

# INFECTION PREVENTION AND CONTROL INTERVENTIONS

## Appendix 3: Paddlesports During the Age of COVID-19

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### Introduction

The purpose of this document is to present a set of suggested paddlecraft practices, based on currently available information. This document presents a list, and brief descriptions, of infection prevention and control interventions that should be considered both for planning paddlesports events, and while running those events. This list is provided to assist paddling instructors and event organizers and does not replace the need for guidance from federal (e.g., CDC), state, and local authorities (e.g., health departments). In certain cases, it also may be advisable to check with your health care provider, attorney, insurance representative, and other appropriate experts. Local risk will depend on numerous factors. Individual instructors and event organizers are responsible for appropriate risk assessment and risk management.

The intent of this document is to serve as a reference tool for purposes of planning, and running, a paddlesports event. It describes a variety of potential infection prevention and control interventions that might be considered at various stages during the event. Although many/most of these interventions are only applicable in a limited number of circumstances, taken as a whole, they provide a powerful tool kit. Please note that additional detail regarding these interventions is available in the reference document **Paddlesports During the Age of COVID-19: Risk Assessment and Risk Management**.

### Interventions

**Vaccination:** At such point as a vaccine becomes available for COVID-19, individual paddlers should (based upon a discussion with their healthcare provider) strongly consider becoming vaccinated. Vaccination can also be potentially used as an inclusion/exclusion criterion for choosing who may participate in a group paddling event.

**Hand Hygiene:** Hand hygiene should be performed frequently during group paddling events (especially at any point at which there has been, or is, the possibility of person to person contact or shared equipment). Hand hygiene should be performed both before, and after, contact. Paddlers should carry their own individual handwashing soap and hand sanitizer. A minimum of 20 seconds is recommended for soap and water to be effective. Follow the instructions on the label for hand sanitizers.

**Cleaning:** Boats and equipment should, ideally, be thoroughly cleaned both before, and after, group paddling events. A dedicated sponge, for each paddler, will likely facilitate this process. Ideally, running water (from a spigot) will be available but, if need be, the environmental water (e.g., ocean, lake, etc.,) could be used as the source of water. Cleaning should be conducted in a way which is environmentally sensitive, e.g., ideally near a drain. Different cleaning products may be needed for porous as opposed to non-porous surfaces (check the manufacturer's label).

**Disinfection:** All surfaces which are likely to be touched by multiple people should be disinfected between uses. The EPA's "N list" <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> is a list of agents which are effective against the virus. As an example, if it is necessary for multiple people to use a computer keyboard (something which was frequently done during class registrations, but should now be avoided if possible), then the keyboard should be disinfected (e.g., with an appropriate wipe) before and after touching the keyboard, or users could sanitize their hands before, and after, touching the keyboard. It should be noted that use of the ACA's new automated CMS system should minimize the need for in person data entry for ACA events. As another example, if a paddle is going to be shared, then it should be cleaned or sanitized between users. Soap and water, or a hand sanitizer, can be used for this purpose.

**Environmental Controls (e.g., air quality):** The current recommendation is to stay a minimum of 6 feet (2 meters) away from other people. In fact, this situation is more complicated because, in outside environments, wind can become a significant factor. From the perspective of the paddler, the main thing to think about is to avoid being close *downwind* from someone else. If one accepts this as a premise, then it has significant implications for a number of core paddlesports activities including group formations, and rescues. For example, positioning boats to be abeam of each other (called a "chorus line formation" in sea kayaking) may be more appropriate with wind head on, whereas boats being lined up bow to stern (called an "inline formation" in sea kayaking) may be more appropriate with the wind abeam. In both of these formations, boats need to be appropriately separated. It should be noted that the science surrounding the impacts of wind is in its infancy (e.g., is the deleterious effect of a strong wind carrying the virus further overridden by the increased dispersion?), but common sense does seem to suggest that it is not a good idea to be downwind from someone who is coughing.

**Sign/Symptom Based Health Screening:** When choosing a group to go paddling with, and immediately prior to embarking for the day, strong consideration should be given to screening for COVID-19 signs and symptoms. (See **Health Screening Tool**.) This process could entail use of a written questionnaire (along with a required signature), and/or a verbal questionnaire, and/or screening of body temperature with a thermometer. The use of a "no-touch" device, such as an infrared thermometer, is certainly preferred for temperature screening. In addition, paddlers should be questioned as to whether, or not, they have travelled to recent "hot spots." Unfortunately, at present, there is no uniformly accepted definition for a "hot spot." The CDC maintains a list of signs/symptoms consistent with COVID-19, which can be used as a reference for the screening questions. The intent of conducting this screening is that anyone who has a sign/symptom of COVID-19 should not go paddling with the group. In addition, people who may be at higher risk for serious complications can be identified and a discussion held with them, prior to attending the event. There are some nuances to this approach - one of which is that most COVID-19 signs/symptoms are *not* highly specific and are common in many other illnesses. *It is also critical to remember that a significant percentage of people who are infected with COVID-19 may be asymptomatic – but still capable of transmitting the disease. Thus, health screening tools do NOT guarantee the absence of COVID-19.*

**Antigen Tests:** Potential paddlers can be asked if they have been tested for COVID-19 with an antigen test. If they tested positive then they should only be allowed to paddle if they meet current “return to work” or other appropriate criteria, as listed by the CDC and/or state health departments.

Another *potential* application to consider is to designate individuals who were confirmed to have the disease (by a test), and who are now asymptomatic, as “protected individuals.” This is based on the assumption, *which has yet to be proven, and may not be correct*, that if you have had COVID-19, and recovered from it, you are unlikely to get it again. These “protected individuals” could be designated (with their consent) to serve in higher risk roles – specifically performing assisted rescues.

**Antibody Tests:** Antibody tests are not yet reliable enough to be counted on for decision making. However, once the tests become more reliable, paddlers could be asked if they had been tested for COVID-19 with an antibody test, and if they have antibodies. If so, they could be designated as “protected individuals,” as per the description immediately above. A potential complicating factor is that antibody tests are not always “yes” or “no” - interpretation by a healthcare provider may be necessary.

**Contact Tracing:** The group leader, instructor, or other designated individual, could keep a log of the entire group of participants, along with the specifics as to who had very close quarters contact during the paddling trip (e.g., person *X* did a rescue on person *Y*); for example, see **Contact Tracking Log**. This information might turn out to be extremely useful and could be provided to the local department of health, or other outbreak investigators, if anyone in the group subsequently becomes infected. It can also be useful for process improvement purposes. The log should be kept for a minimum of three years, because of the risk management/legal implications.

**Isolation:** Potential paddlers should be asked whether they were subject to COVID-19 isolation. If so, they should only be allowed to paddle if they meet criteria for release from isolation (as per CDC or state health departments).

**Quarantine:** Similar to isolation, anyone who has been subject to COVID-19 quarantine should only be allowed to paddle if they meet appropriate criteria.

Expedition paddlers who may be going on lengthy expeditions, in remote areas, might consider quarantining themselves, for a period of 14 days, immediately prior to departing.

**PPE:** Two types of PPE (personal protective equipment) should be considered by paddlers: mouth and nose protection, and eye protection. There are numerous factors to consider with respect to mouth and nose protection:

- When ashore, getting the PPE wet is unlikely. Accordingly, surgical masks, and improvised masks (e.g., neck gaiters/buffs pulled up) are both reasonable options. Given that breaches in 6 feet (2 meters) social distancing may well occur, it is a good idea for paddlers to wear this protection, while ashore.
- Although N95 respirators, theoretically, offer a higher level of protection than surgical masks (they protect against aerosol spread as well as droplet spread), there

- are a number of complicating factors such as proper fit, the need for training in proper use, pre-existing medical conditions, and supply chain issues. *Accordingly, we do not recommend, nor do we discourage, the use of these items, while on land.*
- When underway, surgical masks may not be practical because they may be too uncomfortable to wear for prolonged periods of time. N95 respirators will almost certainly not be practical because they are not designed for athletic activities and may shift on the face. *Accordingly, we do not recommend, nor do we discourage, the use of these items, while underway.*
  - Improvised masks, such as neck gaiters (when pulled up) are a more practical alternative. It should be noted that at least one manufacturer has emphasized that its products should not be considered to be medical grade PPE: <https://buffusa.com/buff-community-statement>. In mild conditions (where they are unlikely to get wet), improvised masks (such as neck gaiters) may offer some protection against droplet transmission (which might occur, for example, if boats get too close, or if a rescue needs to be performed). Accordingly, it is our recommendation that paddlers consider carrying a neck gaiter with them and wear it around their neck (ready to be pulled up) or have it already in place (covering the mouth and nose). Alternatively, a dry neck gaiter can be carried, e.g., in a protective pack (such as a “Ziploc”). The advantage of wearing the gaiter is that it is “already in place” and thus ready to deploy. The advantage of carrying it in a protective pack is that the chances of it becoming wet, prior to needed use, are decreased. Either of these alternatives is acceptable. It is not known, however, what protection, if any, an improvised face mask, such as a neck gaiter, will provide when wet. *Accordingly, we cannot offer any guidance with respect to what to do if an improvised mouth and nose protector, such as a neck gaiter, gets wet.*
  - In rough water situations, it is a virtual certainty that facial PPE will get wet. *Accordingly, we cannot offer any guidance as to whether, or not, to wear an improvised face mask in rough conditions.*

Eye protection is of benefit to the person wearing it (it protects the wearer against droplet transmission). Moreover, most forms of eye protection are reasonably usable, even if they do get wet. Accordingly:

- When ashore, we recommend paddlers consider wearing eye protection. Safety glasses and safety goggles are both used in healthcare settings and can afford a high level of protection. Regular glasses, and sunglasses, are not considered to be medical grade, but are certainly better than nothing.
- When underway paddlers should consider wearing eye protection.
- There is limited evidence, in the medical literature, that plastic face shields can provide some degree of protection against COVID-19. Some manufacturers may be introducing hats which have the ability to incorporate a plastic face shield in front. These have not, to our knowledge, been specifically tested with respect to COVID-19 transmission but might be of some value. It is, however, unclear how practical these would be in a dynamic paddling situation (wind, waves, etc.).

It should be noted that the use of other types of protective gear, notably helmets, can interfere with the ability to use certain types of PPE and, especially the ability to deploy them while underway.

Gloves if used improperly can actually increase the risk of disease transmission (e.g., by harboring the organism). In addition, there are practical complications to donning gloves, taking off gloves, attempting to disinfect them, and so forth, while on the water. Moreover, attempting to don gloves during a rescue could slow things down – which creates different types of risks. Accordingly, we are not providing any recommendation with respect to the wearing of gloves, either while ashore or underway. There is, however, one exception: we do recommend that whoever is doing the temperature screening should (after being properly trained) wear gloves while performing this specific activity.

Each paddler should bring, and be responsible for, their own individual PPE. It would also be a good idea if the group organizer brings additional PPE (especially hand sanitizer) and cleaning supplies, as well as tissues, and locates these at strategic points such as the group check in location.

***Social Distancing:*** Paddlers should attempt to maintain a distance of, at least, 6 feet (2 meters) at all times. Unfortunately, this may not always be practical, depending upon the specific circumstances. When maintenance of social distancing is not possible, strong consideration should be given to wearing PPE (mouth and nose protection, and eye protection).

***Allocation of Equipment:*** When at all possible, paddlers should avoid sharing boats and equipment. Equipment should be clearly marked to avoid mix ups and everyone should transport their own equipment, and keep it separated from the equipment of other paddlers. If it should be necessary to share equipment (e.g., it may not be feasible for everyone to carry a field repair kit for boats), cleaning/disinfecting should be done both before and after use, if at all possible. Certain types of equipment – notably inflatable paddle floats, and whistles – should NOT be shared due to the virtual impossibility of effectively disinfecting them.

***Controlled Movement:*** Carefully think through how movement patterns can be designed to minimize close contact. For example, shuttle logistics could be based around grouping up people who have already travelled to the site together (thus not creating additional exposure risk).

***Administrative Controls:*** Many administrative controls can be envisioned to decrease the possibility of disease transmission. Examples include:

- Limit group size (the smaller, the better).
- Plan out locations, activities, routes, and so forth to avoid the need for close contact (e.g., avoid stacking up boats, avoid unplanned rescues, etc.) and to facilitate the ability to perform washing and disinfection (e.g., favor sites with running water).
- Carefully plan out activities to avoid the need to share equipment, common touch items, etc. For example, rather than everyone signing a common waiver sheet, have each person bring their own waiver – signed and filled out in advance. Even better, have waivers filled out electronically in advance.

- Consider how launching and landing can be orchestrated to minimize the number of interpersonal contacts with strangers.
- Consider staggered start times, for large group events, in order to decrease congregation/crowding.
- For overnight events, consider how travel will be managed, e.g., minimizing contact with non-participants of the event, lodging, meals, and so forth
- Mildly ill people may be less likely to show up for a pre-paid event if it is easy to get a refund.
- Prior to the paddling event, distribute a written description as to how infection prevention and control will be managed.
- Provide a comprehensive pre-launch brief on infection prevention and control.
- When forming sub-teams, buddy pairs and the like, group together people who have already had contact (e.g., family members, significant others) but avoid (if possible) putting strangers together. “Color coding” boats (by applied stickers, colored string, colored tape, etc.) could be used to mark boats so that paddlers know who is safe to approach and who to avoid.
- If it should be necessary to pair up strangers (this might be necessary, e.g., for rescue practice) they should be paired up for the entire day, as opposed to rotating with other strangers (i.e., minimize, as possible, the number of contacts between strangers).
- Provide ongoing observation and feedback regarding risks and proper infection prevention and control practices (by the group leader, a designated Infection Control Officer, and all other paddlers – i.e., “Safety is Everyone’s Responsibility”). Examples of this sort of observation and feedback might include paddlers getting too close to each other, paddlers repeatedly touching their faces, paddlers being immediately/unnecessarily downwind of each other, and so forth. Needless to say, this sort of feedback is best delivered in a diplomatic fashion.

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