



Pacific Northwest Division of NSP COVID-19 Guidelines 21-22

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Last year was quite a difficult and trying year for all of us, but it seems we still managed to get through it with some good skiing and riding here in the great northwest. There is light at the end of the tunnel, due to the amazing science of vaccine development, and the hope is that light is not an oncoming train in the form of a new more deadly variant. This coming year will hopefully be better with more social interaction, but it is critical that we remain vigilant because there are still Americans hospitalized and dying from this virus. Almost all of those currently sick with COVID-19 are folks that did not get vaccinated. The most important thing you can do to protect yourself, your loved ones, and the ski area guests we serve is to get vaccinated. The vaccines have been very thoroughly researched and have proven to be extraordinarily safe and effective. If you have not gotten vaccinated, please do so as soon as possible for this is the path to herd immunity and fully reopening our country and getting back to a normal life.

The science behind our understanding of COVID-19 has produced new information sometimes daily and certainly weekly. We now understand that the virus is mostly transmitted by droplets and also can be aerosolized, but is not spread by fomites or contacting contaminated surfaces. The best protection from airborne infections is wearing a mask and there is very clear data that masks reduces the chance of transmitting COVID-19 with a side benefit of reducing influenza as well. If you are worried about the virus, have not gotten vaccinated, or have a condition that makes you susceptible to infection due to with a compromised immune system, please continue to wear a mask. The need for mask wear will continue until we have reached herd immunity (the state where the number of susceptible individuals is so small that the virus cannot maintain a significant infection rate of the population) and have the virus under control worldwide.

The data that COVID-19 does not spread through direct contact transmission means we do not need to continue the specialized surface cleaning protocols that we had in place last year. We still need to prevent the spread of all infectious diseases so continuing the cleaning protocols in place prior to COVID are still very important. It is also still very important that we frequently wash our hands with soap and water or an alcohol based hand sanitizer should continue to be the standard expectation.

Current CDC guidelines are that fully vaccinated people can gather in small groups (4-8 People) without masks or social distancing. Unvaccinated individuals are still required to wear a mask and maintain social distancing. One exception to the mask free recommendations are for healthcare settings where everyone is still required to wear a mask. Our aid rooms (FAR) fit in this category and while you will not need to wear a mask while skiing, you, and your patients, will still need to wear a mask in the aid room regardless of their vaccination status. The leadership of the PNWD are constantly monitoring the recommendations from the CDC and our various state health departments and we will update these guidelines as the science shows it is safe.

In the healthcare or medical setting, it is still the expectation/requirement that everyone is to wear a mask. Our FARs fall under the category of a healthcare setting, and although masks are not needed for skiing, they are still required in the FAR regardless of the vaccination status of patients and/or patrollers.

The current PNWD recommendations for **fully vaccinated** ski patrollers delivering first aid to a patient are:

1. While in the FAR, both the patient and the patroller should be wearing a surgical mask (An N95 mask is highly recommended for a patroller performing CPR).
2. Access to the FAR should still be limited to the injured/ill patient only, unless the patient is a minor, then their adult parent/chaperone is expected to accompany them.
3. Continue COVID-19 signs/symptoms screening for anyone entering the FAR.
4. The FAR should be cleaned on a daily and as needed basis.
5. Frequent hand washing is still a MAJOR recommendation.
6. HEPA filters should still be maintained on bag valve masks / ambu bags.
7. Gowns are no longer required for routine first aid, but should be worn during CPR and for trauma when blood splatter could occur.
8. Gloves continue to be recommended while examining a patient.
9. If you are ill with COVID-19 like symptoms or flu like symptoms, you should stay home and not patrol

Unvaccinated patrollers will continue to need to wear a mask at all times when indoors and/or in a group of people.

Symptomatic patients who report a history of a recent exposure to a person who has tested positive for COVID-19, or there is a strong suspicion of being infected by COVID-19, should be referred to medical care.

For groups held indoors with close contact of individuals demonstrating their first aid skills such as at annual refreshers, it is still recommended that all participants wear a mask.

NOTE: All individuals with potential or compromised immune systems such as those folks with organ transplants or on strong medications for an autoimmune diseases should still wear a

mask at all times regardless of whether you have, or have not, been vaccinated. As everyone's situation may be different, discussion with your doctor is always recommended.

This next section is for those who want more details on the science behind what we have learned about COVID and the vaccines. First, the two mRNA (messenger RNA) vaccines by Pfizer and Moderna produce about ~50% protection two weeks after the first shot and ~95% two weeks after the second shot. The Johnson & Johnson single shot vaccine, which used more traditional technology and is not a mRNA vaccine, gets to ~65% protection a couple weeks after the shot. There are a number of new variants of COVID-19 that are starting to spread rapidly with the most concerning currently being the delta variant. The Pfizer, and we assume the Moderna, vaccine is only ~30% effective against the delta variant after the first shot and tops out at ~85% protection after the second shot. With the high concentration of cases currently ravaging India and some other parts of the world the virus will continue to mutate, and we cannot predict what future variants will act like. They could be more virulent and more deadly, which could be devastating. Even during the past year when international travel was severely restricted the new strains of COVID-19 were able to leapfrog around the world. A worldwide effort is needed to get the virus under control, especially while it is mutating. We also know that the vaccines, and having had COVID-19, are protective for at least a year but we don't know how long immunity will last. We may need to get vaccine booster shots if the immunity wains or there is a new more deadly variant not currently covered.

Bringing the vaccines to market has been expedient yet done with thorough and rigorous testing and approval by the appropriate regulatory agencies. No steps in the research on these vaccines were skipped, however some of the steps were done simultaneously to get to the end answer as quickly as possible. Developing vaccines using mRNA technology is new, and the Pfizer and Moderna vaccines are the first time this has been used but will not be the last. mRNA technology for use as a therapeutic has been under development for more than 25 years and we were fortunate that it was ready for prime-time last year. There are mRNA vaccines in current research protocols that will protect us from certain cancers and could cure some other chronic diseases. This is an exciting field to keep an eye on if you work in healthcare. Now that many hundreds of million doses of the vaccines have been given, we are getting a clearer picture on their safety. These vaccines are safer than many over-the-counter medications. The most common side effect is 24 hours or so of flu like symptoms from the vaccine, especially from the second dose, causing a normal immune response in terms of a release of cytokines. The more serious reaction that is fairly uncommon is to have an allergic reaction to the vaccine, but this is also very easily treated and the reason they make you wait at the administration site for 15 minutes after receiving your shot. There are reports of a very rare increases in cardiac inflammation or blot clots forming after the vaccine. There have been isolated reports of more serious and even deadly outcomes after the vaccine but none of these have been proven yet to be due to the vaccine itself or anything more than coincidence. Surveillance of complications from these vaccines will continue and we will be able to see if there are any long-term consequences as time passes.