

May COVID Response Information

This Bulletin is an update for Search and Rescue (SAR) teams in the province of Alberta. Information is collated from several sources, including but not limited to: BCSARA; EMBC; AHS; ERI International. Some of the information is a repeat of earlier bulletins.

One of the main questions is that of coverage while on a search mission. Section 29 of the Emergency Management Act provides for protection for SAR members in Alberta. This should also prompt SAR groups to review their MOU with the Alberta Government and ensure that Section 29 applies to the SAR group.

Also, of importance is that the SAR groups manage the risk to their members. (Note: this not only applies to COVID issues but all activities). The concept of “due diligence” must be maintained. This necessitates the development and following of safety protocols and guidelines and ensuring members are competent in the tasking they are being asked to perform and that they use the proper PPE in an appropriate manner. (See attached information regarding donning and doffing of PPE)

These guidelines are applicable for any tasking not just missing person searches.

RESPONSE CONSIDERATIONS:

- Do not deploy if you feel unwell or if you are symptomatic or if you’ve been in close contact with a symptomatic person.
- Restock your “Grab & Go” kit, and ensure it includes hand soap, hand sanitizer and gloves.
- Greet others with a smile, but no handshakes or hugs, maintaining at least an arm’s length distance.
- Ask those you are supporting if they are sick or have been sick recently. If the answer is yes, please advise the site supervisor immediately. Volunteers should minimize contact with the subject and seek to isolate them. This should be done in a private and respectful manner. The local health authority should be contacted to determine next steps.
- Ensure that all work surfaces are cleaned before and after assisting others with disinfectant wipes.
- Do not handle the belongings of those you are supporting.

SAR ALBERTA should note recommendations for safety provided by [OH&S](#) in addition to any other safety requirements of the activity they perform. Alberta Health Services advises that it may be less effective to wear a mask in the community when a person is not sick themselves. Masks may give a person a false sense of security and are likely to increase the number of times a person will touch their own face (e.g., to adjust the mask). For further information please review the following update.

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-2019-public-faq.pdf>

RECOMMENDED CALL OUT PROCEDURES

1. It is more important than ever to ensure you are fit and well before attending a call-out. See Safe Practices and Procedures. If you feel unwell or are in quarantine, **DO NOT** respond to a call-out. Your own safety and well-being are of the highest priority. Attend a call-out only if you are comfortable doing so. (See "Fit for Duty" outline attached)
2. If you are unwell, use D4H to note that you are off call.
3. Ensure your gear includes disposable gloves, hand sanitizer, safety glasses and masks.
4. Social distancing guidelines must be maintained.
5. Use your personal vehicle to travel to a call-out. No transporting of other members.
6. Wash (sanitize) your hands before leaving your vehicle.
7. Sign in/out via text to the team leader or assigned person. Text sign in/out to SAR manager.
8. Briefings will be conducted in small groups with social distancing being maintained. No one, other than assigned personnel, is to enter the command post. Only one member should attend the briefing and relay information and search sectors to teams.
9. Debriefings will be conducted by the SAR manager as they see fit.
10. Should a member become ill following a search incident, use common sense, due diligence and assess each situation as it arises as to whether quarantine/isolation is needed.

Both at Command and in the field, we should always do a risk assessment of subjects. Simply asking "Do you have any fever, cough, shortness of breath, sore throat, fatigue or exposure to someone who is suspected COVID?" should reveal most subjects at risk.

If there is any concern regarding risk of possible COVID-19 exposure from a subject, responders should consider:

- Wearing protective glasses at all times (sunglasses if you don't have glasses);
- Frequent hand cleaning, including before entering team vehicles;
- All non-critical members, if possible, maintain 2m distance from the subject. If you maintain 2m, you do not need extra PPE (except gloves if handling contaminated items);
- Reverse isolate a subject (they wear a surgical mask);
- All members when in close contact with a subject should wear gloves, glasses and facemask.
- If COVID-19 is considered a possibility and members are dealing directly with the subject they should wear Gortex (or similar) jacket and pants in place of gowns, as these are impermeable to the droplets and may be easily decontaminated after (washing with soap and water)

Although COVID-19 is not known to be spread by blood contact, these measures offer blood protection as well.

When patient contact completed, all members should wash ASAP with alcohol hand sanitizer (preferably "clean" member holds the bottle and squirts) when removing gloves. (change gloves between patient contact and non-contact activities).

Tasking

Part of the job of the SAR Manager and/or the tasking agency is to ascertain information about the subject and this should now include questions about COVID-19 and possibly other communicable diseases. This may then be incorporated into the Operational Risk Management Model (ORM) concept which results in a Green, Amber or Red aspect to the tasking. (See attached documents).

Pre-Planning:

- SAR Alberta recommends every GSAR Group draw up a COVID-19 pre-plan or Operating Guideline. These plans/guidelines should cover the measures which SAR Alberta, AHS and others have recommended. Limiting numbers of members at the SAR Hall, maintaining physical (social) distancing, suspending in-person training, etc. will all help stop the spread of the COVID-19 virus.
- SAR Managers should plan how tasks will be managed when developing their Incident Action Plan (IAP). The goal is to maintain physical (social) distance and other infection control measures, not only at the Incident Command Post (ICP), but also among assigned field team members. Ensuring your GSAR Group has enough PPE (gloves/glasses/mask) for anticipated needs is a critical planning item. Consideration should be given to determine how many GSAR members are needed to complete the Operational Task (this will reduce unnecessary exposure of personnel that are not needed).
- If your GSAR Group lacks enough COVID-19 PPE for the required number of members to safely conduct a task, **the group must not allow members to respond and inform the Requesting Agency**. In some cases, a limited response is possible using those members with enough COVID-19 PPE to undertake specific tasks, while additional resources are located and deployed.

Activation Phase:

- The SAR Manager should get as much information as possible from the Tasking Agency. There have already been reports of inappropriate requests (e.g. GSAR volunteers asked to help out at a local hospital). If the SAR Manager is unsure about whether the requested activity is eligible or not, ask for further information from the Tasking Agency representative.
- As with any operational task, a full risk assessment should be performed with risk assessment specific to infectious disease, including COVID-19.
- Ask early for mutual support. With respect to COVID-19, the philosophy promoted is that *"It is better to have a delayed response by a protected group, than a rapid response by an unprotected group"*. If you are short on PPE, for whatever reason, consider requesting a mutual support team which can provide you with PPE-equipped members.

Operations Phase:

- A GSAR Group must have enough COVID-PPE for every member assigned to a field team. The PPE may not get used during the task, but it must be carried. **SAR Managers must not allow a GSAR volunteer to go into the field unless they carry full COVID-19-PPE** (medical gloves; glasses or goggles; surgical or N95/procedure mask; Gore-Tex pants and jacket).
- It is the responsibility of the SAR Manager and/or the Incident Safety Officer to review and ensure that all field members not only have PPE, but know what it is for, when to use it, and how to properly don and doff it. Field team briefings will take longer as a result, and should also cover physical (social) distancing, hand hygiene, etc.
- Field team briefings should include how to screen subjects for possible COVID-19 infection (use the AHS COVID – 19 Symptom Self-Assessment Tool), and what to do if COVID-19 disease is known or suspected; operational guidance about how to evacuate a subject with known or suspected COVID-19 disease.

Demobilisation:

- If members have evacuated a subject with known/suspected COVID-19 disease, the SAR Manager or Incident Safety Officer must ensure the Tasking Agency is aware. Also, they must ensure GSAR members correctly doff all protective gear and that single use PPE is properly disposed of and clothing is either cleaned with disinfectant or washed in soap and hot water.
- The SAR Manager or Safety Officer must ensure that all rescue equipment, vehicles, command post, etc. are disinfected after every task, but especially if COVID-19 disease is known or suspected. Alcohol-based sanitizers or 1:100 bleach solution is adequate for this job; gloves shall be worn.
- Following conclusion of the task a complete inventory should be taken of which, if any, PPE was consumed and whether the group still has sufficient PPE on hand if it is requested to respond again.
- SAR Alberta is setting up regional caches with limited amounts of PPE and additional information on regional PPE caches will be distributed once that is set up.

Every GSAR group/member has the right to refuse assignments which they believe are unsafe, or for which they do not have adequate safety equipment.

Tasking Agency Representatives:

- Ensure that all the Tasking Agency Representatives are screened by the Safety Officer using the Covid-19 Symptom Self Assessment Tool before they enter the ICP area and record all results.

Where possible use “Protective Distancing” in the ICP area. This may be done by using portable tents or holding Planning/Update meetings outside of the Incident Command Post. Police officers and paramedics often have a higher risk of COVID-19 exposure due to their work; do not crowd them inside a vehicle for a briefing.

Convergent Volunteers:

- Only use Convergent Volunteers who have required specific skill sets critical to the Operational Task.

- Ensure that all the Convergent volunteers are screened by the Incident Command Safety Officer using the Covid-19 Symptom Self-Assessment Tool and record all results.
- Once the screening is completed successfully and all documentation completed (sign in sheets, etc.), assign a GSAR representative to review with them the requirements of the SAR Safety Program and current procedures that have been put in place for the COVID-19 concern. Once this is completed, designate a specific Staging area for them and have them wait there for Task Assignment.

Family Members:

- Do not allow family members inside the ICP or at the other Staging area with GSAR Team members (this may seem harsh but remember they are not able to be transported with their loved one in an EMS vehicle or visit them in a hospital).
- Request that the Tasking Agency deal with the family (Police Victim Services or Social Services Support) ○ If the Tasking Agency is unable to supply this support, designate a Liaison Officer as part of the Incident Command Team and have them supply updates as available to them, away from the ICP.