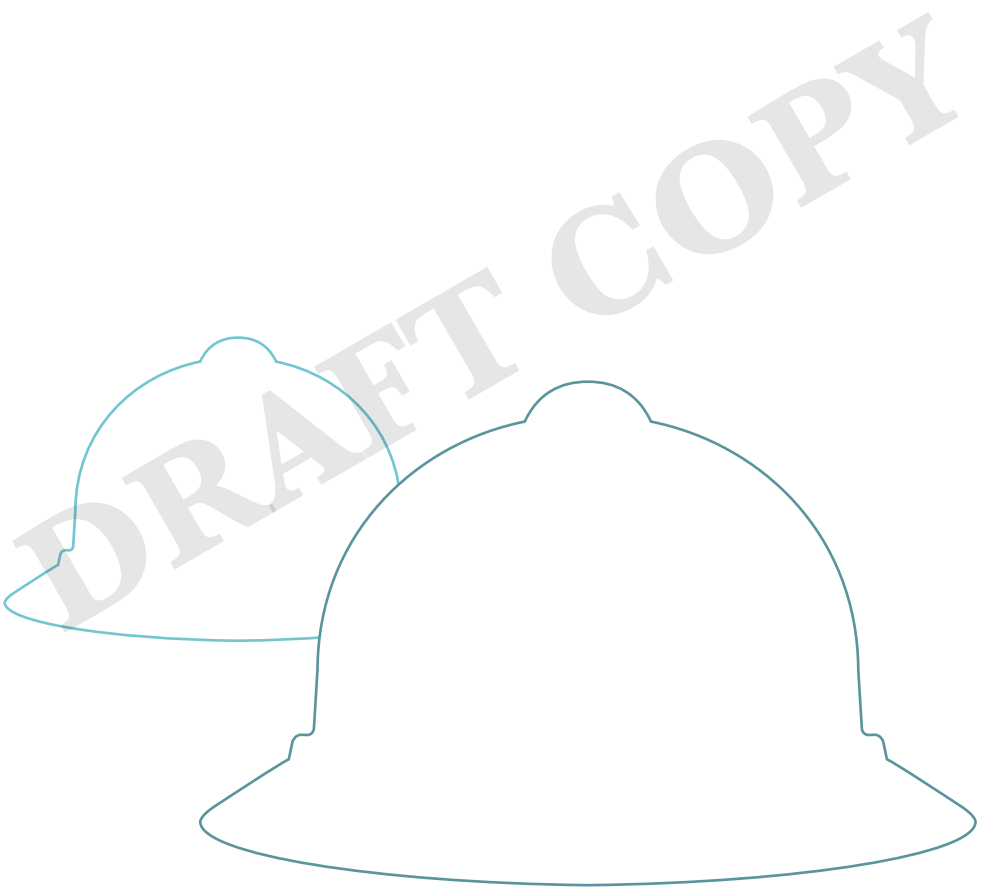




Field Safety Manual

COVID-19 Epidemic Protocol



**PACIFIC NORTHWEST TRAIL
ASSOCIATION**

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ACKNOWLEDGEMENTS

The PNTA is grateful to American Conservation Experience and Conservation Legacy for their transparency and generosity in sharing early editions of their own epidemic protocol plans, which provided valuable ideas and affirmations for our own practices. You are a credit to our community — thank you.

VERSION CONTROL

This document is subject to change. To the best of our ability, the PNTA shall continuously evaluate the latest information and guidelines from trusted health authorities such as the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Washington State Department of Health (DOH) in regard to the COVID-19 epidemic, and revise the guidance provided in this document accordingly.

Please ensure that you have the most current version by reviewing the document control number in the footer. You can also visit the hyperlink contained in the footer of digital copies to find the most current version.

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1. ABOUT THE HAZARD

What Is Covid-19?

Coronavirus Disease (COVID-19) is an infectious disease caused by a new type of coronavirus. Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed cases. Common symptoms such as fever, cough and shortness of breath may appear 2-14 days after exposure, and the severity and duration of symptoms can vary between cases.

Once you are infected, you may be capable of transmitting the virus to others, even before you exhibit any symptoms, and even if you never develop any symptoms yourself. It is estimated that at least 25% of infected individuals may be asymptomatic (or have no symptoms of infection).

Most people with COVID-19 have mild illness and can recover at home without medical care in about two weeks. In severe cases, recovery may take longer and may require medical treatment or emergency medical attention.

How Does One Become Infected With Covid-19?

Coronavirus can be contracted through close association with an infected person or by contact with a contaminated surface. The virus can be spread between individuals through respiratory and oral excretions (e.g. saliva) in a “droplet” form. Coronavirus can also be aerosolized (made temporarily airborne) by sneezing and coughing, or when using certain medical devices and respiratory treatments (e.g., CPAP machines).

Some people never show obvious signs of infection and are considered asymptomatic. Recent evidence suggests that it may be possible for the virus to spread from asymptomatic individuals simply via speaking or breathing. CDC recommends that people wear a cloth face covering to cover their nose and mouth in public to prevent this form of transmission. This is an additional public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but may prevent the spread of virus from the wearer to others.

Coronavirus can also spread through contaminated surfaces in the environment such as metal, plastic, cloth and others. It may be able to survive from a few hours to a few days on some surfaces without decontamination. It is possible to become exposed to the virus by transferring it from a contaminated surface (such as a door knob) to your mucous membranes (in your eyes, nose, or mouth) by touching your face or by coming into contact with a contaminated object that touches your face. *Source: Centers for Disease Control and Prevention, www.cdc.gov*

What Are Viruses? How Can They Be Destroyed?

Viruses are submicroscopic agents that infiltrate organism cells, changing those cells into virus replicators. Your immune system’s response to these infected cells present as the symptoms of disease (e.g., inflammation, fever).

The structure of a virion — an individual viral unit — is simply a core of genetic material (DNA or RNA — the code for the virus’s outer structure and its replication instructions) enveloped by a protective coat of proteins (the capsid) that connect to cells. (Some viruses also have a protective coat of lipids — fats.)

Outside of a host cell, viruses decay over time. The rate of decay depends on environmental factors such as temperature, humidity, and surface substrate. Outside of a host cell, a virion’s outer layer(s) can be damaged or dissolved, impairing its ability to attach to and hijack cells, and exposing its genetic material to the elements. Agents that may breach a virus’s defenses include soap/detergent, high heat (150° F), alcohol (no less than 70% or 123-proof) and bleach.

2. TRAIL OPERATIONS DURING AN EPIDEMIC

What follows is the PNTA's hazard analysis, policies and instructions for training and conducting our field-based trail operations during the COVID-19 epidemic. Reducing the risk posed by the epidemic to our staff, volunteers, partners and the trailside communities along the Pacific Northwest Trail is among our highest priorities.

The term *pathogen* is used throughout this guide. Pathogens include a diverse body of microorganisms, sometimes called "germs" that can lead to disease. Diseases caused by pathogens are called *infectious diseases*. Pathogens include any type of microorganism or non-living pathogen that can cause disease — not just viruses and bacteria — but also protists, fungi, viroids and prions.

The guidance provided in this document in regard to *infectious pathogens* is limited in scope. It has been designed to promote workplace safety at the PNTA, and to identify and mitigate the specific risks associated with contracting and transmitting COVID-19 and other common pathogens our staff may encounter during their regular course of work.

This document is subject to change. To the best of our ability, the PNTA shall continuously evaluate the latest information and guidelines from trusted health authorities such as the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Washington State Department of Health (DOH) in regard to the COVID-19 epidemic, and revise the guidance provided in this document accordingly.

As prudent, the PNTA will prioritize projects located in the frontcountry over those in remote backcountry locations where our trail crews frequently work. In the event of an emergency, worksites nearer trailheads and roads will allow us to perform emergency evacuation procedures with greater speed and less reliance on external emergency resources.

Whenever possible the PNTA will aim to field "*dedicated crews*" that do not interchange or mix members among one another, but rather keep the same 4-8 members together for the season to minimize the potential risk of exposure or transmission of pathogens among staff. Whenever new crewmembers must be added to the team, they will undergo the initial screening process and sign pre-project waivers in addition to being educated on all policies and procedures.

The PNTA will conduct our trail operations only when it is deemed lawful and prudent to do so, and will cooperate in full with all applicable laws, rules and regulations, including temporary emergency orders.

A. Communication, Transparency And Empathy

Fulfilling our mission during a global pandemic will undoubtedly provide new challenges and hardships across our organization and greater trail community. In particular, we recognize that those who tend trails will be called upon to perform their duties with increased attention to detail and sustained vigilance during the crisis.

We are taking additional steps to protect those who serve on our trail crews by providing extra training, guidance and equipment needed to conduct our field based operations safely. The policies and practices in this document have been created to protect the physical, mental and emotional wellbeing of our staff and program participants, as well as the trailside communities that help make the Pacific Northwest Trail so special.

In the face of these trials and uncertainties, we pledge our unwavering support and deepest gratitude for the essential role that you — our dear crew member — will serve to support our trail community and to fulfill our mission. *Thank you.*

It is essential that we communicate effectively as an organization to ensure workplace safety throughout the crisis. Confidential disclosures of personal medical information will only be requested by PNTA when lawful and necessary to monitor our crew members for symptoms of respiratory infection, and to screen for underlying conditions that may put them or their crew mates at higher risk of infection, or of developing severe symptoms of COVID-19 in the field.

TRANSPARENCY IN ASSESSING ONE'S PERSONAL RISK

All employees and program participants are required to fully disclose and report:

1. Any known exposure to an infectious pathogen within 14 days of a PNTA trip or event
2. That you have read the [CDC guidelines](#) regarding underlying conditions that would put you at high risk of severe illness and have determined that your participation on trail crew will not unduly jeopardize your safety or the safety of the crew

(See also Section 3: [Screen Crew Members for Clearance to Join a Trail Crew Trip](#) for more information.)

TRANSPARENCY IN REPORTING CONFIRMED INFECTIONS AND POTENTIAL EXPOSURES

- All employees and program participants are required to report to PNTA any confirmed cases or exposure to confirmed cases of COVID-19 within 24 hours of discovery
- PNTA will promptly inform all employees and program participants who may have been exposed to COVID-19 at a recent PNTA workplace or event
- In accordance with the Americans with Disabilities Act (ADA), PNTA will maintain confidentiality of the details of any medical information we receive, including the name(s) of the affected employee(s) or program participant(s)

TRANSPARENCY IN REPORTING EVEN MILD SYMPTOMS

Symptoms of COVID-19 can vary between individuals and throughout the progression of the disease. Even though some symptoms may be considered mild or similar to other common illnesses, it is absolutely critical that staff and volunteers report any and all possible symptoms and health concerns to management as soon as possible. *(See Section 7: [First-aid For Patients With Symptoms Of Covid-19](#) for more information.)*

WORKERS COMPENSATION

Employees and program participants should be aware that “in most cases, exposure to and/or contraction of [COVID-19 is not considered to be an allowable, work-related condition](#)” for a workers compensation claim. (Source: [Washington State Department of Labor and Industry](#))

NO TOLERANCE FOR DISCRIMINATION OR STIGMA

During a public health emergency with a novel virus, it is natural to feel stress, anxiety and even fear over the uncertainty and emotional trauma caused by the crisis. In these situations some people may act upon misinformation or rumor — and not science, empathy and reason — and unintentionally enact stigma as violence, discrimination, or another harm towards individuals or groups of people. During the pandemic, many forms of discrimination have been documented, including racial discrimination, and stigma against those who choose to wear masks, face coverings and other PPE in public, among others.

The PNTA recognizes that these kinds of behaviors may be harmful to our staff and trail crew participants, and may impair their ability to work together effectively. Staff will conduct appropriate training throughout the season to help ensure a safe and productive work environment free from discrimination.

Crew leaders should investigate and document all reported instances of discrimination and report them to their Regional Coordinator. If practical, they should take immediate steps to remedy the situation by holding private or group discussions to promote understanding and reconciliation. *Abusive or discriminatory behavior by staff will not be tolerated and is subject to disciplinary action up to and including termination.*

SAFETY TRAINING

Trail crew leaders are required to learn, reference, teach and enforce the policies and instructions provided herein. Please use this manual as an addendum to the PNTA's standard [Field Safety Manual](#). All crew members should receive supplemental training contained in the [COVID-19 Field Manual](#) as well as core training in Job Hazard Analysis. This content should be reviewed as often as needed to promote workplace safety.

Crew members are likewise responsible for learning, understanding, and abiding by the contents of this manual, and will be provided with a personal copy in advance of their participation in trail crew. Due to the immediate application of these guidelines upon arrival to an event or transportation thereto, **crew members — both staff and volunteers — are expected to arrive familiar with and ready to abide by these guidelines.** *Crew leaders are authorized to promptly dismiss any crew members — staff or volunteers — who do not abide by the COVID-19 epidemic protocols.*

See Section 3b: [Screen Crew Members for Clearance to Join Each Trip](#), and Section 5: [Hazard: Transmission During Transit](#)

SUPPLEMENTAL COMMUNICATION TOOLS

During an epidemic, the PNTA will provide staff with supplemental communication tools, such as:

- Two Forest Service-issued radios, or a pair of PNTA-issued two-way radios — so first-aid providers can remain in contact with crew during patient monitoring at basecamp
- Infographic hand washing instructions to post at the basecamp handwashing station
- Signs and/or temporary barriers to post at basecamp to restrict public entry and ensure social distancing
- Sign(s) to post at trailhead(s) — reminding trail users to respect social distancing recommendations

B. What To Pack

Many of these items are already standard supplies on a PNTA packing list. During an epidemic, please take extra care to ensure your crew is well stocked with the following items before each trip.

- Full pack(s) of hand/body/baby wipes + full bottle(s) (8-fl oz) of hand sanitizer
 - One unit per PNTA vehicle
 - One unit for basecamp
 - One to-go unit for use in the field (% a crew leader)
- 1 fl oz bottles of hand sanitizer (issue one per crew member)
- 12 fl oz bleach (per 80-hr trip) (To sterilize surfaces combine 5 Tbsp bleach with 1 gallon water or 4 tsp:1 quart and let stand on surface for at least one minute)
- Disposable bleach wipes
 - One unit per PNTA vehicle
 - One unit for basecamp
 - One to-go unit to accompany field water filtration kit
- Large (gallon) ziplock bags
 - Two units per PNTA vehicle
 - Four units for basecamp
 - 4-8 units (quart-size) for hand wipes in the field (% a crew leader)
 - 4-8 units (sandwich size) issued per crew member (Tip: Please reuse bags used to store food to hold personal trash, wrappers and other micro-trash)
- Plastic bag(s) (e.g., small trash bags, or recycled bags)
- Plastic bag(s) to stow dirty clothes and prevent cross-contamination
 - *Please remind crew members to bring plastic bags to contain their laundry*
- Disposable nitrile gloves, multiple sizes for: use in public spaces, handling uncooked foods, first aid
- Fingernail brush for basecamp handwashing station
- Facemasks (one mask per crew member, per day (e.g., N95 respirators, surgical, or cloth facemasks))
- Large, gallon size ziplock bags — for collecting, containing used facemasks:
 - Two units per PNTA vehicle
 - Four units for basecamp
 - *Please remind crew members to bring a bag to contain any personal facemasks*

C. Infectious Pathogen First-aid Kits

Each crew will be equipped with a supplemental *COVID-19 first-aid kit* for attending to suspected cases of COVID-19 infection. COVID-kit items will be in a separate sealed bag and should only be used in case a patient needs to be assessed or treated for a suspected infection.

Each PNTA vehicle will be equipped with a *COVID Evacuation Kit*. These items will be in a separate sealed bag and should only be used in case a patient with a suspected infection is being evacuated.

Additionally, dedicated office staff will be on-call, ready to be deployed to support crews in the field (e.g., in the event of an evacuation), and will also be equipped with *COVID-response evacuation kits*.

Crew leaders, please take extra care to ensure your crew's COVID kit is supplied before each project.

COVID-19 First-aid Kit

- ❑ (1) 1-fl oz bottle hand sanitizer
- ❑ (2) Cloth/ surgical facemasks (to be worn by patient and first-aid provider)
- ❑ (1) Clear safety glasses (or goggles) for first-aid provider
- ❑ (2) Pairs (LG and MED) nitrile gloves
- ❑ SOAP Note worksheet and pen/pencil (for recording and tracking patient's symptoms)
- ❑ (1) Digital thermometer, with disposable covers
- ❑ (1) Travel-pack of Tylenol/ Acetaminophen
- ❑ (1) Pulse Oximeter

Covid Evacuation Kit

- ❑ (1) Large (30–50 gal) trash bag/s (for containing patient's belongings)
- ❑ (1) 1-fl oz bottle hand sanitizer
- ❑ (1) Cloth/surgical facemask (to be worn by driver)
- ❑ (1) Clear, *anti-fog* goggles for driver
- ❑ (2) Pairs (LG and MED) nitrile gloves

D. Use And Care Of Infectious-pathogen PPE

- Do NOT share Pathogen PPE
- Wear a facemask if social distancing (6-10 feet of separation) can not be maintained, e.g., when riding in a vehicle together, or when working in a basecamp kitchen together
- Wear safety glasses or goggles if providing first aid to and/or if in an enclosed space (e.g., a vehicle) with a potentially infected patient(s)
- Wear disposable gloves if providing first-aid to a patient, and/or if you must handle or come in close contact with potentially contaminated surfaces or objects

HOW TO PUT ON PATHOGEN PPE

1. Clean and sanitize your hands
2. Put on facemask (see instructions and guidelines below)
3. Put on safety glasses or goggles
4. Sanitize your hands again
5. Put on gloves

HOW TO REMOVE PATHOGEN PPE

1. Remove gloves ([see also: CDC infographic](#)):
 - a. Grasp the outside of one glove at the wrist. Do not touch your bare skin.
 - b. Peel the glove away from your body, pulling it inside out.
 - c. Hold the glove you just removed in your gloved hand.
 - d. Peel off the second glove by putting your fingers inside the glove at the top of your wrist.
 - e. Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.
 - f. Dispose of the gloves safely in the provided ziplock bag. Do not reuse the gloves.
2. Clean and sanitize your hands
3. Remove safety glasses or goggles: Grasp the side straps or temple/ear frames, and pull up and away from your face. Do not touch the lens.
4. Remove facemask (see instructions and guidelines below)
5. Clean and sanitize your hands again

FACEMASKS - INSTRUCTIONS AND GUIDELINES

Refer to: [CDC recommendations](#) for more information. When used correctly and properly cared for, facemasks:

- May reduce the spread of pathogens to others by containing your own respiratory and oral droplets and aerosols
- Should be worn even if you feel well — you may be pre-symptomatic, or asymptomatic
- May prevent droplets and aerosols from coming into contact with your nasal and oral membranes
- May help prevent you from unconsciously transferring pathogens from your hands to your face, nose and mouth

To Put On and Adjust a Facemask

- First, clean and sanitize your hands
- Cover mouth *and* nose, making sure there are no gaps; masks should extend under the chin
- If using a N95-Respirator or a similar mask, a fit test must be performed, and facial hair must be removed so as not to interfere with the seal of the mask, otherwise, you must use cloth and/or surgical facemasks
- If the respirator has a nosepiece, it should be fitted to the nose with both hands applying pressure on each side — not bent or tented, or pinched with one hand
- If this is the only Pathogen PPE item you are wearing for now, then the final step is to: sanitize your hands again

To Remove a Facemask

1. Handle it by the straps/ ties, only
2. Using both hands, pull the mask up and away from your face
3. Do not touch the front/ exterior surface of the mask
4. Dispose of the mask into a sealed trash or laundry bag
5. Clean and sanitize your hands

Additional Use Guidelines

- Never apply a facemask to a first-aid patient who is struggling to breathe
- Never apply a facemask to a first-aid patient who is unconscious
- Do not touch the interior surface of the mask (which contacts your face) and do not allow other surfaces (even the exterior surface of the mask) to make contact with the interior surface if you intend to extend use
- Avoid touching the mask while using it; if you do, clean and sanitize your hands
- Do not wear a facemask below your nose (with your nose uncovered)
- Do not “store” a facemask below your chin between uses
- Do not attempt to wear a facemask while eating or drinking (by pulling the mask aside in between bites/sips)
- Do not remove the mask until you are prepared to clean and sanitize your hands immediately afterward
- Replace a mask if:
 - It is damaged or deformed, or otherwise no longer stays in place and seals over the nose and mouth
 - You touch or otherwise contaminate the interior surface with bodily fluids
 - It becomes damp, dirty, and/or difficult to breathe through

Extended Use/ Reuse Of Facemasks

- Only reuse a facemask that has been used in a **low-risk setting** as a general preventative measure (discard or sanitize any mask used in close contact to treat or transport a patient with a suspected infection)
- Extended use facemasks **must be replaced daily** and as often as needed throughout the day (see [Additional Use Guidelines](#), above)
- Between uses, extended use facemasks must be **stored with care** — in a sealed bag, **isolated** from all other clothing and items, and folded so as to **protect the interior surface** from contamination
- Always clean and sanitize your hands *before and after* putting on and removing a facemask
- Between trips, reusable facemasks must be washed and sanitized with soap and hot water

E. How To Clean And Sanitize Your Hands

This is standard protocol for healthy living and workplace safety. During an epidemic, all crew members should be particularly disciplined in these behaviors and should help create a culture of accountability within the entire crew.

- **Wash/ Clean:** [Def] To physically remove contaminants (dirt, grease, food, bodily fluids, pathogens etc.) from the skin, or a surface or object; typically achieved with friction and solvents, as in the lathering and scrubbing of soap, which is then rinsed off with water
- **Sanitize/ Disinfect:** [Def] To denature any remaining pathogens on the skin or the surface of an object, destroying characteristic properties or molecular structures of those pathogens by applying heat, acidity, or other disruptive agents (like alcohol or bleach)

WHEN TO WASH YOUR HANDS (OFTEN!)

- BEFORE and AFTER preparing food
- During food prep — anytime AFTER you have made contact with a surface or object that is not the food you are preparing, or the clean food prep tool(s) you are using
- BEFORE and AFTER eating food
- BEFORE and AFTER putting on and removing medical/pathogen PPE
- BEFORE and AFTER touching your face, e.g., to apply sunscreen
- BEFORE and AFTER caring for someone who is ill, or tending to someone who is injured
- AFTER you have urinated or defecated (used the toilet) or may have made contact with your anus or genitals
- AFTER changing a diaper, or helping a child or dependent clean their hands AFTER using the toilet
- AFTER blowing your nose, coughing, or sneezing, or helping a dependent blow/wipe their nose
- AFTER touching an animal, animal feed (incl. pet food, pet treats), or animal waste
- AFTER touching garbage, or medical/ PPE waste
- AFTER touching dirty laundry
- AFTER touching “high-touch surfaces” (keyboards, tablets, smartphones, steering wheels, door knobs, etc.)

Frequent hand washing is necessary, but it can lead to dry, chapped or cracked skin. For your comfort and to help protect yourself from other health problems, moisturize your hands at least once a day to care for your skin.

How to Wash Your Hands

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap
2. Lather your hands by rubbing them together with the soap (20+ seconds):
 - a. Rub/rotate palms together
 - b. Rub/rotate the top/back of the fingers against the palms
 - c. Scrub between the fingers (interlace — front and back)
 - d. Scrub the backs of hands
 - e. Rub/rotate/scrub the thumbs
 - f. Rub/rotate/scrub the tips of the fingers against the palm to work the lather under the nails
 - i. Use a nail brush to clean under fingernails esp. if you have stubborn dirt stuck underneath
3. Rinse your hands well under clean, running water — until they no longer feel slick with soap
4. Air dry or pat dry with a clean towel

Visit the CDC's website if you want to [learn more about the science behind how we wash our hands](#).

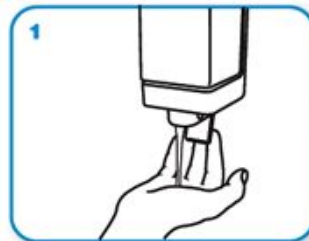
How To Clean Your Hands In The Absence Of Soap And Water

1. Using a pre-moistened wipe, thoroughly scrub every surface of your hands to remove all dirt and contaminants
 - a. Dispose of your wipe(s) in a sealed bag to be packed out
2. Properly sanitize your hands by following the instructions above
3. IF relatively clean water is available in your environment, AND your skin is NOT contaminated with chemicals (e.g., sunscreen, bug spray), you may opt to do a preliminary rinse/scrub to remove dirt from your hands.
Never use soap — not even biodegradable soap — in waterways or bodies of water!

How To Wash Your Hands



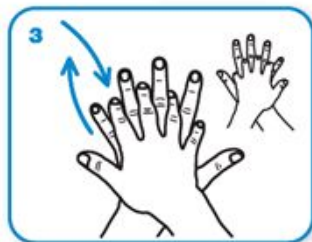
Wet hands with water



apply enough soap to cover all hand surfaces.



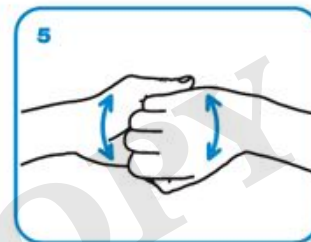
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



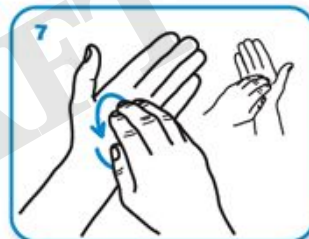
palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



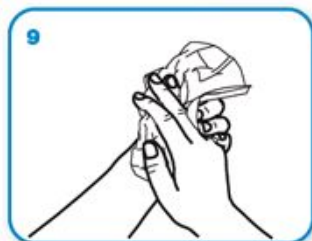
rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



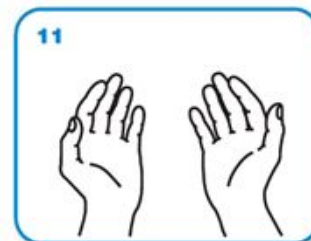
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

Source: [World Health Organization](https://www.who.int)

ABOUT HAND SANITIZER

- Hand sanitizer (comprised of 60-95% alcohol) is *NOT a substitute for washing hands* with soap and water
- *When used correctly*, sanitizer destroys most germs on your hands, and is useful as a secondary health precaution
- *When used incorrectly*, hand sanitizer is NOT effective and could lead to the spread of germs
- Hand sanitizer does not kill all germs (e.g. norovirus and *Clostridium difficile* (C. diff))

WHEN TO SANITIZE YOUR HANDS

- When hands are NOT visibly dirty or greasy and AFTER wiping them clean of contaminants
- BEFORE preparing food or working in the camp kitchen: wash and dry hands, *then apply sanitizer*
- BEFORE and AFTER providing first-aid care, AFTER washing your hands as best as possible
- BEFORE and AFTER donning/doffing Pathogen PPE, AFTER washing your hands as best as possible
 - BEFORE putting on facemask and glasses/goggles, then again before putting on disposable gloves
 - BEFORE and AFTER touching/adjusting Pathogen PPE
 - AFTER removing disposable gloves, then again AFTER removing glasses/ goggles and facemask
- AFTER defecating and AFTER washing your hands
- AFTER urinating, especially if hand washing is not immediately possible
- AFTER contacting “high-touch” surfaces, especially if hand washing is not immediately possible

HOW TO SANITIZE YOUR HANDS

1. Clean your hands — remove any dirt, grease, or other visible contaminants
2. Apply $\geq 3\text{ml}$ — a dime to nickel-sized dollop (more for larger hands; follow manufacturers’ recommendations)
3. *Thoroughly* rub the sanitizer over every surface of your hands (20+ seconds):
 - a. Rub/rotate palms together
 - b. Rub/rotate the top/back of the fingers against the palms
 - c. Scrub between the fingers (interlace front and back)
 - d. Scrub the backs of hands
 - e. Rub/rotate/scrub the thumbs
 - f. Rub/rotate/scrub the tips of the fingers against the palm to work the sanitizer under the nails
4. Keep rubbing until your hands are dry; do not touch anything until your hands are dry

Common mistakes when using hand sanitizer (i.e., ineffective use):

- Not using enough product
- Not thoroughly rubbing the product into every part of your hands until dry

3. HAZARD: TRANSMISSION BETWEEN CREW MEMBERS

A. LIMIT CREW SIZE

- PNTA trail crews typically involve no more than six (6) participants per trip
- When hosting larger work events, participants should be limited to 10 or fewer

B. SCREEN CREW MEMBERS FOR CLEARANCE TO JOIN EACH TRIP

On March 11, 2020, the coronavirus disease (COVID-19) was declared a pandemic by the World Health Organization. On March 19, 2020, the U.S. Equal Employment Opportunity Commission re-issued the technical assistance document [Pandemic Preparedness in the Workplace and the Americans with Disabilities Act](#), incorporating updates regarding the COVID-19 pandemic and workplace pandemic planning.

Based on this EEOC guidance, the PNTA has issued the following temporary screening measures. We acknowledge that these screening measures may not be completely effective in detecting the presence of coronavirus/ COVID-19 due to the length of the incubation period of the virus, and the known potential for a COVID-19 positive individual to remain “asymptomatic” while being capable of transmitting the virus to others.

- All crew members (staff and volunteers): Please self-screen according to the following parameters
- Regional coordinators: Use these parameters to screen crew leaders for clearance prior to each trip
- Crew leaders: Use these parameters to screen crew members/volunteers at rendezvous, prior to embarking on each trip; maintain social distancing measures of no less than six feet during screenings

For the safety of all trail crew participants, PNTA crew leaders are authorized to defer a crew member’s participation in a trip or work party if the individual does not pass screening parameters, or if the crew leaders have any reason to suspect an individual is at high risk for severe illness, or has been at high risk of exposure. We apologize for any inconvenience this may cause participants, and are truly grateful for their cooperation and understanding.

SCREENING PROCESS

[EEOC guidelines](#) indicate that disability-related inquiries and medical examinations are permitted during a pandemic if they: “are job-related and consistent with business necessity.” The guidelines indicate that these thresholds are met “when an employer has a reasonable belief, based on objective evidence, that: an employee’s ability to perform essential job functions will be impaired by a medical condition; or an employee will pose a direct threat due to a medical condition.” Additionally, the guidelines clarify: “Based on guidance of the CDC and public health authorities as of March 2020, the COVID-19 pandemic meets the direct threat standard” and “because the CDC and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions as of March 2020, employers may measure employees’ body temperature.”

The Screening Process Includes:

1. Complete a pre-project [COVID-Screening Checklist](#), a questionnaire acknowledging the screening factors described below, and verifying that you have determined that your participation in trail crew will not unduly jeopardize your safety or the safety of the crew.
2. Sign a waiver acknowledging the risks of participating in trail crew during a COVID epidemic, and verifying that one has taken precautions against exposure in the days preceding this trip or event.
3. Provide baseline oral temperature, and resting pulse and blood oxidation metrics:
 - a. PNTA staff and/or crew leaders will take and record baseline readings at the rendezvous location, AND again at the trailhead prior to hiking into a backcountry site, if that occurs on the following day.
 - i. Please refrain from eating or drinking anything 30 minutes prior to your oral temperature reading.
 - ii. Your baseline metrics will be kept on the [COVID-Screening Checklist](#) worksheet, which will be temporarily stored with your Medical Emergency Information worksheet in the primary First-Aid Kit.

CREW MEMBERS WHO MAY NOT PARTICIPATE

Please remain at home, limit social contact, and do NOT participate in trail crew if:

- Within the past 14 days, did you (or someone you closely associated with) experience any of these symptoms:*
- A new fever (100.4°F or higher), or felt like you had a fever?
- A new cough that is not because of another illness?
- A new shortness of breath that is not because of another illness?
- A new sore throat that is not because of another illness?
- Sore muscles not because of existing illness, or not from exercise or injury?
- Were you or they diagnosed with an infection?
- Were you or they exposed to someone known to be infected?
- Did you or they travel from or through communities with current cases of COVID-19?
 - If yes, please describe in detail the precautions taken to prevent exposure
- [You are currently experiencing unmanaged seasonal allergy symptoms](#) (e.g., persistent cough, sneezing)
 - If you have become infected but do not know it yet, persistent allergy symptoms could mask early symptoms of infection and cause the disease to spread among crew members
- [You are at high risk for severe illness](#) (as defined by the Center for Disease Control)
 - *If you are unsure if trail work is safe for you at this time, please consult your doctor*

* Source: [Washington State Department of Health: Staff and Visitor Screening Questions](#)

C. MAINTAIN SOCIAL DISTANCING

- It is standard protocol to observe a 10-foot distancing rule while hiking and working with tools to reduce the risk posed by tool-related hazards
- Crew members must also maintain 6-10 foot distancing whenever possible on the trail and at camp
- If social distancing is not feasible, crew members in close proximity to one another will wear facemasks

D. CONTAIN RESPIRATORY and ORAL SECRETIONS and AEROSOLS

- **Saliva, Phlegm, Expectorant (Spit)**
 - Projecting bodily fluids such as saliva and phlegm by spitting should be considered a high-risk activity
 - Swallow spit/phlegm if possible
 - If you must spit:
 - Maintain at least 10-feet of separation from people and gear. (more if strong wind is present)
 - Spit downslope — off and away from the trail
 - While on duty, PNTA staff should avoid spitting in view of the public
 - In camp: contain spitting to a designated location that will not be walked on/ tracked through by other members of camp
 - For example: spit only in the basecamp greywater bucket and/or sump hole
 - Remember to wash your hands after dumping the greywater bucket!
 - Do not share personal food, water bottles, or utensils
 - Crew members may NOT use chewing tobacco during a trip or event
- **Coughs, Sneezes**
 - Aerosolized droplets from a sneeze can travel eight feet or further, and viruses shed in a respiratory aerosol can linger in the air for an hour or longer in the right conditions
 - When coughing or sneezing:
 - Maintain at least 10-feet of separation from people and gear. (more if strong wind is present)
 - If possible, step off the trail downslope and direct the cough/ sneeze away from the crew
 - Otherwise, try to contain the spread of your cough or sneeze within the crook of your elbow
 - Avoid coughing or sneezing into your hand or gloves
 - If you do catch a cough or sneeze in your hands, clean and disinfect your hands or gloves (and any other contaminated objects) as soon as possible
- **Nasal Secretions (Snot)**
 - Projecting or picking mucus out from the nasal passages should always be considered a high-risk activity
 - Remove your gloves before clearing nasal passages
 - Use a clean barrier to blow into or pick your nose (e.g., a *clean* handkerchief, tissue or toilet paper)

- Clean and disinfect your hands after clearing your nasal passages — even if you do use a tissue
- If you are projecting mucus from the nasal passages without catching it in a barrier:
 - Maintain at least 10-feet of separation from people and gear. (more if strong wind is present)
 - Project snot downslope — off and away from the trail
- Contain used tissues or handkerchiefs in a designated, resealable bag, and take care to store this bag separately from other items to avoid cross-contaminating other objects
- If using handkerchiefs, use a new cloth daily, and/or clean and disinfect used handkerchief(s) daily
 - Please bring your own methods and supplies for cleaning used handkerchiefs — do NOT use gear and supplies from the basecamp kitchen to launder and sanitize your items

E. USE and CARE of WATER FILTRATION GEAR - to PREVENT TRANSMISSION

- **Basecamp water station:**
 - Always prevent water bottles from making contact with the drinking water spigot
 - Sanitize the drinking water spigot daily
- **Refilling water bottles in the field:**
 - Always follow standard JHA protocol for filling water bottles in the field, and manufacturer instructions for maintaining water filtration gear between trips, taking care to avoid cross contamination of surfaces
 - During an epidemic:
 - Group bottles by person, refilling each individual's bottles separately
 - AND sanitize (with bleach wipes) the outlet between groupings

F. Use and Care Of Tools to Prevent Transmission

- As always, everyone must wear gloves when handling tools for *any* length of time
- During an epidemic, consider using the same tools — a designated tool for each crew member — for the entire trip
- After/ between trips, crews/ crew leaders will wash all tool handles with hot soapy water or bleach wipes

G. Use and Care Of Personal Protective Equipment (PPE) to Prevent Transmission

- After/between trips crew leaders wash all PPE (their own, plus revolving crew member gear) with hot soapy water
 - After/between trips, returning crew members must wash their PPE with hot soapy water
 - Consider washing PPE items *during* trips (if conditions allow)

- Wash work gloves, clean safety glasses and hardhat shells, wash hardhat suspensions and sweatbands
 - Tip: Pre-rinse dirt from work gloves before machine-washing with a load of laundry!
 - Training on the correct removal and reinstallation of hard hat suspensions will be provided
 - Staff should inspect hard hat suspensions at the start of each trip to verify correct installation
- Do NOT share used PPE
- Do NOT store work gloves, handkerchiefs or other dirty items in the same pocket as your safety glasses, facemasks, or mosquito head nets — or anything that you put on your face
 - Any gear that makes contact with your face should be stowed in its own resealable bag between uses

H. Use and Care of Personal Gear — to Prevent Transmission

HAZARD: SURFACES

- After/ between trips crew members must *thoroughly wash and sanitize all outdoor gear used in the field*
 - Wash sleeping bags and sleeping pads following the manufacturer's instructions, or
 - If in clean condition, set-up gear and allow to air dry for at least three days (to reduce wear)
 - Clean and sanitize tents and tarps by submerging in a large tub or basin with non-detergent soap and water; sanitize zippers. *Completely* air-dry tents and tarps in the shade before repackaging for storage, or
 - If in clean condition, set-up gear and allow to air dry for at least three days (to reduce wear)
- After/ between trips crew members must wash all clothing that has been in the field
- During trips crew members must bag and isolate their dirty laundry (or apparel that will not be worn again during this trip) from their clean (or to-be-worn-again) clothing and gear
- At the end of the season, crew members must *thoroughly wash and sanitize* all gear borrowed from the PNTA
 - Wash sleeping bags and sleeping pads following the manufacturer's instructions
 - Clean and sanitize tents and tarps by submerging in a large tub or basin with non-detergent soap and water Sanitize zippers. *Completely* air-dry tents and tarps in the shade before repackaging for storage
 - Crew leaders/ staff will be responsible for cleaning any gear returned in unsanitized condition

HAZARD: SHARED SPACES

- During an epidemic, crew members should maintain social distancing by sleeping one crew member to a tent, spaced at least 6-10 feet apart. Sharing tents will only be permitted under special circumstances (e.g., for people who already cohabitate).

4. HAZARD: TRANSMISSION BETWEEN CREW AND TRAIL USERS, VISITORS

At worksites along the Pacific Northwest Trail, PNTA trail crews should expect to encounter day hikers and other trail users. During an epidemic, additional precautions should be taken to protect staff from potential transmission of infectious pathogens between the general public and trail crew members.

A. MAINTAIN SOCIAL DISTANCING

- During an epidemic, visitors are not permitted at basecamp
 - Crew members should convey to friends and family that drop-in visits to the crew are not permitted
 - Crew leaders must promptly ask all unauthorized visitors to leave basecamp (it's not rude, it's the PNTA's workplace health and safety policy)
 - Call agency authorities and/or Regional Coordinator for backup (or law enforcement if needed) if someone is not cooperating with our no-visitors, social distancing policy
 - Crews will be equipped with signs (and barrier tape, to use as needed) to post at/ around basecamp, to remind agency personnel and passersby that unauthorized visits are not welcome and social distancing is being strictly enforced
 - If crew members are worried or suspicious that their basecamp has been contaminated by a visitor while they were absent, they are encouraged to sanitize (bleach wipe) commonly touched surfaces, surfaces related to hygiene and food service, etc.
- When you encounter trail users in the field:
 - As usual, step aside and let them pass, but during an epidemic step further away to maintain 6-10 feet of separation from users on the trail if it's safe to do so on the given terrain and conditions
 - If trail users stop to engage with you, please maintain social distancing
 - If it's not safe to maintain 6-10 feet of separation — due to terrain or conditions:
 - Walk up or down trail to find a suitable location to ensure proper social distancing
 - If you are working on a trail that has long stretches that are unsafe to step off from, crew members should carry personal facemasks and hand sanitizer (in a sealed bag, in a pocket on their person) on the trail, and put them on when they see user traffic approaching
 - If you are working on a trail with consistently heavy traffic, wear facemasks
 - Crews will be equipped with signs to post at the trailhead(s), reminding trail users to respect social distancing parameters when they encounter the crew

5. HAZARD: TRANSMISSION DURING TRANSIT

A. Sanitize Surfaces

HAZARD: VEHICLE SURFACES

“High-touch surfaces” (objects and surfaces that are frequently and commonly touched) are a vector for transmission.

AFTER/BEFORE EACH TRIP crew leaders will sanitize “high-touch” surfaces:

- ❑ Steering wheel (clean off oils and dirt with a soapy rag, first)
- ❑ Door handles (inside and out)
- ❑ Seat belt buckles
- ❑ Window controls
- ❑ Audio and comfort controls
- ❑ Turn signal and windshield wiper levers

HAZARD: PERSONAL DEVICES

Passengers often pass the time with a digital device — a common vector for germs

- Consider leaving digital devices at home (PNTA is not responsible for loss or damage of your personal devices)
- BEFORE each trip, before entering a PNTA vehicle, crew members will disinfect their phone/device...
 - According to the manufacturer’s instructions for cleaning and disinfecting the device; or, if no guidance...
 - If waterproof/ resistant, use soap and running water or;
 - With a soft cloth/wipe imbued with alcohol (at least 70%)
- Avoid sharing/ making contact with other crew members’ personal devices and gear

Source: [CDC “Cleaning And Disinfecting Your Home”](#)

HAZARD: GERMS ON HANDS

BEFORE (re)entering a PNTA vehicle — at the start of each transit, and when resuming travel after a stop

- If you contacted any objects or surfaces while out of the vehicle you must wash your hands with the best available method (soap and water, or wipes)
- A designated crew leader or passenger will — after completing their own hand sanitization — distribute/ apply hand sanitizer to each returning passenger and monitor for completion of hand-sanitizing procedure before the passenger re-enters the vehicle

B. Precautions In Enclosed Areas/ Shared-air Spaces

- Wear a facemask when riding in a vehicle together
 - Facemasks should remain in place until you have arrived at your destination
- Consider limiting any non-essential conversation during the drive
- When it is practical and safe to do so:
 - Use the thru-vent air setting
 - Do NOT use the recirculate-air setting
 - Partially open/crack a front and rear window to facilitate negative pressure and airflow during transit
- During long drives (two hours or more), if you need to eat a snack or drink some water:
 - Stagger snack/ water breaks among passengers who are within 6-feet of each other (i.e., only one person is maskless and eating/drinking at a time)
 - Follow facemask protocol (see also, Section 2d: *Facemask Instructions and Guidelines*):
 - Sanitize your hands, remove and safely store the mask, sanitize your hands again
 - Do NOT attempt to eat/drink while wearing a facemask
 - Do NOT pull the mask down below your chin while you eat/drink
 - Crew leaders should be mindful that these extra safety protocols may discourage passengers from eating and drinking during a long drive — which could lead to additional hazards related to dehydration and blood sugar levels; ensure that your crew takes care of these critical needs

C. Avoid Public Spaces and Surfaces

During an epidemic, crew members should limit their exposure to public spaces as much as possible

- Leave facemasks on when you leave the vehicle during a pit stop — do NOT remove facemasks until you have reached your destination
- Crew leaders should complete all shopping prior to each trip — without the accompaniment of crew members/ passengers
- Avoid unplanned pit stops; bring your own sack lunches, snacks and water
- Avoid public restrooms; if possible, consider making pit stops to urinate in natural settings
 - Confer with all passengers about their level of comfort with this plan *before* they are deprived of options
 - Please urinate out of sight of the public and away from PNTA vehicles whenever possible
 - Follow hand washing and sanitizing protocol after relieving yourself and before reentering the vehicle
- At fuel stations: drivers should use disposable gloves as a barrier between their hands and the pump handle and key pad, and/or wash and sanitize their hands before re-entering the vehicle
- Avoid touching public surfaces; follow hand washing and sanitizing procedures before re-entering the vehicle

D. Precautions In The Event Of An Evacuation

PNTA crews should use more than one vehicle per event/trip, such as a combination of a PNTA vehicle AND a crew member's vehicle(s), so that in the event of an evacuation:

- A patient can be transported separately from the rest of the crew, and
- If the evacuation of a patient is nonurgent, then the crew may choose to stay in the field — if they remain equipped with enough vehicles for their own transportation and emergency needs

If an evacuation would deprive remaining crew members of a means of transportation, and no other vehicles are en route (e.g., agency or PNTA staff deployed to support), then the entire crew must travel together for the evacuation. If remaining crew members are minors, they may NOT be left behind in the field without adult supervision.

Whether a patient is transported with or without the entire crew, some additional precautions to take when transporting a patient with a potential COVID-19 infection include:

- Wearing facemasks, sanitizing hands and surfaces, and avoiding public spaces (by following the standard protocol to reduce risk of contracting or transmitting coronavirus during transit, if it is safe to do so)
 - NEVER apply a facemask to a patient who is unconscious or struggling to breathe
- Load the patient first, and off-load the patient last
 - During a non-urgent evacuation, or after completing an emergency or urgent evacuation, sanitize-wipe surfaces the patient made contact with
- Position the potentially infected patient toward the back of the vehicle
- Level 1 or 2 (emergency/urgent) evacuation patients will be accompanied by a designated first-aid provider who will administer care and monitor and document the patient's condition during transit (this provider should NOT be the driver, if possible)
- Avoid making any stops in public; bring enough food, water, and toiletry supplies for the road
- If the crew does make a pit stop in a public location (during a non-urgent evacuation, or when returning to the field after an emergency or urgent evacuation):
 - The patient should remain inside the vehicle (if possible)
 - Passengers should avoid making any unnecessary contact with surfaces
 - Assign responsibility for sanitizing any vehicle surfaces touched by passengers to a crew member

6. HAZARD: TRANSMISSION VIA FOOD PREPARATION AND CONSUMPTION

A. Abide By Standard Food-Safety Protocols

At all times — regardless of an epidemic scenario — crews must follow standard food-service safety protocol, including:

- Closely monitor and strictly enforce hand washing protocol during snack/ meal breaks in the field, and especially in the communal basecamp kitchen
 - Everyone who enters the basecamp kitchen must wash their hands before touching anything related to food service, including the outside surfaces of food storage boxes
 - Repeat as often as necessary according to hand-washing guidelines and procedures (See Section 2: *How to Clean and Sanitize Your Hands* for more information)
- Maintain the handwashing station
 - Ensure a steady supply of water is always available for the handwashing station (so no one feels pressure to skimp on washing)
 - Ensure soap is in steady supply at the handwashing station
 - Ensure a clean towel is available at the handwashing station
 - Train crew members to use it ONLY for that purpose, and
 - Always store it hung to dry (and in direct sun, whenever possible)
 - Ensure the handwashing station includes a pump-bottle of hand sanitizer
 - Sanitize the handwashing station daily with bleach wipes (e.g., spigot, soap and sanitizer bottles)
 - Provide one basecamp handwashing station for every six crew members
- Maintain proper hand hygiene by keeping fingernails trimmed short and scrubbed clean
- Moisturize hands at least once a day to protect skin from drying and cracking
- Watch out for cross-contamination of food and food surfaces:
 - *Thoroughly* roll up your sleeves and ensure clothing does not contact foods, food prep tools or surfaces
 - Tie back long hair *before* you wash up for food service, including dish-washing
 - If you need to readjust your hair or clothes, if you touch your face, or if you touch anything other than the food, tools or clean dishware you are working with, then you must stop to wash and sanitize your hands again before resuming food service
 - Ensure any gear or personal items that are temporarily stored beneath the basecamp tarp are strictly isolated from food-prep areas — whenever possible, set up a second basecamp tarp for this purpose
- Clean and sanitize food-prep surface(s) before preparing food

- Wash every dish/ food service item after every use (see standard JHA dishwashing protocol)
 - Crew members must wash personal dishware after each use, including personal mugs, and snack and lunch containers at the end of day
- Between trips crew leaders will empty all panniers and wash and sanitize all kitchen gear, as well as the outside of packaged surplus foodstuffs

B. Designated Cooks

To reduce food-safety hazards on trail crew we always recommend:

- That the most experienced and qualified crew members should serve as designated food-preppers and cooks, as a communal backcountry kitchen is NOT an appropriate setting for inexperienced participants to learn how to cook safely
- Assigning someone to assist food-preppers and cooks — to fetch, open and close ingredients and objects so that they can keep their hands clean and reserved for food preparation

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C. Additional Food-safety Protocols - During An Epidemic

MAINTAIN SOCIAL DISTANCING

- Anyone who is not involved with food-service chores should maintain social distancing (6-10 feet of separation) from the kitchen and dish station during preparation and cleanup
- Maintain social distancing while eating during breaks, lunches, and shared meals at basecamp
 - Do not attempt to override social distancing protocol by wearing facemasks while eating!
 - Crew leaders should ensure that the use of “creature comforts” — like the shelter of the kitchen tarp, or a picnic table — is shared equitably among all crew members

WEAR FACEMASKS DURING FOOD PREP and DISHWASHING

- While working in a basecamp kitchen, wear clean facemasks and follow facemask protocol, as it is not possible to maintain social distancing guidelines in this setting (see Section 2: [*Facemask Instructions and Guidelines*](#))

CHOOSING DESIGNATED COOKS

- If multiple crew members are competent at food prep and backcountry cooking, consider having an internal screening dialogue as a crew, and elect the two people who have — in the 14 days preceding a trip — most rigorously practiced social distancing and other such preventative measures
- Any crew member engaged in the *secondary* stages of dishwashing (rinse, sanitize, air dry and put away) must observe cleanliness protocols as strictly as a food-prepper/ cook
- Anyone whose clearance screening indicates some potential (but acceptable) risk factors should probably refrain from engaging in communal food service tasks, other than the primary stages of dishwashing (pre-rinse, wash)

DESIGNATE A “SECONDS” SERVER

- A designated server will wash and sanitize their hands, then dish out second servings
- The server will take great care to ensure that the serving utensil and the communal food does not make *any* contact with used dishware or food from crew members’ dishes
- The server must remember to wash and sanitize their hands again before they resume eating

7. FIRST AID FOR PATIENTS WITH SYMPTOMS OF COVID-19

A. Assess

First, evaluate the crew member's symptoms as mild or severe and take appropriate action as outlined below. Note: In some cases, symptoms can become severe in a short amount of time. Although these symptoms may be caused by another kind of illness, when assessing and caring for a patient during an epidemic, one should always assume COVID-19 could be the cause, and one should ALWAYS use additional Pathogen PPE from the crew *COVID-19 First-Aid Kit*.

Due to the unpredictable and varied responses individuals have to infection with COVID-19, it is important that all crew members immediately report mild or suspicious symptoms so we can begin to monitor them. Symptoms may be related to COVID-19 or another illness, or a transient reaction to an environmental trigger or even a physical exertion challenge.

Remember: Do not neglect to conduct a thorough patient assessment to identify and respond to all potential causes of health problems. Please rely on your medical training and your Wilderness First Aid field handbooks for guidance.

(S/Sx) SIGNS and SYMPTOMS OF COVID-19

MILD SYMPTOMS <i>Evacuation Level TBD w/in ≤ 8 hours</i>	SEVERE SYMPTOMS <i>Level-1 Emergency Evacuation</i>
<ul style="list-style-type: none"> • Cough • Shortness of breath <i>(or at least two of the following symptoms)</i> • Fever ≥ 100.4° F • Chills, or repeated shaking with chills • New loss of the ability to taste or smell • Muscle/body aches (not due to exercise) • Sore throat • Headache 	<ul style="list-style-type: none"> • Trouble breathing • Bluish lips or face • A blood oxygen level ≤ 91% • Persistent pain or pressure in the chest • New confusion or inability to rouse <p>Refer to the CDC website for the latest guidance on symptoms and COVID-19 Emergency Warning Signs.</p>

EVACUATION LEVELS

Level 1 (Emergency): The patient's illness is life threatening and requires rapid hospital intervention.

Level 2 (Urgent): The patient's illness could become life-threatening and requires medical intervention through an urgent care facility or primary care physician through non-rapid evacuation procedures.

Level 3 (Non-Urgent): The patient's illness is not life threatening, but the patient can no longer continue with the trip, OR advanced medical assessment and treatment may be necessary.

Level 4 (No Evacuation): The patient's illness is not life threatening and can be treated in the field without risk of permanent disability; the patient may continue with the trip without risk to themselves or other crew members.

Source of evacuation level terminology: [The Wilderness Medicine Handbook](#), Paul Nicolazzo, Wilderness Medicine Training Center International, 5th Edition, 2018

B. Monitoring Mild Symptoms

Immediately begin a patient assessment and SOAP note record of a patient's symptoms so you can document and monitor the case.

Note: some symptoms listed in the mild category could be the result of environmental and exertional challenges. However, if mild symptoms do not respond to treatment or subside within eight (8) hours, then it's time for a Level 2-3 evacuation of the patient. (See section 8: Evacuation Procedures.)

ISOLATION and MONITORING

If a crew member displays mild symptoms during a trip, and if COVID-19 can not be ruled out as the cause, then the patient should immediately begin a period of rest and isolation in their tent until action can be taken and/or further assessment made.

1. The symptomatic crew member should rest and isolate themselves in their tent
2. A designated first-aid provider will remain with the patient:
 - a. Remain outside the tent, so long as the patient — when awake — is alert and responsive to verbal cues
 - b. Administer first-aid treatment(s) for mild symptoms, and convey instructions for self-care
 - c. Keep a detailed SOAP note, monitoring for changes and taking temperature at least once per hour
 - i. Coordinate with patient to take oral temperatures *before* they eat or drink anything; otherwise, wait 15-30 minutes after
 - ii. If you begin monitoring in the evening, let the patient sleep through the night, then check temperature first thing in the morning; let the patient sleep during the day, too — check in on them regularly, but only wake them for temp checks if you are monitoring a fever
 - iii. If monitoring for fever or worsening conditions overnight is a concern, First Aid needs to set up their tent within earshot of the patient
 - d. Supply the patient with plenty of fluids — but no caffeine — snacks/meals, and other items, as needed
3. If symptoms do not subside within eight (8) hours or less, prepare to evacuate the patient
 - a. If symptoms *worsen* within eight (8) hours, or anytime thereafter, evacuate the patient (Level 1-2 evacuation, depending on severity)

USING A PULSE OXIMETER DURING MONITORING

Crew leaders and first-aid providers should familiarize themselves with their COVID-kit's pulse oximeter, if supplied. Read the instructions for your specific model before use.

General Guidelines for Using a Pulse Oximeter

- Crew leaders will use the pulse ox to **acquire a baseline metric** before departing rendezvous, and possibly again at the trailhead the following day, if embarking into the backcountry (*See Section 3: [Screen Crew Members for Clearance to Join Each Trip](#)*)
- First-aid providers may use it to **acquire objective metrics** while monitoring the pulse and blood oxygen level of a patient who is complaining of being short of breath
- The finger used for readings must be clean of dirt and debris, and devoid of applied pigments, like nail polish; patients should clean and sanitize their hands prior to using the pulse ox, and sanitize (bleach wipe) the device after use/ between patients.
- Remember to record these objective measurements in the patient's SQAP notes
- Normal pulse oximeter readings are between 95-100%, but the baseline reading taken prior to each trip will better inform the first-aid provider of the patient's relative condition — any significant decline in blood oxygenation should warrant further assessment and reevaluation of the need for evacuation.

(Tx) TREATMENT IN THE FIELD

This manual does NOT provide you with comprehensive instructions for first-aid assessments and treatments. Please rely on your medical training and your [Wilderness First Aid](#) field handbooks for guidance. Assume all patients have the Coronavirus when administering care, and use Pathogen PPE when in close proximity or contact with a patient.

Remember: Do not neglect to conduct a thorough patient assessment to identify and respond to all potential causes of health problems. Here are some quick-reference recommendations for responding to symptoms if a COVID-19 infection is a potential cause (and other problems have been ruled out).

- **Fever: low-grade (100.4 - 102°F), high-grade (>102°F)**
 - Begin **Level-3 evacuation** of patient upon onset of a fever
 - Evacuate in morning if fever begins at night — opt for safer driving conditions
 - A persistent, high-grade fever may warrant a **Level-2 evacuation**, per patient's preference or medical recommendations
 - While waiting for next actions, patient should rest and **drink plenty of fluids** (NON caffeinated beverages)
 - Keep covered in light clothing and/or a blanket, and mop up sweat as needed to prevent chills and shivering (which generates more heat)
 - Apply cold compresses as needed to keep comfortable
 - For high-grade fever, the patient should take a fever-reducing drug, such as acetaminophen/Tylenol* — especially if evacuation will be delayed (e.g., overnight)
 - Monitor temperature hourly
 - Note: Take oral temperatures *before* patient drinks or eats (otherwise wait 15-30 mins)
- **Chills or repeated shaking with chills**
 - Typically accompanied by a fever when an infection is the cause
 - Other causes of chills/shivering (that would not typically be accompanied by fever) include: heat/dehydration and/or exertional challenges, cold exposure, malnutrition, underlying health problems, reactions to medications or emotions
 - Refer to [Wilderness First Aid](#) field handbook for guidance on assessing and treating in the field
 - Rest and rehydrate, and remediate for cold exposure, if applicable— if symptoms don't rapidly resolve with treatment, begin isolation and monitoring
 - If chills/shivering persists for eight hours (with no fever), **Level-3 evacuate** the patient
- **Cough**
 - Rest and rehydrate in isolation
 - Monitor for eight hours. If the cough persists (and no other symptoms are potentially life-threatening), **Level-3 evacuate** the patient
- **Shortness of breath**
 - Rest and rehydrate in isolation
 - Remain calm as you focus on taking slow, steady, deep breaths
 - Monitor for eight hours — if shortness of breath persists, **Level-3 evacuate** the patient
 - If provided, use a pulse-ox to monitor pulse and blood-oxygen level
 - Or **Level-2 evacuate**, per patient's preference or medical recommendations

- If shortness of breath worsens to **trouble breathing/ bluish lips** at any time, **Level-1 evacuate** the patient
 - If monitoring with a pulse-ox: a significant drop in blood oxygen, and oxygen levels $\leq 91\%$, are an indication of a potential Level-1 problem.
- **Loss of the ability to taste or smell**
 - Rest and rehydrate in isolation
 - Monitor for eight hours — if loss of taste and/or smell persists (and no other symptoms are potentially life-threatening), **Level-3 evacuate** the patient
- **Fatigue**
 - Rest and rehydrate in isolation
 - Monitor for eight hours — if overwhelming fatigue persists (and no other symptoms are potentially life-threatening), **Level-3 evacuate** the patient
 - Or **Level-2 evacuate**, per patient's preference or medical recommendations
 - If fatigue worsens to **confusion/disorientation or diminished AVPU** (Alertness, responsiveness to Verbal cues, responsiveness to Pain cues, Unconscious) **Level-1 evacuate** the patient
- **Sore throat**
 - Rest and rehydrate in isolation
 - Take an over-the-counter medication(s) to relieve symptoms, if desired
 - Monitor for eight hours — if severity of symptoms persists or worsens (and no other symptoms are potentially life-threatening), **Level-3 evacuate** the patient
- **Headache**
 - Rest and rehydrate in isolation
 - Take an over-the-counter medication to relieve pain, if desired
 - Monitor for eight hours — if headache persists or worsens (and no other symptoms are potentially life-threatening), **Level-3 evacuate** the patient
- **Muscle/body aches (not due to exercise)**
 - Rest and rehydrate in isolation
 - Take an over-the-counter medication to relieve pain, if desired
 - Monitor for eight hours — if aches persist or worsen (and no other symptoms are potentially life-threatening), **Level-3 evacuate** the patient
 - **Persistent pain or pressure in the chest** is a **Level-1** problem.

CONTAINMENT DURING ISOLATION

- A symptomatic crew member should wear a facemask when they are not in self-isolation inside their tent (see, Section 2d: *Facemask Instructions and Guidelines*)
- Both patient and first-aid provider should wear a facemask if the provider needs to break social distancing protocol to monitor and treat the patient
 - **Do NOT apply a facemask to a patient who is unconscious or struggling to breathe**
- Abide by Pathogen PPE, and handwashing and sanitizing protocols

8. EVACUATION PROCEDURES

Utilize the following matrix of Evacuation Levels in this section to inform and guide an evacuation procedure. We can not predict and plan for every possible evacuation scenario and obstacle you might encounter, so crew leaders are called upon to exercise dynamic decision-making skills. To prepare yourself for an incident, practice imagining your way through these evacuation procedures, honing your ability to determine what needs to be done and why, and what instructions you will need to give to your team.

Evacuation levels are determined by the urgency (or potential urgency) of care needed, typically decided by the first-aid provider with input from the crew leaders and patient. When making a decision about an evacuation, consider how factors such as: pandemic protocols, distance to medical facilities, and the communications tools available may affect your decision. If you are able to contact PNTA supervisors, agency partners, or emergency dispatchers, they will be able to provide additional guidance for transporting a patient to the nearest medical facility where they can receive professional care.

In a **Level-1 Emergency Evacuation**, the primary directive is to deliver the patient to qualified medical care — all other tasks and communications are secondary to that goal. However, in all evacuation scenarios, the safety of everyone on the crew is always the top priority. So think about what can be done to minimize risks to all crew members in the event that an evacuation is called for. For example, by ensuring that decisions are made and actions are taken while a patient is still capable of self-evacuating from the trail.

A. EVACUATION STANDARD PROTOCOL (ALL LEVELS)

- Refer to your medical training and **Wilderness First Aid field handbooks** for guidance in the event of an evacuation, e.g., how to assist or carry a patient off the trail
- Wear Pathogen PPE and follow safety and epidemic protocols when possible (e.g., handwashing and surface sanitization, and social distancing)
- Notify the Regional Coordinator/ PNTA staff of an emerging situation that could result or has resulted in an evacuation, as soon as possible
- If cell service is not available, use the radio call-in procedure to notify dispatch and/or USFS contacts of the emerging situation to communicate or collaborate on a plan of action, and ask them to convey the news to the Regional Coordinator/ PNTA staff on your behalf
 - Remember: Do NOT use a patient's name when communicating over a radio
 - Identify yourself as the PNTA, give a clear location/coordinates, and communicate the nature of the emergency, a SOAP note summary if appropriate, and the evacuation plan
(See also: the Communications section of the trip's Emergency Action Plan)
- Designated PNTA staff who are responding to an emerging or current evacuation must bring a **COVID Evacuation kit**

First Aid

A **designated first-aid provider will remain with the patient at all times** to administer care and monitor and document their condition until the patient is successfully evacuated.

During a **Level-1 Emergency Evacuation**, if a separate “Communications Unit” needs to be sent out to call for help, First Aid will provide Communications with notes about the patient, their condition, and instructions for evacuation (e.g., send a surface vehicle, or send air transport).

During a **Level-2 Urgent Evacuation**, First Aid will contact the hospital or care provider ASAP to give them a heads up about the incoming patient, convey their SOAP notes, and receive specific instructions. (If First Aid is also the evacuation driver, please remember to pull over while you make this call!)

Incident Chain of Communication

Crew leaders should initiate the chain of communication ASAP. If it's possible, alert your Regional Coordinator (directly or via an attending agency contact) to a potentially emerging situation, and keep them posted on your status.

During a **Level-1 Emergency Evacuation**, all resources will be focused on getting a patient to the hospital. So, depending on everyone's level of involvement with the situation — you may not be able to initiate the chain of communication until the patient has been delivered to care. Initiate communication ASAP, thereafter.

1. Crew Leaders will inform PNTA Regional Coordinator of the evacuation incident
 - a. If you do not immediately reach the RC to report a Level 1-2 evacuation, then call the PNTA office and keep trying until you reach an administrative staff member
 - b. If the crew will not return to the project site, please inform the RC if tools or gear remain at basecamp or on the trail, and provide directions, tracks or GPS coordinates, if available
2. PNTA Regional Coordinator (RC)/ Staff will:
 - a. Inform patient's emergency contact(s)
 - b. Inform agency contact(s) (if they weren't already alerted in the crew's call for help)
3. The patient and/or their emergency contacts should inform the PNTA if COVID-19 was either confirmed or not definitively ruled out as the cause of the illness
 - a. Because COVID-19 tests are not widely available at present, we will continue to suspect COVID-19 was the cause of illness unless it's known otherwise
4. PNTA staff will inform all employees and participants who have had close contact with the crew member if potential exposure to COVID-19 is confirmed, remains suspected, or has been definitively ruled out

B. BE PREPARED FOR EVACUATION

While a patient with mild symptoms is resting in isolation and being monitored, the first-aid provider and crew members should take steps to prepare for the possibility of an urgent or emergency evacuation.

- First Aid will be equipped with:
 - A Forest Service radio or a two-way radio to communicate with crew members in the field
 - To call for assistance to emergency evacuate, and/or
 - Communicate their status if they need to Level 1-2 evacuate the patient while the crew is away
 - Keys to a vehicle, prepared for evacuation
 - Cell phone, charged and ready for emergency communications
- Prepare a vehicle for evacuation
 - Perform a walk-around safety inspection of the vehicle
 - Stock the vehicle with water, snacks and toiletries so you can avoid pit stops during an evacuation
 - Ensure the vehicle is equipped with a Pathogen PPE kit for the driver
- Review your Emergency Action & Communication Plan (EAP)
- If the patient is able and it does not require too much exertion, they should pack their belongings so it is easy to quickly load as much of their personal gear as possible in the event of an urgent evacuation

Maintain communication. While a patient is being monitored in isolation, the crew should modify their work plan for the day to ensure that First Aid will be able to establish contact with them in the event of an emergency and/or evacuation, and the crew will be able to provide a timely response.

If First Aid can not establish contact with the crew or other contacts by radio when they decide to evacuate the patient:

- If patient is unresponsive or unconscious, place them in the recovery position, then go for help
- If FA can evacuate the patient on their own, leave a note (prepared in advance) for the crew AND indicate the time of departure
- Be sure to stop en route to call for help ASAP if a **Level-1 Evacuation** is needed

C. LEVEL 1 EVACUATION: EMERGENCY, CALL FOR HELP, GO TO A HOSPITAL

The patient's illness is life threatening and requires rapid hospital intervention.

Level-1 Type Problems

Any **severe symptoms** of COVID-19:

- Trouble breathing
- Bluish lips or face
- A blood oxygen level $\leq 91\%$
- Persistent pain or pressure in the chest
- New confusion or inability to rouse

On the Trail/ Backcountry Basecamp

If **Level-1** is determined while the patient and crew are on the trail, or a backcountry basecamp:

- **Call for help** by whatever means and to whichever authorities are available at your location, with the available communications device(s)
 - If communications can not be established from your current location, deploy a Communications unit to go out ahead and call for help (see *Communications During an Emergency Evacuation*, below)
- A **Level-1 evac patient** is experiencing **severe symptoms** and needs you to assist them to the trailhead
 - If the patient insists on self-evacuation, First Aid will monitor them closely and be prepared to order a change in tactics if they judge the patient's self-evacuation too hazardous
 - The patient may NOT carry their own load; someone else will carry their pack
 - Use Pathogen PPE and take care to isolate, clean and sanitize surfaces afterward
 - The patient may need to be carried or littered out — refer to *Wilderness First Aid* field handbooks
 - Be prepared: take any items you may need to fashion a method to carry/litter out a patient (e.g., a handsaw, cordage, backpacks, extra clothing)
 - The patient should wear a facemask, if possible
 - Anyone could be called upon to assist the patient at any time, so everyone should wear facemasks, safety glasses and work gloves as an extra precaution
- Take only what you need to respond and get to the trailhead safely. Needs could vary greatly based on conditions and the length of the hike out, but generally you should plan to leave behind tools, gear and camp
 - Make sure tools and gear are set down properly off the trail (at a minimum)
 - If applicable, have someone consolidate, cache and GPS-tag tools to be picked up later

Communications During an Emergency Evacuation

- If you need to leave basecamp or the rest of the crew to call for help, then Communications should be a pair of crew members (the buddy system)
- Do not waste any time, but do not take risks, either. It is critical to avoid any further incidents at this time. Focus, breathe and remain calm. If you feel yourself losing self-control, remember: sometimes slower is faster
- What to take with you:
 - The communications device (e.g., FS radio, cell phone, GPS beacon)
 - A copy of the Emergency Action & Communication Plan (with important phone numbers, gate/door codes, etc.)
 - Patient notes and evacuation instructions from First Aid
 - Writing utensil to document medical and/or evacuation instructions you receive from responders
- AFTER completing the call for help, immediately return to the crew to provide assistance and convey instructions

Transportation for Level-1 Evacuation

If surface transportation is the means of conveyance, and there are no other vehicles available or en route (e.g., agency or PNTA staff deployed to support), then the entire crew must travel together so as not to be left behind without a means of emergency transportation for themselves.

If surface transportation is the means of conveying the patient to a hospital, do not wait for surface transportation to come to you. As soon as you reach your vehicle, immediately begin transporting the patient to the nearest hospital.

If an ambulance is on the way, drive with hazard lights flashing to an agreed upon meeting location and plan to transfer the patient to the ambulance if you cross paths en route. Coordinate with emergency dispatch so they are aware you are en route, and they know which route you are taking. (See also, Section 5d: Precautions in the Event of an Evacuation.)

Implications of Level-1 Evacuation

During an epidemic, a relevant **Level-1 Evacuation** could suggest that all crew members were exposed to an infectious pathogen. Due to variations in the onset and severity in COVID-19 cases, the rest of the crew should begin a calm and orderly **Level-3 evacuation**. (After the emergency is over and the patient is delivered to the hospital.)

Please retrieve all tools and gear left in the field, if possible.

After the trip, please remain at home and limit social contact until you learn whether or not potential exposure to COVID-19 has been confirmed, and/or until you can seek a medical assessment for yourself, and/or for at least 14 days.

D. LEVEL 2 EVACUATION: URGENT, GO TO A HOSPITAL/ URGENT CARE/ PHYSICIAN

The patient's illness could become life-threatening and requires medical intervention through an urgent care facility or primary care physician through non-rapid evacuation procedures.

Level-2 Type Problems

According to current CDC and Washington Department of Health guidance, patients with mild symptoms are advised to rest and recover at home and to call ahead before visiting their doctor. To comply with these guidelines, the PNTA will **Level-3** evacuate patients with persistent or worsening mild symptoms so they can return home to begin self-care and home isolation.

PNTA crew leaders and first-aid providers are currently NOT advised to provide Level-2 (urgent evacuation to an urgent care facility or physician) of mildly symptomatic patients — unless specifically directed to do so by the patient or their legal guardian, PNTA supervisors, or medical authorities. Patients with mild symptoms of COVID-19 should stay in touch with their doctor and follow the guidance of their local health department and the [Centers for Disease Control and Prevention](#).

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E. LEVEL 3 EVACUATION: NONURGENT, RETURN HOME, MEDICAL ASSESSMENT ADVISED

The patient's illness is not life-threatening, but the patient can no longer continue with the trip, OR advanced medical assessment and treatment may be necessary.

Level-3 Type Problems

Mild symptoms of COVID-19 (and other illnesses):

- Fever: low-grade (100.4–102°F), high-grade (>102°F)
- Chills, or repeated shaking with chills
- Shortness of breath
- Overwhelming fatigue
- Cough
- Sore throat
- Headache
- Muscle/ body aches (not caused by exercise)
- Loss of the ability to taste or smell

On the Trail/ Backcountry Basecamp

- **Level-3** evacuate patient as soon as it is practical and safe to do so **upon discovering the onset of a fever** (low to high, 100.4–104°F, ~~if no other severe symptoms~~ are present; severe fevers >104°F are a **Level-1** or **Level-2** evacuation scenario, depending on how quickly you can get them to medical care.)

If mild symptoms persist for eight (8) hours, or *worsen* within the monitoring period (or if they return or worsen anytime thereafter), AND no symptoms are potentially life-threatening

If **Level-3** is determined while the patient and the crew are on the trail, or a backcountry basecamp:

- A **Level-3 evac patient** is experiencing mild symptoms, but is NOT believed to be in imminent danger
- The patient should be able to self-evacuate, but First Aid should monitor and be prepared to provide assistance
- The patient should be well enough to carry their own pack and tool, but the patient may need assistance to carry their load if they are experiencing fever, elevated heart rate, shortness of breath, or overwhelming fatigue
- The patient should wear a facemask, if possible
- Smaller crews (five or fewer) will need to stick together during an evac. mobilization, so take a moment (while the patient rests trailside or begins the hike back with First Aid) to shut down the worksite by consolidating and caching tools, or packing them out if you decide you will not be returning to the worksite

- Back at basecamp, the patient will prepare for evacuation and collect their belongings in garbage bags (to contain/isolate potentially contaminated items)
- If you are packing out of a backcountry basecamp:
 - A party of no less than three (3) healthy people will begin to evacuate the patient, leaving behind a party of no less than four (4) healthy crew members who will remain in the field
 - For smaller crews, pause to secure camp first, then evacuate together — taking whatever gear and supplies you will need to complete the hike back to the trailhead/vehicle
 - This assumes the remaining three (3) or more crew members will return to the field after delivering First Aid and patient to the evacuation vehicle; otherwise, if you can not or will not return to the project site, then pause to pack up and cache basecamp to be picked up later
- If it is necessary or sensible for the entire crew to evacuate, for example, if only one vehicle is available, then the entire crew may return to basecamp and prepare to leave
 - The patient should rest in isolation while the rest of the crew prepares to leave

Transportation for Level-3 Evacuation

Use surface transportation as the means of conveying the patient to their vehicle parked at rendezvous, their (emergency contact) ride home (contacted en route), or directly home (if possible and appropriate).

If there are no other vehicles available or en route (e.g., agency or PNTA staff deployed to support), then the entire crew must travel together so as not to be left behind without a means of emergency transportation for themselves. (See also, Section 5d: *Precautions in the Event of an Evacuation*)

If the patient chooses to self-evacuate in their own vehicle, please maintain communication. Crew leaders should report the evacuation to the Regional Coordinator, ASAP. The patient should communicate with crew leaders and/or the Regional Coordinator to confirm when they have safely returned home, AND then again to follow up on their recovery and medical assessment.

Implications of Level-3 Evacuation

For a **Level-3** evacuation of a patient for mild but persistent, non life-threatening symptoms, crew members may choose to complete the trip IF:

- They are not showing symptoms
- Have been following strict precautionary practices
- Have not had direct contact with the patient (or contaminated surfaces)
- Can continue to be productive without the missing individual(s)
- Have a crew leader with first-aid certification, and a vehicle at the trailhead

After the trip, please remain at home and limit social contact until you learn whether or not potential exposure to COVID-19 has been confirmed, and/or until you can seek a medical assessment for yourself, and/or for at least 14 days.

F. LEVEL 4: NO RISK, NO EVACUATION

- All participants were screened with questions and temperature checks prior to departure from rendezvous, and;
- Screened again before embarking into the project site (if backcountry), and;
- No one is symptomatic, and/ or;
- Any symptoms due not appear to be caused by COVID-19, and can be treated in the field, and;
- Any symptoms pose little to no risk to the patient or the crew
- Crew work and schedule is not impacted

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