



NSP Response to COVID-19 Pandemic

COVID-19 has touched virtually every activity and individual in the world; the biking and skiing community is no exception. There are multiple agencies both large and small with numerous guidelines, protocols and recommendations to decrease the spread of this disease and protect those involved at the front lines. National Ski Patrol has formed a task force to clarify how these may impact our members and the communities they serve without adding confusion or contradicting the lead agencies.

Members of the biking and skiing community are well versed in the inherent risks that are part of outdoor activities, including avalanches, unmarked obstacles, equipment failures and weather changes. We know the benefits of physical, mental and spiritual health from these activities and the joy they bring to us by participating. Bikers and skiers take precautions by using protective equipment like helmets, and review avalanche, trail and weather conditions before they begin the activity to reduce risks. This world pandemic has now made us aware of the additional risks of social gatherings, but we also receive many benefits from engaging in outdoor activities. Outdoor activities appear to have a lower risk for transmission of aerosol borne infections. Those engaged in outdoor activities, including patrollers, cannot eliminate the risks of infectious disease, but we can work together to reduce the risk of transmission.

The Sixth Edition of *Outdoor Emergency Care: A Patroller's Guide to Medical Care* was released in May 2020. Chapter 3, titled "Rescue Basics" (particularly pages 49-59), addresses protecting yourself from disease. The textbook had been sent to print before the national crisis was apparent and did not specifically address the additional concerns of airborne transmission and the risk of the asymptomatic patient. Pre-hospital care has focused on protection of "Body Substance Isolation" (BSI) for many years; we are now faced with the need for additional standard precautions.

Patrols are encouraged to work with their local area management, patrol medical director or advisor and insurance representative to develop a clear, concise plan protecting all involved in area activities. Local, county, state and federal guidelines should be consulted to create a successful working document. Coordination with your local EMS organizations is also essential. The NSP task force is providing this "Talking Points" document with links to guidelines and other information, to assist in your discussions with your patrol and area management as you develop a plan to address local needs.

Many areas have already begun operations through bike parks and other summer activities. Local patrol leadership and area management should consider consulting with those areas that have opened operations for their experience and to share best practices. All areas should continuously evaluate their experience, and revisit developing guidance to update their plans as more information becomes available. We recognize the vast variety among patrol members, area size and proximity to medical facilities leads to the need for individual plans. The considerations and resources listed below can provide a checklist of issues for the development of those plans.



Talking Points

1. General (personal safety)

- a. Review chapter 3 of OEC6 and the recommended PPE donning and doffing - practice
- b. Personal Equipment:
 - i. Check your patrol pack and clothing for adequate PPE supplies, including new gloves as they do degrade over time.
 - ii. Wear or carry tight fitting goggles and masks.
 - iii. Carry a HazMat container or bag to dispose of any contaminated items properly.
 - iv. Carry hand sanitizer with at least 70% isopropyl alcohol or 60% ethyl alcohol.
- c. Social Distancing: maintain a 6 foot separation from others whenever possible.
- d. Face Coverings: Use a cloth face covering or surgical mask when social distancing cannot be maintained, in settings such as the lift line, lodge, or assisting someone with equipment or directions.
 - i. Protects others from you.
 - ii. Provides very limited protection to you from a patient; may be difficult to remove without contamination.
 - iii. Demonstrates to the public that you are aware of and concerned about their safety.
 - iv. Consider carrying extra, clean face coverings for guests.
 - v. Consider guest education/communications about importance of face coverings.
 - vi. Discuss with area management how and where to communicate safety protocols on the area's website and other communication platforms.

2. Patroller wellness and safety considerations

- a. Be aware of CDC recommendations for first responders
- b. Guidelines should be developed so that all rescuers approach a patient, both on the scene and in the patrol or first aid room, with clear and concise expectations of individual roles.
- c. Do not patrol if you have respiratory symptoms, fever, recent exposure to an individual who has tested positive for COVID-19, or if you are otherwise ill. Discuss with area management protocols for pre-shift screening.
- d. Contact patrol supervisor or management if you become ill during your duty day.
- e. Those with medical conditions such as diabetes, hypertension, heart or lung disease, immunocompromised illness, or aged over 65 have a higher risk of severe disease with exposure. Have frank discussions with all patrollers and area management about such risks and mitigating exposure.
- f. Post educational signage for the public and reminders to patrollers.
- g. Social distancing/facial coverings should be used for any patrol meetings on/off the hill.



- h. Practice various scenarios with actual donning/doffing PPE.

3. Approaching a patient

- a. First rescuer on scene stops 6 feet from patient.
 - i. Obtain a brief history (MOI/NOI), form initial impression and direct scene safety.
 - ii. Consider additional questioning re: infectious disease screening (see FAQs).
 - iii. Prepare and don appropriate PPE with appropriate hand cleansing.
 - iv. Provide patient with face covering unless contraindicated because of:
 - 1. Underlying chronic respiratory illness;
 - 2. Acute cardiopulmonary injury or illness;
 - 3. Active vomiting, facial trauma or bleeding;
 - 4. Any condition that makes wearing a mask dangerous.
 - v. Approach the patient with only the personnel/equipment needed; avoid contamination of unused equipment/personnel.
- b. Communicate any exposure risks to other patrollers, EMS, management.
- c. Consider separate transportation of uncontaminated equipment.
- d. When completing patrol incident report form, note any symptoms or issues related to COVID in the "comments" section.

4. Masks

- a. Surgical/Medical Mask – strong recommendation for interaction with any patient, especially if suspected of COVID.
 - i. Pros: readily available, easy to carry, provides contact and droplet protection; provides some airborne protection.
 - ii. Cons: effectiveness significantly reduced with moisture or soiling; may require removal of helmet or other layers to don correctly, increasing concern for contamination; breathability with exertion or patient transport; difficult to use in outdoor climate with various weather concerns; may impair situational awareness; communication with patient can be difficult with the patroller's mouth covered.
- b. Filtering Facepiece Respirator (N95 mask):
 - i. CDC recommends for aerosolizing procedures such as CPR, suctioning airway, noninvasive ventilation – Bag Valve Mask (BVM) use -- or in closed environment with known COVID patient.
 - ii. Pros: when properly fit tested and donned provides 95% filtration of viral particles; provides contact and droplet protection.
 - iii. Cons: currently no education/training or support provided by NSP; requires fit testing, medical evaluation and proper training for donning/doffing; facial hair impairs fit/effectiveness, ineffective if wet, soiled or damaged; may impair situational awareness; significant limitation to breathing of the wearer can occur with physical exertion such as transporting patient from the hill.
 - iv. Should never be used on the patient.



5. Aerosolizing procedures (Increased exposure risk)

- a. Including CPR, Airway Suctioning, & Ventilation with BVM
- b. A properly fit tested N95 respirator mask is recommended
 - i. Studies suggest they can provide some additional protection even if not fit tested, but understand the risks.
- c. HEPA filter recommended for any use of BVM.
- d. Strong consideration of compression only CPR if proper PPE is unavailable with oxygen per nasal cannula or non-rebreather (NRB) mask and overlying surgical or cotton mask on patient.

6. Cleaning and sanitizing equipment

- a. Create and follow protocols for regular cleaning and sanitizing of toboggans, supplies, patrol or first aid room, personal PPE/clothing.
- b. Use a CDC-recognized cleaning and disinfecting solution, such as 1:100 diluted bleach.
- c. The patrol or first aid room should be thoroughly disinfected on at least a daily basis.
- d. The equipment used for treating a patient on scene needs to be disinfected before being returned to patroller packs.
- e. Carry a plastic bag in you pack for contaminated materials.
- f. Disinfect immediate encounter areas and equipment after each patient encounter.

7. Patrol or first aid rooms

- a. Discuss how to safely set up with social distancing, barriers, etc.
- b. Discuss associated patroller/family area use and safety. Consider placing benches/chairs outside the patrol or first aid room to limit gatherings inside.
- c. Discuss need for any separate areas needed for patients in your environment.
 - i. Should there be a separate site for suspected COVID patients?
- d. Review with local, county and state restrictions and guidance.
- e. Access to any treatment area should be limited to the patient and one additional person.
- f. Face coverings should be required/provided for each person in the patrol or first aid room.
- g. Discuss use of pulse oximeters to screen patients. Abnormally low readings without medical reasoning or altitude considerations may indicate a need for transfer to the emergency department with precautions of infection.
- h. Consider where incident report form should be completed.
- i. Consider a table/station at the entrance with hand sanitizer, face coverings, etc.
- j. Consider limiting access to patrol/first aid room only to patients (or for minor patients, a single guardian).



FAQ's

What role should management play in the COVID-19 issue?

- Engage management early, before the ski or bike season begins to set ground rules, create protocols and assist in procuring equipment.
- Review with management the NSAA's Pandemic Playbook and additional COVID resources on nsaa.org.

What should you do if a patient refuses to wear a mask? Does this constitute refusal of aid?

- Some scenarios may lead to a refusal to wear a mask (e.g., vomiting, back/neck injury, shortness of breath, severe facial trauma, fear of having something on one's face etc.). The scenario will help define the need to place a mask on the patient or treat them without one if necessary. In all cases, the OEC technician should utilize appropriate PPE on themselves. If the patient refuses or the scenario does not permit a mask on the patient's face, document the patient's refusal/inability to wear a mask.

Is it appropriate to have a triage area outside the patrol or first aid room?

- Yes, verbal assessment/surveys are the start to triage. It is valuable to identify suspected COVID infections based on answers to basic screening questions to help ensure everyone's safety and to do so outside of your patient care area if possible.
- Follow your protocol/guidelines.

What should we consider if we have a patient we suspect of COVID-19 infection or exposure?

- Triage in area outside patrol or first aid room if possible.
- Consider a separate area for care of suspected patients.
- Discuss with local EMS how to arrange transport.
- Discuss with patrol and management other routes of transportation.
- Practice scenarios.
- Discuss with area management along with local, community and state health department guidance to ensure compliance for post-exposure protocols/guidelines.

What should you do about sanitizing yourself and your gear after interacting with a potential COVID-19 patient?

- Uniforms: Outerwear such as jackets, helmet and pants should be disinfected per recommended manufacture or CDC guidelines. Consider having duplicate gear.
- Ensure all personnel know and follow proper donning/doffing procedures.
- Equipment: Backboards, spider straps, pulse-ox etc. should be disinfected or properly disposed of.



What questions can I ask a patient to screen them for COVID?

- In the last 24 hours, have you had fever, chills, body aches, fatigue/low energy, vomiting or diarrhea?
- Any new or unusual cough, shortness of breath, headache, sore throat?
- Any new loss of smell or taste?
- Any unusual fatigue or low energy?
- To your knowledge, have you been within 6 feet of a COVID-19 positive patient for a prolonged period of time (over 15 minutes)?
- Have you had direct contact with infectious secretions of a COVID-19 patient (e.g. being coughed on by a COVID-19 patient)