

## Granite Peak Ski Patrol COVID Response Guidelines

In response to the overarching desire to keep our volunteers safe and healthy, the Board has approved the following Procedures and Policies regarding patient care, social distancing in LPR/UPR, and disinfecting/cleaning.

### Scope

This exposure control plan applies to all members of GPSP, particularly those participating in high-risk procedures and activities. This plan is intended to be a guideline.

### Patrollers

- DO NOT REPORT FOR SHIFT if you have ANY of the following symptoms:
  - Temperature over 100 F.
  - Persistent cough
  - Fatigue/chills/fever
  - Headache
  - Diarrhea/vomiting
  - Lack of taste
  - In other words - DO NOT COME TO WORK IF YOU ARE SICK.
  - If you have been in contact with a person who tested positive for COVID within the last 14 days.
  - As in any job, please call Slope Leader to inform of your absence.
- Instant read thermometers are available: 2 in LPR, 1 in UPR.
- It is **required** that masks be worn in both UPR and LPR during shift except while eating. Space does not allow for the 6' physical distancing.
- A small supply of N95 masks will be on hand to be used only if a symptomatic patient presents. If an N95 mask is used by you, it becomes your mask. N95 masks are most effective when fitted properly. Contact Doug Borre or Joe Rohling for proper fitting. *N95 masks are not available at this time. Doug and Joe will update as masks and policy/procedures can be rolled out.*
- A supply of gowns and surgical masks will be provided to be used for patients (if requested) and patrollers, if needed.
- Due to social distancing guidelines, no family members or friends will be allowed in either LPR or UPR during 2020-2021 Ski Season.

- It is suggested to have no more than 6-8 patrollers in each PR at one time to help maintain physical distance.
- Due to that same physical distance guideline, the Saturday and Sunday day shifts are full-staff. If you would like to sign on during busy weekends, please check in with the SL to determine staffing needs and physical distance requirements.

**Cleaning Disinfecting Policies** - Slope Leaders will be trained on all procedures and policies below and will require all patrollers to help meet these requirements each day.

- Complete cleaning and disinfecting of all surfaces must be completed at the end of each day in the UPR and LPR to include but not limited to:
  - Lower Patrol Room
    - Bathroom toilet, sink, door handles.
    - All cots and pillows.
    - All counter tops and both desks.
  - Upper Patrol Room
    - Table tops/chairs.
    - Refrigerator.
    - Microwave.
    - **All** food should be removed from UPR after each shift. **NO** food should be stored in the refrigerator.
- There will be 2 disinfecting totes in the LPR and 1 disinfecting totes in the UPR. These will include:
  - Hand Sanitizer
  - Wipes
  - Steramine Disinfectant – 1 tablet/gallon of H2O.
  - Paper towel is provided in dispensers.

### **Slope Leader Responsibilities**

- Manage disinfecting/cleaning as outlined below in duties bullets.
- Assist patrollers in the management of number of visitors allowed in LPR. Best practice is 1 relative/guest per patient, with the exception of minors and parents.
- Manage the disinfecting of patient care area after each patient leaves.
  - Disinfect all surfaces that were touched by patrollers, patient and patient relatives.

- Morning Opener duties as follows:
  - Fill with sanitizing stations in both UPR and LPR:
  - Check supply of each tote. If item is running low, report to Doug Borre, PR or APR.
- Shift change duties as follows:
  - Spray bathroom surfaces, close door and allow to dry for 15 minutes.
- Evening Closing duties as follows:
  - See to the disinfecting of all surfaces and bathroom listed above
  - Spray ALL surfaces with provided disinfectant immediately before leaving.
  - Allow to dry overnight
  - Patroller who disinfects is last out.

### Patient Care

- Patroller response to an injured or medical incident.
  - The primary responding patroller upon scene size-up and primary survey will ask questions screening the guest for potential COVID-19
    - Category 1
      - Ask patient if they feel warm or feverish?
      - Is the patient experiencing chills, dyspnea, persistent cough or any new respiratory problems?
      - Has the patient had any contact with a confirmed case of COVID-19 in the last 14 days?
      - “Category 1” becomes identification for radio use.
    - If the patient meets any **ONE** of the above criterion they should be considered infectious and the following precautions taken:
      - Communicate information to other patrollers and EMS responders.
      - Number of patroller contacts should be limited only those needed to manage incident.
      - Patrollers will don following PPE as soon as practical:
        - N95 Mask (Surgical masks may be worn if N95 unavailable).
        - Fluid impervious gown should be worn for any person(s) performing aerosol generating procedures such as BVM, suctioning or CPR

- Due to our work environment and outdoor clothing, it may not be practical to wear above, however, face mask, gloves and eye protection is highly advised.
    - Nitrile gloves.
    - Face shield.
    - Once in LPR adjust PPE as appropriate.
  - Place a face mask over guests nose and mouth as soon as practical. Cold weather masks will suffice but surgical masks should be encouraged.
  - Patrol room should be limited to only essential persons until decontamination.
  - Other guests, relatives and patrollers should be kept out of immediate area – 6’ minimum radius of patient.
    - Other patrollers should remain 6’ minimum radius of patient.
    - Maintain ratio of 1 guest/ patient unless minor allowed in LPR.
- Removal of PPE after caring for Category 1 patient:
  - Remove PPE in the following order
    - When ready to remove gear, wash or sanitize your gloved hands with gel or whatever sanitizer you have.
    - Reach to the back of one shoulder, pull the gown down to the elbow, repeat with other arm. As you continue to pull the gown down both arms, ball it up so outside of gown inward. When you get to the wrists, pull your gloves off from the wrist one at a time as you continue to ball up the gown and gloves. Deposit in receptacle. Now you have not touched the outside of your gown with bare hands.
    - Wash your hands. (or sanitize)
    - Remove face shield, discard.
      - Wash your hands 20 sec, lots of soap and water. Sing Happy Birthday twice, it takes 20 sec.
  - Be gentle when removing PPE so as not to aerosolize any contaminants that may be present.
  - Immediately place sealed bag outside in dumpster.
  - If outer ski clothing was used as barrier, SL and Patroller should discuss whether it is appropriate for Patroller to go home and wash

outer clothing. See notes at end for proper removal/washing in this case.

- Putting equipment back in service:
  - Spray and wipe all surfaces with provided disinfectant.
    - Spray disinfectant on wool blankets and tarps. Allow to dry before putting back into trauma packs.
    - Cots and pillows
    - Stretcher and rails
    - Work surfaces
- Reporting measures and follow up
  - Record of any patroller/staff having contact with potentially infectious patient must be kept.
  - Health Department is responsible for contacting GPSP PR with notification of persons with positive COVID-19 test.
  - Risk of transmission with proper PPE use is minimal. Patrollers may stay at work as long as they are asymptomatic unless directed otherwise by Health Department.
  - If patroller develops signs or symptoms of COVID-19 such as symptoms listed above, they should self-isolate, contact PR and their personal physician by phone.
  - Lead Patroller should advise Slope Leader of potential exposure.
  - Slope Leader should advise GPSA administration. GPSA should contact Marathon County Health Department.

\*\*\*Notes regarding proper care of potential exposed outer clothing:

- Remove clothing in garage and place in plastic bag.
- Wash/sanitize hands before entering house.
- Put clothes in washer
- Rewash/sanitize hands.
- Shower

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