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Preamble: Because of the rapidly changing information about COVID-19, this document should be recognized as preliminary with additional updates expected throughout the season. This document pertains to Brighton Ski Patrol and patrollers only.

Patrollers are encouraged to use these guidelines while working with their ski area management, medical control, local, county, state and federal guidelines to institute protocols and procedures. Patrollers are encouraged to coordinate with local EMS in the care of the patients to provide safe procedures for all involved. The ultimate goal is to safeguard area employees, volunteer patrollers and the public in this evolving situation.

There is no emergency during a pandemic, or anytime really, which warrants endangering the health and safety of the patroller. It is currently not possible to identify all people who are capable of transmitting this infection. Many people will have no or few symptoms but are infected and capable of spreading the infection to others. The patroller NEEDS to consider EVERY patient as potentially having COVID-19 and use appropriate PPE for the situation.

Proper precautions along with careful consideration of emerging information about COVID-19 will be required for all training, job duties, use of PPE & BSI, cleaning methods, this fall's OEC Refreshers and the additional training required with the introduction of the new OEC 6 text. Additional guidelines will be developed and provided.

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Introduction:

Covid-19 is a “new-to-humans highly contagious viral disease for which we currently have no effective treatment or vaccination. This virus is, unfortunately, both more contagious and more deadly than the typical flu viruses, so the best way to prevent many more deaths and overwhelming our healthcare system is to limit the spread of infections - thus the reason for “social distancing” and canceling all large group activities. This virus is known to spread from person to person primarily through airborne droplets, but new evidence is showing that aerosolized spread is also possible (imagine cigarette smoke in the air). It may also be transmitted by touching contaminated surfaces and then touching your face. There is growing evidence that the dose of viral particles to which you are exposed to can determine whether or not you get the disease, and possibly even the severity of the disease. Any behavior that reduces your exposure to the virus can help keep you healthy. Your exposure dose will be much higher when spending a significant amount of time in a closed indoor space rather than with brief encounters in a well-ventilated area outdoors. A face covering or mask of any sort on the infected person is thought to be a very effective tool for decreasing the transmission of virus-containing respiratory droplets thus reducing the risk of infection. A surgical-style face mask is thought to also provide the wearer with some protection against becoming infected. For higher risk situations the responder should consider wearing a N95 mask or better for additional protection. **Note: N95 masks are in limited supply for purchase. The effectiveness of a N95 depends on being worn correctly. Disposable N95 masks lose effectiveness when used in wet conditions so patrollers should consider double masking.**

The COVID-19 virus has a lipid envelope that is broken down by soap or alcohol in concentrations greater than 70%. This is why it is so important to frequently wash your hands using soap. Antimicrobial soap is no more effective against this virus than regular soap. This is important enough to repeat; wash your hands with soap and water for 20 seconds as often as you can. It is also important to clean surfaces frequently. This virus has been shown to be potentially infectious for up to 3 days on hard surfaces and possibly longer on cold hard surfaces. This is why using soap and water or disinfectants to clean surfaces can help reduce the spread.

Individuals with a history of diabetes, hypertension, dialysis, obesity, heart or lung disease, or immunocompromised conditions are more affected by this infection. Older individuals seem more susceptible, have more serious complications and a higher death rate. However, serious infections and deaths have occurred in young patients with no known medical problems. Therefore, **everyone** must be concerned about becoming infected. Symptoms include: fever or chills, cough, breathing difficulties, fatigue, muscle or body aches, headache, loss of taste and/or smell, sore throat, nasal congestion, nausea or vomiting, diarrhea, and cyanosis of the lips or face. In more severe cases, COVID-19 can cause pneumonia, severe acute respiratory syndrome, kidney failure, stroke and death. ***The presence of symptoms beyond mild fever or cough can represent an emergent situation requiring immediate transportation to a hospital for evaluation.***

Respiratory droplets are produced during breathing and are significantly increased by coughing, sneezing, singing, or shouting. Infected particles may remain in the air for up to 3 hours. In the course of the disease there are several days where the individual is able to transmit the infection prior to their developing symptoms. This makes any symptom screening such as temperature checks only partially effective in identifying COVID-19 patients. ***Thus “symptom screening” does not identify all those individuals who are infected but asking about all symptoms can help the patroller identify patients with COVID symptoms.***

Therefore, until a vaccination is developed, it should be assumed that **all** individuals are potentially infected. When we encounter an individual, it is not just exposure to that single person, but exposure to all the people that person has been exposed to for the last several days. Has that person gone to a crowded bar, been on the beach without protection or social distancing, been to a wedding or birthday party, etc.? ***This history of exposure also applies to the patroller and needs to be included in our decision making.***

During our ski patrol activities, we will be caring for potentially infected individuals in two distinct environments – outside and in the First Aid Room/First Aid Station/Lodge/Restrooms/Area Building or Shop.

Let us consider the situations in which we will be involved.

Patroller considerations:

Each patroller needs to follow good practices to avoid becoming infected. These include:

- Washing your hands frequently with soap and water for 20 seconds or using hand-sanitizer, especially after touching frequently used items or surfaces. This needs to be done after every patient encounter, after removing your gloves and/or mask, on entering or leaving the First Aid Room, before and after eating or using the restroom.
- Disinfecting frequently used items as often as possible.
- Sneezing or coughing into a tissue or the inside of your elbow.
- Avoid touching your face.
- **YOU** should continue maintaining social distancing and avoidance of crowds.
- Meetings at the start of shifts should maintain social distancing and be as short as possible.
- **DO NOT VOLUNTEER** for patrol if you have:
 - respiratory symptoms
 - have a fever (temp over 100.0)
 - prolonged sore throat
 - Persistent cough or shortness of breath.
- Immediately contact the patroller director to discuss exposure level if you find out you have been exposed to someone with COVID-19 in the past 14 days.
- If you begin to feel ill while on patrol, immediately go to your vehicle and alert your Shift Leader
- Contact your medical provider for evaluation and follow his/her advice
- While on patrol you **MUST** wear a face covering – by which **BOTH** nose & mouth are effectively covered.
 - While inside **ANY ENCLOSED** space; and
 - While in outside areas where you are not able to maintain distancing of at least 6 feet such as lifts, lift lines, open or enclosed, vehicles or during interactions with other employees or guests.

Face Coverings:

- Face coverings can consist of cloth item covering the nose and mouth. This includes scarves, bandanas, or home-made masks.
- N95 masks are primarily used during CPR and aerosolizing procedures and should NOT be used for routine activity. Note that disposable N95 masks are affected by rain and snow and in those conditions double masking should be done.

N95 Mask Considerations

- N95 masks **NEED** to be worn whenever CPR or other aerosolizing procedures are done or when treating a suspected COVID-19 patient.
- N95 masks should be discarded if they are:
 - Used during aerosol generating procedures (CPR, intubation)
 - Torn or damaged Hard to breathe through
 - Contaminated with blood or other body secretions
 - Otherwise not able to prevent air entering from the sides.

PPE Requirements:

- **Gloves, surgical-style face masks and eye covering (safety glasses, ski goggles, face shield, glasses with side shields) will be worn wherever you interact with a patient. Surgical gowns will be required for aerosol producing interactions in the First Aid Room or CPR.**
- After you apply the mask, both the inside and outside of the mask need to be considered contaminated. After the initial use, take the mask on or off **ONLY** by touching the straps.

On the Hill Considerations:

- On arrival at an accident, the patroller needs to put on appropriate PPE.
 - Minimum of gloves, surgical-style face mask, eye protection.
- **If the patient is not wearing a face covering, they need to put one on or the patroller needs to immediately provide one with education of use and reasons why we will encourage our patients to wear a face covering. We will not force patients to wear masks.**
- The patroller should maintain 6 feet of physical distance while doing the initial assessment determining the patient's name, mental status, any history of COVID-19 symptoms or contact with a COVID-19 patient and the patient's injury or symptoms. While explain why we are maintaining our distance due to COVID-19.
- The patroller needs to remove the equipment anticipated to be needed including a plastic bag from his/her pack **PRIOR** to approaching the patient, leaving the pack at an appropriate distance while explaining what you are doing.
- **BEFORE** touching the patient, open the plastic bag and place it at a convenient distance from the patient to decrease the likelihood of contamination.
- Treat the injury as appropriate.
- Consider early transport decision.

- Dispose of the gauze wipes, bandage wrappers, gloves etc. into the plastic bag while not touching the outside of the bag.
- **DO NOT** return anything to your pack without disinfecting it first.
- If a second patroller arrives on scene or brings the toboggan, they should remain at a distance until the first patroller requires assistance.
- Unneeded equipment should be removed from the toboggan and left at a distance with the treating patrollers pack. If additional items are required, the second patroller can hand them to the treating patroller.
- If a third patroller is available, they can help with the accident report. They should transport the excess equipment to the First Aid Room equipment area so it is not potentially contaminated. Otherwise the extra equipment needs to be strapped to the outside of the sled tarp and decontaminated afterwards.
- Alert the First Aid Room of the situation so they can prepare to maintain COVID-19 precautions on the patient's arrival and alert appropriate advanced care and transportation (e.g., ambulance helicopter, Brighton Clinic) if appropriate.
- **If a patient is identified as a suspected COVID-19 patient on the hill, the patient needs to be taken to their car or ambulance and only be brought into the First Aid Room if patient is in respiratory distress or needs immediate medical assistance by aid room or clinic. Brighton will have an isolation area for COVID -19 patients.**
- After transportation, disinfect the toboggan, snowmobile, vehicle, equipment and gurney or wheelchair if used. All medical equipment such as Pulse Ox, BP cuff

First Aid Room Considerations:

- Patrollers assigned to the First Aid Room need to maintain social distancing between themselves and not share phones, tablets, pens, etc.
- No food or eating will be allowed in the aid room.
- No family or friends allowed in the aid room unless a minor patient who will be allowed one guardian.
- Make arrangements to have ancillary First Aid Room space available to maintain appropriate distancing if there is a large influx of patients. We will achieve this in our screen area.
- Access to the First Aid Room needs to be restricted to the patient ONLY (allow one parent for a child).
- Upon notification of an incoming patient, First Aid Room patrollers need to don appropriate PPE (surgical-style face mask, gloves, eye covering) and arrange the First Aid Room so that a physical distance is maintained with patients already present.
- **Upon a patient's arrival, ensure they have a face mask or covering on** before entry and review for possible COVID-19 symptoms. Do a temperature check before entry.
- Check the patient's oxygen saturation after their hands have warmed up. Levels lower than 94% in patients with no history of respiratory illnesses would be suspicious for possible COVID-19 infection and should be referred to a physician for additional evaluation if there is no other known reason for this finding (e.g. chronic lung problems, previous lung removal, etc.).

- Walk-in patients need to be screened prior to entry. **Patients with COVID-19 symptoms need to be informed that the First Aid will direct them to appropriate facility for care depending on signs or symptoms.**
- If at all possible, only a single patroller should have contact with an individual patient.
- **If during the course of treatment in the First Aid Room, a patroller begins to suspect the patient has a possible COVID-19 infection:**
 - Your documentation should state that fact and the reasons for that concern.
 - Document the timing and type of PPE
 - Document any other personnel present during the patient's treatment and their PPE use and timing of use.
 - Decontaminate the area, then proceed to your vehicle and notify your Shift Leader who will notify area management of the potential exposure to a COVID-19 patient and start the area's exposure plan.
- Upon ANY patient's departure, decontaminate the equipment and area the patient used.
- Total decontamination of the First Aid Room needs to be done on a daily basis and area decontamination after every patient visit using the area's decontamination policies including phones, computers, tables, etc.
- Items to consider:
 - Designated separate entrance and exit, if possible, out of the First Aid Room with appropriate signage and education
 - Barrier between beds that at a minimum that cover the distance of head to waist
 - (Possible suggestions include plexiglass, etc. like seen at cashier stations in public.) Note items constructed must be cleanable.
 - 6 feet minimum distancing of personnel, beds, patrollers, appropriate signage and education
 - Frequent cleaning throughout the day of surfaces, doors, equipment.
 - Education to all on the changes both verbally and written.
 - May include documents, signs, website, handouts, daily debrief, etc.

CPR and Aerosol Producing Situations (e.g. CPR, bag-mask-valve ventilation, airway suctioning, intubation, use of a nebulizer)

- The patroller will don PPE gloves, N95 mask, eye protection and if available gown, goggles, face shield) **BEFORE** starting CPR or other aerosol generating procedures (e.g. bag-valve-mask ventilation, airway suctioning, intubation, use of a nebulizer).
- Chest compressions during CPR cause a significant expulsion of possibly contaminated air from a victim's lungs.
- **COVER** the patient's mouth and nose during CPR with a bag-valve-mask, other face mask or O2 mask with O2 flowing
- **Because mouth-to-mouth CPR is extremely risky for the rescuer even with a "rescue mask", a bag/mask ventilator needs to be used for ventilation or "hands only" CPR utilized.**
- **Use of a HEPA filter to the BVM is currently recommended by both CDC & AHA**
- A mask needs to be used over an oral airway or nasal cannula.

- **After use, the bag-valve-mask, airway or cannula must be discarded.**

After Work – End of Day Recommendations

- On arrival home, leave your outer clothing shoes, gloves, etc., and any items from your pockets (keys, phone, wallet) in the bin by the entrance to your home for decontamination later with soap and warm water or other disinfectant.
- Proceed to the bathroom without touching anyone or anything (including your new clean clothes) and immediately shower placing your used clothing in a plastic bag.
- After showering and putting on clean clothes, take the plastic bag directly to the washing machine and wash your used clothes without touching them.
- Disinfect your car and other items you left by the entrance to your home. After disinfecting everything, thoroughly wash your hands with warm water and soap for 20 seconds.
- Some may opt to change at the area prior to returning to their vehicle. Discuss with your area on options and cleaning of the area used when done and before the next person.