

WILDERNESS MEDICINE

Certification during a pandemic

BY KELSEA HARRIS-CAPUANO | MISSOULA, MONTANA

ABOUT 20 STUDENTS knelt down in a large circle at Mountain Humane, an animal shelter in Hailey, Idaho. It was mid-November 2020, and each student wore a mask and latex gloves as they pumped on the chests of a mannequins, performing cardiopulmonary resuscitation (CPR).

“If they’re a family member, we can give rescue breaths,” said Paul Holle, one of the wilderness medicine training instructors as he paced inside the human circle. The day’s light coming in through the floor-to-ceiling glass windows that looked out over a nearby Idaho mountain range was fading.

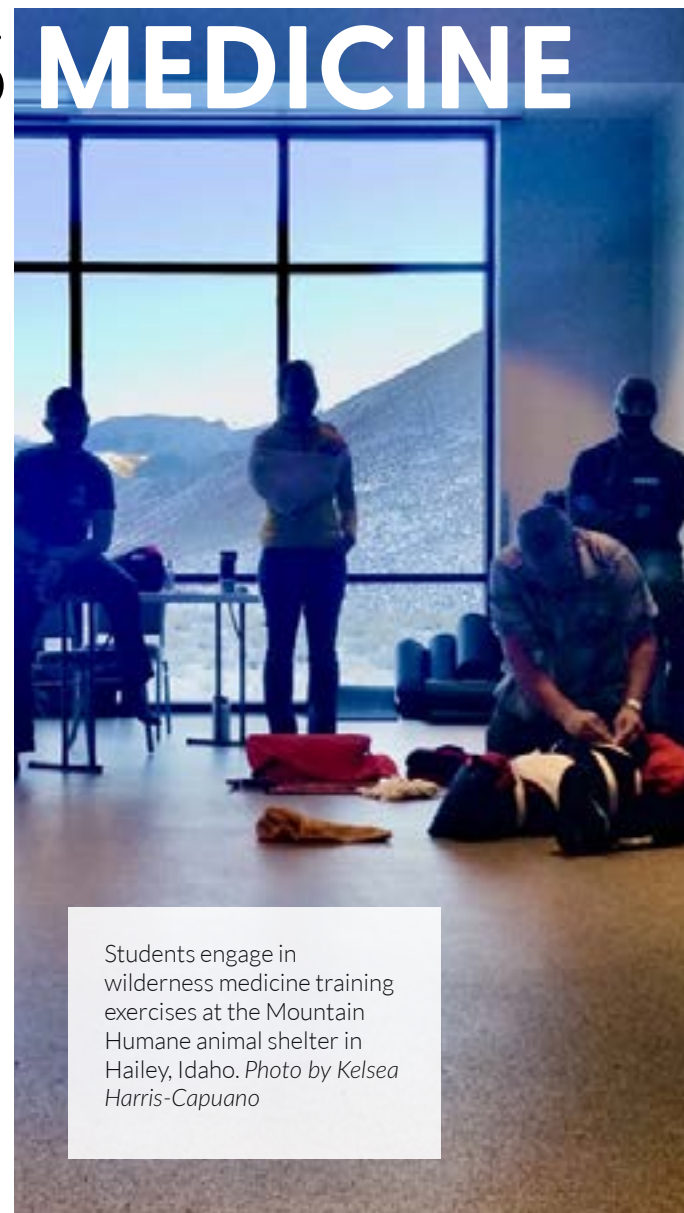
Kneeling next to my own CPR mannequin, I looked down at the plastic head with its mouth open attached to a chest that had no arms or legs. I was experiencing a simultaneous feelings of familiarity and bizarreness.

This was my fourth recertification course, and I had done this before in a room with fellow participants. But COVID-19 has changed much about our lives, and here we all were, trying to adapt to a “new normal.”

Holle described new CPR guidelines in the wake of COVID-19. He and other instructors who worked for National Outdoor Leadership School (NOLS) Wilderness Medicine, (formerly known as the Wilderness Medicine Institute), were following new protocols published by its curriculum director. Those protocols now recommend no rescue breathing — just chest compressions unless the patient is a family member. In a wilderness setting, CPR is already unlikely to be effective in saving a life, and COVID-19 adds a new risk to the rescuer.

The original certification is obtained through a 10-day hands-on training course where instructors emphasize and address medical issues and emergencies in wilderness settings where hospital care could be hours or days away. Students learn how to improvise, problem solve and make crucial evacuation decisions.

Wilderness First Responder training is recognized internationally as the industry standard for professional guides, trip leaders, outdoor educators and search and rescue members. The courses are accredited by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE). CAPCE accredits organizations that provide emergency medical services education. For



Students engage in wilderness medicine training exercises at the Mountain Humane animal shelter in Hailey, Idaho. Photo by Kelsea Harris-Capuanano

anyone spending extended time in the outdoors, the training is invaluable. Many outdoor enthusiasts and travelers are certified.

Cody Richmond, a 24-year-old born and raised in the Sun Valley area, worked towards his certification for a number of reasons — one being that he’s a river guide for a local Sun Valley company, Far and Away Adventures. It’s no secret that outdoor recreation was booming last summer, partly due to COVID-19. More people wanted to get outside, and that included river trips with Far and Away.

Along with changes in medical guidelines, companies like Far and Away had to figure out their own safety protocols for staff and clients. Richmond said, for Far and Away, that meant strict food preparation and serving rules, COVID-19 testing for incoming clients and intentionally booking more family trips where risks were lower.

Wilderness First Responder certification holders must recertify every two years. For some students, this was their first

recertification course. For others it was their tenth. Despite the variety of backgrounds, ages and experience levels, class looked a little different for everyone this year.

The two instructors, Holle and Susan Bentley, screened each student before they entered the classroom. Every morning they asked if they had experienced any COVID-19 symptoms or had been in contact with anyone who tested positive, and they followed that up by taking each student’s temperature.

During the course, students had to wear masks at all times, both inside and outside when working with each other. These trainings are scenario heavy, and participants practice skills like head-to-toe exams on each other. Contact is unavoidable.

Students wore gloves during any hands-on aspects of the training, and they sat just two people to a table and shared a bottle of hand sanitizer.

Bentley said there are other considerations, too, like finding the right space for the course. They needed a space big enough to physically distance when possible, but not too big, so instructors could speak comfortably with masks on. She said one of the courses she taught was in a gymnasium where she had to shout the whole time to be heard.

Bentley works as a neonatal nurse in Boise, Idaho, and teaches NOLS Wilderness Medicine courses on the side. She travels to teach and said that instructors defer to local guidelines if they’re stricter. But for the most part, the consistency of protocol has created a sense of stability. One thing she’s noticed is that everywhere she goes, the participants are safety-oriented and invested.

“The community is bought in; they have no problems following protocols and working to keep each other safe,” Bentley said.

The organization’s administration shut down the organization for nearly six months when the pandemic started. When instructors began teaching again, with an updated curriculum and protocol to keep both instructors and students safe, certification holders were backlogged.

Holle, a senior instructor at NOLS, the parent organization of its Wilderness Medicine offshoot, estimated that the organization was behind on recertifying a few thousand people.



ABOVE: Students engage in a wilderness medical exercise — splinting and securing a leg. Photo by Kelsea Harris-Capuanano

There was some flexibility. Many people who carried certifications like myself were given expiration extensions in light of the circumstances. But the backlog was apparent when I tried to sign up for a course in Wyoming and was waitlisted. Instructors opened an additional course in the same location, and it filled up within two days. The course I ended up attending in Idaho was also an extra addition to try and meet demand.

But as Bentley described, this was a “bought-in” community, one that was adapting quickly for the benefit of everyone. After CPR practice wrapped up around 7 p.m., we systematically cleaned the space — wiping down our mannequins, tables and chairs with bleach rags.

Welcome to the new normal.

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