

United States Antarctic Program COVID Posture and Collaboration

Overview

In advance of the 2022-23 austral summer season in Antarctica, the U.S. Antarctic Program (USAP) made the decision to begin transitioning our approach to managing COVID-19 as the virus evolved from pandemic to endemic. While extreme testing and quarantine postures were effective at keeping COVID out of USAP stations the previous two seasons, they were challenging for our deploying populations and for our mission execution. NSF's goal this season was to minimize bad outcomes of the virus in our deploying population. This included (among other actions) maintaining heightened physical qualifications, increasing medical support at our gateways and stations, and ensuring our capability for reliable medical evacuation throughout the summer season.

Ultimately, flexibility was important as on-station mitigations varied by location and spread of the virus in our population. Communication of the USAP COVID posture and infection rates was key as we worked closely with many international partners and most importantly our nearest neighbors on Ross Island at Scott Base.

This poster reviews the 2022-23 USAP season as well as the planned modifications in 2023-24.

2022-2023 Initial Season Approach

Deployment

- Enhanced PQ requirement*
- Commercial air transport to gateway
- 3-5 nights self-isolation in gateway with PCR or RAT testing
- Board flight or cruise to Antarctica

*includes vaccine requirement

On Continent

Recommended mask wearing and distancing for new arrivals (where feasible).

Manage cases in place as appropriate.

Critical care in secondary medical facility outside clinic.

Collaboration

Due to the relative co-location of Scott Base to McMurdo Station, the USAP worked closely with Antarctica New Zealand (AntNZ) on protocols for cross-station interactions.

USAP continued to provide our historical surge medical support.

USAP and AntNZ continued our standard approach to medivac support based on available airlift assets

Oct-Dec 2022

Required negative RAT within 72 hours of ice departure

Christchurch Testing

2203 RATs medically administered; 15 positives

McMurdo

Second positive reported on 17 October 22

Any symptomatic participants reported to Medical for PCR testing

Peaked at 13 new cases on 4 November 22

COVID SHIFT implemented 5 November 22

14-day pause on all inbound flights

Mandatory Masking

Field and Pole deployers 5-days McMurdo isolation and PCR testing

Jan-Feb 2023

Increased testing protocol:

Area of Departure Test (Supervised RAT): 257 tests, 4 positives

Christchurch PCR or two negative RATs (48 hours apart)

Christchurch Testing

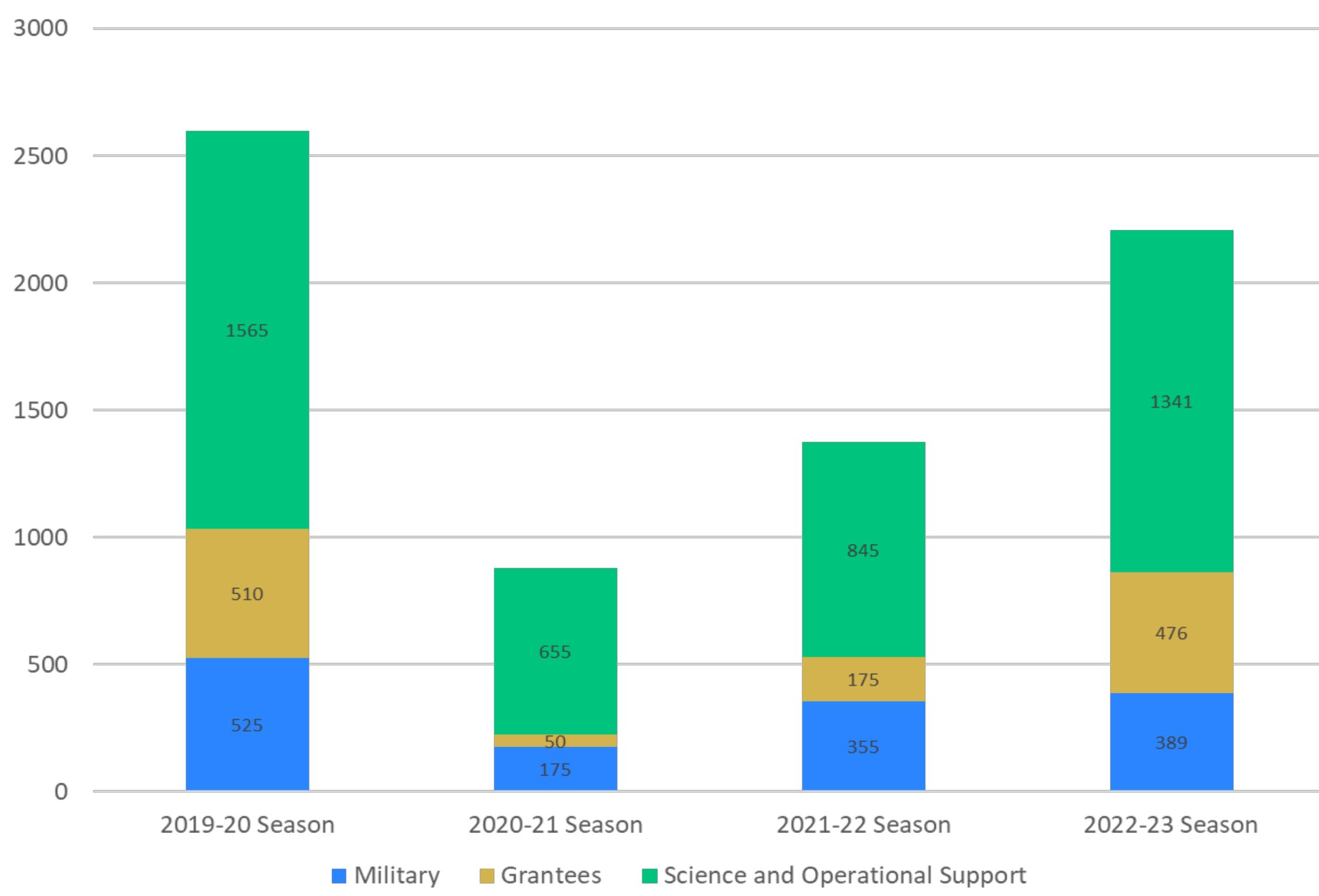
933 Total Tests, 19 positives (12 PCR, 7 RAT)

McMurdo

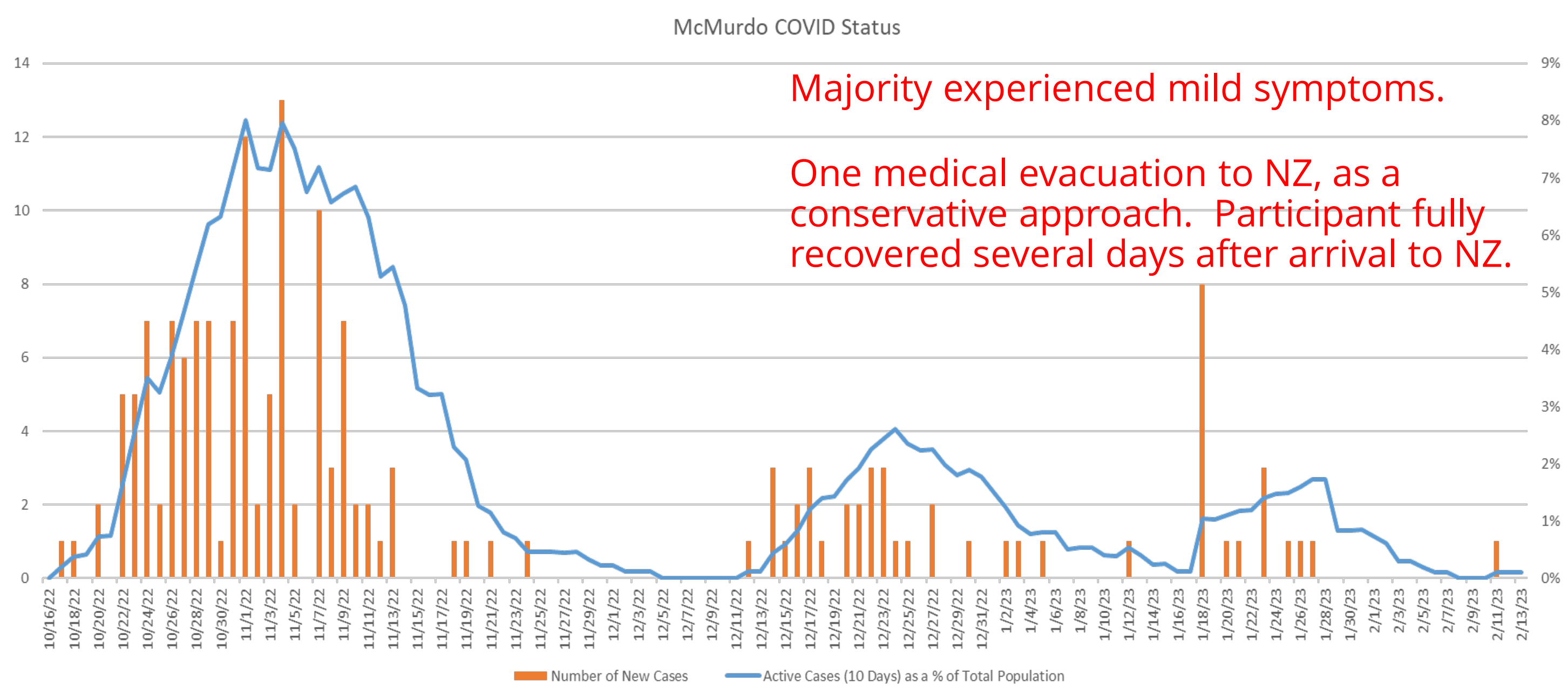
Total of 21 positives during this timeframe

Participants were able to self RAT and report positive result to Medical

Trying to get back to a "normal" deployment footprint



McMurdo 2022-23 COVID-19 Confirmed Cases

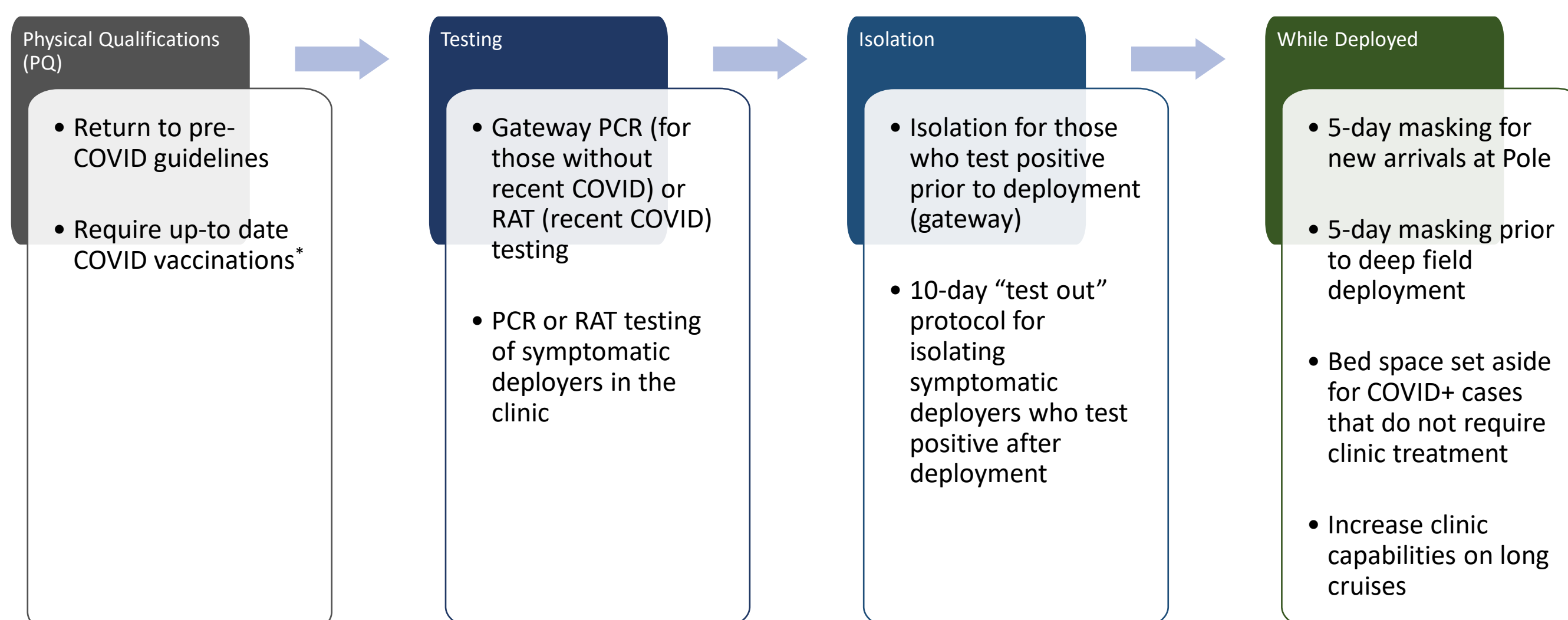


Looking forward: 2023-24 Plans

Community feedback required a different approach this season:



Goal: All severe COVID outcomes avoided.



Continue stressing COVID safety with all deployers.

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The United States Antarctic Program - COVID-19 Safety Pledge

I understand that maintaining safe and healthy community conditions is everyone's responsibility, including mine.

I WILL:

- call medical staff immediately if I have a fever or any other symptoms associated with COVID-19 (including cough, runny nose, sore throat, headache, chills, sore throat, shortness of breath, nausea, or vomiting).
- follow USAP and gateway government requirements while traveling to Antarctica and always follow the stricter requirement.
- wear my COVID-19 prevention personal protective equipment (PPE) and observe physical distancing as practical when required and report my co-workers to do the same.
- frequently wash and sanitize my hands at work, in my dorms and when in common areas.
- follow USAP station and vessel requirements while deployed.
- alert my supervisor if I cannot perform my work safely or if I observe unsafe conditions or behaviors.
- support others in my team and make every effort to be part of the solution as I recognize that this is a stressful and overwhelming time for many.

I understand COVID-19 is an easily spread infection that is believed to mainly spread three person-to-person contact. The United States Antarctic Program (USAP) has implemented reduced loads and safety measures, but we cannot guarantee that a visitor will not contract COVID-19 as a USAP participant. My risk of contracting COVID-19 may increase through required USAP travel and/or deployment to Antarctica. By deploying to Antarctica under the USAP, I understand and acknowledge the risks related to COVID-19 exposure.

For the latest CDC Guidance <https://www.cdc.gov/coronavirus/2019-ncov/>

I understand that breaking this pledge could be considered a Polar Code of Conduct violation. I acknowledge that while it may be challenging, I understand the consequences (and risk to those around me) of not upholding my pledge and I commit fully to the above actions.

The USAP Leadership appreciates your cooperation in doing your part to help reduce the spread of COVID-19.

Participant Name (printed): _____ Organization/Event: _____

Well defined approach for deviating from plan

Table 1: Risk Level Monitoring Criteria

Metric	Indicator	Responses	Authority
The specific circumstances of every COVID-related medical evacuation will be evaluated	Various causal factors, including those related to PQ screening are identified	Evaluate the need to modify any policies and procedures, including PQ guidelines (PQ Guidelines changes would be made in consultation with the USAP Medical Review Panel) Review the population for prevalence of those causal factors	NSF Safety and Occupational Health Officer with Concurrence from the OPP Director
The number of COVID-related medical evacuations	More than one urgent COVID-related medical evacuation in a two-week period	Consider pausing inbound deploying personnel until the cause is understood and additional mitigations have been considered	OPP Director
The occupancy of clinic beds	Reaches 75%	Establish additional bed space and deploy more medical staff	NSF Safety and Occupational Health Officer with Concurrence from the AIL Section Head
Positive cases in each cohort at the gateways	More than 5%	Remaining members of that cohort will be required to wear KN-95 masks for the first five days on vessel/station	Appropriate ASC Area Manager
Information from the World Health Organization and CDC	Information that suggests the emergence of higher risk strains or new co-morbidities that apply generally to the USAP population	Assess risk and determine appropriate actions, which may include activating a station drawdown to minimum levels for safe and stable occupancy	Recommended by the OPP Director and approved by the NSF Director

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