

# **Guidance to Whatcom County Search & Rescue Council (WCSARC) Mission Responders during COVID-19**

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Approved 11/4/2020

This guidance, which has been agreed to by the WCSARC & WCDEM.

The guidance has been written in recognition of the difficulties of providing care in the operational search and rescue environment. SAR organizations can use this guidance in conjunction with their own specific operational procedures, equipment, and PPE.

DO NOT respond to a mission if you are showing symptoms.

## **Section 1 – Providing Assistance**

It is now understood that Covid-19 is endemic, and we can expect a significant number of the population to be infected or infectious over coming months. Not all infected persons display symptoms, and therefore responders should assume subjects have the potential to infect their rescuers. Furthermore, rescuers may, themselves, be asymptotically infected or infectious whilst responding.

When dealing with subjects, social distancing should be maintained where possible and limit number of rescuers in contact with a subject. Infection risk may increase if responding in a restricted space.

Rescuers and other responders should, when possible, maintain social distancing. Avoid touching your face, wash your hands following contact with others and at the conclusion of operations. Wash your hands before taking breaks, smoking, eating, or drinking. Consider hydration and sustenance before commencing any part of the operation where you may come into contact with subjects.

## **Section 2 - Approach A Subject**

Assume all subjects are infected. Given the asymptomatic period of infection these can only guide decisions rather than provide clear decision boundaries.

We advocate donning appropriate PPE immediately where practical and administering the lifesaving intervention. Mitigating the risk during this phase, for example using simple positioning techniques, such that as few rescuers as possible are exposed and the subject is kept facing away from them as much as possible.

Once any immediate life-threatening risk has been addressed, as soon as possible, the responders should proceed as if the subject is contagious.

For those subjects presenting with signs and symptoms of Covid-19 (dry cough, fever and shortness of breath):

- Report assessment to IC
- Do not place subject in enclosed shelters, bivi tents or enclosed vehicle, unless SARGAR and IC dictate otherwise.
- Place an un-valved mask onto the subject.
- Limit the number of rescue personnel who have contact with the symptomatic individual.
- If possible, stay upwind of the subject.
- Ensure rigorous hygiene on doffing of PPE.

## **For those subjects NOT presenting with signs and symptoms of Covid-19**

### **Remember that the subject could be infective but not showing symptoms, and so follow basic safety measures**

- Render aid, but remembering social distancing should be maintained where possible and limit number of rescuers in contact with a subject.
- If the SAR unit has a plentiful supply of PPE masks, then rescuers and subject would benefit from both wearing masks, based on the fact that not all those infected with Covid-19 are symptomatic. However, it is a fact that in SAR organizations PPE may not be plentiful, and therefore based on the risk assessment, along with consideration of the SAR environment and required task, it can be that an un-valved mask or face covering is just provided to all casualties whether showing symptoms or not, to limit the spread of any infection to rescuers. In a masks' absence, an improvised covering may confer some protection. This allows rescuers to carry out associated tasks uninhibited in the normal way, e.g. extractions or carry outs.
- Avoid enclosed or confined spaces as much as possible.
- SAR responders should not be attempting to diagnose COVID-19 cases.
- Any rescuer with symptoms of COVID-19 post rescue (dry cough, fever and shortness of breath) must self-isolate at home away from family occupants for 14 days or until a negative COVID test or doctor release.
- Any rescuer with symptoms of COVID-19 must report their symptoms to the IC and their president.

### **Section 3 - Resuscitation**

Resuscitation may have been started by another person who is likely to have been exposed to the same level of infectivity. Recent discussions on whether or not chest compression is an aerosol-generating procedure (AGP) have identified that there is an inadequate evidence base to state with any degree of certainty for or against this concept.

Balancing the risk to rescuers versus the usually open-air environment, the operational challenges and the availability and use of bag valve mask for SAR teams, we advocated for chest compression-only CPR in the SAR environment, with the added face mask for the subject.

- If a bystander or family member has already commenced CPR including chest compressions, and hence has likely already been exposed, consider supporting them continuing this intervention by provision of guidance at a safe distance and focusing efforts on marshalling other emergency services to scene as they arrive. Bear in mind the potential for aerosol to travel a greater distance than droplets, and consider distancing more than 2m and upwind of the subject.
- Cover the mouth and nose of the subject with a mask or face covering before commencing chest compression only CPR. If available, attach an AED at the earliest opportunity.

### **Section 4 - Personal Protective Equipment (PPE) and rescue equipment**

PPE Requirements:

- Wear cloth/surgical/dust masks, especially if inside a building or vehicle, unless alone.
- Wear eye protections
- Wear gloves
- Carry and use hand sanitizer

Limit the number of people in contact with any equipment used, both during the incident and when packing down and cleaning.

Do not share radios and microphones.

Following all incidents any equipment which may have been contaminated must be cleaned with suitable decontamination materials.

As well as subject care and rescue equipment, laminated maps, operations guides and other equipment such as radios, compasses, binoculars etc. must also be cleaned if used.

Use cleaning kit before re-stowing equipment on vehicle/craft or transport in suitable bags back to SAR building for cleaning. Consideration should be given when doffing a potentially contaminated 'head over' items.

If rescuers have come into contact with a subject, non-disposable PPE should be wiped down and overalls removed before travel, separated in a bag and hot washed as per manufacturers guidance.

Equipment should be decontaminated in line with normal WCSARC protocols.

Wash your hands thoroughly with soap and water after taking off each layer of PPE or handling equipment. Water, soap and a suitable container should be carried for this purpose. Hand washing can be supplemented by the use of hand gels but bear in mind that these are only effective if hands are washed clean first. Vigorous hand washing for no less than 20 seconds is the most effective control. Do not touch your face.

### **Section 5 - Body Recovery**

As with all body recovery, consideration should be given to securing the scene while awaiting specially equipped partner organizations.

Where SAR responders are required to facilitate such a recovery, rescuers should follow all the preceding guidance. Bodies must be packaged and transported in a body bag as soon as possible to protect responders. Until packaged the number of responders in contact with the body should be limited.

### **Section 6 - Civil resilience and mutual aid**

These protocols apply regardless of where we are responding.