Some thoughts on the Direction of Guiding in the COVID 19 Environment Alan Oram, D.O. Emergency medicine IFMGA Mountain Guide Mountain Guide medicine LLC <u>aoram1755@gmail.com</u> 406-581-2902

Never before have the mountain guiding community faced the likes of the current COVID 19 pandemic that has developed so rapidly across the globe. The world as we know it has changed and with that change is a societal and global shift in how we must confront the methods in which we operate our chosen passion. We can do this; the effort will require fundamental changes in how we both view the world and how we view mountain guiding.

This document was created out of a series of discussions and questions that have arisen from a number of mountain professionals in the past few weeks. In an attempt to embrace the current global health environment, we must make efforts to move forward to operate under a new and different set of conditions.

The following comments and suggestions are mine alone and do not reflect a policy or standard. The intent is to have an open and honest discussion of how to deal with COVID 19 in the mountain guide community and how we can collectively arrive at a coherent and realistic set of principles to implement moving forward.

My gut feeling is that if we collectively wait for the federal or state government to mandate how we operate we will likely fall short of effectively returning to work. Some of the points I will address are directly pertinent to operations and the daily and mundane tasks that we probably take for granted as one of those "of course we do that" moments. If we choose to work in a vacuum and ignore the collective value of a cohesive direction, I believe that we will fail to provide a clear message to both the public and to the land managers.

Assumptions to consider:

- COVID-19 will be with us for the rest of our professional careers
- Expecting a technological or medical solution to this illness is unrealistic
- Elimination of the disease from ourselves, the community we live in and the public is unrealistic. Mitigation of transmission is the best we can do.
- External forces from government and insurers will create undo pressures on us to commit to unrealistic expectations
- Collective decision making amongst our community is critical to a successful model of operations
- Avoidance and passive behavior will ultimately fail to provide the path forward.
- There must be a paradigm shift in how we work in a mountain environment

The natural history of pandemics and COVID 19:

There have been pandemics in the world multiple times in history. Infectious disease was and will continue to be an issue we need to understand and accept. The rapidly changing nature of the virus, SARS-CoV-2 and the illness that results, COVID 19, is something that we were ill prepared for domestically and internationally. In short, we blew it early and often. Infectious disease will likely become more prevalent and will be with us for the foreseeable future. It will not fade away; if not this virus then another pathogen. How we deal with them both retrospectively and proactively may provide us with some semblance of order.

What we do as a professional body collectively and individually will be critical if we want to make this work. The variables, I believe, are manageable if we accept the uncertainty and the steps needed to at least mitigate the risk of transmission as best we can.

The Problem

Our problem revolves around the concept of mitigation rather than elimination. The transmission of a pathogen that is lurking everywhere will be the basis of the discussion. How do we as mountain guides that require, by definition, close contact at some point during the day to day behavior that we employ, prevent the transmission of the virus and the subsequent illness that may result? The mountain guiding profession has always required close contact through-out the day. The practical question is how can we do our best to prevent or mitigate the transmission of the virus and the subsequent illness that can develop?

Some questions:

- Is it possible to eliminate the transmission in a low risk setting?
- What is low risk and how can we identify this on a daily basis?
- Can we accept there will be many instances when the technique of "physical distancing" is impossible to employ?
- Can we proactively intervene and behave in a way such that we can employ the "best" techniques we employ in our craft?
- Can we accept that there will always be some degree of risk and are we willing to accept this?

Relevant information to our profession:

- Testing is inconsistent and insufficient to use as a clear method to identify carrier states
- Antibody testing at this time has no role in determining if someone is "immune or not"

- Asymptomatic carriers are present in the community and identifying them will be problematic for the foreseeable future
- Hygiene and physical distancing are fundamental to prevent transmission. Some of the techniques will require adoption and adaptation in mountain settings
- Realize that there will be instances where physical distancing is simply not possible
- The mitigation of transmission starts from the initial contact with guests and staff. Communication from the outset is critical to establishing trust, buy in and success.
- It is impossible to guarantee with certainty that your actions or your policies can completely prevent transmission. This needs to be clearly discussed with clients and staff.
- Client selection based on age, comorbidity and risk will be exceedingly difficult when we know that COVID 19 can affect any age group and fitness level. Though the risk is greater with older populations and those with a list of co-morbid conditions, we need to ask how we can make that selection. Do we simply say no to the population greater than 65? Sharing that responsibility with the guest places a shared choice. What are we willing to accept as appropriate or acceptable?
- We do not know how long the virus is transmissible. We can make inferences from some prior information on other virus particles, but we do not know with any certainty how temperature, UV exposure and time affect viability of SARS-CoV-2.

Operations and actions within your operation:

All of our guiding operations have shared as well as specific nuances that will require individual assessment and intervention to meet state and federal mandates for mitigation. Currently, there are no specific rules directed at mountain guiding. We can adopt and embrace general concepts, but we must develop and employ realistic and best practice collectively.

My take:

- Create a clear policy addressing specific COVID 19 adjustments to your operations.
- Your medical history form should be sent out when clients register.
- A statement addressing COVID 19 should be communicated to clients early in the process and then repeated during communications
- Assume that everyone, including staff, has the virus and mitigate as best you can. The distribution of the virus is unknown.
- Early communication and buy in with client and staff are critical. The CDC has a list of symptoms we can use as guidance in making decisions whether staff or client can participate in a program. In the end, the goal is to prevent and mitigate. If staff or client manifests symptoms, be conservative and reschedule or cancel. A clear policy

addressing this should be part of the initial discussion. It can be phrased in such a manner as to promote safety rather than bias.

- Group size and ratios will likely need to change. The days of large groups will either cease to exist or will need very specific pathways to maximize physical distance while engaged in the day to day.
- There are going to have to be some rules implemented that will have very little leeway in terms of violations. For example, face covering must be worn when closer than 2 meters from someone else. Let's face it, there are going to be times and circumstances when altering the belay location or stance is just not possible. Do we avoid those routes? Multi pitch routes and terrain choices may be dictated by mitigation issues. Do we apply technical solutions or alter our techniques to maximize the distance?

OSHA and PPE:

- The rules set by OSHA for employee protection are ones we must adhere to as best we can
- Masks and other PPE must be utilized by staff and guests when appropriate. We must adopt this given the technical requirements of mountain travel
- Your operation must have a written policy addressing PPE
- CPR algorithms' have changed. Rescue breathing is going to have to be addressed directly by your operation. How we perform resuscitation in an avalanche burial is still unclear. This is a topic that is still being evaluated
- Please review the legal discussion that was presented by Leah Corrigan in reference to OSHA when developing your policies

Gear:

- What's the likelihood that viral transmission will/can occur from contact with the vast array of gear we deal with on a day to day basis?
- Are there standards that we should employ and what and who develops those "standards"
- What is realistic in terms of adequate disinfection? Can we realistically and safely disinfect each and every piece of gear after use on a daily basis?
- Can your operation provide rental gear or is it more appropriate to ask that guest provide all personal gear?
- Technical gear such as guides rack and rope will have to be cleaned. The question is
 - How long is the virus present and viable on different materials?
 - Can we rotate gear on a daily basis to minimize the viability of the virus?
 - How do we deal with gear changeover at belays?
- At this time, gear manufacturers are addressing some of these concerns, but it seems like it's low priority. Before we accept or make policy statements addressing how "safe" the disinfection process is, we need to make sure it's realistic.

With intention and adjustment, we can do this. There will be a vast amount of confusing information coming at you from many different directions. Accept the fact that this is new

terrain to work with and will require a new set of tools to master. Seek assistance when you need it. There will be changes in recommendations and policies. What was accepted one day will likely change the next as more information becomes available and validated.