



PINE KNOB SKI PATROL

COVID-19 Operational Plan
2020-2021 Season

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Summary

COVID-19 has touched virtually every activity and individual in the world; the 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.

Members of the 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. Skiers and snowboarders 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. Below are simple guidelines to help prevent the spread of this disease.

	Wash Hands Often Wash your hands often with soap and water for at least 20 seconds.		Cover Coughs & Sneezes Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
	Avoid Close Contact Maintain at least 6-feet of distance between yourself and others.		Clean & Disinfect Clean and disinfect frequently touched surfaces throughout the day and after every shift.
	Wear a Mask Cover your mouth and nose with a mask when around others.		Monitor Your Health Daily Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Do not patrol if you are ill.

Signs and Symptoms

Biological pathogens typically present in a similar manner. The coronavirus family of diseases presents similar to the influenza family of diseases. The similar presentation will make field determinations of potential COVID infections difficult.

Clinical observations of patients have identified the following as symptoms found in those suffering from a COVID infection:

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

The following may be at higher risk of serious complications related to a COVID-19 infection:

- Heart disease
- Diabetes
- Lung disease
- Hypertension
- Age of 65 or greater

Operational Expectations

Patrollers, in their normal duties as OEC providers and ski area ambassadors, have the possibility to be exposed to hazards that put them at risk of infection with an outbreak pathogen (in this case COVID-19). Working in close proximity to injured patients, as well as communicating and working with other patrollers, staff and customers can lead to possible pathogen exposure.

Patrollers should maintain a high level of self-awareness in terms of their physical, mental, and emotional abilities in dealing with the new normal.

This Pine Knob Ski Patrol COVID-19 plan is dynamic and *may change as new information arises*. Patrollers should focus on specific information coming from official sources such as Oakland County Health Department, NSP and other local, regional, state, or federal agencies. Unofficial sources, to include the news media, may be factually incorrect and misleading.

Pine Knob Ski Patrol will make every effort possible to maintain equipment to include personal protective equipment (PPE), disinfecting agents, and regular supply necessities. Patrollers must inform their hill leader when a product is at risk of exhaustion. Patrollers are expected to utilize medical supplies and PPE appropriately.

Pine Knob Ski Patrol will provide training, as needed, to patrollers as it pertains to new information, changes in the COVID-19 plan, patient care and emergency response. Training will build understanding, preparedness, and resilience in the event of changing operational environments. Patrollers are expected to maintain a high level of patient care regardless of the current medical complaint.

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. Steps to reduce the risk of transmission include:

- Don't report for duty if you have fever, cough, or shortness of breath (the three most common COVID symptoms). Also, be alert for achy muscles, loss of taste/smell, or GI symptoms.
- When arriving on duty, take or have your temperature taken and then answer the COVID-19 screening questions. If you have a temperature less than 100.4 °F and answered "No" to all the questions, you may sign-in. If you answered "Yes" to any of the questions or have a temperature greater than 100.4 °F, you must notify your hill leader and return home without signing-in.

Normal Operations

Typical calls and emergency situations do not cease during an outbreak or disaster. To minimize the risk of infectious spread, Pine Knob Ski Patrol has instituted the following general and specific measures:

General Safety Measures

1. Personal safety
 - a. Review chapter 3 of OEC6 and the recommended PPE donning and doffing - practice
 - b. Personal Equipment:
 1. Check your patrol pack and clothing for adequate PPE supplies, including new gloves as they do degrade over time.
 2. Wear or carry tight fitting goggles and a mask.
 3. Carry a bag to dispose of any contaminated items properly.
 4. Carry hand sanitizer with at least 70% isopropyl alcohol or 60% ethyl alcohol.
 5. Face Coverings: In accordance with CDC guidelines, NSP patrollers, while on duty, should wear an appropriate, comfortable, and well-fitting mask covering the mouth and nose at all times when interacting with the public or treating a patient. Note: A bandana, thin neck warmer or balaclava are not felt to be adequate protection for patrollers while on duty. See mask information below.
 - c. Do not patrol if you have respiratory symptoms, fever, or have had recent exposure to an individual who has tested positive for COVID-19, or if you are otherwise ill.
 - d. 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. These patrollers have the option to opt-out for the season.
 - e. The patrol/first aid room should be thoroughly disinfected on at least a shift basis. Use a CDC-recognized cleaning and disinfecting solution, as well as the electrostatic sprayer.
 - f. Disinfect immediate encounter areas and equipment after each patient encounter.
 - g. Social Distancing: maintain a 6-foot separation from others whenever possible.
 - h. Social distancing/facial coverings should be used for any patrol meetings on/off the hill.

2. Approaching a patient

- a. First rescuer on scene stops 6 feet from patient.
 - 1. Obtain a brief history (MOI/NOI), forms initial impression and direct scene safety.
 - 2. Asks additional COVID screening questioning
 - a. COVID screening question cards and forms are available for your use on the hill or in the triage tent
 - 3. Prepare and don appropriate PPE with appropriate hand cleansing.
 - 4. Provide patient with face covering unless contraindicated because of:
 - a. Underlying chronic respiratory illness.
 - b. Acute cardiopulmonary injury or illness.
 - c. Active vomiting, facial trauma, or bleeding.
 - d. Any condition that makes wearing a mask dangerous.
 - i. ***If there are no contraindicated issues, patrollers are not required to render aid if the patient refuses to wear a face covering***
- b. Approach the patient with only the personnel/equipment needed; avoid contamination of unused equipment/personnel.
- c. Communicate any exposure risks to other patrollers, EMS and management.
 - i. For radio calls, please use the phrase “***use universal precautions***” rather than announcing a potentially COVID positive patient.
- d. Transport separately any uncontaminated equipment, when possible.
- e. The equipment used for treating a patient on scene **MUST** be disinfected before being returned to patroller packs or patrol facility.

Masks

Guidelines for Protection

There are several varieties of acceptable masks available:

1. Cloth Face Covering – minimum 3 layer (natural fabrics better than synthetic) for any interaction where proper distancing cannot be assured.
Pros: easier to use, more breathability, some droplet protection, protection of others from wearer.
Cons: limited droplet protection, very limited if any airborne protection, effectiveness unknown if soiled or wet. May interfere with communication.
2. Surgical/Medical Mask – strong recommendation for interaction with any person suspected of COVID. Can be used for any interaction, provides a higher level of protection than cloth mask.
Pros: readily available, easy to carry, provides contact and droplet protection, provides some airborne protection for the wearer.
Cons: effectiveness significantly reduced with moisture or soiling. May require removal of helmet, balaclava to don correctly. May make breathing with exertion more difficult. Difficulty of use in outdoor climate with various weather concerns. Situational awareness concerns. May interfere with communication.
3. Filtering Face Piece Respirator (N95 mask) strong recommendation for aerosolizing procedures in an environment with known COVID patient. Provides the highest level of protection for both wearer and others.
Pros: when properly fit tested and donned provides 95% filtration of viral particles. Provides contact and droplet protection.
Cons: Currently no education/training or support provided by OEC6. Requires fit testing and proper training for donning/doffing. Facial hair extending under the edge interferes with the seal and makes the mask less effective. May make breathing with exertion more difficult. Effectiveness significantly reduced if wet, soiled, or damaged. Round version (3M) at risk for damage when carried in pack.

Therefore, in accordance with the above CDC guidelines, NSP patrollers, while on duty, should wear an appropriate, comfortable, and well-fitting mask covering the mouth and nose at all times when interacting with the public or treating a patient.

Specific Safety Measures

- Wipe down high contact surfaces in patrol facilities such as door handles, phones, and radios with approved disinfectant each morning and as needed.
 - Disinfectant wipes for the radios are stored above the radio cabinet
- Completely wipe down any equipment and surfaces that come into contact with a patient, especially those exhibiting any COVID-19 symptoms with electrostatic sprayer or disinfecting agent.
 - Some disinfecting agents require prolonged contact time. Follow instructions on the container.
- Create and institute uniform policy for patrollers
 - In accordance with CDC guidelines, NSP patrollers, while on duty, must wear an appropriate, comfortable, and well-fitting mask covering the mouth and nose at all times when interacting with the public or treating a patient.
 - Duty uniform (external garments) should be removed prior to departing a duty day.
 - Uniform **MUST** be cleaned before returning to duty if you were exposed to a COVID positive patient and were not wearing an isolation gown.
- Wash hands frequently following calls and activity outside of the patrol room.
- Monitor fellow patrollers for signs and symptoms of potential infection.
- **No visitors in the ready room, first aid room or locker room.**
- Do not have group meals which violate social distancing requirements (either in preparation or eating).
- Minimize all bystander involvement with a patient unless medically necessary or a minor.
- Prior to patrol duty or use of any patrol areas, patrollers will be asked to sign-in and complete the prescreening requirements. This will confirm you are free from COVID-19 symptoms and have had no recent COVID-19 exposure. This also includes a temperature screening.
- The electrostatic sprayer will be used to disinfect the first aid room on a routine basis according to manufacturer's instructions.

Staffing Plan

For the 2020-2021 season Pine Knob ski patrollers have the option of 'opting out' from duty days and active patrolling at any point, with no loss of status. Patrollers who opt out are expected to maintain training requirements (OEC refreshers). Patrollers who opt out can opt back in at any time.

If a patroller starts to exhibit signs and symptoms of an infection or tests positive, they will be removed from duty and a consultation will be made with medical director for further direction, including quarantining for 14 days.

Ready / First Aid Rooms

- The ready and first aid rooms are for on-duty patrollers and injured guests only, with the exception of guardians for minor children
 - A maximum of six patrollers, maintaining 6 feet of distance, are allowed in the ready room at any one time.
- Meals and breaks should be in the ready room to limit exposure in the lodge and allow space in the cafeteria for area guests
 - Be sure social distancing is still maintained during meals
 - Patrollers can still utilize our meal plan through take-out from the cafeteria

Locker Room

- Locker room is reserved to patrollers who are actively patrolling.
- Priority for use of patrol locker room is given to those patrollers on duty for the day. It is asked that non-duty patrollers minimize use of this area.
- If 6 feet of distance cannot be maintained, limit the number of patrollers in the locker room area.

Supply Requirements

Hill leaders will take daily inventory of PPE to ensure proper levels of supplies. PPE supplies include:

- KN95 masks (one mask per patroller)
- Medical masks (for patrollers or injured guests)
- Face shields
- Isolation gowns
- Nitrile gloves
- Hand sanitizer

Supply Usage

Patrollers should operate normally in a responsible manner in regard to PPE supplies and medical equipment. Patrollers will continue to do what is best for the patient. Any supply shortages should immediately be reported to your hill leader.

All PPE will be secured and maintained in the First Aid Room.

Patroller Safety

Patrol Room and Triage Tent Decontamination

Decontamination and disinfection of the first aid room and equipment are mandatory during several occasions to include shift changes and post-patient care.

Any suspected COVID patient should not be brought into the patrol building but treated in the triage tent. The tent **MUST** be decontaminated post any patient care.

Normal sanitation methods (COVID-19 infection not suspected) would be indicated for daily disinfecting i.e. gloves, mask, and hand hygiene.

Any suspected COVID-19 decontamination would require maintaining the same level of PPE utilized during response and disinfecting the patient treatment area prior to doffing equipment as outlined below (mask, gloves, gown, glasses). If such a case is encountered, the following steps should be taken for decontamination:

- Wash hands or use sanitizer frequently.
- Wear appropriate PPE when removing patient and equipment from the toboggan.
- Leave the doors open as much as possible to increase air circulation during patient evaluation/loading/unloading/cleaning.
- Clean and disinfect the toboggan using standard operating procedures.
- All surfaces that may have come in contact with the patient or materials contaminated during patient care should be thoroughly cleaned and disinfected.
 - Utilize the contact time required by the manufacturer. This may be anywhere between 0-20 minutes.
- Clean and disinfect reusable patient-care equipment according to manufacturer's instructions.
 - Avoid soaking electrical equipment and screens in solution
- Any blankets used on a patient with COVID symptoms must be washed prior to reuse. (Put blanket in a garbage with a note that it needs to be washed.)
- All exposed PPE (used in direct patient care where COVID symptoms are present) should be discarded in a small grocery bag and then put in the waste receptacle outdoors. Grocery bags can be found with the other COVID-19 supplies.

Personal Protective Equipment

Proper and high-quality PPE for patrollers is considered paramount. The CDC has made several recommendations towards PPE and continues to re-evaluate. One consistent recommendation is for responders to utilize the following for potentially infectious patients:

- N95 mask
 - A surgical mask may be worn
 - An N95 and face shield should be worn if ANY aerosolizing procedures/treatments are conducted
- Eye protection (glasses, goggles, face shields)
- Isolation gown
- Nitrile gloves

N95 respirators are reusable in certain instances. **CDC data suggests limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin.**

- Discard N95 masks contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 masks following close contact with, or exit from, the care area of any patient exhibiting COVID symptom.
- Consider use of a cleanable face shield in addition to an N95 mask and/or other steps to reduce surface contamination.
- If a patroller uses an N95 mask but is not closer than six feet from the patient, that mask may be reused.
 - Mask should not be sprayed with wet disinfectant and should further be stored in a brown paper bag.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the mask (if necessary, for comfort or to maintain fit).

Doffing Procedures

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. This is only one example: PPE should be removed once the room has been disinfected and rehabilitated. Remove the mask last to ensure no residual contamination could expose the responder. Remove PPE in the following sequence:

- Goggles or Face Shield
 - Outside of goggles or face shield are contaminated!
 - Remove goggles or face shield from the back by lifting head band or earpieces
 - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

- Gown
 - Gown front and sleeves are contaminated!
 - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
 - Pull gown away from neck and shoulders, touching inside of gown only
 - Turn gown inside out
 - Fold or roll into a bundle and discard in a waste container

- Gloves
 - Outside of gloves are contaminated!
 - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
 - Discard gloves in a waste container

- Mask
 - Front of mask is contaminated — DO NOT TOUCH!
 - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
 - Discard in a waste container

- Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE.
- Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.

Response Procedures

The goal of all patient interaction is to provide adequate patient care as presented by the patient's signs and symptoms. The secondary goal is to limit all excess exposures and contamination to bystanders, responders, and healthcare workers. Pine Knob Ski Patrol has worked to identify the proper methodology to mitigate that hazard.

Responding to a call on the hill:

- The patroller receiving a call for service will ask pertinent questions regarding possible known exposure to COVID-19 or flulike symptoms (fever, chills, coughing, etc.).
 - If a positive indicator is met, patrollers will respond with proper PPE precautions (outlined below).
- Those reporting an accident/incident may not be able to alert patrollers to positive indicators so patrollers must remain on high alert to those possible cases that are not easily identified.
- A minimum number of responders will encounter the patient.
 - This may mean one patroller (based on dispatch information) will approach the patient and perform an initial assessment.
 - This responder will be required to maintain isolation precautions which will include:
 - Surgical mask
(N95 mask and isolation gown for patients with COVID symptoms or exposure)
 - Eye protection (goggles)
 - Nitrile gloves
- Apply a surgical mask to the patient and have them perform hand hygiene if able.
 - Provide appropriate care
- The remainder of patrollers on the scene will then prepare all equipment for transport
 - All patrollers not immediately involved in patient care will maintain a minimum 6-foot distance from the patient.
- All invasive and aerosolized droplet creating patient interventions (CPR) will be minimized unless required by patient condition.

- Family members and non-healthcare providers will not be allowed to accompany the patient into the patrol room, unless necessary such as with a minor or developmentally disabled person.
- Decontaminate/disinfect the patient care area and equipment following the procedures outlined above.
- Doff and discard PPE as noted above to minimize possible viral spread.
- Perform hand hygiene before going back out on duty.

Receiving Patients

First-Aid Room (Post-COVID-19 Triage)

Upon arrival of a toboggan to the First Aid Room follow the steps below (Patient is negative to COVID screening questions.):

- Patroller in PPE will maintain most movement and contact with a potentially infected patient.
- Patroller in PPE will remove the patient from the toboggan with help as needed.
- Patroller in PPE will stay at the head of the patient during movement if no other option is available.
- Patroller and protected assistants will move/assist patient with moving from the toboggan to bed.
- Lead Patroller (in PPE) will continue patient care.
- When patient care is completed and the patient has left the facility, patroller in PPE will perform disinfection of equipment and patient care area.
- Patroller in PPE will then doff PPE as recommended above.

Triage Tent (Suspected COVID-19 Patient)

Upon arrival of a toboggan to the Triage Tent follow the steps below (Patient is positive to COVID screening questions.):

- All patrollers in proper PPE (mask, face shield and gown)
- Patrollers will remove the patient from the toboggan with help as needed and move to bed.
- Lead Patroller will continue patient care.
- When patient care is completed, the patient needs to leave the facility via path between patrol building and lodge and must leave premises. EMS will also need to be directed to take their gurney through this same route and not the First Aid room.
PATIENT MAY NOT RETURN TO LODGE AND MAY NOT ENTER THE PATROL BUILDING
- Patrollers will perform disinfection of equipment and patient care area.
- Patrollers will then doff PPE as recommended above.

Triage Tent (Pre-COVID-19 Triage)

Upon arrival of a toboggan to the Triage Tent follow the steps below (Patient has not completed COVID-19 screening questions.):

- Patroller in PPE will maintain most movement and contact with a potentially infected patient.
- Lead patroller will complete the COVID-19 screening process:
 - COVID screening question forms and incident report forms are supplied in the tent.
 - If findings are **NEGATIVE**, patient can be moved to patrol First Aid Room. Follow First Aid Room treatment procedures above.
 - If findings are **POSITIVE**, patient must remain in triage tent. Follow tent treatment procedures above.
- Patroller in PPE and protected assistants will move/assist patient with moving from the toboggan.

Upon arrival of a Walk-in to the First Aid Room / Triage Tent (Trauma patient with on-hill injury only. Medical patients should be directed to seek further medical attention.):

- Don proper PPE (mask / gloves) and escort patient to the triage tent.
- Lead patroller will complete the COVID-19 screening process:
 - COVID screening question forms and incident report forms are supplied in the tent.
 - If findings are **NEGATIVE**, patient can be moved to patrol First Aid Room. Follow First Aid Room treatment procedures above.
 - If findings are **POSITIVE**, patient must remain in Triage Tent. Follow tent treatment procedures above.

Post Call Procedures

Medical Incident Reports

As with normal operations, all calls for service require an incident report (IR) being completed. For patients treated in the First Aid room, the normal computer program should be used. For patients treated in the tent, a paper form should be used and entered into the computer system later.

COVID follow-up cards are also available to give patients after treatment. This will allow us to do contact tracing should that patient test positive for COVID following their visit.

Exposure

Exposure is a considerable risk to all healthcare providers (HCP). This can be increased due to the potential for those patients with an unknown infection/transmission. We are following the current CDC quarantine guidelines, which are 10 days of quarantine after exposure without being tested and no symptoms during that period, or 7 days after exposure with a negative test and no symptoms during that period.

Suggestions

Pine Knob Ski Patrol has a few other suggestions to help keep you safe patrolling this season:

- We strongly encourage you to get a flu vaccine, if you haven't already. This will minimize the risk of having multiple respiratory outbreaks or putting additional strain on health care resources, as the symptoms are very similar to COVID-19.
- Purchase your own radio rather than using one of the community Patrol radios.
- Consider shaving or trimming facial hair so your mask seals better around your nose and mouth.

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