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

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**Purpose:** to achieve application of operational infection control best practice recommendations by LifeFlight of Maine aviation and medical personnel in the care and transport of highly infectious disease patients. 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 or Covid Positive 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:**

For patients for whom MedComm receives a “direct” request for transport of a patient with severe respiratory symptomatology or other critical illness or injury diagnosis, alert crews per normal procedure.

To assure early capture of potential COVID-19 presumed or confirmed patients, all requests for transport will be screened. Any critically ill patient and any patient 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

**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 with orientee as applicable.)
2. 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, clinical presentation and supportive lab values, crews should evaluate whether ISOPOD is appropriate and reconfigure aircraft for ISOPOD and equipment isolation as needed.

3. Crews should pause and use checklists for vehicle and PPE preparation.

4. 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.

5. An unscheduled passenger will only be brought in a LOM vehicle if:
   a. A patient is 18 years old or less;
   b. Screening checklist has been completed.
      i. Surgical masks are worn by unscheduled passengers regardless of the patient diagnosis or presence of symptoms
      ii. Ask the sending facility to provide the unscheduled passenger with a surgical mask
   c. Upon arrival, the Crew deems it necessary to take an unscheduled passenger.
   d. If it is necessary for law enforcement personnel to accompany patient

**Personal Protective Equipment:**

1. Regardless of COVID status:
   a. For ALL patient encounters the medical crew shall wear as a minimum:
      i. N95 mask (or ENVO mask equivalent to N95 protection)
      ii. Goggles
      iii. Gloves
   b. For ALL critical patients requiring or potentially in need of any aerosol generating procedure (AGP) the medical crew shall wear as a minimum:
      i. N95 mask with goggles and face shield
      ii. Tyvek suit or gown
      iii. Head covering - optional
      iv. Shoe covering - optional
      v. Double Gloves
   c. ALL patients are to be provided and wear a surgical mask;
      i. The mask can be placed over an NRB oxygen via NC.
      ii. Transport of a HID patient on BIPAP or CPAP is discouraged and requires input of a Medical Director for transport.
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. It may be retained for use across a single shift but is NOT to be retained for use on subsequent shifts.
   
   i. The N-95 mask use can be prolonged by wearing a surgical mask 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.

   iii. No staff can have facial hair that interferes with the N-95 mask-to-skin seal.

   b. All staff must have documented fit-testing or fit-check of N-95 masks on file, as per applicable employer requirements

4. Goggles - neither face shield alone, nor personal eyewear is sufficient

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.
Post Transport Decontamination - requires FULL PPE to be worn.

1. Ground Vehicles and equipment per check list.
      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.

   a. Bleach spray cannot be used to clean the inside of any aircraft and wipes should be used.
   b. Only use isopropyl alcohol (70-95%) to clean aircraft windows and NVG glass

3. Decontamination solution: a bleach solution should be used for the back of the ambulance and stretcher. Use the wipes for equipment to preserve the supply.
   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 beyond 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 in 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 ME CDC, 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](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 questions, are those 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  Chuck Hogan, DCO  Dave White, CBM Carl Zenk, CBM