



Eastern Division Guidelines

Updated Release

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COVID19 is a contagious viral disease which has no effective treatment or vaccination. This virus spreads from person to person via airborne droplets and can be transferred via airborne means as well as surface contact. By practicing “social distancing” we can minimize the exposure to the virus with face coverings and disinfecting surfaces that we come in contact with.

To be active and effective in our patrolling environment, sometimes social distancing will not be possible. The following steps should provide direction and guidelines moving forward.

BSI, Be Prepared, Be Alert, Be Clean.

1 – Protect yourself – BSI precautions – (Personal)

- Check your pack and resupply with new gloves (this should be done annually as the gloves degrade over time). Add a surgical mask for you and your patient and eye protection for yourself, i.e. face shield. Have alcohol wipes to clean surfaces, and for glasses and goggles. Have hand sanitizer available that is at least 70% isopropyl alcohol in your pack/person.
- Chapter 3 of OEC5/OEC6 Chapter on Rescue Basics covers protecting yourself from disease and BSI. Re-read and implement with local protocols before the season begins. Consider reading and implementing CDC guidelines and NSP recommendations.
- **Masks and face coverings - Three step face covering criteria:**
 - Face coverings - bare minimum 3 layered covering when patrollers interact with injured skier/rider “on the Hill”.
 - Surgical masks - Strongly recommended for interaction with any injured skier/rider closer than 6 feet.
 - N95 Respirator - recommended for aerosolizing procedures (CPR, Airway Suction, BVM or in a closed environment). N95 masks come in various sizes and must be fit-tested to ensure that they work properly.

Please refer to the CDC guidelines for specifics below.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

- Remember - **Masking the patient is the first priority to prevent the spread of the contagion.**
- If you have a beard - wear a surgical mask.
- Always carry a HazMat bag in your pack for contaminated materials.
- WASH HANDS for 20-40 seconds. Clean all washroom facilities with appropriate disinfectant. Have hand sanitizer available that is at least 70% isopropyl alcohol. A well-defined cleaning/sanitizing protocol needs to be established for all facilities. Staff should have access to hand cleaning/sanitizing products, in cases where washroom facilities are not available.

2 – Respect the protocols – if you don't know – ASK in ADVANCE!

- Practice donning and doffing of gloves, face coverings and gowns in accordance with NSP and CDC Standards. Training information is available on the CDC site.
- Contaminated items should be properly disposed of in a HazMat container.
- Develop and follow protocols for decontamination of any reusable equipment.
- Establish contact with EMS transport and local hospitals. Contact the US Forest Service if on federal land. Communicate with 911 dispatch to align criteria for COVID-19 status. Review protocols, policies and transporting criteria.
- Disinfect and equip patient areas prior to and after every patient encounter.
- O2 delivery systems upgraded for the new standards, (e.g. one-way valves with HEPA filters for BVMs). If a patient is suspected of having COVID-19, the provider should be wearing a N95 mask and the patient will receive O2, with a surgical mask over the O2 delivery device.
- Plan for an isolation area for those suspected of COVID-19.
- Post sign outside the patrol room: BSI precautions in effect - Patients ONLY, mask for all. One adult per pediatric patient.
- Clean all washroom facilities with appropriate disinfectant. Follow hand sanitizing procedures set out above.

3 – Mask any patient in any location.

- Patrol room - Limit personnel in and out. Face covering will be required for all.

- Begin assessment and surveys from 6 ft. away verbally. Face covering will be worn by all providers within 6 ft. of patient assessment.
- **Initial questions for any patient:**
 - 1. In the last 24 hours, have you had fever, chills, body aches, vomiting or diarrhea?**
 - 2. Any new or unusual cough, shortness of breath, headache, or sore throat?**
 - 3. Any new loss of smell or taste?**
 - 4. To your knowledge, have you been within 6 feet of a COVID-19 positive patient for a prolonged period of time?**
 - 5. Have you had direct contact with infectious secretions of a COVID-19 patient (e.g. being coughed on by a COVID-19 positive patient) while NOT wearing PPE, including a face mask?**
- If yes to any of the questions – Pulse Oximetry and Temperature.
- If lower than 94% Pulse Ox on room air – O2, mask and transport with surgical mask covering the O2 delivery device.
- Isolate the patient until transportation arrives.
- If a patient is stable, have family/friends transport to hospital for evaluation. Provide a surgical mask to family/friends if they do not have one.
- WASH HANDS for 20-40 seconds. Follow hand sanitizing procedures set out above.

4 – Clean ALL surfaces with disinfectant. (Personal equipment and patrol room)

- Post sign on how to properly Don and Doff personal protective equipment.
- If a patient is suspected of having COVID-19, secure the patient area and wait 30 minutes after the patient has departed before disinfecting. This will allow aerosolized particles to settle before disinfecting. Clean all surfaces with appropriate disinfectant.
- Don full PPE and clean all surfaces with an OSHA approved disinfectant. Re-supply area wait for disinfectant to dry. If no disinfection products are available, use a 1:100 bleach: water preparation, prepared fresh daily.
- WASH HANDS for 20-40 seconds. Follow hand sanitizing procedures set out above.