MONASHEE POWDER
snowcats

COVID-19 ACTION PLAN

FEBRUARY 9, 2021

COVID-19 MANAGEMENT PROGRAM
PROGRAM OUTLINE

3.8	Worksafe BC Occupancy Limit Poster
3.9	Worksafe BC Cough and Sneeze Etiquette Poster
3.10	PEAK Respiratory Symptom Exposure Questionnaire Fillable
3.11	Activity Risk Scoring Tool
3.12	Completed Activity Risks

INTRODUCTION

The emergence of COVID-19 has prompted a need for many institutions to create policies and procedures for safe operation during the pandemic. Measures that serve to limit the spread of COVID-19 while maintaining business operations require a shift in normal operations with the goal of maintaining physical distancing and safe practices for Infection Prevention and Control (IPC).

In the British Columbian context, as industry and economic activity in the province scales back up from a state of shutdown, an imperative exists to develop policies and procedures for limiting spread of the virus while resuming economic activity. All policies should be developed with the primary goal of limiting current spread while also mitigating risk for the emergence of subsequent waves of the pandemic. While many epidemiological models show room to move, the province of BC has stated enhanced surveillance of activities will continue while cautiously lifting restrictions on travel and economic activity.

PEAK EMERGENCY RESPONSE TRAINING

As a division of PEAK Project Management, PEAK Medical Consulting has collaborated on solutions for infectious disease management and control to offer safe recreational activities and provision of training. PEAK is focused on developing policies and procedures that are consistent with WorkSafe BC and regional health authority's direction on reopening businesses. The purpose of the COVID-19 management program for Monashee Powder Snowcats is to fulfill the requirements from WorkSafe BC and the Provincial Health Officer regarding written plans for safe operation. There exists an expectation that guides, operations staff, and guests of Monashee Powder will adhere to the procedures outlined in these documents in order to reduce the risk of spreading infectious disease. This plan and its amendments have been vetted through the Monashee Powder Snowcats Joint Health and Safety Committee (JHSC). All staff will utilize the JHSC committee to address any concerns with the plan. All Monashee Powder Snowcats staff have reviewed and understood the plan and its implementation requirements. Staff have been given an orientation to the plan and regular updates and training as necessary throughout the operating season. This plan is updated when Provincial Orders change, when concerns are brought forward to the JHSC, or as operational learnings dictate.

AEROSOLIZATION

Refers to when tiny, potentially infective droplets, are suspended in air.

ASYMPTOMATIC TRANSMISSION

Asymptomatic transmission refers to transmission of the virus from a person, who does not develop symptoms. It is possible that people infected with COVID-19 could transmit the virus before significant symptoms develop. It is important to recognize that pre-symptomatic transmission still requires the virus to be spread via infectious droplets or through touching contaminated surfaces.

COVID-19

Coronavirus disease. Refers to the disease caused by the SARS-CoV-2 virus when discussing disease prevention, spread, transmissibility, and treatment. Terminology based on the International Classification of Diseases by the World Health Organization.[1]

DROPLET TRANSMISSION

Droplet transmission occurs when a person is in in close contact with someone who has respiratory symptoms (e.g., coughing or sneezing) and is therefore at risk of having his/her mucosae (mouth and nose) or conjunctiva (eyes) exposed to potentially infective respiratory droplets.

FOMITE TRANSMISSION

Fomite transmission describes the passage of virus containing respiratory droplets from the infected individual to a surface, then from that surface into the respiratory tract of a different individual.

IDMP

Infectious Disease Management Protocols are established operational protocols to prevent the transmission of infectious diseases.

IDMS

A formal Infectious Disease Management Support Line to provide support for clients in secondary - respiratory symptom screening, virus outbreak management, and general infectious disease prevention and management support. Peak Emergency Response Training general support number **778-899-7325.**

Infection Prevention and Control (IPC)

Many illnesses can be spread even before symptoms appear, including viruses. Therefore, basic ongoing precautions are essential to reduce the risk as much as possible that a single case of illness will spread to become an outbreak.

LINKED HOUSEHOLDS

---

[1] Ibid.

Refers to 2 or more domestic groups of individuals who both have been undergoing quarantine and have chosen to re-establish social ties with another household previously in quarantine. A linked household represents one social unit with regards to disease tracking.

MERS-COV

Middle East Respiratory Syndrome is a viral respiratory illness caused by a novel coronavirus that was first reported in Saudi Arabia in 2012 and has since spread to several other countries.

PPE

Personal protective equipment consists of gowns, gloves, masks, facial protection (i.e., masks and eye protection, face shields or masks with visor attachment) or respirators that can be used to provide a barrier to help prevent potential exposure to infectious disease.

PRIMARY CONTAINMENT

When a small number of infected patients are in concentrated locales, containment strategies (ie, quarantine) can halt the spread of infection by isolating infected or exposed individuals from the general population.

QUARANTINE

Refers to the restriction of movements and social gatherings at a population level and is a strategy employed to limit spread of disease through a population of potentially infected or susceptible individuals.

RESPIRATORY SYMPTOM EXPOSURE QUESTIONNAIRE

The Respiratory Symptom Exposure Questionnaire is a tool, designed by PEAK, for the detection and evaluation of respiratory symptoms to assist in patient data collection and respiratory disease recognition and outbreak prevention.

SARS-CoV-2

Severe Acute Respiratory Syndrome Coronavirus 2. Refers to the virus that causes COVID-19 and is terminology based on the genetic structure and taxonomical conventions of viral classification produced by the International Committee on Taxonomy of Viruses.[2]

SCREENING

Screening refers to the questionnaire (RESPIRATORY SYMPTOM EXPOSURE QUESTIONNAIRE) used by professionals to assess for potential respiratory illness.

SELF-ISOLATION

Refers to the actions of an individual staying at their place of residence and avoiding situations where contact with other may be possible. BC CDC guidelines on self-isolation can be found at

---

[2] Naming the coronavirus disease (COVID-19) and the virus that causes it. (2020) World Health Organization. (Online). Accessed at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it

www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation. Self-isolation is used to lower the chance of spreading infectious germs.

SECONDARY SURVEY

Secondary survey consists of a focused history and physical exam should be performed after the primary assessment. This function is supported by the Infectious Disease Management Support Line using the Peak Emergency Response Training general support number **778-899-7325.**

SpO$_2$

Oxygen saturations: a measurement of how much hemoglobin is currently bound to oxygen compared to how much hemoglobin remains unbound.

INTRODUCTION

SARS-CoV-2 is a lipid-encapsulated respiratory virus responsible for causing the COVID-19 disease. Current knowledge regarding SARS-CoV-2 is mostly based on data from recent collection and extrapolation from current knowledge about its relatives SARS-CoV and MERS-CoV. SARS-CoV spreads primarily through droplet transmission in infected individuals.

CONTAINMENT

Primary containment strategies for mitigating the transmission of COVID-19 in a population are common to containment strategies employed in the management of other respiratory pandemics. Primary containment strategies involve isolating those who are sick, limiting social gatherings, and reducing high risk activities for transmission of the virus.

At rest, individuals infected with COVID-19 present a risk of infection to others that is exacerbated by proximity. Since the primary transmission mechanism for COVID-19 is via respiratory droplets that tend to reach ground level after 2m/6ft distance from the infected individual, physical distancing at this radius is an acceptable mitigation strategy for limiting spread. Certain activities that increase respiratory demand can promote aerosolization of the virus, which increases its propensity to spread beyond the typical radius of 2m/6ft. Activities that present a risk of aerosolization of the virus are viewed as higher risk and require more mitigation strategies for limiting transmission.

NON-RESPIRATORY TRANSMISSION

Fomite transmission of viral particles is also a proposed transmission factor in the spread of COVID-19. Fomite transmission describes the passage of virus containing respiratory droplets from the infected individual to a surface, then from that surface into the respiratory tract of a susceptible individual. Mitigation strategies for limiting fomite transmission of COVID-19 involve increased cleaning, proper hand hygiene, disinfecting, and sanitization practices.

PREAMBLE

Part 2 of the COVID-19 Management Program describes the policies and procedures related to general operations during COVID-19 as well as the protocols to be followed in the case of suspected or confirmed guide and/or guest exposure to COVID-19.

2.1 PROCEDURES FOR STAFF

Describes best practices in Infection Prevention and Control (IPC) that staff should engage in daily. Contributing research has been used from the BC Centre for Disease Control, Health Canada, BC COVID-19 Go-Forward Management Strategy, and WorkSafe BC.

2.2 CLEANING AND DISINFECTING PROCEDURES

Describes the general cleaning and disinfecting procedures used in IPC, including important terminology and best practices for cleaning, disinfecting, and sanitizing. Contributing research has been used from the BC Centre for Disease Control and Health Canada.

2.3 PROCEDURES FOR GUESTS

Describes the procedures for arrival screening of guests. Contributing research has been used from the BC Centre for Disease Control, Health Canada and WorkSafe BC.

2.4 OUTBREAK PROTOCOL

Describes the procedures to be followed in the event of the presentation of one or more individuals with symptoms of COVID-19. Outlines steps forward after confirmation or suspicion of an outbreak. Contributing research has been used from Alberta Health Services, Northern Health, Interior Health, Fraser Health, Vancouver Coastal Health and WorkSafe BC.

2.5 FIRST AID RESPONSE

Describes the additional procedures related to COVID-19 that are necessary during a first aid incident. Outlines practices for encouraging self-treatment if possible and provides direction on limiting guide involvement when incidents require more than one responder. Contributing research has been used from WorkSafe BC OFA Guidelines and PEAK Non-Urban Emergency Care curriculum.

2.6 TRANSPORTATION PROCEDURES

Describes the best practices for use of mechanized ski transportation vehicles while limiting the risk of spread of respiratory viruses. Includes cleaning procedures for Snowcats and highlighted areas for disinfection. Contributing research has been used from the BC Centre for Disease Control and Health Canada.

2.7 FOOD AND BEVERAGE PROTOCOLS

Describes the procedures for preparation and service of food as well as group dining while limiting the risk of transmission of respiratory viruses. Contributing research has been used from the BC Centre for Disease Control, WorkSafe BC, FoodSafe BC curriculum, and Health Canada.

2.8 DAILY OPERATING PROTOCOL

Describes the daily procedures for guests during their course of stay. Includes guidelines for check-in, pre-skiing activities, skiing activities, post-skiing activities, and check-out. Contributing research has been used from the BC Centre for Disease Control and WorkSafe BC.

2.9 HOT TUB USE PROTOCOLS

Describes the protocols for safe use of hot tubs while limiting the risk of viral transmission. Contributing research has been used from Vancouver Coastal Health, Lifesaving Society BC and Yukon and WorkSafe BC.

PREAMBLE

Staff play an important role in limiting risk of transmission of respiratory viruses. This document outlines the general infection prevention and control procedures that all staff must adhere to for the duration of the pandemic.

DUTY TO SELF REPORT SYMPTOMS

Prior to arrival at Monashee Powder, all staff will be expected to self-monitor for any symptoms of COVID-19 in the 14 days leading up to arrival. Staff should use the PEAK Respiratory Symptom Exposure Questionnaire as a reference for self-monitoring and contact management if they develop any symptoms during this period. Staff symptomatic for COVID-19 in the 14 days leading up to arrival will not be permitted to enter any facility or transportation vehicle operated by Monashee Powder until they have self-isolated for a period of 10 days or been declared COVID-19 free by a qualified medical practitioner.
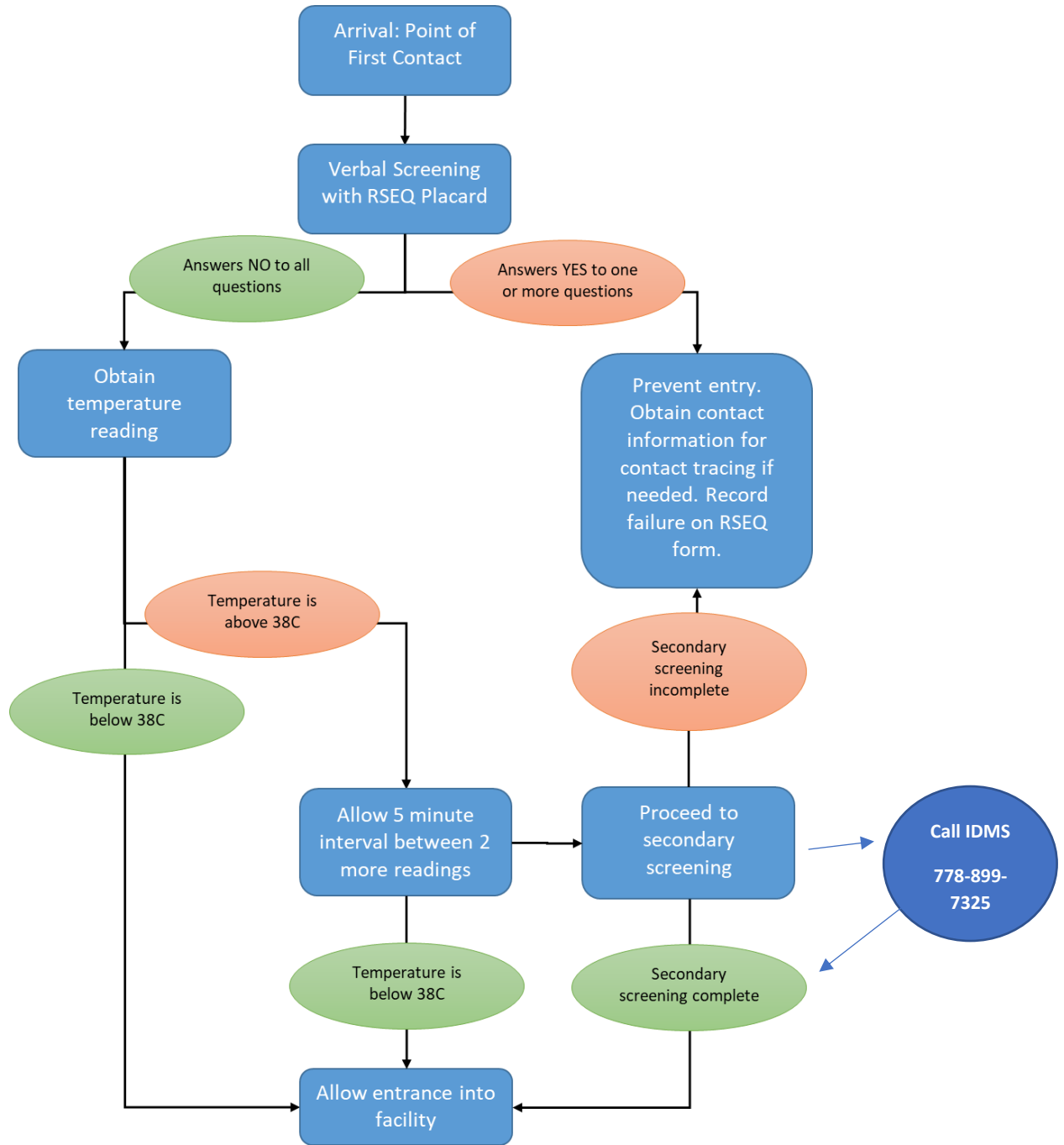
STAFF PROCEDURES

Staff will also be expected to engage in daily self-screening following the same procedures as outlined for guests in section *2.3 Procedures for Guests.*

A note on obtaining temperatures: if an individual presents with a temperature greater than 38℃ during primary screening, they will be given 2 more opportunities to have their temperature evaluated, each spaced 5 minutes apart. The individual only needs to display a passing temperature on one of the 3 attempts. Ensure the individual is in a room temperature, shaded location when obtaining temperature. If environmental conditions are suspected to have impacted the validity of temperature acquisition, screening may continue based on clinical impression of screening personnel.

Primary Screening Procedures:

Figure 1. Monashee Powder Primary Screening Algorithm

Secondary Screening Procedures:
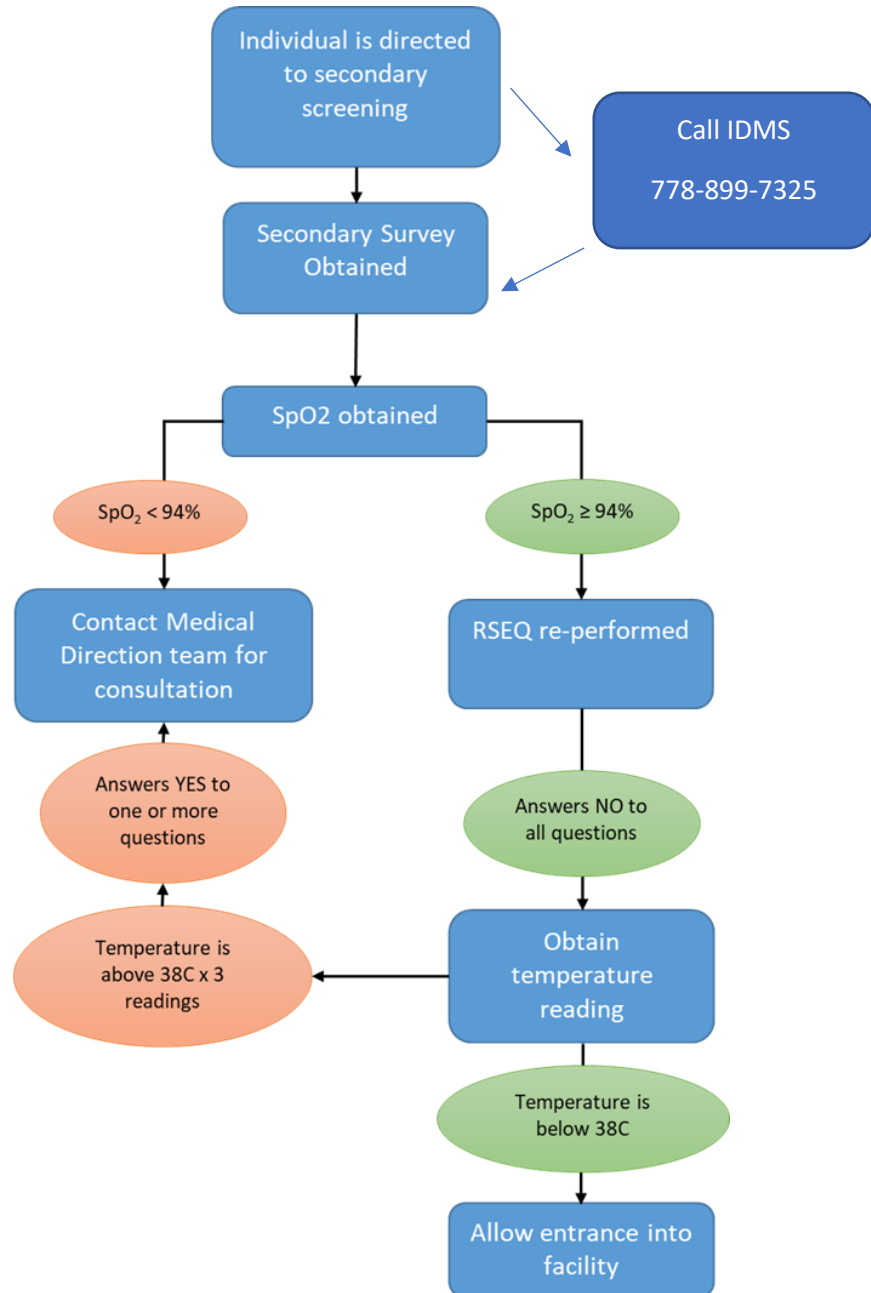
Figure 2. Monashee Powder Secondary Screening Algorithm

STAFF RESPONSIBILITIES

Staff that successfully complete screening are free to enter the facility while adhering to the following protocols:

- Practice of physical distancing between other staff, and guests
- Staff will be required to do a temperature check and screening questionnaire twice daily. Information from these checks is documented on a spreadsheet and kept according to the Freedom of Information and Privacy Act (FOIPA).
- Staff will be required to sit with their specific work cohort while in the dining room or bar or any other common areas
- Tail guides that are assigned to the group cat will serve and bus tables at dinner time.
- All staff not plating or serving will eat in the downstairs bar in their own work cohort and separate from the guests
- Staff will be assigned their own individual rooms and will respect physical distancing at all times
- Shared washroom and shower facilities will be on an enhances cleaning schedule, hand sanitizer and disinfectant wipes are provided for each staff to utilize on their hands and on high touch surfaces.
- Staff will be required to wear face masks when moving throughout the lodge. Staff will not be required to wear face masks when seated and eating or drinking in the dining room or bar
- Staff will be required to wear a face mask while inside a transportation vehicle, such as a helicopter, shuttle, or snowcat
- Limiting shared materials: promote separation of guest groups for duration of trip with assigned equipment that is not to be shared between groups
- Staff are expected to review respiratory etiquette (covering mouth while sneezing or coughing) and all other infectious control measures with guests before commencing guiding on the first day of operations
- Physical plexiglass barriers have been installed at the upper and lower bar areas for separation of guests and staff during beverage service and for processing payment of invoices. Debit machines sanitized after each use.

IF A STAFF MEMBER IS SYMPTOMATIC AT THE TIME OF ARRIVAL

Upon arrival, if a staff member answers 'yes' to any of the PEAK Respiratory Symptom Exposure Questionnaire placard screening questions, they will be asked to not enter the premises or transportation vehicle. Staff should contact HealthLink BC at 8-1-1 for further instruction and will only be permitted on premises when they have self-isolated for a period of 10 days or been declared COVID-19 free by a qualified medical practitioner.

IF A STAFF MEMBER DEVELOPS SYMPTOMS OF COVID-19 WHILE ON SITE:

See **2.4 Outbreak Protocol** for further direction.

REQUIREMENTS FOR QUARANTINE OR SELF-ISOLATION

A staff member who has travelled outside of Canada within the last 14 days is not permitted to enter any facility or transportation vehicle operated by Monashee Powder and must follow public health guidance regarding quarantine following re-entry into Canada.

If a staff member shares a household with someone showing symptoms of COVID-19, they are not permitted to enter any facility or transportation vehicle operated by Monashee Powder and must self-isolate for a period of 14 days. Staff members are advised to contact HealthLink BC at 8-1-1 for further direction and information. Consultation with HealthLink BC may supersede any directives in these documents.

USE OF NON-MEDICAL FACE MASKS/COVERINGS

- Non-medical face masks/coverings should fit snugly and cover both the mouth and nose in order to effectively limit the spread of respiratory droplets. Masks should be a minimum of 2 layers of fabric
- Non-medical face masks/coverings need to be used in shared indoor areas and outdoors whenever individuals of separate linked households or "ski pods" cannot maintain physical distancing of 2m/6ft
- Non-medical face masks/coverings do not need to be utilized while skiing

HAND WASHING AND HAND SANITIZATION

Use of plain soap and water is the preferred practice for hand washing. Use of hand sanitizer with minimum 60% alcohol content is also acceptable. Hand washing or hand sanitization should occur throughout the day, particularly during these higher risk activities:

- Entering or leaving any building.
- Before and after breaks, demonstrations, after use of washroom facilities, and before and after eating.
- Before entering into any transportation vehicle, such as a shuttle, snowcat, or helicopter. If staff are leaving gloves on while in the transportation vehicle, they do not need to conduct hand hygiene. If staff remove gloves while in any transportation vehicle, they will be required to immediately conduct hand hygiene.
- Efforts will be made to keep all alcohol-based hand rub as close to room temperature as possible.

This video demonstrates the correct technique: "Reduce the spread of COVID-19: Wash your hands": https://www.youtube.com/watch?v=o0P-0d1mJfA.

PHYSICAL DISTANCING

The maintenance of physical distancing is an effective strategy for reducing risk of viral transmission and should be maintained between staff and guests, when possible. Physical distancing guidelines

from the BC CDC state a radius of 2m/6ft should be maintained between members of different households whenever possible. All staff are to, whenever possible, practice physical distancing by keeping at least 2m/6ft from guests. When physical distancing cannot be maintained, the use of a face mask or face covering is recommended.

PREAMBLE

SARS-CoV-2 can be destroyed with standard disinfectants and sanitizers. To reduce risk of transmission of COVID-19, standard cleaning and disinfecting protocols should be implemented and adhered for the duration of this public health emergency. The goals of this document are:

- Describe the best practices for cleaning, disinfection, and sanitization of high-touch surfaces and areas.
- Form the foundation for a regularly timed cleaning schedule that should be implemented with a documentation process.

IMPORTANT TERMINOLOGY

- Cleaning: refers to the process of *removal.* Cleaning does not kill bacteria or viruses but can lower risk by reducing the number of particles on a given surface.
- Disinfecting: refers to the process of killing all viral and bacterial entities on a surface and typically requires the use of chemicals.
- Sanitizing: refers to the process of applying a compound to a surface that reduces bacterial and viral particles to a safe level.

GENERAL CLEANING BEST PRACTICES

- Use and discard disposable gloves and cloths when recommended by product manufacturer.
- Any use of reusable gloves and cloths should be exclusive to use for cleaning surfaces for SARS-CoV-2, not for other purposes. Thoroughly clean reusable gloves and cloths between each use.
- Use EPA-approved products for SARS-CoV-2. Follow the manufacturer's instructions for concentration, application method and contact time.
- Check that products are not expired.
- Follow the manufacturer's instructions
- Clean hands immediately after gloves are removed.

GENERAL DISINFECTING BEST PRACTICES

- Use and discard disposable gloves and cloths when disinfecting hard surfaces.
- Reusable gloves and cloths are used exclusively to disinfect surfaces for SARS-COV-2, not for other purposes. Thoroughly clean reusable gloves and cloths between each use.
- Use EPA-approved products for SARS-COV-2. Follow the manufacturer's instructions for concentration, application method and contact time.   Oxivir Plus and Botanical Disinfectant are being used.
- Check that products are not expired.
- If bleach is safe for the surface, use diluted bleach solutions (at least 1000ppm sodium hypochlorite). Follow manufacturer's instructions for application, ensuring a contact time of at least ten minutes for disinfecting. Allow proper ventilation during and after application.
- Never mix bleach with ammonia or any other cleaner.

- Follow the manufacturer's instructions for cleaning and disinfection products.
- Clean hands immediately after gloves are removed.

GENERAL SANITIZING BEST PRACTICES

- Use and discard disposable gloves and cloths when sanitizing hard surfaces.
- Reusable gloves and cloths are used exclusively to sanitize surfaces for SARS-COV-2, not for other purposes. Thoroughly clean reusable gloves and cloths between each use.
- Use EPA-approved products for SARS-COV-2. Oxivir Plus and Botanical Disinfectant are being used. Follow the manufacturer's instructions for concentration, application method and contact time. Many common disinfectants are approved for use in sanitization but require a longer contact time with the surface.
- Check that products are not expired.
- Follow the manufacturer's instructions for sanitizing products.
- Clean hands immediately after gloves are removed.

WHEN TO SANITIZE VS. DISINFECT VS. CLEAN

Cleaning should be conducted on surfaces that are considered low risk both for harbouring respiratory droplets, as well as facilitating their transmission. Some examples of low-risk surfaces are:

- Indoor floors
- Unused rescue equipment

Disinfecting should be conducted on surfaces that are considered medium risk for harbouring respiratory droplets, as well as facilitating their transmission to instructors and students. Some examples of medium-risk surfaces are:

- High-contact surfaces such as:
    - Electronics and POS equipment
    - Doorknobs, door push handles, door push bars
    - Countertops/bar tops
    - Handrails, light switches, thermostat controls
    - Toilets
    - Hand wash areas

Sanitization should be conducted on surfaces that are considered high risk for harbouring respiratory droplets, as well as facilitating their transmission to instructors and students. Some examples of high-risk surfaces are:

- Face shields
- Medical masks
- Surfaces that have been exposed to a confirmed case of COVID-19

CLEANING DIFFERENT TYPES OF SURFACES

- HARD (NON-POROUS) SURFACES:
  - Clean visibly soiled surfaces using an initial rinse with water, then with detergent or soap and water
  - If required, follow initial cleaning with disinfecting agent suitable for surface. Oxivir Plus is currently being used.
  - Many hard surfaces are best suited to cleaning with diluted bleach or surface cleaner if those solutions are not known to be damaging to the surface
- SOFT (POROUS) SURFACES:
  - Clean visibly soiled surfaces using detergent or soap and water prior to disinfection.
  - Fabric or porous items must be cleaned using a manufacturer-recommended product. It is recommended to set up a system that allows each piece of equipment to be pre-rinsed, washed in preferably warm soapy water, rinsed once or twice in freshwater and, if possible, a disinfecting rinse. Bleach and some disinfectants are not recommended for use because they can damage fabrics.
  - Botanical Disinfectant is currently being used.

Health Canada provides an interactive search tool for determining the effectiveness of general household and industrial cleaners for use against SARS-COV-2. By inputting the product DIN number into the tool, instructor can receive a confirmation that use of the product is supported by available evidence. To view the tool, follow the link: https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html

PREAMBLE

This document outlines the general infection prevention and control procedures that all guests must adhere to for the duration of the COVID-19 pandemic. All guests must be informed of their duty to self-certify fitness to engage in the activities outlined in this document at the time of entry to any facility operated by Monashee Snowcats. Along with daily symptom-based screening, guests will be asked to engage in a COVID-19 briefing at the beginning of their stay.

GUEST DUTY TO SELF REPORT SYMPTOMS

All guests will be expected to self-monitor for any symptoms of COVID-19 in the 14 days leading up to arrival at lodge. Guests should use the PEAK Respiratory Symptom Exposure Questionnaire as a reference for self-monitoring and inform their guide if they develop any symptoms during this period.

GUEST SCREENING

- Screening must occur at the point of first contact with any staff members of Monashee Powder. Screening may take place prior to entry into facilities or prior to entry into any transportation vehicle.
- Once screened, guests may proceed inside the facility or transportation vehicle.

Groups that arrive together for multi-day trips will be treated as a *linked household* referred to as a "*ski pod"* and will not need to adhere to physical distancing throughout their stay. As such, efforts to mitigate spread of respiratory viruses will be focused on spread between client groups and guides, as well as between members of different client groups.

*A note on obtaining temperatures: if an individual presents with a temperature greater than 38°C during primary screening, they will be given 2 more opportunities to have their temperature evaluated, each spaced 5 minutes apart. The individual only needs to display a passing temperature on one of the 3 attempts. Ensure the individual is in a room temperature, shaded location when obtaining temperature. If environmental conditions are suspected to have impacted the validity of temperature acquisition, screening may continue based on clinical impression of screening personnel.

Primary Screening Procedures:

Figure 3. Monashee Snowcat Primary Screening Algorithm

Secondary Screening Procedures:
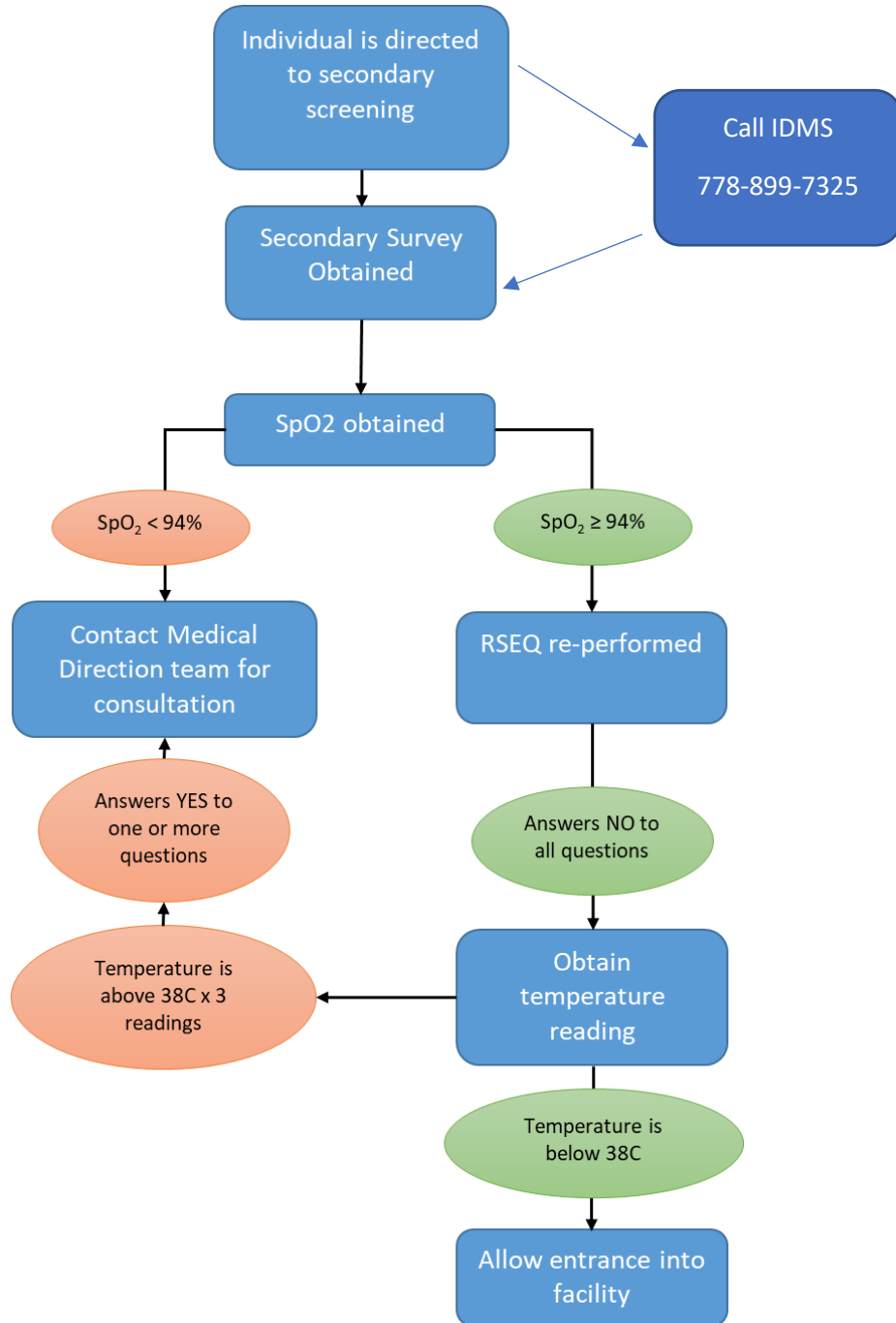
Figure 4. Monashee Snowcat Primary Screening Algorithm

IF A GUEST IS SYMPTOMATIC AT THE TIME OF ARRIVAL

Upon arrival, if a guest answers 'yes' to any of the PEAK Respiratory Symptom Exposure Questionnaire placard screening questions, they and anyone in their group will be asked to not enter the premises or transportation vehicle. Guest contact information should be obtained or confirmed for use in contact tracing. Guests should contact HealthLink BC at 8-1-1 for further instruction and will only be permitted to schedule a return trip when they have self-isolated for a period of 10 days or been declared COVID-19 free by a qualified medical practitioner.

IF A GUEST DEVELOPS SYMPTOMS OF COVID-19 WHILE ON SITE

See **2.4 Outbreak Protocol** for direction.

- **GUEST RESPONSIBILITIES DURING COURSE OF STAY**Guests are given a welcome briefing including detailed COVID 19 protocols
- Guests will be required to do a temperature check and screening questionnaire twice daily upon entering the dining room for the first and last time. Information from these checks is documented on a spreadsheet and kept according to FOIPA.
- Guests are made aware of the full current COVID-19 management plan available for review on the MPS website.
- Guest cohorts are assigned designated snowcats, dining tables, and individual rooms for the duration of the trip.
- Guests will not socialize between cohorts.
- Guests will be asked to use the hand sanitizer provided before and after using washroom facilities as well as when entering the dining room or bar area
- Guests will be asked to use hand sanitizer provided before entering and upon leaving any transportation vehicle. Alternatively, guests can choose to continue wearing winter gloves
- Guests will be asked to wear face masks when moving throughout the lodge. Guests will not be required to wear face masks when seated in the dining room or bar with their cohort
- Guests will be asked to wear a face mask while inside a transportation vehicle, such as a helicopter, shuttle, or snowcat
- Guests will be required to complete symptom-based screening and temperature monitoring prior to entering a Monashee Powder vehicle upon arrival and every morning prior to breakfast
- Limiting shared materials: guests will be assigned skis, avalanche and safety gear for duration of stay that is not to be shared between groups unless disinfected according to the guidelines in **2.2 Cleaning and Disinfecting Procedures**

USE OF NON-MEDICAL FACE MASKS/COVERINGS

- Non-medical face masks/coverings should fit snugly and cover both the mouth and nose in order to effectively limit the spread of respiratory droplets

- Non-medical face masks/coverings need to be used at all times while moving around the lodge and outside whenever individuals of separate linked households cannot maintain physical distancing of 2m/6ft
- Non-medical face masks/coverings do not need to be utilized while seated in the dining room or bar, skiing, utilizing outside patio, utilizing the hot tub or while in their designated guest room.

REQUIREMENTS FOR QUARANTINE OR SELF-ISOLATION

A guest who has travelled outside of Canada within the last 14 days is not permitted to enter any facility operated by Monashee Powder and must quarantine for a period of 14 days from the date of re-entry.

If a guest shares a household with someone showing symptoms of COVID-19, they are not permitted to enter any facility operated by Monashee Powder and must self-isolate for a period of 14 days. Guests are advised to contact HealthLink BC at 8-1-1 for further direction and information.

HAND WASHING

Use of plain soap and water is the preferred practice for hand washing. Use of hand sanitizer with minimum 60% alcohol content is also acceptable. Hand washing or hand sanitization should occur throughout the day, particularly during these higher risk activities:

- Entering or leaving any building
- Before and after breaks, demonstrations, after use of washroom facilities, and before and after eating
- Before entering into any transportation vehicle, such as a shuttle, snowcat, or helicopter. If guests are leaving gloves on while in the transportation vehicle, they do not need to conduct hand hygiene. If guests remove gloves while in any transportation vehicle, they will be required to immediately conduct hand hygiene

This video demonstrates the correct technique: "Reduce the spread of COVID-19: Wash your hands": https://www.youtube.com/watch?v=o0P-0d1mJfA.

PHYSICAL DISTANCING

The maintenance of physical distancing is an effective strategy for reducing risk of viral transmission and should be maintained between guides and guests, when possible. Physical distancing guidelines from the BC CDC state a radius of 2m/6ft should be maintained between members of different households whenever possible. When physical distancing cannot be maintained, the use of a face mask or face covering will be required.

PREAMBLE

This protocol outlines the actions that must be undertaken in the event of an outbreak of suspected COVID-19 at Monashee Snowcats.

For COVID-19, an outbreak is defined as 1 or more cases of fever or respiratory or gastrointestinal symptoms detected in employees and/or guests. Since on-site testing is not available, any occurrence of symptoms in a guest will be treated as a suspected case of COVID-19 until proven otherwise.

Initial indication of a presumed outbreak is likely to be identified during daily screening procedures of a staff member or guest at the beginning of the day. Screening procedures for respiratory symptoms are described in *2.1 Procedures for Staff* and *2.3 Procedures for Guests*.

Contact the IHA health unit in Vernon 250-549-5714 via satellite phone if HealthLink BC is not accessible.

If any guest or staff member answers 'yes' during screening to any questions on the PEAK Respiratory Symptom Exposure Questionnaire on arrival to Monashee Snowcats:

- The individual should not be permitted to enter any facility or transportation vehicle operated by Monashee Snowcats
  - o 'Facility' includes all buildings operated by and contracted to Monashee Snowcats
  - o 'Transportation Vehicle' includes any car, truck, bus, shuttle, or snowcat operated by Monashee Snowcats or any subcontracted operator
- If any contact has occurred between the symptomatic individual and any guests or staff members, those individuals should be alerted and advised to monitor for the development of any symptoms

If any guest or staff member answers 'yes' during screening to any questions on the PEAK Respiratory Symptom Exposure Questionnaire on arrival to Monashee Snowcats:

- The individual should immediately be separated from their ski group and returned to the Monashee Snowcats main building. If the individual is already at the main building, they must return home and should be advised to contact HealthLink BC at 8-1-1 for further direction
- If the symptomatic individual is a staff member, they should obtain a test for COVID-19 to determine the level of risk for continuing operations. If the individual cannot leave due to weather or road conditions, they should be isolated in their individual room
- The Monashee Snowcat medical direction team and the local medical health officer should be notified of a potential outbreak
- If any contact has occurred between the symptomatic individual and any staff members, those staff members should be alerted and required to self-monitor for the development of any symptoms
- Ensure to complete a full RSEQ document as found *Appendix 3.10* as well as contact tracing documentation as found in *Appendix 3.4 Infectious Disease Outbreak Line List*

If an outbreak is suspected to have occurred, symptomatic individuals should be instructed to self-isolate immediately and await further direction from the regional medical authority. In cases where isolation cannot be maintained, such as facilitating the use of communal washroom facilities, guests and staff should not be within 2 metres of each other and use of physical/visual barriers should be implemented where possible. For example, if more than one communal washroom facility is available, one should be designated as the washroom for symptomatic individuals.
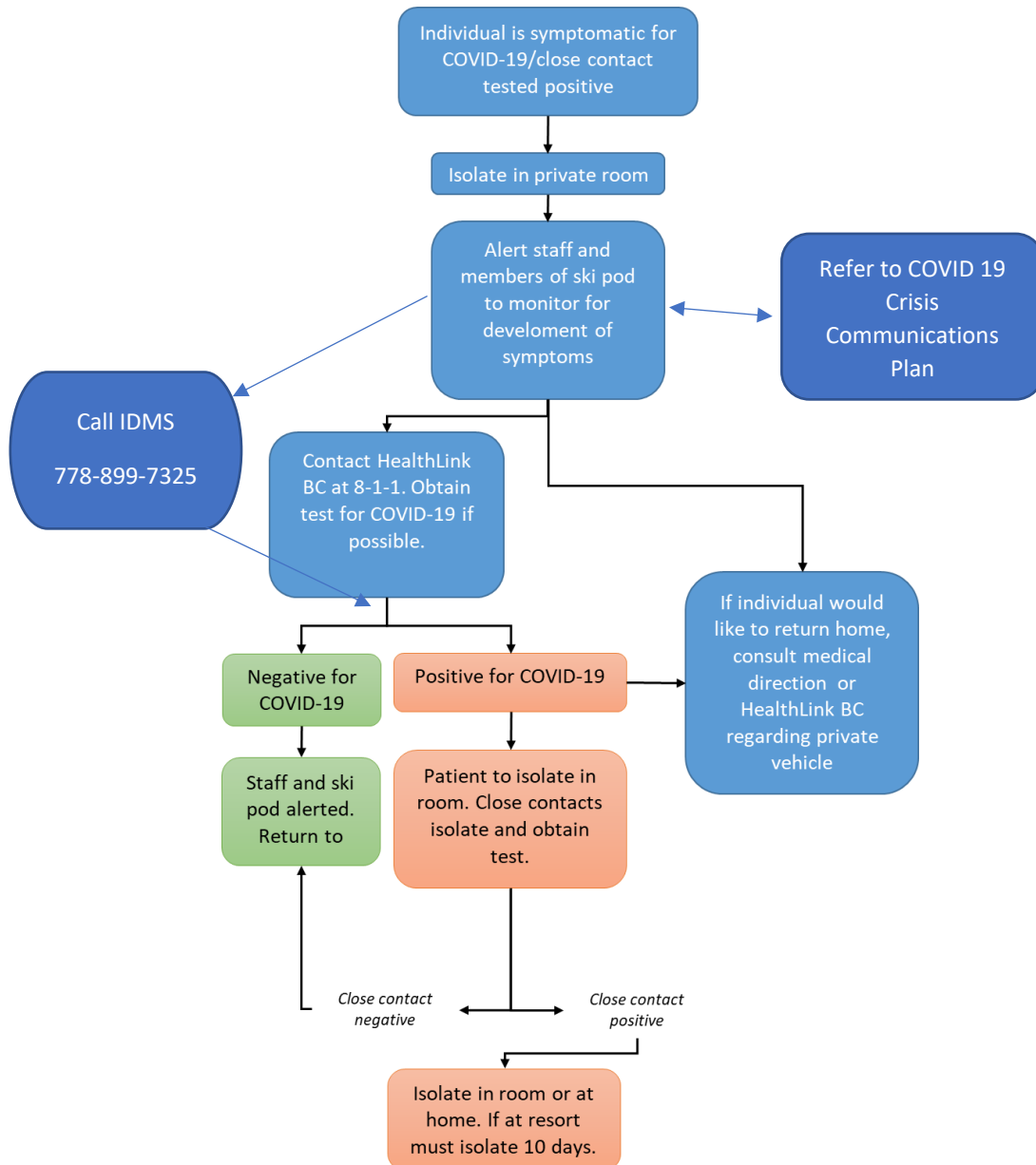
Figure 5. Monashee Snowcat Outbreak Management Algorithm

TR ANSPORTATION OF INDIVIDUALS WITH RESPIRATORY SYMPTOMS

Transportation of a patient with respiratory symptoms induces an increased risk to providers and transportation personnel of viral transmission. The primary risk to personnel for transmission of COVID-19 in a transportation setting is the recirculation of viral droplets and aerosols in a closed environment.

- All individuals demonstrating symptoms of COVID-19 must be managed using isolation procedures including:
    - The application of a Type IIR or ASTM Level 2 surgical mask to the individual
    - The use of above mask from the time of symptom identification until transportation has been completed and the symptomatic individual is no longer in the presence of any employee or guest
    - The maintenance of a minimum 2-metre physical distance from all employees and guests
- Ensure all providers don and doff PPE according to donning and doffing procedures outlined in *Appendix 3.14 CDC Donning and Doffing Procedures*

Any individual transported with respiratory symptoms should be transported to BC Emergency Health Services at a predesignated rendezvous point as soon as possible.

<u>TRANSPORTATION VIA HELICOPTER</u>

Prior to transport:

- Remove all non-essential items from the helicopter
- If possible, cover surfaces with a disposable cover material, such as plastic
- Apply a Type IIR or ASTM Level 2 surgical mask to the symptomatic individual
- Ensure all flight personnel are wearing a Type IIR or ASTM Level 2 surgical mask. If personnel are FIT tested for an N95 respirator, they should don their respirators
- Ensure that only essential personnel are transported with the individual

During transport:

- Encourage physical distancing of all personnel in the helicopter when possible. If the individual is receiving direct patient care, the provider should utilize droplet and contact precautions. Droplet and contact precautions include the following:
  - The use of a Type IIR or ASTM Level 2 surgical mask at minimum. Providers FIT tested for an N95 respirator should don their respirator
  - A face shield
  - Medical gloves
  - A fluid resistant barrier, such as a plastic surgical gown, or Gore-Tex

After transport:

- The helicopter should operate the rotors with all doors open for 1 minute to ensure rotor-wash venting of viral respiratory particles
- All exposed surfaces should be decontaminated with a disinfectant approved for use for SARS-CoV-2. The use of 70% isopropyl alcohol is acceptable
- Provider PPE should be removed following doffing procedures. PPE should be bagged and labelled as biohazardous and disposed of following regional disposal protocols

TRANSPORTATION VIA SNOWCAT

Prior to transport:

- Remove all non-essential items from the snowcat

- If possible, cover surfaces with a disposable cover material, such as plastic

- Apply a Type IIR or ASTM Level 2 surgical mask to the symptomatic individual

- Ensure all snowcat personnel are wearing a Type IIR or ASTM Level 2 surgical mask. If personnel are FIT tested for an N95 respirator, they should don their respirators

- Ensure that only essential personnel are transported with the individual

During transport:

- Encourage physical distancing of all personnel in the snowcat when possible. If the individual is receiving direct patient care, the provider should utilize droplet and contact precautions. Droplet and contact precautions include the following:
    - The use of a Type IIR or ASTM Level 2 surgical mask at minimum. Providers FIT tested for an N95 respirator should don their respirator
    - A face shield
    - Medical gloves
    - A fluid resistant barrier, such as a plastic surgical gown, or Gore-Tex

After transport:

- The snowcat windows and doors should be left open for 10 minutes to ensure venting of viral respiratory particles

- All exposed surfaces should be decontaminated with a disinfectant approved for use for SARS-CoV-2. The use of 70% isopropyl alcohol is acceptable

- Provider PPE should be removed following doffing procedures. PPE should be bagged and labelled as biohazardous and disposed of following regional disposal protocols

TRANSPORTATION VIA SHUTTLE

Prior to transport:

- Remove all non-essential items from the shuttle
- If possible, cover surfaces with a disposable cover material, such as plastic
- Apply a Type IIR or ASTM Level 2 surgical mask to the symptomatic individual
- Ensure all shuttle personnel are wearing a Type IIR or ASTM Level 2 surgical mask. If personnel are FIT tested for an N95 respirator, they should don their respirators
- Ensure that only essential personnel are transported with the individual

During transport:

- Encourage physical distancing of all personnel in the shuttle when possible. If the individual is receiving direct patient care, the provider should utilize contact and droplet precautions. Droplet and contact precautions include the following:
  - The use of a Type IIR or ASTM Level 2 surgical mask at minimum. Providers FIT tested for an N95 respirator should don their respirator
  - A face shield
  - Medical gloves
  - A fluid resistant barrier, such as a plastic surgical gown, or Gore-Tex

After transport:

- The shuttle windows and doors should be left open for 10 minutes to ensure venting of viral respiratory particles
- All exposed surfaces should be decontaminated with a disinfectant approved for use for SARS-CoV-2. The use of 70% isopropyl alcohol is acceptable
- Provider PPE should be removed following doffing procedures. PPE should be bagged and labelled as biohazardous and disposed of following regional disposal protocols

PREAMBLE

Responding to a first aid situation during the COVID-19 pandemic carries added risk for both the provider and patient. While all guides and guests should undergo daily screening to rule out any overt signs of possible respiratory illness, the risk of asymptomatic transmission is still present, and guides should employ measures to preserve safety in the event of an activity-related injury or medical emergency.

GENERAL TREATMENT PROCEDURE

- Upon notification of a medical incident, the guide should gather all necessary first aid supplies and ascertain the need for any lifesaving critical interventions.
    - If the patient is experiencing a medical emergency that is immediately life-threatening, the guide should immediately don a mask in addition to standard PPE and perform the necessary intervention.
    - If the patient has a medical complaint that is not immediately life-threatening, question the patient from a distance and assess if the patient has a minor injury that can receive self-administered treatment. If yes, direct the patient to self-treat.
    - If the patient cannot administer self-treatment, the guide should don a mask in addition to standard PPE and perform the necessary treatments.
- After treatment, sanitize all re-usable equipment with either soap and water or 70% isopropyl alcohol. Any PPE that was used for providing patient care should be either disposed of in a plastic garbage bag or placed in a plastic bag for later cleaning if not disposable. Thorough hand washing is required after patient contact and after handling of soiled PPE.

```
          ┌─────────────────────┐
          │ Individual is injured│
          │ or complaining of    │
          │ medical symptoms     │
          └──────────┬──────────┘
                     │
          ┌──────────▼──────────┐
          │ Gather appropriate   │
          │ equipment            │
          └──────────┬──────────┘
                     │
          ┌──────────▼──────────┐
          │ Conduct scene        │
          │ survey               │
          └──────────┬──────────┘
                     │
          ┌──────────▼──────────┐
          │ Conduct primary      │
          │ survey               │
          └──────────┬──────────┘
```

Patient is alert and oriented → Conduct RSEQ screening. Ask patient to wear face mask

Patient is not alert and oriented → Don standard PPE: gloves, face shield, N95 mask

Patient is symptomatic → Don standard PPE: gloves, face shield, N95 mask

Patient is not symptomatic → Encourage patient to self-treat if able. If not able, provide care
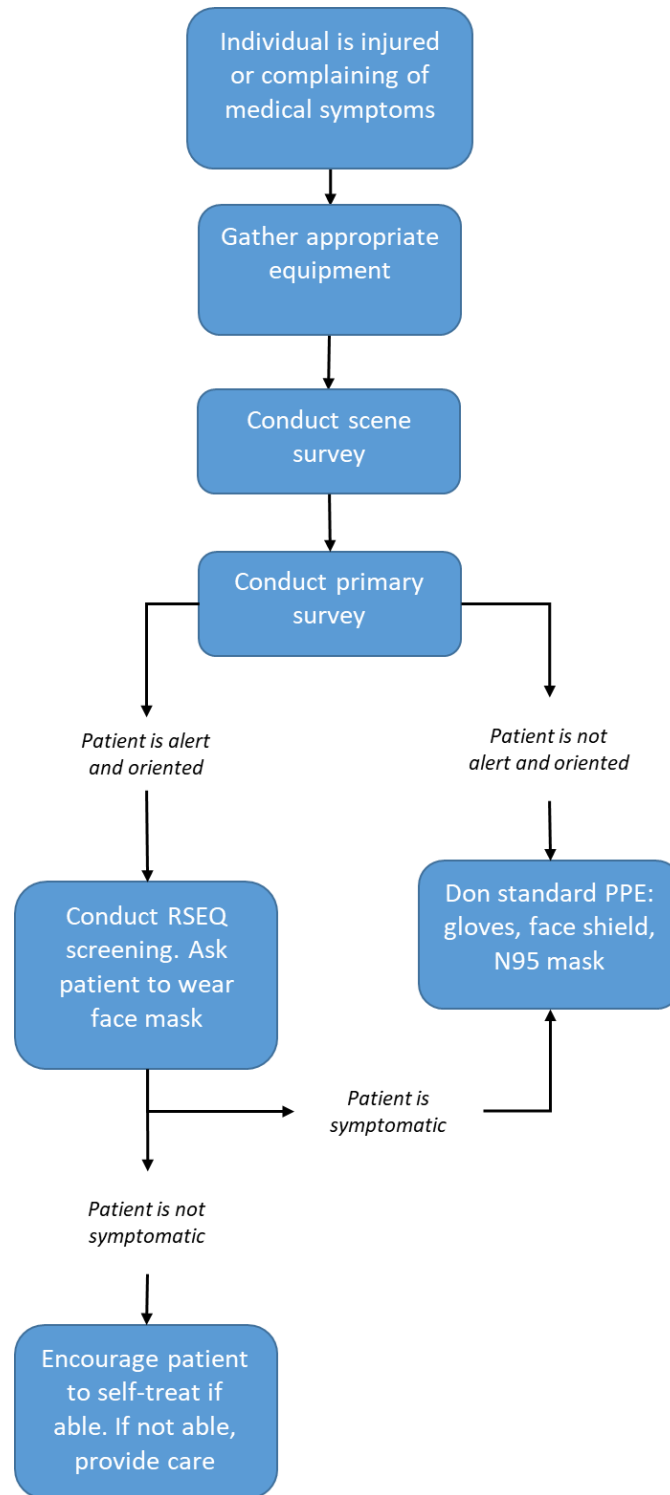
Figure 6. Monashee Snowcat COVID-19 Patient Assessment Algorithm

TREATING GUESTS WITH RESPIRATORY SYMPTOMS

As all guides and guests are screened for respiratory symptoms twice daily prior to breakfast and dinner service, the risk of sudden development of infectious symptoms of COVID-19 is low. In the case of sudden development of respiratory symptoms, guides should recognize the heightened risk of infection from the patient and exercise a high degree of caution. In addition to standard PPE, the use of a medical mask rated for viral particles is recommended, such as an N95 (only if fit tested according to requirements).

PERFORMING AEROSOL-GENERATING PROCEDURES

The following first-aid procedures are known to increase the likelihood of viral aerosolization and increase the burden of risk to responders providing first aid:

- Bag Valve Mask (BVM) Ventilation
- Airway Suctioning
- High-flow Oxygen Administration
- Cardio-Pulmonary Resuscitation (CPR)

Any procedure included in the above list performed by guides carries an elevated risk of provider harm and should only be conducted in settings where access to the appropriate PPE is guaranteed. Appropriate PPE in a first aid setting for these procedures requires at minimum:

- An N95 respirator (If fit tested according to requirements)
- Eye protection and/or a medical-grade face shield
- Disposable medical gloves

In settings where access to the above PPE is not possible, care should be provided to the patient only in situations where risk to guides can be minimized with alternative environmental or operational controls. These controls can include such strategies as placing a non-medical mask over the patient's face during CPR, withholding the use of supplemental Oxygen, using passive methods for airway decontamination, and providing compression-only CPR.

PREAMBLE

Mechanized ski operations include the need to transport guests in closed transportation vehicles. When groups of guests congregate in a closed area for an extended period, as in a helicopter or Snowcat, the risk for transmission of COVID-19 is elevated. To reduce risk of transmission of COVID-19, mitigation protocols should be implemented and adhered for the duration of this public health emergency.

ROUTES OF ACCESS TO MONASHEE SNOWCAT SKIING

Guests arriving to Monashee Snowcat Skiing may arrive via 1 of 3 different routes. The 3 arrival options are listed below:

1. Guests are picked up via shuttle bus at Kelowna International Airport and transported to the lodge access trailhead. Guests are then transported the remainder of the distance via Snowcat
2. Guests are picked up via shuttle bus at the Cherryville Roadhouse (1361 BC-6, Cherryville, BC V0E 2G1 and transported to the lodge access trailhead. Guests are then transported the remainder of the distance via Snowcat
3. Guests may choose to drive themselves to the lodge access trailhead. Guests will then be transported the remainder of the distance via Snowcat
4. In some special cases, guests may require transportation via snowmobile.

For each of the above options, guests must be screened for symptoms of COVID-19 following the procedures outlined in *2.3 Procedures for Guests*. Screening will take place at the point of first contact with staff for each of the above situations. For guests arriving from the airport, screening will take place prior to entering the shuttle bus. For guests meeting in Cherryville and joining the shuttle bus or driving to the trailhead, screening will take place here. While inside the shuttle bus and Snowcat, guests will be required to wear a fabric face mask which will be provided by Monashee Snowcat Skiing. Guests will be assigned to their designated snowcat groups at the trailhead. For transportation via snowmobile, staff operating the machine and guests will be required to use a mask.

TRANSPORTATION IN SHUTTLE BUS

- All guests must undergo screening as outlined in *2.3 Procedures for Guests*.
- Face masks/coverings should be used at all times while inside the shuttle bus.
- Upon entry to the shuttle bus, guests will be asked to engage in hand sanitization.
- The shuttle bus has 28 seats available for clients and staff.

SHUTTLE BUS RISK ANALYSIS

Identified Risks	Mitigation Strategies
Risk 1: Transportation by shuttle bus places guests in close contact loading and exiting the vehicle.	Strategy 1: All guests and employees must wear non-medical face coverings during embarking and disembarking of the shuttle bus.
Risk 2: Shuttle buses are enclosed spaces, with increased risk of recirculating viral particles expelled by respiration of potentially infected guests.	Strategy 2: All guests and staff must wear non-medical face coverings. Driver to also wear large safety glasses while greeting guests. Consumption of food and drink inside the shuttle bus will not be permitted.
Risk 3: Shuttle buses are used by multiple groups during ski operations and may transmit viral fomites from surfaces to guests or employees.	Strategy 3: Complete cleaning of grab rails, edge of shelf and equipment after use.

CLEANING OF SHUTTLE BUSES

- Shuttle buses must undergo thorough cleaning and disinfection at the end of each day.

SHUTTLE BUS OPERATOR RESPONSIBILITIES

Shuttle bus operators are responsible for the following:

1. Ensuring daily that each shuttle bus is cleaned and sanitized. At the end of <u>each</u> day, all hard surfaces of the shuttle bus will be sanitized using a 50:1 water/bleach solution.

    Step 1:   Obtain from Lodge staff spray bottles containing a 50:1 water/bleach solution; colour safe bleach only should be utilized.

    Step 2:   Spray solution onto all hard surfaces and allow to sit for a minimum of 10 minutes.

    Step 3:   Wipe access off excess solution from surfaces.

Complete?	Item	Action
	Handrails	Handrails should be disinfected using household disinfectant spray or wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.* Handrails should be disinfected at the end of day.
	Operator controls	Operator controls should be disinfected using household disinfectant spray or wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.* Operator controls should be disinfected at the end of day.
	Keys	Keys should be disinfected using household disinfectant spray or wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.* Keys should be at the end of day.
	Seats	Seats should be disinfected using household disinfectant spray or wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.* Seats should be disinfected at the end of day.

	Windows (internal surface)	Best practice is to leave windows in the open position to allow for maximal airflow throughout the shuttle bus. However, when this cannot be achieved; windows should be disinfected using household disinfectant spray or wipes in accordance with general disinfecting best practice in **2.2 Cleaning and Disinfecting Procedures.** Windows should be disinfected at the end of day.

TRANSPORTATION IN SNOWCATS

- When possible, attempt to restrict transportation to groups constituting a linked household.
- Face masks/coverings should be used at all times while inside the Snowcat.
- If individuals remove their gloves within the Snowcat, they should be instructed to immediately use hand sanitizer.
- Screens have been installed on all snowcat windows in the passenger cabin and windows will be open while cabin is occupied to allow air flow.
- No eating and drinking will be allowed in the driver or passenger cab of the snowcats. Snack and lunch breaks will be allocated throughout the ski day outside and socially distant.
- Driver controls and high touch points will be sanitized frequently and always between switching drivers.
- Masks and gloves to be worn when moving luggage, freight or food orders to and from the snowcats.

SNOWCAT RISK ANALYSIS

Identified Risks	Mitigation Strategies
Risk 1: Transportation by Snowcat places guests in close contact loading and exiting the vehicle.	Strategy 1: All guests and employees must wear non-medical face coverings during embarking and disembarking of the Snowcat.
Risk 2: Snowcats are enclosed spaces, with increased risk of recirculating viral particles expelled by respiration of potentially infected guests.	Strategy 2: All guests and staff must wear non-medical face coverings. Exception can be made when all occupants of the Snowcat are within the same linked household. Consumption of food and drink inside the Snowcat will not be permitted.
Risk 3: Snowcats are used by multiple groups during ski operations and may transmit viral fomites from surfaces to guests or employees	Strategy 3: Complete cleaning of all seats and equipment after use.

CLEANING OF SNOWCATS

- Snowcats must undergo thorough cleaning and disinfection at the end of each day.

<table>
<tr><td colspan="2" align="center"><u>SNOWCAT OPERATOR RESPONSIBILITIES</u></td></tr>
<tr><td colspan="2">

Snowcat operators are responsible for the following:

2. Ensuring daily that each Snowcat is cleaned and sanitized. At the end of <u>each</u> day, all hard surfaces of the Snowcat will be sanitized using Oxivir/Lysol wipes.

        Step 1:   Obtain from Lodge staff spray bottles containing Oxivir.

        Step 2:   Spray solution onto all hard surfaces and allow to sit for required time.

        Step 3:   Wipe access off excess solution from surfaces.

</td></tr>
</table>

Complete?	Item	Action
	Handrails	Handrails should be disinfected using household disinfectant spray and wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.* Handrails should be disinfected between transportation of different groups in the Snowcat and at the end of day.
	Operator controls	Operator controls should be disinfected using household disinfectant spray and wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.*
	Keys	Keys should be disinfected using household disinfectant spray and wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.* Keys should be disinfected at the end of day.
	Seats	Seats should be disinfected using household disinfectant spray and wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.* Seats should be disinfected at the end of day.

	Cup holders	Cup holders should be disinfected using household disinfectant spray and wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.* Cup holders should be disinfected at the end of day.
	Windows (internal surface)	Best practice is to leave windows in the open position to allow for maximal airflow throughout the Snowcat. However, when this cannot be achieved; windows should be disinfected using household disinfectant spray and wipes in accordance with general disinfecting best practice in *2.2 Cleaning and Disinfecting Procedures.* Windows should be disinfected at the end of day.

PREAMBLE:

Food is served to guests in the lodge at mealtimes and in the field during ski operations. Food is also provided for guests at the end of each ski day.

Areas operated by Monashee Snowcat Skiing where food and beverages are served:

Treewell Lounge

*Après ski food service will be served exclusively on individual plates. Guests will be required to maintain distancing between groups during après ski food service.

TREEWELL LOUNGE/DINING ROOM PROTOCOLS

Normal Capacity:	**48**
Adjusted Capacity:	6 tables of 4 per table.
Food Service Modality:	Guests remain seated in cohort groups in designated locations. No bar seating. Food plated by kitchen staff and/or bartender. Music in the bar will be kept at a low volume to allow normal conversation. Bar service ends at 10:00 pm. Windows cracked open and air purifiers running while dining and bar areas occupied.
Physical Distancing Strategies:	Designated seating. Cohorts separated by minimum 2m/6ft between tables.

PHYSICAL DISTANCING

- Signage should be posted informing guests that physical distancing methods are being used in the facility
- Maximum occupancy guidelines will be adjusted to ensure that guests can maintain physical distancing at a radius of 2m/6ft.
- During meal service periods inside the lodge, physical distancing between members of separate groups will be mandated.

PROTOCOLS FOR STAFF:

Food preparation and service:

- All staff handling the preparation and service of food should be equipped with a mask and disposable gloves. The use of protective eyewear is optional and not required. Use of a face shield is also optional and not required.
- Kitchen will have exhaust fan running if 2 or more people working in kitchen.
- Food sharing apres-ski will be permitted within members of the same household group.

Routine cleaning of food service areas:

- Food service areas should be routinely cleaned and disinfected following every use by a guest or guest group.
- Allow sufficient time to dry between disinfection of food service area prior to allowing next guest to utilize space. Sufficient time to dry will depend on the manufacturer instructions of the household disinfectant used to disinfect the surface.

PROTOCOLS FOR GUESTS:

- Guests will be required to follow physical distancing guidelines are outlined above, as well as use of a non-medical face mask when moving around inside lodge and outside within 2m/6ft of an employee or other guests.
- Guests will not be permitted to enter any building serving food or beverages if they are displaying symptoms of COVID-19. Guests should be compliant with all posted signage referencing handwashing before and after eating or drinking, as well as proper sneeze and cough etiquette.

GUEST FACING SIGNAGE:

The following signage should be posted in clear view of any guest entering the food service area:

- **Appendix 4.1** *BC CDC Physical Distancing Signage*
- **Appendix 4.2** *BC CDC Hand Washing Signage*
- **Appendix 4.5** *WorkSafe BC Sneezing and Coughing Etiquette Signage*

PREAMBLE

This protocol outlines the general operational changes being undertaken to reduce risk of transmission of COVID-19 within facilities operated by Monashee Snowcat Skiing.

ARRIVAL PROCEDURES

- Staggering of Snowcats
    - Guests will be divided into snowcat groups at the beginning of the trip
    - Arrival of Snowcats to the lodge at beginning of trip and following daily skiing activities will be staggered in order to minimize congestion of guests entering the lodge and transfer of luggage to drying room.
- Lodge orientation
    - Guests will have temperature checked, read screening questionnaire, and sanitize hands upon initial arrival to dining room.
    - Guests will wear face masks during lodge and safety briefing.
    - Guests will be welcomed to the lodge and provided with a PowerPoint presentation outlining safe behaviours for COVID-19 at the lodge in addition to normal safety items.
- Retrieval of luggage
    - Following orientation, guests will be released in small groups to retrieve their luggage from the drying room, and to choose rental skis.
- Following arrival procedures, guests will return to the old lodge dining room for supper.

FIRST SUPPER PROCEDURES

- Pre-setting tables
    - Tables will be pre-set with dining utensils prior to arrival
    - Tables will be assigned to cohorts for the duration of their trip
    - The salad course will be on the tables when guests arrive in the dining room
- Use of masks
    - Guests will be asked to wear a mask while moving around the dining room but do not need to use a mask if seated at their table.
    -
- Removal of common areas
    - Couches have been removed in the bar. There are 6 X 42" tables that will be set up to accommodate 3-4 guests each.
- Wine lists will be laminated for ease of cleaning.
- Accommodation of staff
    - A 7th table will be provided along with the bar top area for servers and kitchen staff to utilize while eating. Staff that are not serving will utilize tables in the bar area for meals.
- Changes to preparation/service
    - See *2.7 Food and Beverage Protocols*

BREAKFAST PROCEDURES

- Completion of daily screening
  - Upon arrival at the breakfast area, guests will be required to complete a symptom-based screening questionnaire along with measurement of temperature.
- Scheduled breakfast groups
  - Guests that arrive to breakfast early may utilize the bar area where coffee will be provided.
  - Guests will limit the breakfast lineup to 4-5 people and will be required to sanitize hands, wear a mask and social distance.
- Hallway coffee delivery in guest lodge will not be provided.
- Breakfast items will be set out like a buffet hot food items will be served by kitchen staff, guests will sanitize hands prior to using any shared serving utensils, coffee urns, condiments, etc.

LUNCH SERVICE PROCEDURES

- Kitchen staff will prepare, and package guest lunches based on a pre-selected menu form and they will be handed out by tail guides. Guests will not be allowed to eat and drink while inside the snowcat. Guide staff will coordinate snack, water, and lunch breaks as appropriate. Extra snack bins will be placed in each cat for distribution by tail guides to guests.

SKIING PROCEDURES

- Staggering of departure times
  - Snowcat departures for daily skiing activities will be staggered by 15 minutes in order to minimize congestion of guests gearing up and overcrowding the guest drying room.
  - Guests will be encouraged to get dressed in ski gear in own designated rooms.
- All transportation in Snowcats will adhere to the procedures in *2.6 Transportation Procedures*

POST SKIING PROCEDURES

- Staggering of Snowcats
  - Arrival of Snowcats to the lodge following daily skiing activities will be staggered by 15 minutes in order to minimize congestion of guests entering the lodge and use of the guest drying room

DEPARTURE DAY PROCEDURES

- In the morning of the last day, guests in 1 cat leave their bags in guest lodge first floor hallway. The other guests will leave their bags in the old lodge first floor hallway. Guests in guest lodge can change in drying room, ski room and room 12, while guests in the old lodge can use the 3 shower rooms and the exercise room

OVERVIEW

The Hot Tub is a Pacific Spas commercial tub filled with chlorinated water. Its normal capacity is 10 persons. For the duration of the pandemic, the capacity of the Hot Tub will be reduced 50% to 5 persons from the same cohort at a time to allow for physical distancing.

OBJECTIVES

To identify the unique challenges in operating this service while maintaining best practices for infection prevention and control (IPC) and maintaining routine cleaning of high contact surfaces.

ACTIVITY RISK ANALYSIS

Activity Risk Score

Activity=Main Hot Tub

Activity Risk	
Does activity place 2 or more people in close contact? (<1m)	No (0)
	Yes (1)
Does close contact persist for:	N/A (0)
	< 10s (1)
	10-60s (2)
	>60s (3)
Is activity potentially strenuous? (risk of aerosolization)	Mild (0)
	Moderate (1)
	Heavy (2)
How effectively can IPC be implemented on the equipment?	None used (0)
	Easy (<5min) (1)
	Moderate (5-10min) (2)
	Difficult (10+min) (3)
Is there an inherent risk of injury present?	Mild (0)
	Moderate (1)
	Heavy (2)
Activity Risk Score (n/11) = 1	Low Risk

Identified Risks

Mitigation Strategies

Identified Risks	Mitigation Strategies
Risk 1: The Hot Tub is an open area with potential for guests to violate physical distancing while inside the tub.	Strategy 2: Hot Tub capacity will be reduced to 5 persons max. Masks are not required. Guests will be asked to limit their time in the tub so other guests can partake.

A *risk* is defined as a practice or procedure that results in close contact between individuals, use of shared surfaces/devices, increased probability of respiratory droplet aerosolization, or increased probability of physical injury.

THIS PAGE INTENTIONALLY BLANK.