

## LOM Standard Operating Procedure for Infectious Respiratory Patients; COVID-19

V6 REVISED 6 April 2020 changes in red text

**Purpose:** to achieve application of operational infection control best practice recommendations by LifeFlight of Maine aviation and medical personnel. This document provides direction regarding transport of patients with suspected or confirmed COVID-19 infection.

- Referral diagnosis to LifeFlight care may be in addition to known or unknown PUI status.
- Use of standard precautions is to be used routinely.
- Presume all critically ill patients are potentially a PUI regardless of negative test status
- To optimize protection for us and our patients, be vigilant of each other to monitor and correct breaches of practice.

### **Patient Identification:**

1. For patients for whom MedComm receives a “direct” request for transport of a patient with severe respiratory symptomatology, MedComm will involve a Medical Director and the AOC to evaluate the clinical context of those patients who are identified as a “Patient Under Investigation” for COVID-19 infection either by the referring clinician, or upon arrival, by our LOM team
2. Ground transport will be the default mode unless patient has concomitant time critical diagnosis, e.g. stroke, STEMI, et.
3. For time-sensitive, geographically remote patients in either long distance or island patients, flight transport or deployment of the air-medical crew by aircraft to the referring hospital, with anticipated use of local EMS ground ambulance for transport, will be considered.

### **Transport:**

1. Only essential crew should perform any suspected or confirmed COVID-19 patient transports (i.e.: pilot(s)/driver, and 2 person LOM crew).
  - a. Orientees are NOT to participate, inclusive of any medical crew or aviation personnel.
2. Ground response will remain the mode of choice for patients confirmed by PCR test, or for whom Covid-19 testing has been initiated, or with risk factors suspicious for Covid-19 infection which include bilateral infiltrates on CXR, and

supportive lab values; a. Responses to off-shore locations and in special circumstances, will be evaluated on a case-specific basis by MedComm in conjunction with the AOC and a Medical Director.

3. The crew should attempt to determine which EMS and LOM equipment will be necessary and minimize exposure of all unnecessary equipment by using trash bags and placing it in closed or external compartments.
4. If possible, the cab of the ambulance should be closed to the patient care area.
  - a. The vehicle operator should continue to wear the N-95 mask throughout the transport but remove all other PPE prior to entering the cab and hands shall be sanitized.
  - b. The patient cabin ECS system should be run to cycle air through the filtration system.
  - c. Minimize as much as possible, the number of people that have direct contact with the patient or that enter the contaminated patient care area or that may handle any equipment.
5. Fixed wing and Rotor wing response will require that pilots adhere to the use of personal protective equipment and procedures as described in the Global Medical Response web-site: <https://www.globalmedicalresponse.com/coronavirus>.
6. An unscheduled rider will only be brought in a LOM vehicle if:
  - a. A patient is 18 years old or less;
  - b. Unscheduled riders shall wear surgical masks regardless of the patient diagnosis or presence of symptoms.
    - i. Ask the sending facility to provide the unscheduled rider with a surgical mask
  - c. If, upon arrival, the Crew deems it necessary to take an unscheduled rider.

### **Personal Protective Equipment:**

1. Regardless of COVID status:
  - a. **ALL patients** are to be provided and wear a surgical mask;
    - i. The mask can be placed over an NRB or patient receiving oxygen via NC.
  - b. **ALL patient encounters the medical crew** shall wear:
    - i. Surgical mask
    - ii. Goggles

2. It is crucial that the steps outlined below are followed for patient and provider protection, and for the prudent use and preservation of vital PPE supplies for the projected duration of this pandemic.
3. The N-95 face mask is the standard respiratory protection for use during critical care respiratory and airway care, and mechanical ventilation of **patients with confirmed or suspected COVID-19**. As per the CDC, <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>:
  - a. **If not damaged and not grossly contaminated**, the use of an N95 can be **extended for up to 8 hours** or **re-used a maximum of 5 times** whichever comes first, however, once used it is to be discarded at the end of shift. retained for use across a single shift but is **NOT to be retained for use for on subsequent shifts**.
    - i. The N-95 mask use can be prolonged by wearing a surgical mask/eyeshield combo over the N-95 mask.
    - ii. To facilitate N95 reuse, you will be supplied with a paper bag for storage and containment of the mask.
      1. Use caution when placing the mask in the bag and removing the mask from the bag.
      2. Wear gloves and do not contaminate the interior of the mask.
      3. Ensure safe and secure storage of the N95 containment bag.
  - b. Facial hair which prevents direct contact of the sealing surface of the mask with the face will not enable a proper seal.
    - i. No staff can have facial hair that interferes with the N-95 mask to skin seal.
  - c. All staff must have documented fit-testing or fit-check of N-95 masks on file, as per applicable employer requirements
4. Goggles – face shield alone is not sufficient
  - a. Personal eyewear is not sufficient protection
5. Gown or OR suit (bunny suit) for droplet precautions. This PPE can be worn over hospital or LOM scrubs or utility pants and t-shirt if transporting by ground or FW.
6. Gloves (double glove technique); the outer gloves should be changed when soiled or sanitized after working with suction or respiratory equipment, even if there is not visible contamination.

- a. Use hand sanitizer before and after taking off the inner layer.
7. Be mindful that meticulous attention to donning and doffing of PPE is required to optimize your protection.

**Decontamination;** requires FULL PPE to be worn.

1. Ground Vehicles and equipment:

a. As per MEMS Bulletin #2020-01-24-01U5: Novel Coronavirus (COVID-19) Pneumonia Update (March 18, 2020):

- i. After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles for at least 30 minutes.
- ii. To decontaminate the ambulance, any visibly soiled surface must first be cleaned using an EPA registered hospital disinfectant according to directions on the label.
- iii. Disinfect all potentially contaminated surfaces (e.g., stretcher, rails, control panels, floors, walls, and work surfaces) with an EPA-registered hospital disinfectant according to directions on the label.
- iv. Medical equipment (stethoscope, BP cuff, etc.) making patient contact should be disposable or cleaned and disinfected using appropriate disinfectants before use on another patient.

b. Post cleaning, **10-minute** air venting time for drying. This cannot be shortened and must be completed prior to restocking the ambulance.

2. Aircraft: decontamination to be completed in accordance to Global Medical Response procedure for Air and Ground Vehicle COVID-19 Decontamination: [https://www.globalmedicalresponse.com/getdoc/508f7791-0614-4ba7-8b61-d72b5c701492/GMR-Air-and-Ground-Vehicle-COVID-19-Decon\\_3-19-20.aspx](https://www.globalmedicalresponse.com/getdoc/508f7791-0614-4ba7-8b61-d72b5c701492/GMR-Air-and-Ground-Vehicle-COVID-19-Decon_3-19-20.aspx)

a. Bleach spray cannot be used to clean the inside of any aircraft and wipes should be used.

3. Decontamination solution: a bleach solution can be used for the back of the ambulance and stretcher and should be utilized to leave the wipes for equipment to preserve the wipes.

a. As per CDC: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning->

[disinfection.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fcleaning-disinfection.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html)

- b. Diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
  - i. 5 tablespoons (1/3rd cup) bleach per gallon of water or
  - ii. 4 teaspoons bleach per quart of water

**Laundering of clothing:** options for laundering clothing are available from each base. Contact the respective CBM for guidance.

- The turn-around time for laundering may be several days, so plan additional uniform and clothing items for the interim. If you feel you need any additional uniform clothing supply contact your CBM.

We must all be committed to accessing credible health care information sites to remain aware of the most contemporary guidance and recommendations. We will provide updates and adjust recommendations based on new knowledge as soon as it is known and validated. We remain in constant contact with MeCDC, MEMS, and each of our parent Infectious Disease Control programs. We encourage all colleagues to avail themselves of resources available through the CDC and Maine EMS. The information as provided by Global Medical Response, at <https://www.globalmedicalresponse.com/coronavirus>, is particularly comprehensive and relevant to our practice and operations.

This is a rapidly evolving situation globally and new science and knowledge is being gained daily. This dynamic activity creates uncertainty, and it is normal that you, and your loved ones, have concerns and questions. If you or your loved ones have questions, concerns, comments, or if you simply wish to talk about any recommendations at greater depth, please let us know. The only problem with questions, are with those questions that are not asked. Each of us is committed to remaining informed and available to each of you.

Sincerely,

Norm Dinerman, M.D.    Pete Tilney, DO    Kelly Klein, M.D.    Amber Richards, M.D.  
Tom Judge, CEO    Corey Banks, COO    Chuck Hogan, DCO    Dave White, CBM  
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