

FREQUENTLY ASKED QUESTIONS RELATED TO COVID-19

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This is a working draft prepared to assist PA staff and clients address issued related to the current pandemic. It is based on information provided by competent medical authorities and government agencies. Information about the virus is changing and evolving on an on-going basis. Adventure programs are strongly encouraged to seek the best available and up-to-date information from well recognized medical and scientific authorities recognizing that recommended practices will likely change over time. Project Adventure will continue to update our information based on the best available medical and scientific information.

1. What are the main recommended strategies for controlling the spread of Coronavirus?

- Screening The purpose of screening is to reduce the likelihood of having participants and staff come into contact with individuals who could be spreading the virus. A good screening program can reduce the risks of coronavirus exposure.
- (ii) Distancing Maintaining a significant distance between participants whenever possible has been shown to be a highly effective way of reducing exposure to the virus. Studies have shown that the virus is transferred most efficiently when individuals who have the virus are in close proximity to others for extended periods of time (e.g. 15 minutes or more). If this contact also takes place in an enclosed area with poor air circulation the risk becomes higher. Maintaining at least 6 feet of physical distance between individuals and minimizing the amount time spent in close proximity have been shown to be very effective at reducing the risk.
- (iii) **Use of Masks** Masks have been shown to be very effective in reducing exposure to the virus in those circumstances where maintaining at least 6 feet of physical distance is not possible.
- (iv) **Hygiene** Hygiene includes personal hygiene such as hand washing as well as other cleaning and disinfecting strategies to help reduce the spread of the virus.
- (v) Environment Where programming takes place is also an important consideration in mitigating the spread of the virus. Crowded indoor spaces with poor air circulation are known to be the least desirable spaces for any type of activity. Wherever possible, programs should plan as much programming as possible to take place outdoors. When indoor spaces must be used, large wellventilated spaces with relatively smaller groups will be preferable.

Programs should understand that each of these strategies is important but will be most effective when used in concert. For example, you don't want to try protecting everyone by simply trying to clean and sanitize every piece of equipment used. Hygiene is very important but used alone it will not be as effective. Programs should work toward optimizing each of these important strategies with a properly balanced approach.



2. What are some good screening questions that can be used?

The following are examples of common screening questions that may be used. These are based on recommendations provided by qualified medical experts. Individual programs may require different screening questions based on their particular program and participant population and should consult with their own medical professionals to help ensure the screening protocols are appropriate for each specific program. A sample questionnaire would typically include the following types of questions:

In the interest of protecting the health and safety of all participants and staff members, please disclose if you have any indication of having been exposed to Covid-19 or whether you have experienced any symptoms associated with the Covid-19 virus.

Do you have a fever or above normal temperature?	Yes	No
Do you have a cough?	Yes	No
Have you experienced shortness of breath or trouble breathing?	Yes	No
Have you recently lost or had a reduction in your sense of smell or taste?	Yes	No
Have you tested positive for Covid-19?	Yes	No
Have you been tested for Covid-19 and are awaiting results?	Yes	No
Have you been in contact with someone who has tested positive for Covid-19		
or has shown symptoms of Covid-19?	Yes	No

3. When should screening take place?

If possible, participants should be screened at least several days before a program and then screened again on the day of the program. Both initial and final screening can be done in person or remotely (i.e. by e-mail or phone). If there are no changes in the answers to the screening questions it may not be necessary to complete a new form – Programs should just confirm that the answers for each participant are still accurate (e.g. this could be the final question on the form including the date).

4. Who should complete the forms?

Adult participants. Minor children (under the age of 18) should have parents complete or approve the signed form. Program staff members may use the same form and screening criteria.

5. Should programs be using thermal scanning thermometers as part of their screening process?

While some medical establishments (e.g. dentist offices) are using thermometers as part of their screening process, most Adventure programs will likely not need to do this. Most adults should be able to determine if they have a fever because they will not feel well, and they can take their own temperature at home if they are uncertain. Similarly, most parents should be able to tell if their child has



a fever. So, while fever is one of the important screening criteria, most programs should be able to prescreen their participants without going to the extra step of actually taking everyone's temperature. There may be some exceptions such as residential camps where this added step may be helpful, so programs should consult with their own medical professionals. Also keep in mind that a participant can spread the virus without or before showing symptoms, so that even when thermal scans are used, they are not a foolproof way of detecting who might be contagious for the virus. Following the above strategies for control of the virus is much more effective at preventing its spread.

6. When and how should masks be used, and what type of masks are recommended?

Masks are best used in coordination with physical distancing. When participants can stay 6 or more feet apart, masks may not be required. When participants are closer than 6 feet, masks become an important strategy and should be used. Cloth masks are commonly made from two layers of tightly woven fabric. "Surgical" style face masks are also widely used and appropriate for program use. Programs that require masks should have masks available for participants and staff to supplement any that participants or staff bring with them. It is very important that masks cover the mouth and nose and are properly fitted. Cloth masks should be washed or otherwise sanitized on a regular basis, and not shared or reused by multiple people. Surgical style masks are usually designed to be discarded after use.

7. What should programs do if a participant cannot wear a mask?

This will depend on the program design. If the program design allows participants to maintain at least 6 feet of distance throughout the day, then not being able to wear a mask should not be a problem. However, if the program requires participants to be closer than 6 feet then it may not be possible for that person to participate. This would be a disqualifying pre-existing condition unless an appropriate accommodation could be found.

8. Should hand washing be encouraged to help prevent the spread of the virus?

Yes. Handwashing has been shown to help prevent the spread of many infections including coronavirus. Where possible, washing with warm water (e.g. around 90 -95 degrees F) and soap is best. Soap and water is still preferable even if warm water is not available. Outdoor washing stations are available to buy or rent, or programs can improvise (e.g. water coolers and liquid soap). The frequency will depend on the size and duration of the program as well as how often participants are handling props and equipment, but programs should encourage hand washing at least several times a day.

9. How about hand sanitizer?

The use of had sanitizer is also recommended and is particularly useful when hand washing is not available. Washing with soap and water should be your first preference but both strategies can be used together.



10. If coronavirus is principally spread as an airborne virus why is handwashing important?

This is because a person may pick up the virus on their hands and then touch their face (mouth, nose, or eyes) and become exposed. There's lots of data to support the importance of handwashing in helping to prevent the spread of disease.

11. What about gloves?

Gloves may seem like they could offer useful protection, but they likely would only be of limited value for most Adventure programs. The problem with gloves is that they seem to offer protection but once they become contaminated, gloves are more difficult to clean than hands. Plus, they may give a false impression of safety. In medical settings, gloves must be properly put on and taken off, and are only good for a single use. Traditional uses of gloves (e.g. for belaying) may still be OK but programs should be aware that in most cases they will not provide an effective method of controlling the spread of the virus.

12. Where should groups eat lunch or other meals?

Outdoors is the best location if possible. If the outdoors is not an option larger indoor spaces with good ventilation and room for adequate spacing would be best. In general, maintaining 6 feet of social distance and not sharing serving or eating utensils is important. If serving food, pre-packed single-serving food is recommended; buffet or family-style meals are not recommended.

13. We have heard that coronavirus can survive for extended periods on time on a variety of surfaces. Should we be concerned about transmitting the virus by touching climbing ropes, harnesses, ladders and other equipment that may have been handled by other people?

This is a very good question and one that has caused a lot of confusion. It is true that the virus can be detected in laboratory conditions on various surfaces for extended periods of time (e.g. up to 72 hours.) This type of transmission is sometimes referred to as fomite transmission i.e. catching a virus from contact with an inanimate object. However, according to Dr. Anthony Fauci, coronavirus is predominantly transmitted by means of aerosolized droplets through the air. He has indicated that it is "conceivable but unlikely" to catch the coronavirus through fomite transmission.

As stated earlier, proper hygiene such as hand washing is an important part of mitigating the spread of the virus. Certainly it is good practice to keep equipment clean and minimize the sharing of equipment between different participants. For example, it is good practice to provide each participant with their own harness and helmet for the duration of the program. However, programs should not be overly concerned about transmitting the virus through contact with shared equipment. Simply because the virus may be present does automatically mean there is a high likelihood of transmission. In terms of relative efficacy, it is much more important to focus on your principle strategies e.g. properly screening participants, maintaining physical distancing, washing hands frequently and using masks when participants are in close proximity.



14. When belaying is it safe to modify belay teams to include 6 ft. of distance between belayers?

Yes, this can be a reasonable modification. Be sure to carefully monitor and minimize the amount of rope slack between each of the belay team members. The increased spacing between each member could result in less attention to the slack in the system. However, this should not be a problem if carefully monitored.

If your program uses the Australian belay it also possible to modify that belay technique to increase the distance between belayers. The Australian belay can be modified by simply increasing the size of the termination knots used which can increase the spacing of the belayers. As noted below, be sure to proceed cautiously with even simple modifications to standard practices to avoid unanticipated problems.

15. For traversing belays can we provide an anchor for the belayer using a 6 foot tether (i.e. to maintain some distance between the belayer and the person providing the anchor?)

Yes, with some qualifications. A 6 foot tether may be used between the primary person managing the belay device and an anchor person behind provided this does not compromise the quality of the belay. The tether could be made from one inch tubular webbing or a cut section of knotted belay or static rope. If using a Universal Harness by Headwall, attach the extension sling/rope to the clip in loop in the back of the harness and attach to the "anchor" person's harness at the front attachment loop. As always, there should be no slack between the two.

Important note – If the primary belayer is significantly lighter than the climber it is very important for the "anchor" person's attachment be positioned significantly lower than the primary belayer's attachment to resist the upward pull. This will prevent the belayer from being lifted off the ground which could compromise the belay.

When considering any changes in standard procedures it will be very important to test them out thoroughly to be sure they are working and are appropriate for your individual program. Past experience has shown that even minor changes in procedures can lead to unexpected outcomes. Using a 6 foot tether may be difficult for some programs to manage so remember that there are other options. A shorter tether (e.g. 3 ft.) would provide some distance and the anchor person and belayer can wear masks because of the closer proximity. Be sure any modifications you adopt do not result in compromised safety.

16. Should participants be belaying at all? Or should staff take over this job to minimize participant contact with the same rope?

Some programs may find it's easier to utilize traditional single person belays by instructional staff rather than Team belays. This is certainly an option, but we also feel Team belays can still be used by most programs if properly managed.



17. Should programs eliminate the rope handler so that less people are touching the rope?

That is an option programs may choose, but the evidence suggests that it may not add much real benefit. If your program is outdoors, participants and staff are being properly screened, are maintaining proper distancing, using face coverings when needed, and washing their hands frequently – the evidence suggests these are the most important steps that will help prevent the spread of the virus. By all means programs should limit, as much as reasonably possible, the use of shared equipment but understand that the risk of contracting the virus from shared equipment is relatively low.

18. What about ladder safety – Should programs eliminate the technique of having participants hold the bottom of an access ladder?

Probably not. Programs should be sure that any changes you implement do not have the unintended consequence of making your program less safe. As indicated above, handling ladders should not pose an unreasonable risk. Some programs lash the tops of access ladders to the tree or pole and this would be a very acceptable option for programs that want to eliminate the need for a ladder holder. (Spotting the participant on the ladder should still be done.)

19. Are there any easy solutions that will allow programs to use low elements and initiatives where spotting is an essential component to safely run the activity?

The short and honest answer is no. There are low elements where it may be reasonable to have participants self-monitor which essentially means going without spotting. For many swinging elements it is difficult or impossible to spot someone in motion so instructional staff need to rely more on assessing the participant's ability to safely support their weight on a swing. Similarly, some more experienced groups may be able to do an activity such as the Mohawk Walk relying primarily on the participant's skills to self-monitor (i.e. step down rather than fall). However, for many groups this will not be a reasonable choice, so programs are left with the option of not doing those activities. There may be some middle ground where some spotting is needed and where having participants wear masks may be a reasonable option. But, if the activity cannot be safely done without a lot of spotting the prudent choice would be to look for alternative activities that meet the program goals and can be safely operated.

20. What's the best way to clean helmets?

For cleaning helmets, soap and water works just fine. Let them air dry and/or put them out in the sun if possible. Remember that sun and dry air helps to disinfect the helmets and the small amount of sunlight exposure will not damage the helmets.



21. Our program does not have enough helmets to provide a helmet to each participant. Is it OK to sanitize helmets with an alcohol-based sanitizer when there is not sufficient time available to more thoroughly wash the helmets?

This seems to be a reasonable approach and is consistent with a lot of the advice from health experts. As noted elsewhere in this document, many qualified authorities are now saying the likelihood of catching the virus from inanimate objects is relatively low. (For additional information see the links listed at the end of this document.) We recommend programs continue to minimize the use of shared equipment and continue to practice good hygiene (e.g. hand washing, cleaning and sanitizing equipment, etc.) wherever reasonably possible.

22. What are the recommended groups sizes and staff/participant ratios for Adventure Programs?

There are a number of factors to consider in addressing this question. Early in the pandemic many governmental authorities limited the maximum size of groups to help control the spread of the virus. For example, Massachusetts designated maximum group size at 10 during Phase II for outdoor education programs. In Phase III this was increased to 12. So, depending on where you are located it is important to determine if there are local guidelines that should be followed. In general, most programs will find it easier to maintain proper distancing and to implement other mitigation strategies if the group sizes are limited. In the absence of governmental regulations, we recommend programs consider what size groups will allow you to best implement your core strategies (i.e. screening, distancing, uses of masks, etc.) and for most programs operating with smaller than normal group sizes will be advisable.

23. If you play a tag game using noodles should you also have participants wear masks?

The short answer is yes. If you're outdoors or in a well-ventilated space the risk from short term proximity is relatively low. However, if you follow the guideline of using masks whenever you are closer than 6 feet then masks would be recommended on the theory that in a tag game it would be difficult to maintain a 6 ft. distance at all times.

24. If a group that you work with has formed a "cohort" or "bubble" does that affect your operating norms?

It may, but of course it depends. The NBA is currently using a "bubble" approach to allow players to come into close contact during games. At the present time it may be too soon to determine how effective this strategy will be for groups such as schools, camps, home-schooled cohorts, etc. Like other strategies it should be used in concert with your established core strategies. As time goes on it is likely we will gain additional information about how effective this strategy is and how it can best be implemented.



For additional information:

"Saving Your Health, One Mask at a Time" Peter Tippett, MD, PhD, April 17, 2020

https://www.linkedin.com/pulse/saving-your-health-one-mask-time-peter-tippett-md-phd

Interview with Dr. Anthony Fauci with Mathew McConaughey

https://www.facebook.com/MatthewMcConaughey/posts/3262661010437595/

"The 6-foot social-distancing rule is based on nearly 80-year-old science. Scientists at MIT and Oxford have created a traffic-light system to use instead." Business Insider, August 25, 2020

https://www.bmj.com/content/370/bmj.m3223