



NOLS Wilderness Medicine Classroom Expanded Practices for the COVID-19 Pandemic



The emergence of the COVID-19 pandemic raises questions about health and risk management while attending wilderness medicine courses. NOLS Wilderness Medicine has always had curriculum and practices in place to educate students and to reduce the risk of disease transmission. These standard infection control practices not only help prevent the spread of the COVID-19 viral illnesses, but also more common viruses, such as the flu. In light of the COVID-19 pandemic we, like all of healthcare education, are reviewing and expanding both our classroom practices and curriculum. In this process we are relying on respected resources such as the Centers for Disease Control and Prevention (CDC) and colleagues in wilderness medicine and EMS educational programs.

Close physical contact is an inherent part of our courses. We interact with and touch each other when we practice the skills of wilderness medicine such as splinting, patient movement, bleeding control, basic life support and when we practice patient care with scenario based learning. We will implement strategies to further mitigate the risk of disease transmission associated with physical proximity, but we cannot eliminate it.

Below is a list of practices that will be implemented in our classrooms. This list is a baseline of what will be done, it is possible that local restrictions or requirements may require modifications to these practices and those will be considered and implemented on a course by course basis.

Pre-course

Prior to the course, students receive information about the nature of the educational experience and the risks involved. They are asked to sign a Student Agreement that outlines these risks. Additionally, students are asked to bring certain elements of PPE (Personal Protective Equipment) with them in order to participate.

- All students are requested to bring: masks, glasses/goggles.
- Participants* are asked to be diligent with hygiene while traveling to the course.
- Participants are asked to monitor their health before the course and not attend if they have signs of sickness. (Appendix A)

*"Participants" refers to both Instructors and Students on a course.

During the Course

General Practices

- Participants should avoid touching eyes, nose, and mouth.
- Participants should stay home if displaying any symptoms of illness (Appendix A)
- Participants should cover their cough or sneeze with a tissue, then throw the tissue in the trash. If tissues are not available, they should cough or sneeze into the crook of their elbow.
- Participants should not share phones, water bottles, pens and other commonly touched objects.

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Hand Sanitization (Appendix B)

- Hands should be sanitized or washed before entering and after leaving the classroom.
- Hands should be sanitized or washed before and after physical contact.

PPE

- Masks (surgical or fabric) will be worn in class.
- Masks, glasses/goggles and gloves will be worn during physical contact.
- Gloves are not required when at desks during lectures. Use hand hygiene instead.
- Glove use is always preceded by and followed with hand hygiene.
- Masks should be changed daily and not reused without washing.

Surface Cleaning (Appendix C)

- Clean and disinfect frequently touched objects and surfaces with a commercial or household cleaning spray or wipe. This should happen after every 4 hour teaching block.
- Disinfect spaces prior to eating and after eating, etc.

Cleaning Gear

- Fabric items will be laundered between courses. Other gear & sleeping bags will be wiped down with disinfecting wipes between use.

Health Assessment

- All participants will be formally evaluated daily for cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell in the past 24 hours.
- All participants will have their temperature measured via NCIT (Infrared thermometer) device.
 - If temperature exceeds 100.4F/38C then a second reading via an oral thermometer is required. If temperature still exceeds 100.4F/38C the participant will be refused entry and told to seek medical care.

Response to Non-Compliance

- Refusal to comply with enhanced hygiene practices is grounds for dismissal from the course.

Return to class for previously ill participants

- Return to class is likely unrealistic. Recovery time and test availability may preclude return to course.
- The CDC Criteria for return to work for healthcare providers will be the guideline.
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - At least 10 days have passed since symptoms first appeared

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Appendix A

Evaluation of an Ill Student or Staff Person

Students and Instructors should not attend class if sick. If you are ill before your course, contact the NOLS Wilderness Medicine office. If you are ill during the course, inform your instructors. In this case you may be asked to leave.

If the student or instructor has any of the following, they should not attend class:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- In the past 14 days, have been in close contact with someone suspected or confirmed as having COVID-19.
- Confirmed or suspected as having COVID-19 and have had a fever in the past three days and have had symptoms in the past 10 days.

Appendix B

Hand Hygiene Details

- Students and instructors should perform hand hygiene using either soap and water for at least 20 seconds or an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available and at a minimum:
 - Beginning and end of major class sessions (morning, afternoon, evening)
 - Gloves should be worn in all scenarios and practical skills sessions. Hand hygiene with hand sanitizer should be done before putting on and after removing gloves.

Appendix C

Cleaning Surfaces - details

- Dirty surfaces should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for viruses that are hard to disintegrate. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). In the absence of EPA-approved products, products with label claims against human coronaviruses or other viruses should be used according to label instructions.
 - For soft (porous) surfaces such as carpeted floor, rugs, and drapes, clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - Launder items using the warmest appropriate water setting and dry completely or use products with the EPA-approved emerging viral pathogens claims that are suitable for porous surfaces.

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