COVID-19 Protocol for CMC Trips

July 1 - August 1, 2020

All trip leaders and participants must agree to comply with this new protocol until further notice from the CMC State Office. The CMC State Office has the right to cancel a trip from the calendar based on a breach of CMC protocol. This protocol is subject to change as we monitor the situation surrounding COVID-19 and new information from expert sources becomes available.

Step 1: Trip Planning

Group Size

Group size is limited to 10 people or fewer, including the trip leader.

Trip Location

In accordance with Governor Polis’ amendment to Executive Order D 2020 044 (see Appendix VI), Colorado Mountain Club trips can travel across the state to access outdoor recreation. Trip leaders must honor all local and county closures. Additionally, all CMC members should consider the safety of others when travelling outside their community.

Trip leaders should plan to avoid popular, over-crowded trailheads. Leaders should have a Plan B in the event that a trailhead/parking area is already crowded. Plan B should be included in the trip description. We recommend using some of our favorite apps to monitor current trail conditions:

- Lot Spot
- AllTrails
- Strava Hot Spots
- Google Maps
- COTREX

Trip leaders should identify the nearest hospital to the trip location, and make sure it is listed in the trip description.

Operating on Public Lands

Trip leaders are required to have up-to-date knowledge of county and land management agency rules and regulations, including trail and facility closures. Appendix V of this document outlines some helpful resources for staying up to date on current rules, regulations and closures.

When requirements and recommendations vary among different entities, trip leaders should expect to follow the most conservative order. For example, if the CMC's maximum group size limit is 8 people, but the Jefferson County Open Space limit is 4 people, then a CMC group visiting Jeffco should be no larger than 4 people.

Time

Trip leaders should schedule trips at times when less people will be recreating outdoors. We recommend weekdays, early mornings and late evenings.

Activity

Trips should be limited to activities within a participant’s risk tolerance. Avoid activities where Colorado Search and Rescue (CSAR) would need to be dispatched if a participant were to become sick or injured. On backpacking or overnight trips, participants and leaders must abide by CMC protocol, including no sharing of gear like tents, food, water, etc. If on trip where gear is required to maintain safety, like climbing, the usage of hand sanitizer plus sanitizing products must be used before and after the trip. The following activities are now permissible:

- A-D hikes
- Road/mountain bike rides
- Trail running
- Backpacking/overnight trips
- Rock climbing/Ice climbing
- Fly Fishing
- Technical couloir climbs/mountaineering
- Ski mountaineering/backcountry skiing

Step 2: Pre-trip Communication

Liability Waiver

The CMC State Office has created a new liability waiver that includes club protection against liability for exposure to COVID-19 as a potential risk. All participants and trip leaders are required to sign the waiver 24 hours prior to the start of the trip. See Appendix V for the link to our new liability waiver.

Trip leaders should email a link to the updated liability waiver to all participants and verify that all participants have signed the waiver prior to the start of the trip. Trip leaders should print out and carry paper copies of the waiver as a back-up.

Participant Screening

**Temperature**: Participants are required to take their temperature 24 hours prior to and the morning of the class and report it to the school instructor. If a participant’s temperature is above 100.4 degrees per CDC guidelines, they must dismiss themselves from the class. Refer to Appendix IV for a review on Fever's symptoms and definition.

**Symptoms**: Participants must cancel themselves from the trip roster if they are feeling any symptoms associated with COVID-19 or have had contact with anyone known to have symptoms in the last 14 days. Trip leaders should communicate with each participant prior to the trip to ensure they are not experiencing any symptoms. For a complete list of symptoms associated with COVID-19, please refer to Appendix II.

**High Risk Individuals**: Trip leaders should communicate with each participant ahead of time to determine if they are at a higher risk for severe illness from COVID-19, as per CDC guidelines. For a complete list of conditions that put people in that high risk category, please refer to Appendix III.

Essential Items

Trip leaders should carry with them and remind participants to pack the following essential items during the trip:

- **Mask**: A cloth mask that covers the individual's mouth and nose completely. Buffs/neck gaiters are suitable for this purpose.
- **Hand hygiene**: Alcohol-based hand sanitizer (70%) or biodegradable soap (with water) is sufficient.
- **Toilet paper**: trip leaders should remind participants that public restrooms may be closed, so everyone should be prepared for the inevitable bathroom break.
- **Plastic bag and/or wag bag**: Please pack out all waste.

Do not share any items on a CMC program such as water, food, or first aid supplies.

Carpooling Guidelines

Carpooling is not recommended, unless an individual is traveling with a member of their household.

Step 3: During the trip

Masks

All participants and trip leaders are required to wear a cloth mask that completely covers their mouth and nose. Buffs/neck gaiters are acceptable. The mask should be worn at the trailhead pre-trip, when passing recreators, when hiking, and when at the trailhead post-trip. If a participant or trip leader would like a break from their mask, this is only permissible when a distance of 6 feet of greater is achieved between all recreators (CMC or not) while on the trip.

Social Distancing

All participants and trip leaders must remain at least 6 feet apart from each other and other recreators at all times. Trip leaders should demonstrate a 6 foot distance for the group. We recommend using a trekking pole with an extended arm.

Operating on Public Lands

If the group arrives at a trailhead, and the parking area is crowded, the group is required to move on to another location. If the Plan B trailhead is also crowded, either move on to Plan C or postpone the trip for a less-busy time.

Ensuring there is 6 feet of distance between participants and other recreators may require stepping off trail as someone passes. Trip leaders should remind participants to step off trail for a moment, rather than continuing to walk alongside the tail. Walking alongside a trail or on the edge of the trail can cause loss of vegetation, trail widening and braiding, which can lead to erosion. When possible, try to stay on durable surfaces.

Hand Hygiene

All trip leaders and participants must carry either 70% alcohol-based hand sanitizer or biodegradable hand soap with them at all times. Everyone in the group must wash/sanitize their hands at the trailhead before departing on the hike and upon returning to the trailhead, prior to entering their vehicles.

Disinfecting Gear

When conducting trips that require gear for safety (such as climbing), gear must be disinfected before and after every trip. Technical Trip Leaders must report to the Education Department before and after each trip to confirm the disinfecting of gear. For information on how to disinfect ropes, helmets, carabiners, and other equipment for classes, go to our Appendix VII for disinfecting guidelines.

Bathroom Breaks

Participants and trip leaders should refrain from using public restrooms. All individuals should dispose of waste using a wag bag and pack out all toilet paper. Be sure to wash your hands or use hand sanitizer after every bathroom break.

Wilderness First Aid

All individuals should practice Body Substance Isolation (BSI) when providing medical care. In order to practice BSI, all trip leaders must carry the following Personal Protective Equipment (PPE):

- Nitrile/Latex Gloves
- Face mask
- Eye protection
- Plastic resealable bag (to discard used/contaminated PPE)

Trip leaders must be sure to use the appropriate PPE before they administer WFA to a class participant. CPR is a high-risk environment for COVID-19 exposure, and rescuer safety is a legitimate factor in deciding not to attempt CPR. Compression-only CPR is a legitimate choice in this circumstance if a suitable airway mask is not available. If a mask is used, it should have a one-way valve and a filter. Please refer to Appendix V for additional resources from the American Heart Association's CPR rationale.

If a participant appears symptomatic and/or reports symptoms associated with COVID-19 while on the CMC outing, he or she will be immediately evacuated from the class location. The trip leader will immediately end the class and the group will return to the trailhead while maintaining social distancing, mask wearing, and hand hygiene protocols. Refer to Appendix II, III, and IV for a full list of symptoms and key identifying factors for COVID-19.

If a participant appears symptomatic and/or reports symptoms associated with COVID-19 within 14 days after the CMC outing, the person must notify the trip leader. The trip leader will then notify all participants of potential exposure.

Appendix

Appendix I: CMC Requirements vs. Recommendations

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<tr>
<th>Protocol</th>
<th>Requirement</th>
<th>Recommendation</th>
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<tr>
<td>All participants sign liability waiver</td>
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<tr>
<td>Temperature &amp; symptom check prior to trip</td>
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Face mask worn at all times

Practice hand hygiene

No carpooling

Maintain a social distance of at least 6 feet

Location is in an area open for outdoor recreation

<10 participants, including the trip leader(s)

Schedule trip for weekdays, early mornings, or late evenings

Disinfecting gear before and after trip

Choose activities that are lower risk

Wilderness First Aid
   1. No Rescue Breaths as part of CPR
   2. Identify nearest hospitals prior to trip
   3. Proper PPE

Participants notify trip leader if symptoms arise post-trip, and trip leader notifies the group

Do not use public bathrooms

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Appendix II: CDC Symptoms

According to the Center for Disease Control (CDC), people with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

This list is not all inclusive. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.


Appendix III: CDC High Risk Categories

According to the Center for Disease Control (CDC), those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised
    - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
  - People with severe obesity (body mass index [BMI] of 40 or higher)
  - People with diabetes
  - People with chronic kidney disease undergoing dialysis
  - People with liver disease


Appendix IV: Definitions of Fever from CDC

To assist medical and non-medical staff in identifying ill persons, CDC provides the following signs and symptoms that might indicate communicable diseases.

**Fever**

- CDC considers a person to have a fever when he or she has a measured temperature of at least 100.4 °F [38 °C].
- Fever may be considered to be present if a person has not had a temperature measurement but feels warm to the touch, or gives a history of feeling feverish.

Note: Even though measured temperature is the preferred and most accurate method to determine fever, it is not always possible to do this. In certain situations, other methods of detecting a possible fever should be considered:

- self-reported history of feeling feverish when a thermometer is not available or the ill person has taken medication that would lower the measured temperature.
- appearance of a flushed face, glassy eyes, or chills if it is not feasible to touch the person or if the person does not report feeling feverish.

Source: [https://www.cdc.gov/quarantine/maritime/definitions-signs-symptoms-conditions-ill-travelers.html](https://www.cdc.gov/quarantine/maritime/definitions-signs-symptoms-conditions-ill-travelers.html)

Appendix V: Additional Resources

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<tr>
<th>Resource</th>
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<td>Federal, State and Tribal Outdoor Recreation</td>
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<td>COVID-19 Resources</td>
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<td>Find a Hospital</td>
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<td>Consideration for CPR</td>
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<td>Visitor Use Monitoring Apps</td>
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Appendix VI: Pertinent Amendments

1. Executive Order D 2020 044 is amended as follows:
   a. Replace paragraph II.H.2.ii. with the following:
      “Travel to within their local community or as necessary to access outdoor recreation areas. If travelling outside their community, Coloradans are urged to honor all restrictions in place at their destination and avoid travel to counties or municipalities that issue travel restrictions.”

Appendix VII: Disinfecting Gear

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