

# Approved ICAR Guidelines for Mountain Rescue during the COVID-19 Pandemic

## Official Guidelines of ICAR

### Rescuer Summary

The ICAR Guidelines for Mountain Rescue during the COVID-19 Pandemic covers several important topics pertaining to mountain rescue:

This document is a plain language summary of key ‘take-aways’ from the ICAR MedCom guidelines. The full MedCom paper has been published in High Altitude Medicine and Biology, and should be referred to for more detail and explanation. This is available as an open access article; a link can be found at <http://www.icar-med.com>.

A significant issue during the pandemic has been the speed that the virus has spread and the evidence-base on how to deal with it. The accompanying national and regional regulation changes have been equally rapid and rarely had chance to consider the special circumstances of mountain rescue. Hence the following sentiment from a professional rescuer:

“We need to be careful that we are not just moving risk around if the true goal is to reduce the risk. Wearing masks, gloves and full personal protective equipment (PPE) in technical terrain creates its own hazards. It may reduce the potential for a COVID-19 exposure but the potential for a fall or mistake in technical terrain is increased.”

The recommendations are in bold and are followed by a strength grading that is explained at the end of this document.

The risk of contracting COVID-19 outdoors is low when rescuers are careful and follow hand washing and social distancing measures. Increasing levels of protection should be instigated before you are in close contact with patients and other rescuers. During technical rescue activities, PPE may introduce additional risk as a result of unacceptable communication or visibility. Limits on exertion and performance can impair a rescue. In this way, COVID-19 precautions may complicate, distract from or increase some risks of mountain rescue.

Recommendation 1

**Mountain Rescuers must maintain situational awareness by identifying and managing the risks of exposure to COVID-19 during mountain rescue in the context of the general risks of mountain rescue. (1C)**

Recommendation 2

**Any mountain rescuer that is ill with symptoms of COVID-19, or has been advised to self-isolate following a positive COVID-19 test or through contact tracing, must not respond to missions and must not participate in training exercises. (1C)**

Recommendation 3

**Mountain rescuers should be trained in the selection, putting on ('donning') and removing ('doffing') of appropriate PPE. Refreshing, updating and alternative techniques should be considered to encourage continued compliance with the recommendations. (2C)**

Recommendation 4

**Mountain rescuers should follow appropriate national, regional and organisational instruction on the wearing of face coverings. Outdoors, a medical grade surgical mask covering mouth and nose should be worn whenever there is close contact ( $\leq 2$  meters) with other rescuers or patients, with the proviso that it does not introduce other unacceptable safety risks. (1A)**

Recommendation 5

**A surgical mask should be placed on the patient immediately upon contact and kept in place throughout the rescue and evacuation. An oxygen mask can be placed on top of this. (2C)**

Recommendation 6

**Mountain rescuers that may be involved in close contact with patients during first aid and medical procedures should don PPE before encroaching within 2 meters of the patient. They should wear masks with N95/FFP2 or higher ratings. (1A) They must wear eye protection and waterproof medical grade gloves. (1C)**

Recommendation 7

**Water resistant masks should be considered in some environments and wet masks should be changed as soon as possible. (2C)**

Recommendation 8

**Hand washing must be performed before donning and after doffing PPE; before and after patient care, before and after eating or touching one's face, after blowing your nose, coughing, or sneezing, and after cleaning or disinfecting equipment. If soap and water are not readily available, use a hand sanitizer that contains at least 70% alcohol. (1C)**

Recommendation 9

**Potentially contaminated rescue and personal equipment must be cleaned with soap and water, 70% isopropyl alcohol, or viricidal agent. The manufacturer's instructions should be followed to avoid damage to the material. (1C) If cleaning is not possible, the equipment can be quarantined for a minimum of 72 hrs or disposed in an appropriate way. (2C)**

Recommendation 10

**COVID-19 vaccination is recommended for eligible mountain rescuers. (1A) Vaccination may not not remove the need for the precautions recommended above. (2C)**

Recommendation 11

**Mountain rescue teams should encourage and promote communication and training activities that address rescuer stress and promote psychological resilience. (2C)**

Recommendation 12

**Mountain Rescue Organisations may need to adjust their first aid and medical advice in order to minimising the chance of COVID-19 transmission. Any changes must be clearly communicated in a timely fashion to rescuers. Support and training should be given, especially when long-held practices (for example, in CPR) are modified. (2C)**

## References:

### The Grading System of the American College of Chest Physicians

Grade	Description	Benefits vs risks and burdens	Methodological quality of supporting evidence
1A	Strong recommendation, high-quality evidence	Benefits clearly outweigh risks and burdens or vice versa	RCTs without important limitations or overwhelming evidence from observational studies
1B	Strong recommendation, moderate-quality evidence	Benefits clearly outweigh risks and burdens or vice versa	RCTs with important limitations or exceptionally strong evidence from observational studies
1C	Strong recommendation, low-quality or very low-quality evidence	Benefits clearly outweigh risks and burdens or vice versa	Observational studies or case series
2A	Weak recommendation, high-quality evidence	Benefits closely balanced with risks and burdens	RCTs without important limitations or overwhelming evidence from observational studies
2B	Weak recommendation, moderate-quality evidence	Benefits closely balanced with risks and burdens	RCTs with important limitations or exceptionally strong evidence from observational studies
2C	Weak recommendation, low-quality or very low-quality evidence	Uncertainty in the estimates of benefits, risks, and burden; benefits, risk, and burden may be closely balanced	Observational studies or case series

**RCT = Randomised controlled trial. Source: Guyatt et al. Chest 2006;129:174-81.**

**Guidelines for Mountain Rescue During the COVID-19 Pandemic: Official Guidelines of the International Commission for Alpine Rescue.** Steven Roy, Inigo Soteras, Alison Sheets, Richard Price, Kazue Oshiro, Simon Rauch, Don McPhalen, Maria Antonia Nerin, Giacomo Strapazzon, Myron Allen, Alistair Read, and Peter Paal. *High Altitude Medicine & Biology*. Jun 2021. 128-141. <http://doi.org/10.1089/ham.2021.0032>