



COVID-19 Precautions Checklist

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MEDCOMM: NOTIFICATION

- To assure early capture of potential COVID-19 presumed or confirmed patients all request for transport will be screened. Any critically ill patient and any patient request with fever, cough/shortness of breath, pneumonia, severe respiratory compromise, cardiac, or GI bleed should be presumed COVID-19 until proven otherwise.
- Assure that alignment between referring and receiving clinicians as to PUI status has been achieved. If the call has been managed by a transfer center, they should be able to provide you with this information
- Contact Med Director if referring and receiving physicians are not in alignment for physician to physician consultation
- Notify Crew of potential Infectious Disease (ID) Patient
- Notify Receiving Facility that we transporting patient with potential ID patient with precautions.
- Crew develop plan for transport including PPE, protection of equipment, and review of SOP's with EMT/Pilot's as applicable.
- Use check lists for preparation



CREW PREPARATION PPE (USE SENDING FACILITY SUPPLY IF POSSIBLE)

- If patient on NIPV/BIPAP/CPAP or not oxygenating sufficiently at 6lpm nasal cannula, request referring hospital intubate patient for transport. Include LOM OLMC as required.
- Assure adequate PPE for all personnel required for transport including driver/pilot(s)
- Limit transport team to essential personnel
- Surgical mask for all patients.
- N95 Respirator
- Disposable Gown / Suit
- Gloves
- Eye Protection (goggles and face shield)
- Head protection
- Shoe protection
- Identify all equipment, packs, and supplies not anticipated for patient transport and store at home base or another secure site if practical. At a minimum, keep equipment/supplies not anticipated for use in their standard location and cover with plastic sheeting. A third option is to store the supplies/equipment within transport closed cabinets or outside of transport patient area if possible. However, if any equipment is moved within the Helicopter, close coordination with the Pilot is mandatory to ensure an accurate and thorough weight & balance is completed.
- Time out for all crew prior to patient contact to align roles, responsibilities, check equipment, and PPE.



(EMT/PILOTS) PATIENT LOADING/PRE-TRANSPORT PREPARATION

- If at all possible EMT's/ pilots to refrain from making patient contact including assisting with movement, carrying equipment, and loading or unloading of patients who are under isolation precautions, this will limit the opportunity for droplet exposure.
- If EMT's /pilots are required in the loading or unloading process and have direct patient contact (e.g., moving patients onto stretchers), they should wear all recommended PPE in accordance with clinical crew.
- EMT/Pilot stay with vehicle to maintain security.
- EMT/Pilot with respirator mask open doors and ready for patient loading
- Close all exterior doors (medical crew in full PPE cannot touch exterior vehicle surfaces) after patient loading
- If helping load: AFTER patient is loaded remove gloves, gown, goggles (**N95/mask remains on**), perform hand hygiene, close doors, perform hand hygiene to enter cab/cockpit

GCCT ONLY:

- Isolate front compartment. Sliding windows/ doors shall be closed at all times
- Exhaust fan must be turned on for transport , Driver compartment fan (heat/AC/vent) on normal (NO Max or recycle modes)

RW ONLY:

PIC reference attached don/doff procedure for helicopter loading/unloading

- Confirm gloves, hand sanitizer, N95, and red bio-hazard bag in PIC door
- Isolate front compartment. NVG Curtain shall be closed at all times and can be secured with metallic tape on the flexible curtains to maintain pilot isolation (still removable in case of an emergency).
- If any non-essential equipment is moved within the aircraft from it's standard location/configuration - a detailed Weight & Balance must be completed for each flight leg. Work closely with the medical crew to determine safest and most practical course of action.
- ECS system full on for the duration of the flight



FW ONLY:

PIC reference attached don/doff procedure for helicopter loading/unloading

- If helping load: AFTER patient is loaded remove gloves, gown, goggles (**N95/mask remains on**), perform hand hygiene, close doors, perform hand hygiene to enter cab/cockpit
- Fixed wing aircraft pilots should remove their PPE and use a hand sanitizer repeatedly in accordance with doffing guidelines when entering the cockpit from the cabin.
- The door partition between cockpit and cabin should then be closed during transport in order to minimize potential for exposure.
- Air flow moves naturally from front to back of KingAir aircraft during pressurization, which enhances safety for the pilots.
- Vent blowers within the aircraft cabin may be turned off to reduce cabin air re-circulation
- An N-95 mask shall be worn by the pilots during flight. When transiting back through a contaminated cabin and when assisting with patient unloading, pilots should again don PPE equivalent to what the medical crew is wearing.

TRANSPORT

- Medical crew continue full PPE
- All supplies are sealed in individual Ziplock bags for easier decontamination
- To reduce contamination of the equipment, only bring in the necessary equipment to the patient bedside. To do this, one AMC should enter the patient care area and assess the need while the second AMC selects and prepares the necessary equipment/medication outside the patient care area before he/she enters the patient care area
- Only family of pedi (<18) and geographic-isolated patients will be allowed to accompany patient. Must wear surgical mask. If person has any symptoms they cannot go on transport.
- For confirmed COVID-19, NO CPAP/HFNC/BiPAP
- All other patients must have surgical mask over nasal cannula.
- Notify receiving hospital via MedComm stating "isolation procedures are being utilized"
- Documentation of care should not be performed during transport in order to avoid contaminating the laptop. Consider leaving the laptop at the base for potential COVID-19 missions. Documentation should be deferred until after patient handover, doffing of PPE and all decontamination/showering complete



AFTER TRANSPORT

- No entry to ambulance or aircraft until full decontamination has been completed.
- Leave doors open to ventilate for 30 minutes
- For decon – Full PPE should be worn to include mask, gown, gloves and eye protection
- Disinfect rear of ambulance and stretcher with bleach spray solution and let set for wet time per manufacturers recommendations.
- For aircraft – disinfectant wipes should be used to wipe down all surfaces and wet time should be followed per manufacturers suggestion.
- Recommend using Isopropyl Alcohol individual wipes for decontaminating cockpit glass surfaces and NVG's. Do NOT use anti-bacterial wipes on NVG glass.
- Before removal of PPE, if “clean” person available, use their assistance to apply hand sanitizer to gloves before removing. Follow receiving hospital protocol.
- Dispose of PPE in accordance with routine procedures, perform hand hygiene
- Pilots: Aircraft will remain at patient drop-off location until decontamination procedure is complete.
- Decontaminate all patient care equipment and surfaces with antimicrobial wipes prior to departing receiving hospital, wearing disposable gown and gloves
- Document COVID section in EMSCHART transport # and names of personnel on transport
- Document specifically what PPE was worn on the PCR



RW PIC PPE Procedure

At shift start:

- Confirm gloves, hand sanitizer, Isopropyl Alcohol wipes, N95, and red biohazard bag in PIC door

At Referring Hospital:

- Upon arrival, PIC will stay at a/c
- PIC will put on his gloves, N95, and flight helmet prior to the crews return.
 - N95 mask remains on until patient is inside receiving hospital
 - Do not carry any of the medical bags (red, black, propaq, etc.) when leaving the hospital.
- Open crew and patient cabin doors prior to crew and patient arrival at the aircraft all patient compartment doors
 - Clinical crew is not to touch exterior door handles
- Step back 6ft and allow the clinical crew to load the patient and the medical bags into the aircraft (do not assist).
- After patient is loaded, PIC will close all the doors from the outside
- PIC will remove his gloves and place in biohazard bag, and sanitize his hands
 - PIC will enter the cockpit wearing N95 and helmet
- Check with clinical crew prior to engine start procedure (there is a longer process to put on their helmets with these patients)

At Receiving Hospital

- Prior exiting the cockpit, put on gloves
- Open crew and patient doors and step back 6ft
- Do not assist in removing the stretcher
- Do not touch any of the medical bags/equipment

After the patient is removed and inside receiving hospital:

- Open and leave ALL doors open for 30 minutes
- Remove gloves place in biohazard bag, and sanitize hands
- Don clean pair of gloves
- Remove helmet
- Remove N95 / place in biohazard bag
- Re-sanitize hands
- Don't enter aircraft
 - Wait for clinical crew to return before getting back into aircraft

After medical crew returns:

- Crew will clean a/c exterior handles
- Crew will clean a/c interior
- PIC will clean cockpit, flight controls and appropriate instrument surfaces
- PIC clean NVGs using Isopropyl Alcohol
- Doff PPE
- Sanitize hands



While wearing gloves, use hospital grade disinfectant wipes to wipe down cockpit—specifically the collective, cyclic, door handles and seat belts (let air dry). If wipe is overly saturated, please gently squeeze into container to remove excess liquid. Both the cockpit and patient compartment are to be disinfected by the team prior to leaving the receiving facility.

PPE considerations during RW transports/ Helmet Usage while utilizing PPE:

At sending in helicopter (*pilot will open all doors/do not touch aircraft exterior surfaces*)

- Secured patient/stretcher into aircraft→
- Secure all bags/mount all medical devices→
- First team member will remove their gloves →
- Carefully remove faceshield→
- Use hand sanitizer→
- Secure your helmet→
- Lower your clear visor→
- Put on gloves→
- Secure your seatbelt→
- Inform pilot you are ready for him/her to begin engine start procedure→
- Second team member completes the same process

Once landed at receiving (*pilot will close all doors/do not touch aircraft exterior surfaces*)

- First team member will unbuckle seat belt→
- Remove gloves→use hand sanitizer→
- Remove helmet→ Use hand sanitizer→
- Doff new face shield→
- Put gloves on→
- Second team member completes the same process

*Post transport, remember to disinfect helmets

