

COVID-19 FREQUENTLY ASKED QUESTIONS

VERSIONS:

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Information and Updates

Where do I find the most current information regarding the GMR response and associated guidelines?

Our single source of truth is the globalmedicalresponse.com/coronavirus website. This site contains information about:

- GMR air and ground vehicle decontamination procedures
- Approved cleaners and disinfectants
- Facility and uniform cleaning and decontamination guidance
- Clinical practices
- Updates from the GMR Command Team

What is the process for supervisors referring employees for COVID testing?

If the NNL refers someone to local evaluation and testing, the availability of local assessment varies by community, but the best approach is:

- Local physician or medical group/practice
- Urgent care/clinic set up for evaluation/testing
- Public Health

Decontamination of Vehicles (Air and Ground)

How should I decontaminate my ground vehicle?

The globalmedicalresponse.com/coronavirus website contains guidance on accepted practices and approved products for post-transport decontamination of ground vehicles. Vehicles are cleaned in accordance with these guidelines. This guidance is consistent with current CDC recommendations.

Should I decontaminate the aircraft or ground unit at the receiving facility?

Yes. [GMR's Air and Ground Vehicle Decontamination procedures](#) specifically require that an aircraft or ambulance receive decontamination after the patient transfer at the receiving facility. This would mean that after the patient is unloaded, and transferred to the ambulance, the aircraft or ground unit is decontaminated after it has been aired out, and before another flight or response.

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What if there are other aircraft inbound?

Following [GMR's Air and Vehicle Decontamination procedures](#), the PIC may elect to reposition the aircraft, in this scenario the PIC would continue wearing the PPE he used for the transport. It is NOT appropriate to enter a contaminated aircraft for a return to base flight prior to decontaminating the aircraft.

Can I use a different product other than Vital Oxide?

[GMR's Air and Ground Vehicle decontamination procedures](#) contain a list of approved decontamination materials and supplies. To include alcohol preparations for avionics equipment in aircraft (Bleach solutions ARE NOT approved for use in aircraft). At times as supply and demand fluctuate, you may receive a substitute, which is approved by GMR logistics. If there is ever a question about a specific chemical or supply received that you are unfamiliar with, refer back to the guidance and then your supervisor. Vital Oxide is not required for standard "wipe down" decontamination and is only used for non-aviation fogging units.

When do I have to fog the ambulances?

[GMR's Aircraft and Vehicle Decontamination procedures](#) indicate that the use of a fogger unit is a supplement for ground units only, not a replacement for our standard approved procedures. The recommended frequency is once per shift for units exposed to infectious patients. However, this recommendation is dependent on the fleet size and fogger/Vital Oxide availability to that business unit.

If GMR ground is using foggers to disinfect their ambulances, why can't air?

The use of the fogger units for air operations has been suspended for decontamination. During initial testing, it was found that conditions such as temperature, humidity and cabin size created many variances in the application process and any error could cause serious damage to sensitive avionics and electronics. The fogger units do not replace the basic standard decontamination procedures that have been in-place for some length of time, before COVID-19 emerged.

Can we transfer patients from ground ambulances to air ambulances in the hangar?

If your patient is intubated or has a surgical mask in place and those staff engaged in the treatment and transport are utilizing appropriate PPE, the risk of cross-contamination is minimal. However, local operations should consider what is most appropriate for their particular environment.

Can we drape a sheet over our baggage and equipment to protect them?

Unsecure sheets, blankets or other items pose a FOD hazard and should be avoided. Cases have occurred where these items departed through a window or open-door during take-off/landing or flight phases. Your patient should have a mask in place if not

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intubated. If, during aerosolizing procedures equipment or bags are contaminated they should be decontaminated in accordance with GMR guidelines.

Can we transport a COVID-19 patient in the helicopters?

Since the inception of Helicopter Air Ambulance services, our industry has transported thousands of patients with infectious pathogens (TB, Meningitis, Flu, SARS, MERS, etc.) it's what we do. Both GMR Medicine and Safety have reviewed and vetted procedures that allow for the safe flight of these patients. Additionally, we are in constant contact with our HAA industry peers and subject matter experts and will continue to monitor emerging best practices.

Personal Protective Equipment (PPE)

Can the pilot continue to assist with patient loading if needed?

Yes. If required to assist in patient movement, after completing patient contact and before entering the cockpit, the pilot should remove and dispose of PPE (except for the N95 mask).

Should I change my uniforms after each transport?

While this can be a personal decision, current CDC guidance does not call for the routine changing of uniforms after each transport. However, if you were not wearing a gown and were exposed (i.e. infected droplets came into contact with your clothing) to droplets or other infectious material, changing your uniform would be appropriate.

Can clinical staff on the fixed wing, rotor wing or ground ambulances wear half facepiece APR or PAPR instead of disposable N95 respirators?

Utilizing the most current guidance from the CDC, GMR continues to support the use of recommended PPE (gloves, gowns, N-95, and eye protection). Recent research shows that PAPR's and half-piece APR's are in extreme shortage. Additionally, the use of PAPR's in both ground and air vehicles presents risks not associated with traditional approaches. We will continue to monitor all applicable authorities on this issue.

What do we do when we run out of PPEs?

GMR has published revised [PPE guidance](#) that is meant to extend our valuable PPE resources this guidance includes:

1. Using the N95 for at least five patient contacts and only discarding if:
 - a. Mask is damaged
 - b. Engaged in aerosolizing procedures
 - c. Mask is visibly soiled
 - d. Can no longer breathe through mask

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2. Surgical facemasks are an acceptable alternative until the supply chain is stabilized. N95 or higher respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
3. Eye protection, gown and gloves continue to be recommended. However, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
4. GMR continues to source approved PPE from around the world to maintain a sustainable supply. However, it is important that we take prudent steps to decrease waste while maintaining the highest safety margins for our providers.

What should I do when my patient continues to pull their mask down to cough?

First and foremost, ensure that all providers, drivers or pilots within 6 feet of the patient are utilizing appropriate PPE. Second, encourage the patient to not remove his or her surgical mask.

Can I use a homemade mask instead of a surgical mask or to cover my N95?

No. Recent studies have shown an increase in infection rates associated with the use of homemade masks. GMR continues to source and provide PPE to all of our providers and evaluates these items to ensure they will protect the user in accordance with CDC guidelines.

Can I cover my patients head with a sheet, poncho or other material when I intubate or perform airway procedures in the helicopter?

No. The risk of a sheet, poncho or other material being sucked through a window or open door and into the rotor system is too great.