

## Coronavirus Update

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**Issued To:** **All Air Methods Clinicians**

**Response Type:**  Critical – requires an immediate response or action

Non-critical – does not require an immediate response

**Location:** Air Methods Bulletins are posted on FlightDeck > Resources > Corp Pubs > Air Methods Bulletins.

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We continue to closely monitor the CDC and WHO website for updated information regarding the Coronavirus (COVID-19). The following information covers current guidance for protection and disinfection of the aircraft, should we be called to care for a patient that has the potential or a confirmed case of the Coronavirus virus.

## Patient Assessment

- If Aircom advises that the patient is suspected of having COVID-19, AMC clinicians should put on appropriate PPE before coming in close contact with the patient. Clinicians should consider the signs, symptoms, and risk factors of COVID-19. For additional information: (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for COVID-19 has not been provided by AirCom, AMC clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, AMC clinicians should still follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.

## **Recommended Personal Protective Equipment (PPE)**

- AMC clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment (Aviators, 3<sup>rd</sup> riders, etc.) in close proximity to the patient should follow standard contact, and airborne precautions, including the use of eye protection. Recommended PPE includes:
  - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,
  - Disposable isolation gown
  - Respiratory protection – N95 mask
  - Eye protection (i.e., goggles, or disposable face shield that fully covers the front and sides of the face).
- Pilots and/or Ambulance Attendants (if ground transport is utilized), any actions that would be considered direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver/pilot should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
  - If the transport vehicle does **not** have an isolated driver's compartment, the driver/pilot should remove the face shield or goggles, gown and gloves and perform hand hygiene. A N95 Mask should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, AMC clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

## **Precautions for Aerosol-Generating Procedures**

- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- In addition to the PPE described above, AMC clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR) is necessary).
  - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
  - Appropriate filtration capability should be utilized on positive-pressure ventilation.

## **CDC recommendations regarding disinfection of the transport vehicles after transporting a Patient with a potential or confirmed COVID-19 (Coronavirus)**

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transport:

- After transporting the patient, leave the doors of the aircraft open to allow for sufficient air changes to remove potentially infectious particles.
- Per CDC guidance, the time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes. (Flight time from patient pick up and time to document the patient record = time needed to appropriately aerate the aircraft)
- When cleaning the vehicle, clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the aircraft.
- Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 (the virus that causes COVID-19). Clean and disinfect the aircraft in accordance with standard operating procedures after following the procedures listed above. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using Sanizide as a disinfectant.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.
- Medical waste (trash) coming from these transports with potential COVID-2019 patients is no different than waste coming from transports without COVID-19 patients. CDC's guidance states that management of laundry, and medical waste should be performed in accordance with routine procedures. There is no evidence to suggest that medical waste needs any additional disinfection.
- For disinfection, we will continue to use Sanizide-Plus or equivalent germicidal if approved by the EPA. Safetec's SaniZide Pro 1 is a broad spectrum, EPA Registered surface disinfectant that combines cleaning and disinfecting in one simple step with its ready-to-use, alcohol-based hospital-grade formula. SaniZide has a one-minute kill claim that is effective against 48 microorganisms, **including Coronavirus**, and safe for repeated use on hard, non-porous surfaces.

**Required Notifications:**

After transport of a suspected Coronavirus patient, all clinical teammates are required to notify the Clinical Director, and Base Maintainer. The pilot should always be notified as soon as clinicians become aware. Additionally Patient Safety should be advised of the transport.

Updated information about COVID-19 may be accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Infection prevention and control recommendations can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. Additional information for healthcare personnel can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.