



COMITÉ IBEROAMERICANO DE SEGURIDAD Y MEDICINA DE MONTAÑA





PROTOCOL FOR THE ASSESSMENT AND MEDICAL CARE OF PEOPLE IN THE MOUNTAINS IN COVID-19 SITUATIONS

INFORMATION FOR RESCUERS

*** Remember that these protocols and information may change according to the reality of each country, the updates regarding the pandemic (SARS-CoV2) and the opening of activities in each country.**

BEFORE A RESCUE

<p>Preparation Pre-rescue mission.</p>	<p>Staff training on:</p> <ul style="list-style-type: none"> • Ways of contagion and prevention of COVID-19. <p>Links: https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses?gclid=Cj0KCQjw0rr4BRCtARIsAB0_48PvITMsB8EDA2UumvAUmwsmOJgRL6xp_JbEvBm9yLCqxKsK6h1tr8aAr9VEALw_wcB</p> <ul style="list-style-type: none"> • Provision and proper use of PPE (personal protective equipment). <i>* According to the fundamental provisions of the International Labor Organization relevant in the context of the COVID-19 outbreak, institutions have the responsibility to provide the appropriate PPE to rescuers. Improvising PPE is the last resource to use, not recommended.</i> • Criteria for identifying a patient with COVID-19 risk. • Adopt changes in medical management and rescue techniques to reduce the exposure of rescuers during evacuation. • Training in disinfection of material, documentation and reporting of exposure or illness of rescuers. • Be in optimal physical capacity to respond to the rescue.
<p>Initial phase of the rescue prior to accessing the field.</p>	<p>Group leaders:</p> <ul style="list-style-type: none"> • Assess the minimum number of rescuers to perform the rescue safely and effectively, reduce the probability of exposure to rescuers. • Add COVID-19 assessment to usual rescue information. <p>Rescuers:</p> <ul style="list-style-type: none"> • If the rescuer presents symptoms such as cough, fever, muscle pain, shortness of breath, diarrhea, vomiting, sore throat, skin rash, loss of smell, etc. or in the presence of minimal symptoms suspected of being COVID-19, failing to respond to rescue. • If the rescuer had close contact without PPE with patients with probable or confirmed cases of COVID-19 in the last 14 days, do not respond to rescue. • Distribute sufficient amounts of PPE for rescuers and victims. • Valuation of the 3X3 adapted to COVID and the area where we are going (table 3X3 risk management). • Try to maintain a distance greater than 2 meters with other rescuers / people and / or use PPE during the preparation and rescue phase. • Promote the transfer in separate vehicles (if possible), failing that, use PPE in the transfer vehicle and avoid aerosolization as much as possible (coughing, talking loudly, laughing, etc.).



During field access.

On the field, a minimum distance of 2 meters must be maintained, ensuring not to lose visual contact between members of the same rope. Ideally, the use of a mask should be maintained, in case it avoid normal breathing, it can be removed, as long as the minimum distance of 2 meters is maintained. In areas where you cannot be more than 2 meters away, you must use a mask endorsed and certified by the competent Food and Drug Administration (FDA) and the World Health Organization (WHO).

PATIENT CARE

Initial assessment from afar

A minimum number of rescuers (with health training if possible) approach the victim with "minimal" PPE equipment and conduct an interview from more than 2 meters away:

- Ask if he have any of these signs and symptoms: Cough, fever, shortness of breath, fatigue, muscle pain, chest tightness, diarrhea, vomiting, sore throat, headache, conjunctivitis, skin rashes, color changes in extremities (fingers), myalgia, dizziness, loss of taste and smell, etc.
- Ask if he have contact with confirmed or suspected people with COVID-19 in the last 14 days.
- Provide the patient (if he is conscious) a surgical mask and if he is unconscious (but is breathing) put on a surgical mask.
- Close contact with a victim, less than 2m, who has COVID-19 symptoms or close contact with a victim unable to provide information (altered mental status), high-risk PPE should be used.
- In the absence of symptoms, or patients without contact with possible infected persons, or without close contact with the rescuer during the rescue, the use of PPE may be minimal.
- A patient who appears to be seriously ill treat as COVID-19 positive.

INDIVIDUAL / PERSONAL PROTECTIVE EQUIPMENT (PPE)



PPE "Minimum"

PPE for attention to ALL patients.

- Surgical mask
- Gloves
- Eye protection

PPE "High risk"

EPI for close care of patients with suspected COVID-19 and less than 2 meters away.

- N95 mask
- Gloves
- Eye protection
- Pants and long-sleeved jacket



CONSIDERATIONS IN THE MEDICAL CARE OF PATIENTS WITH PROBABLE COVID-19

** The following GENERAL considerations should be adapted to the health care protocols of your organization and the situation of each region / country in the context of the pandemic. Amendments that seek to reduce exposure to rescue a probable case of COVID-19 are mentioned only.*

<p>Airways and oxygenation A - B:</p>	<ul style="list-style-type: none"> • Limit unnecessary exposure of rescuers. • Use of pulse oximeter (if available) <ul style="list-style-type: none"> ○ <i>* Patients with COVID may present severe "silent hypoxia" or "happy hypoxia" that is, they do not have dyspnea (low oxygen levels), they do not appear to be sick, but they can saturate very low.</i> • Use high risk PPE / P if the rescuer is exposed to any method that generates aerosols. <ul style="list-style-type: none"> ○ <i>* Example: nebulize, administer oxygen at high flow (> 6 liters / min), etc.</i> • In case of need for airway management: use a bag valve mask, intubation with supraglottic devices or endotracheal intubation. • Rescuers with more experience in pre-hospital care: <ul style="list-style-type: none"> ○ Bag / valve / mask: 2 hands / 2 rescuers closure method. ○ Use of viral filter in advanced airway management. ○ Limit exposure to nearby rescuers.
<p>Resuscitation of Patients in the COVID-19 Era (CPR):</p>	<ul style="list-style-type: none"> • Cardiopulmonary resuscitation in a patient with suspected or confirmed COVID-19 is a procedure with a high risk of exposure to aerosolization. • In remote environments, the survival of patients with cardiorespiratory arrest is low, so the real benefit of this procedure must be evaluated judiciously. • <i>* Exception in cardiorespiratory arrest due to hypothermia or use of helicopter with medical equipment.</i> <p>The high risk of exposure must be balanced against the low or no benefits, therefore <u>not initiating resuscitation is a valid option if the risks outweigh the benefits.</u></p>

DURING THE EVACUATION

- Report on the radio about positive screening for COVID-19.
- Minimize as much as possible, the number of personnel (rescuers) exposed to the patient during the transfer / evacuation.
- Provide clinical reassessments to the patient, maintaining the premise of minimizing contact.
- Avoid as much as possible any confined space or provide ventilation by increasing air currents (shelter, tent, helicopter, ambulance, etc.).
- Avoid contamination of the field with materials that were in direct contact with the patient (victim's equipment, material after medical attention, etc.). Have a container for biohazard waste.
- If possible, reduce or close the trail to avoid exposure to third parties.

AFTER THE RESCUE

- Remove the PPE / P with correct technique to avoid contamination (according to local protocol).
- Hand washing with soap and water or hydroalcohol (use the WHO recommended technique).
- Guarantee the safe disposal of PPE / P, as well as the handling of biohazard material.
- Consider removing clothing used during rescue.
- Wash and decontaminate hands and equipment in contact with the patient.
 - ** Follow the manufacturer's recommendations especially in the case of textiles and plastics to avoid material damage.*
- Instructions for cleaning the headquarters, ambulance and helicopter facilities.
- It is recommended that only team members with symptoms should isolate themselves and not go to other rescues, work, social events, etc.
 - ** This decision must be evaluated by each institution.*
- Rescuers who have used safety measures and are asymptomatic can go to other rescues, even if the patient is COVID-19 positive (each organization must decide on the actions to take).
- Self-monitoring of symptoms in rescuers.
- An attempt should be made to follow up on the victim's COVID-19 situation.
- Report / document symptoms or positive monitoring in rescuers, follow local protocols (or require their creation) of occupational and / or professional exposure.
- Do a post-rescue briefing.

DOCUMENT REVISED AND ENDORSED BY:

Alma Graciela Jacobo Larios	Licenciatura en Seguridad Laboral, Protección Civil y Emergencias, Universidad de Guadalajara, México.
Andrea Marengo	Neuróloga Clínica/Médica de Montaña, miembro de la Asociación Civil de Medicina de Montaña (ACMMS) y el Instituto Andino de Medicina de Altura (IAMA), Mendoza Argentina.
Alexander Torres	Guía de Alta Montaña de la Asociación Colombiana de Guías de Montaña y Escalada (ACGME-UIAGM).
Alejandro Alonso	Jefe de la Patrulla de Rescate y Auxilio en Montaña de la Policía de Mendoza Argentina.
Carlos Callupe	Guía de Alta Montaña de la Asociación de Guías de Montaña del Perú (AGMP-UIAGM).
Carlos Moreno	Rescatista de montaña/Instructor de Escalada en Roca, director en VerticalLab.
Darío Arancibia	Presidente de la Asociación Chilena de Guías/Instructores de Montaña y Escalada (ACGM), representante de la Confederación Panamericana de Deportes de Montaña y Escalada (UPAME).
Eduardo Rojas	Presidente de la Asociación Nacional de Guías de Montaña de Chile, (ANGM-UIAGM).
Florencia Borzotta	Presidenta de la Asociación Andina de Medicina para la Altura (AAMPA), Argentina.
Francisco Arroba	Guía de Alta Montaña de la Asociación Ecuatoriana de Guías de Montaña (ASEGUIM-UIAGM).
Gibran Gaytán Segura	Asociación Mexicana de Guías de Montaña y Escalada (AMGME).
Iñigo Soteras	Médico Urgenciólogo, rescatista de montaña, miembro del Comité de Seguridad de la FEDME España.
Ignacio Roge	Médico especialista en medicina de montaña, jefe del Servicio Médico Parque Aconcagua, últimas 10 temporadas.
Jorge Manuel Gutiérrez Belmont	Representante del Socorro Alpino de México



Kika Bradford	Directora Ejecutiva de Acceso Panam, Brasil.
Lenin Fernández	Representante para Latinoamérica de la Fundación GeoArc, Comisionado Rover en la Asociación de Scouts de Nicaragua, Club 505 rock Climbing Nicaragua.
Martin Musi	Medico Emergentólogo, rescatista del RMRG, Fellowship director Wilderness Medicine, Boulder Colorado.
Mercedes Galíndez	Medica Clínica, Comisión de Auxilio del Club Andino Bariloche, Argentina.
Mijel Lotfi	Médico, Guía de Alta Montaña de la Unión Internacional de Asociaciones de Guías de Montaña (UIAGM), Argentina.
Nicolas Mena	Medico urgenciólogo, presidente del Grupo de Rescate Medico de Montaña (GREMM) Chile.
Sandra Arias Orellana	Psicólogo Mgtr., presidente ONG Comisión de Seguridad en Montaña y Escalada (CSME) Chile.
Sebastián Molina	Médico especialista Gineco-obstetricia, Especialista en Medicina de Montaña, presidente de la Asociación Civil de Medicina de Montaña (ACMMS), San Juan Argentina.
Sebastián Donato	Medico Neumólogo, especialista en Medicina de Montaña, Director Médico del Instituto Andino de Medicina de Altura (IAMA), Mendoza Argentina
Selvin Juárez	Rescatista de Montaña, WEMT, Miembro del Grupo de Búsqueda y Rescate en Helicóptero de Servicios Médicos SOS, Guatemala.

This document is subject to future changes and modifications based on new updates in the context of the COVID-19 pandemic.

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