

Arizona Trail Association COVID-19 Epidemic Protocol



6/2/2020

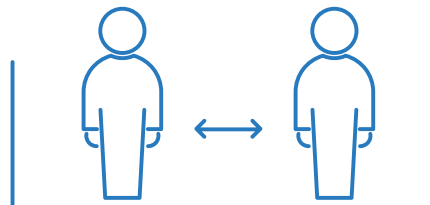


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THIS DOCUMENT

In the time of the COVID-19 crisis, the Arizona Trail Association (ATA), like many other organizations tasked with monitoring and maintaining outdoor recreation amenities, finds itself with an unprecedented problem. We are seeing a sharp and exciting increase in interest and use of our trail while at the same time nearly crippling restrictions on our ability to do the work needed to maintain it. In the face of this challenge, the ATA is examining the nature of the pandemic, the role that trails (and specifically long distance trails) play in the public's experience during the pandemic and how we can best fulfill our mission given the constantly changing and challenging set of circumstances.

It is the goal of the ATA to continue to engage our experienced volunteer corps in a safe and responsible manner throughout the time of the COVID-19 pandemic. Although all group activities were cancelled at the beginning of the pandemic in response to the Governor's Stay-At-Home order, as conditions and recommendations change it is our goal to resume these activities within safe parameters. We have created this manual for staff, volunteer leaders and volunteers who plan and execute volunteer and trail operation activities on the Arizona Trail during the time of the COVID-19 pandemic and the more extended period of "recovery" that will follow it. Many of these procedures may be in place for months or years after the most stringent restrictions have been lifted. An executive summary of this document will be available for leaders to review with staff and volunteers regularly.

ABOUT THE HAZARD

What Is COVID-19?

Coronavirus Disease (COVID-19) is an infectious disease caused by a new type of coronavirus. Reported illnesses have ranged from mild symptoms to severe illness and death. Common symptoms such as fever, cough and shortness of breath may appear 2-14 days after exposure, and the severity and duration of symptoms can vary between cases.

Once you are infected, you may be capable of transmitting the virus to others, even before you exhibit any symptoms, and even if you never develop any symptoms yourself. It is estimated that at least 25% of infected individuals may be asymptomatic (or have no symptoms of infection).

How Does One Become Infected With COVID-19?

Coronavirus can be contracted through close association with an infected person or by contact with a contaminated surface. The virus can be spread between individuals through respiratory and oral excretions (e.g. saliva) in a "droplet" form. Coronavirus can also be aerosolized (made temporarily airborne) by sneezing and coughing, or when using certain medical devices and respiratory treatments (e.g., CPAP machines).

Some people never show obvious signs of infection and are considered asymptomatic. Recent evidence suggests that it may be possible for the virus to spread from asymptomatic individuals simply via speaking or breathing. CDC recommends that people wear a cloth face covering to cover their nose and mouth in public to prevent this form of transmission. This is an additional public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but may prevent the spread of virus from the wearer to others.

Coronavirus can also spread through contaminated surfaces in the environment such as metal, plastic, cloth and others. The virus may be able to survive from a few hours to a few days on some surfaces without decontamination. It is possible to become exposed to the virus by transferring it from a contaminated surface (such as a door knob) to your mucous membranes (in your eyes, nose, or mouth) by touching your face or by coming into contact with a contaminated object that touches your face. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.

Source: Centers for Disease Control and Prevention, www.cdc.gov

TRAIL OPERATIONS DURING AN EPIDEMIC

What follows is the ATA's hazard analysis, policies and instructions for training and conducting our field-based trail operations during the COVID-19 epidemic. Reducing the risk posed by the epidemic to our staff, volunteers, partners and the trailside communities along the Arizona National Scenic Trail is among our highest priorities.

The guidance provided in this document regarding infectious pathogens is limited in scope. It has been designed to promote workplace and volunteer safety, and to identify and mitigate the specific risks associated with contracting and transmitting COVID-19 and other common pathogens our staff may encounter during ATA activities.

This document is subject to change. To the best of our ability, the ATA shall continuously evaluate the latest information and guidelines from trusted health authorities such as the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Arizona Department of Health Services (DHS) in regard to the COVID-19 epidemic, and revise the guidance provided in this document accordingly.

The ATA will conduct our trail operations only when it is deemed lawful and prudent to do so, and will cooperate in full with all applicable laws, rules and regulations, including temporary emergency orders.

A. Communication, Transparency And Empathy

Fulfilling our mission during a global pandemic will undoubtedly provide new challenges and hardships across our organization and greater trail community. In particular, we recognize that those who volunteer on our trails will be called upon to perform their duties with increased attention to detail and sustained vigilance during the crisis. It is this dedication to the trail which creates the backbone of our organization.

The policies and practices in this document have been created to protect the physical, mental and emotional wellbeing of our staff and volunteers, as well as the gateway communities that are a critical component of the Arizona Trail experience.

It is essential that we communicate effectively as an organization to ensure workplace safety throughout the crisis. Confidential disclosures of personal medical information will only be requested by ATA when lawful and necessary to monitor our staff and volunteer crews for symptoms of respiratory infection, and to screen for underlying conditions that may put them or others at higher risk of infection.

1. TRANSPARENCY IN ASSESSING AND COMMUNICATING RISK

Each staff member and volunteer should self-evaluate their own condition prior to participation in any ATA activity. This evaluation should include known exposure to the contagion, and also symptoms, general health and underlying medical conditions which could put you at higher risk of illness.

Symptoms of COVID-19 can vary between individuals and throughout the progression of the disease. Even though some symptoms may be considered mild or similar to other common illnesses, it is absolutely critical that staff and volunteers report any and all possible symptoms and health concerns to management as soon as possible.

Staff and volunteers will:

- **Refrain from participation in any activity on the AZT if they have symptoms of or believe they may have COVID-19.**
- Inform the ATA's Executive Director or Volunteer Program Manager of any exposure to confirmed COVID-19 within 14 days prior to any event they attend so that we may evaluate the level of risk.
- Read the [CDC guidelines](#) regarding underlying conditions that would put you at high risk of severe illness and determine if your participation in the activity will unduly jeopardize your safety.
- Inform the ATA if you develop symptoms (even mild ones) of COVID-19 within 14 days after an ATA activity (within 24 hours of discovery).

2. EVALUATING VOLUNTEERS FOR PARTICIPATION

Potential participants in volunteer activities should be screened by project leaders on an individual basis. Asking questions prior to the event – whether over the phone or via email – should be done with assurances of privacy.

- Do you have any of the following symptoms: mild fatigue, low-grade fever, cough, chills, nasal congestion, loss of taste and/or smell, headache, muscle pain or tightness in the chest?
- Have you had any exposure to someone with a confirmed case of COVID-19 in the past 14 days?
- Are you at high risk of severe illness as described by the CDC?

A positive response to these questions should be reviewed by the event leader and a decision should be made on that individual's participation based on the "Transparency in Assessing and Communicating Risk" criteria.

The ATA will:

- Promptly inform all employees and volunteers who may have been exposed to COVID-19 at an ATA activity.
- Maintain confidentiality of the details of any medical information we receive, including the name(s) of the affected employee(s) or program participant(s) in accordance with the Americans with Disabilities Act (ADA).

B. Expanded Safety Precautions

The ATA has a long-standing protocol of placing safety as our first priority in all field operations. In addition to the existing procedures of safety communication and PPE use, additional precautions have been developed to provide greater protection for staff and volunteers from pathogens, particularly the coronavirus that causes COVID-19.

1. FACEMASKS - INSTRUCTIONS AND GUIDELINES

The ATA requires staff and strongly recommends that volunteers utilize facemasks while performing activities on the Arizona Trail as per [CDC recommendations](#).

Additional Use Guidelines

- Never apply a facemask to a first-aid patient who is struggling to breathe
- Never apply a facemask to a first-aid patient who is unconscious
- Do not touch the interior surface of the mask (which contacts your face) and do not allow other surfaces (even the exterior surface of the mask) to make contact with the interior surface if you intend to extend use
- Avoid touching the mask while using it; if you do, clean and sanitize your hands
- Do not wear a facemask below your nose (with your nose uncovered)
- Do not “store” a facemask below your chin between uses
- Do not attempt to wear a facemask while eating or drinking (by pulling the mask aside in between bites/sips)
- Replace a mask if:
 - It is damaged or deformed, or otherwise no longer stays in place and seals over the nose and mouth
 - You touch or otherwise contaminate the interior surface with bodily fluids
 - It becomes damp, dirty, and/or difficult to breathe through

Extended Use/ Reuse Of Facemasks

- Only reuse a facemask that has been used in a **low-risk setting** as a general preventative measure (discard or sanitize any mask used in close contact to treat or transport an individual with a suspected infection)
- Between uses, extended use facemasks must be **stored with care** — in a sealed bag, **isolated** from all other clothing and items, and folded so as to **protect the interior surface** from contamination
- Between uses, reusable facemasks must be washed and sanitized with soap and hot water

How NOT to Wear a Mask

Wearing a face mask takes some getting used to. To get the most benefit, you need to avoid these common mistakes.

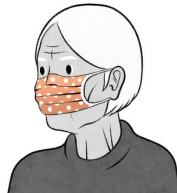
By Tara Parker-Pope



DON'T: Wear the mask below your nose.



DON'T: Leave your chin exposed.



DON'T: Wear your mask loosely with gaps on the sides.



DON'T: Wear your mask so it covers just the tip of your nose.



DON'T: Push your mask under your chin to rest on your neck.



DO: Wear your mask so it comes all the way up, close to the bridge of your nose, and all the way down under your chin. Do your best to tighten the loops or ties so it's snug around your face, without gaps.



And once you've figured out the correct position for wearing your mask, follow these tips to stay safe:

- Always wash your hands before and after wearing a mask.
- Use the ties or loops to put your mask on and pull it off.
- Don't touch the front of the mask when you take it off.
- Wash and dry your cloth mask daily and keep it in a clean, dry place.
- Don't have a false sense of security. Masks offer limited protection, and work better when combined with hand washing and social distancing. "It's not that one excludes the other," said Dr. Siddhartha Mukherjee, assistant professor of medicine at Columbia University. "They compound the effects of the other."

Illustrations by Eleni Kalorkoti

2. SOCIAL DISTANCING

- It is standard protocol to observe a 10-foot distancing rule while hiking and working with tools to reduce the risk posed by tool-related hazards
- Standard protocols also dictate maintaining a 6-10 foot distancing whenever possible while working on the trail
- If social distancing is not feasible, trail workers in close proximity to one another **will wear facemasks**
- When encountering other trail users, it is ideal to maintain a distance of 6-10 feet. If this is not possible due to terrain or conditions, don a facemask. If working on a trail with consistently heavy traffic, wear facemasks.

3. CLEANING AND SANITIZING HANDS

This is standard protocol for healthy living and workplace safety. During an epidemic, all employees and volunteers should be particularly disciplined in these behaviors and should help create a culture of accountability within the entire crew.

- **Wash/ Clean:** To physically remove contaminants (dirt, grease, food, bodily fluids, pathogens etc.) from the skin, or a surface or object; typically achieved with friction and solvents, as in the lathering and scrubbing of soap, which is then rinsed off with water
- **Sanitize/ Disinfect:** To denature any remaining pathogens on the skin or the surface of an object, destroying characteristic properties or molecular structures of those pathogens by applying heat, acidity, or other disruptive agents (like alcohol or bleach)

WHEN TO WASH YOUR HANDS (OFTEN!)

- BEFORE and AFTER preparing or eating food
- During food prep — anytime AFTER you have made contact with a surface or object that is not the food you are preparing, or the clean food prep tool(s) you are using
- BEFORE and AFTER putting on and removing medical/pathogen PPE
- BEFORE and AFTER touching your face, e.g., to apply sunscreen
- BEFORE and AFTER caring for someone who is ill, or tending to someone who is injured
- AFTER you have used the toilet
- AFTER blowing your nose, coughing, or sneezing, or helping a dependent blow/wipe their nose
- AFTER touching an animal, animal feed (incl. pet food, pet treats), or animal waste
- AFTER touching garbage, or medical/ PPE waste
- AFTER touching “high-touch surfaces” (keyboards, tablets, smartphones, steering wheels, door knobs, etc.)

Frequent hand washing is necessary, but it can lead to dry, chapped or cracked skin. For your comfort and to help protect yourself from other health problems, moisturize your hands at least once a day to care for your skin.

HOW TO WASH YOUR HANDS

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap
2. Lather your hands by rubbing them together with the soap (20+ seconds):
 - a. Rub/rotate palms together
 - b. Rub/rotate the top/back of the fingers against the palms
 - c. Scrub between the fingers (interlace — front and back)
 - d. Scrub the backs of hands
 - e. Rub/rotate/scrub the thumbs
 - f. Rub/rotate/scrub the tips of the fingers against the palm to work the lather under the nails. Use a nail brush to clean under fingernails esp. if you have stubborn dirt stuck underneath
3. Rinse your hands well under clean, running water — until they no longer feel slick with soap
4. Air dry or pat dry with a clean towel

Visit the CDC's website if you want to [learn more about the science behind how we wash our hands](#).

HOW TO CLEAN YOUR HANDS IN THE ABSENCE OF SOAP AND WATER

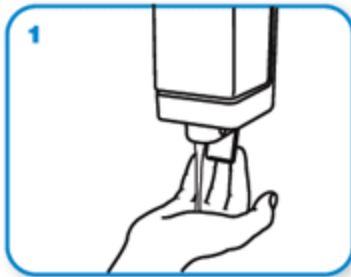
1. Using a pre-moistened wipe, thoroughly scrub every surface of your hands to remove all dirt and contaminants
 - a. Dispose of your wipe(s) in a sealed bag to be packed out
2. Properly sanitize your hands by following the instructions below

IF relatively clean water is available in your environment, AND your skin is NOT contaminated with chemicals (e.g., sunscreen, bug spray), you may opt to do a preliminary rinse/scrub to remove dirt from your hands.

Never use soap — not even biodegradable soap — in waterways or bodies of water!



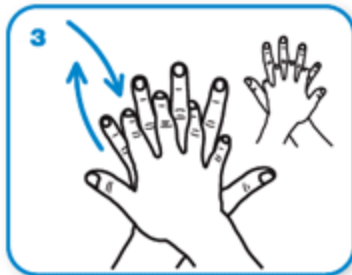
Wet hands with water



apply enough soap to cover all hand surfaces.



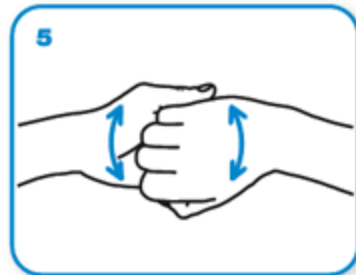
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



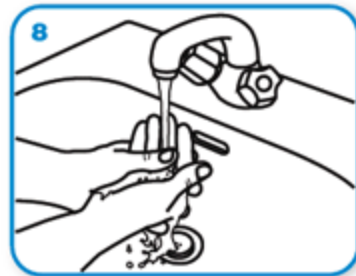
backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



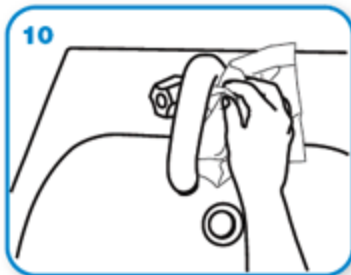
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

Source: [World Health Organization](https://www.who.int)

ABOUT HAND SANITIZER

- Hand sanitizer (comprised of 60-95% alcohol) is *NOT a substitute for washing hands* with soap and water
- *When used correctly*, sanitizer destroys most germs on your hands, and is useful as a secondary health precaution
- *When used incorrectly*, hand sanitizer is NOT effective and could lead to the spread of germs
- Hand sanitizer does not kill all germs (e.g. norovirus and *Clostridium difficile* (C. diff))

WHEN TO SANITIZE YOUR HANDS

- When hands are NOT visibly dirty or greasy and AFTER wiping them clean of contaminants
- BEFORE and AFTER providing first-aid care, AFTER washing your hands as best as possible
- BEFORE and AFTER donning/doffing facemasks, AFTER washing your hands as best as possible
 - BEFORE putting on facemask, then again before putting on disposable gloves
 - BEFORE and AFTER touching/adjusting Pathogen PPE
- AFTER using the bathroom and AFTER washing your hands (or if handwashing is not available)
- AFTER contacting “high-touch” surfaces, especially if hand washing is not immediately possible

HOW TO SANITIZE YOUR HANDS

1. Clean your hands — remove any dirt, grease, or other visible contaminants
2. Apply ≥ 3 ml — a dime to nickel-sized dollop
3. *Thoroughly* rub the sanitizer over every surface of your hands (20+ seconds):
 - a. Rub/rotate palms together
 - b. Rub/rotate the top/back of the fingers against the palms
 - c. Scrub between the fingers (interlace front and back)
 - d. Scrub the backs of hands
 - e. Rub/rotate/scrub the thumbs
 - f. Rub/rotate/scrub the tips of the fingers against the palm to work the sanitizer under the nails
4. Keep rubbing until your hands are dry; do not touch anything until your hands are dry

Common mistakes when using hand sanitizer (i.e., ineffective use):

- Not using enough product
- Not thoroughly rubbing the product into every part of your hands until dry

4. USE AND CARE OF TOOLS TO PREVENT TRANSMISSION

- As always, everyone must wear gloves when handling tools for *any* length of time
- During an epidemic, consider using the same tools — a designated tool for each crew member — for the entire trip or event whenever possible.
- After/ between trips, crews/ crew leaders will wash all tool handles with bleach wipes or sanitization procedures (see Tool Check-in/Check-out procedures).

5. USE AND CARE OF PPE TO PREVENT TRANSMISSION

- After/between trips volunteer leaders and staff will clean all hard PPE (hard hats and goggles) including their own with bleach wipes or sanitization procedures (see Tool Check-in/Check-out procedures).
 - Hard hats should be “gifted” to returning volunteers.
 - Consider washing PPE items *during* extended trips (if conditions allow)
 - Cleaning of hard hats should include suspensions.
- Do NOT share used PPE until they have been washed.
- Volunteers are encouraged to bring and utilize their own PPE whenever possible. Hard hats and gloves can be issued to volunteers for use throughout their future volunteering career with the ATA.
- Leather gloves will not be re-used.

6. FOOD AND WATER HANDLING TO PREVENT TRANSMISSION

- During times of epidemic, the ATA will not encourage or provide group meals. Snacks may be provided only in pre-packaged individual servings.
- Individuals will be responsible for their own water and beverages. Do not share water drinking bottles or larger jugs for refilling.
- If it is necessary to share water, sanitize any spigot, handle or other item that has come in contact with hands, mouths or bottles with bleach wipes or other sanitization procedure.

7. TRANSPORTATION

To maintain social distancing and sanitation, the ATA discourages ride sharing, and carpooling for the duration of the outbreak. Transportation may be shared by individuals not practicing social distancing such as members of the same household, but otherwise all participants should arrive at the worksite on their own.

ATA staff will use the following procedures any time they utilize ATA vehicles:

AFTER/BEFORE EACH TRIP sanitize “high-touch” surfaces:

- Steering wheel (clean off oils and dirt with a soapy rag, first)
- Door handles (inside and out)
- Seat belt buckles
- Window controls
- Audio and comfort controls
- Turn signal and windshield wiper levers

C. Group Sizes

One of the most important protections identified by the medical community is to reduce the number of individuals each infected person has the opportunity to spread the virus to. In the early stages of the outbreak, this was done largely through stay-at-home orders and recommendations as well as the closure of business, gathering places and events. While many of the restrictions will be eased in the coming months, until there is an effective and widely available vaccine, social distancing and a lowering of social density will still be our best tool at combating the pandemic.

The ATA will evaluate conditions and regulations for appropriate group sizes. Volunteers and staff will not exceed group size limitations.

TOOL AND PPE CHECK-IN/CHECK-OUT

The ATA has trail work tools stored in various places throughout the state. These tools are best served in the hands of volunteers, whether that is individual Segment Stewards seeking to maintain their segment or volunteers in small, pre-established social groups. As conditions in the epidemic change, small open group events may again be possible as well. Maintaining tool stock and safety will be critical to ensuring that the Arizona Trail remains open and accessible as a recreational resource and place of refuge regardless of the ups-and-downs of the crisis in our communities.

A. Tool Trailer Maintenance

Tools will be maintained in the ATA's 4 tool trailers throughout the state available to volunteers, stewards and staff as needed. For locations and availability of various trailers, contact Regional Stewards or the Volunteer Program Manager.

Accessing tools from the cache is considered an ATA activity and should be undertaken with the same considerations as trail monitoring or maintenance (See "Trail Operations During an Epidemic"). When retrieving tools from or returning tools to the trailers, the following precautions should be taken:

- Do not access the trailer if you have symptoms of or believe you may have contracted COVID-19.
- Wear pathogen PPE (facemask) and gloves when handling tools.
- Wipe any surfaces you've contacted with bleach/disinfecting wipes before leaving.

B. Tool and PPE Maintenance

When materials have been checked out of the trailer for use by individual volunteers or by groups, they need to be properly maintained and disinfected prior to storage.

1. Cleaning and Disinfecting Tools

Materials to sanitize tools will be stored in the tool trailers including biodegradable soap, water jugs, plastic bags, gloves, disposable rags and bleach/sanitary wipes.

- Begin by using soapy water or a wet cloth to remove any dirt or debris clinging to the handle of the tool.
- Isolate tools for 3 days before re-use or use a sanitizing spray to disinfect the handle.
- Replace the tool in the trailer while still wearing gloves and a facemask.
- Remember to never use soap — not even biodegradable soap — in waterways or bodies of water.
- Used towels and wipes should be placed in a plastic bag and thrown away at the nearest appropriate location. DO NOT leave dirty towels or used bags in the trailers.

2. Sharpening or Maintaining Tools

Tools must be maintained regularly for safety and efficiency. Be sure when performing any maintenance activities on tools that the steps on "Cleaning and Disinfecting Tools" are followed each time.

3. Cleaning and Disinfecting PPE

This procedure applies to non-pathogen PPE (hard hats, gloves and goggles). For regular volunteers, the most effective means of providing safe PPE will be to issue them their own hard hat and work gloves. Volunteers should wash their own PPE after each event or activity. For shared use PPE the following procedures should be followed.

- Begin by using soapy water or a wet cloth to wipe down the outside of hard hats or goggles as well as the parts of the suspension inside. It is difficult to sanitize a dirty surface.
- Allow the surface to dry before wiping down any surface that has contacted a face or hands with a disinfecting wipe.
- Replace the PPE in the trailer while still wearing gloves and a facemask.
- Remember to never use soap — not even biodegradable soap — in waterways or bodies of water.
- Used towels and wipes should be placed in a plastic bag and thrown away at the nearest appropriate location. DO NOT leave dirty towels or used bags in the trailers.
- Used gloves need not be returned or should be discarded with the towels and wipes.

FIRST AID IN AN EPIDEMIC

The safety of volunteers and staff is always a priority for the ATA. While out on the trail, there is always potential for a situation requiring first aid whether it is as simple as a blister or as dangerous as heat related illness. In any case, providing first aid during a disease epidemic can present unique challenges. Volunteers and staff should be in communication with each other as described in the sections above and be prepared to be in close proximity to one another should there be a need to provide assistance. **Face masks and gloves are essential protections** should this be the case. Even a simple or routine issue could call for evacuation in these cases (evacuation may not mean emergency medical extraction – it may mean simply walking back to the trailhead and awaiting vehicles to return home).

With increased interest in trail recreation that has been seen during the quarantine, there is also increased risk that trail workers will be approached by users to provide assistance. With the hard-hat comes a degree of authority that is recognizable especially to less experienced users. Exercise heightened caution and only provide what care you are comfortable with.

- The American Heart Association is currently recommending Hands-only CPR or AED's for emergency care in the event of cardiac arrest.
- Unless the individual is a pre-vetted member of your team, treat them as if they are infected.
- Remember to call 911 if phone service is available. Local EMS can provide the best guidance on how to proceed.