Policy Form*

Spontaneous Volunteer COVID-19 Memorandum of Understanding

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

Personnel Eligibility and Deployability Requirements Self-Certification

✓	
	I am fully-vaccinated. I have completed my first and second dose of COVID-19 vaccination (in needed) and it has been at least 14 days past my vaccination completion date.
	I am not currently experiencing COVID-19 symptoms as described by the CDC and have not experienced COVID-19 symptoms in the past 14 days.
	I agree to adhere to all policy and guidance provided to me by my assigned field leader.

_____

Signature of Acknowledgement

_____

Printed Name

_____

Date

_____

Email Address/Phone Number

Figure *20*. *Spontaneous Volunteer COVID-19 MOU*

PERSONAL IDENTIFIABLE INFORMATION (PII) SECURITY & CONFIDENTIALITY POLICY

PURPOSE

It is of the utmost importance for Team Rubicon (TR) to be diligent when handling Personal Identifiable Information. There are significant risks and potential stiff penalties to the organization and individual users who violate privacy standards. It is the responsibility of Team Rubicon to protect the data of our users and utilize the data responsibly.

This policy outlines the standards that must be met 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, and clients. Team Rubicon recognizes its need to protect & maintain the confidentiality of PII.

Personal Identifiable Information (PII) is defined as information:

- That directly identifies an individual (e.g., name, address, social security number or other identifying number or code, telephone number, email address, etc.) Or
- 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.

DATA USAGE POLICY

The EMS allows TR to efficiently manage volunteers, events, operations and more using products and services enabled by the Microsoft platform. In addition, there are several other Microsoft and third-party technologies connected to the EMS which can be used to augment and extend the normal out-of-the-box features through applications and workflows.

With this robust feature set also comes an enhanced responsibility to safeguard the integrity and accuracy of the data within the system, as well as to ensure its proper use.

As a staff member or Volunteer Leader, you are accepting increased responsibility to protect our clients and volunteers. Below is a list of best practices that inform this data usage policy, it is not comprehensive, as data privacy and usage is rapidly evolving. This is designed to protect our staff and leaders from any potential data misuse as well. When in doubt, please consult with the Technology team.

GUIDANCE TO PERSONNEL WITH ACCESS TO DATA

The following applies to individuals with access to the TR EMS and its related systems or data. Additionally, it applies regardless of how the information is accessed or disseminated, such as by manual export, emailed from within the EMS, extracted via MS Flow/PowerApps, etc.

- Respect the information with which you are entrusted.
- Do not save or transfer volunteer or client personal data.
    - Do not save volunteer or client personal data on your personal device.
    - Do not save volunteer or client personal data on public devices (owned by someone other than the user agreeing to this policy).
    - Do not transfer volunteer or client personal data between devices using portable storage devices, such as thumb drives and flash drives.
    - Do not transfer volunteer or client personal data between any cloud applications or systems.
- If you must export anything, delete after use.
- Do not disclose data or personal identifiable information to agencies, organizations, people, or teams outside of Team Rubicon.
- Do not collect extra data outside of our mission.
- Do not conduct surveys.

- No personally identifiable information (PII) or other sensitive info shall be shared in any manner with personnel who don't already have permission to view it within the EMS. This is including but not limited to address fields (other than city/zip), age, and date of birth.

  - This is including but not limited to address fields (other than city/zip), age, and date of birth.
  - This includes email address and phone number information, as sharing contact data to utilize outside of the EMS circumvents user preferences related to communications and may violate CAN-SPAM laws.

- No personally identifiable information (PII) or other sensitive info shall be exported and shared with personnel who don't already have permission to export it from within the EMS.
  - This is including but not limited to address fields (other than city/zip), age, and date of birth.
  - This includes email address and phone number information, as sharing contact data to utilize outside of the EMS circumvents user preferences related to communications and may violate CAN-SPAM laws.
- Due to Dynamics system design, the ability to export from the EMS will be restricted to staff with a related business need. A small number of Volunteer Leaders per territory may also be granted permission at CIO discretion.
  - No staff or Volunteer Leader will be granted the permission to export from the EMS or related systems without first reviewing and signing the Data Usage Agreement.
- No application, workflow, third party tools or any other mechanism capable of accessing data shall connect to any EMS environment without prior authorization from National Technology.
- No application, workflow, third party tool, etc shall write data directly back to the EMS or its related systems without prior authorization and related code review from National Technology.
- Any applications, workflows, third party tools, etc which are requested or developed by TR National Technology should promote standardization across geographic areas and workgroups when possible and as applicable.
- Any data being exported by any method must be used for legitimate business purposes and is not to be shared with anyone who does not have permissions to export such data.
  - Examples include exporting into Excel, Sharepoint lists, PowerApps applications, MS Flows, any reporting tools like PowerBI, etc.

REPORTING

If an employee has reason to believe that Personal Identifiable Information (PII) has been compromised, that employee should contact piireporting@teamrubiconusa.org.

TEAM RUBICON

VIOLATIONS OF PII POLICIES AND PROCEDURES

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

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

Art delaCruz
President & Chief Operating Officer

1.1. CHANGE LOG

Version	Revision Date	Revision Reason	Revised By
v.2	06/01/2021	Policy revised	Raj Kamachee, CTO

Figure 21. *PII Security and Confidentiality Policy Form*

APPENDIX H: ACTIVITY RISK AWARENESS

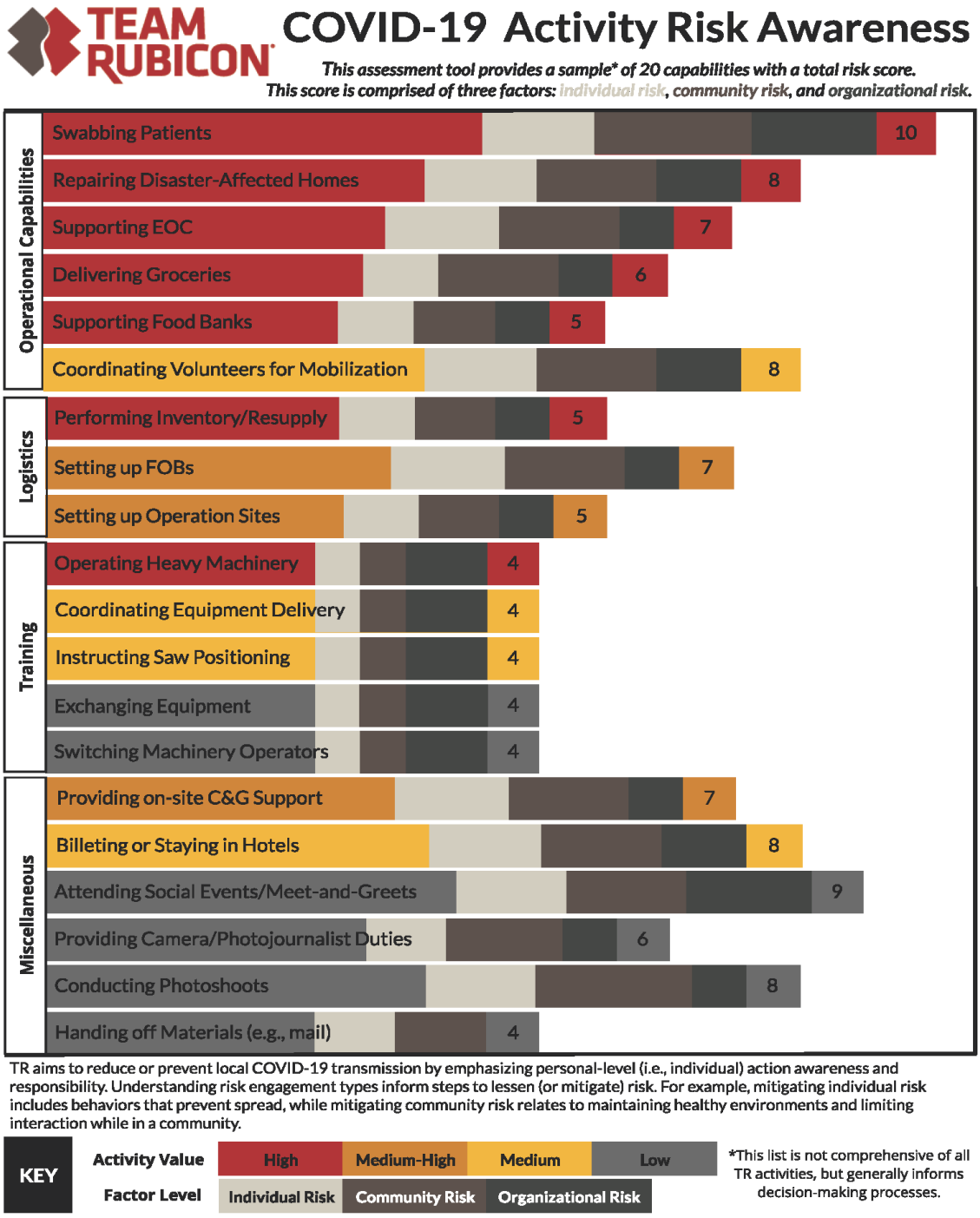


Figure 22. *COVID-19 Risk Awareness*

APPENDIX I: RISK CATEGORIES

The following categories and definitions of risk are outlined and defined based on potential for direct contact with COVID-19. Fully vaccinated Greyshirts should continue to take precautions especially when working in communities and inside of facilities interacting directly with patients being treated for COVID-19. 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

Exposure Risk Level	Description	Example Activities	Recommended PPE
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: • **Contained, GS-Only:** No mask or social distancing • **In Community:** Well-fitting mask and continued social distancing • Hand hygiene • Clean and disinfect surfaces
Medium Risk	No contact with COVID-19 infected individuals; however, there may be contact with the surfaces and spaces they may have come into contact.	Handling potentially contaminated supplies or equipment, occupying spaces that previously contained COVID-19+ individuals	Standard precautions plus: • Nitrile gloves (when contacting or cleaning contaminated surfaces or items) • Isolation gown (when contacting or cleaning contaminated surfaces or items) • N95 mask if working in spaces occupied by COVID-19+ individuals; otherwise, wear a non-medical face covering
High Risk	Both immediate contact with COVID-19 infected individuals and with the surfaces and spaces they may have come into contact.	Direct interaction with clients suspected or confirmed to be COVID-19+, working inside of a facility treating COVID-19+ patients	Standard precautions plus: • Nitrile gloves • Face shield/goggles • Isolation gown • N95 mask • Bouffant cap (available, but optional, for outdoor mobile testing sites)

PPE TRAINED OBSERVER

All “high exposure risk” operations will provide a method for Greyshirts to be properly fit tested for use of N95 respirator masks (or other respirator masks of similar droplet protective quality). For further information about donning and doffing PPE see Figure 9. Sequence for Putting On PPE.

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 see Figure 12. Use and Reuse of N95 Respirator Masks and Face Shields .

Minimum PPE required per risk level and example activities to use proper PPE are provided in a one-page job aid found in Figure 8. Alternative PPE Table. Alternative PPE options are noted.

See 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 or take precautions as referenced in Figure 12.

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.

N95 Extended Use

“Extended use” refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients.

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 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.
    - A light exhale should cause a slight expansion of the mask. If it does not, then it is not a tight seal.

> ***N95 Reuse***
>
> "Reuse" refers to the practice of using the same N95 respirator for multiple encounters with patients and doffing (removing) the respirator after multiple patient encounters[Error! Bookmark not defined.]. T he respirator will be stored between encounters to be donned prior to the next encounter with a patient.

- 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 C: Job Aids

APPENDIX J: EVALUATION PLAN

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

Figure 23. *Operations Evaluation Plan*

APPENDIX K: 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).[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.[20] 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,[21] or people with compromised immune systems, personnel able to safely work within infected communities has become limited.

There is an overwhelming need for human resources to support unique needs arising as well as to augment existing life-sustaining services in the context of COVID-19. There is need for TR's support in delivering a wide range of services through affiliations with government agencies and other partner organizations, and we are fielding various requests for aid. To successfully stretch our capabilities into this new realm, it is imperative that a process for working within this space is developed.

IMPACT

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

COMMANDER'S INTENT

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

[20] Johns Hopkins University & Medicine. (2020, October 27) *COVID-19 Dashboard by Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)*. Retrieved from https://coronavirus.jhu.edu/map.html

[21] Centers for Disease Control and Prevention (2020, September 11). *Older Adults*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications/older-adults.html

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.