

GMR AIR OPERATIONS: COVID-19 GUIDELINES FOR PILOTS

The purpose of this document is to provide guidance for all GMR Air Operations in the preparation and continued response to the 2019 Novel Coronavirus (COVID-19). The Guidelines are intended to provide current approaches and practices adopted by GMR.

The GMR Guidelines are based on the information promulgated by the Centers for Disease Control & Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>), which are based on available scientific evidence, operational best practices and expert consensus. GMR Air Operations entities should use these Guidelines for preparation and response.

As with any rapidly changing public health event, it is vitally important to remain vigilant and connected with a “Single Source of Truth” that provides contemporary information based on the best available evidence. As such, the Guidelines will be version controlled (the Guidelines will be dated with the most recent version) and notification provided when changes are recommended. The most current version of this document will be posted at www.globalmedicalresponse.com/coronavirus

Frequently Asked Questions

What is COVID-19?

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS, SARS, and now with this new virus (named COVID 19).

How is COVID-19 Transmitted?

The virus spreads from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Placing a mask on the patient is an effective means of stopping these droplets.

Can someone spread the virus without being sick?

- People are thought to be most contagious when they are most symptomatic (the sickest).
- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

Can COVID-19 be spread from contact with contaminated surfaces or objects?

- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
- GMR has produced facility and uniform cleaning, and disinfectant guidelines that are based upon current CDC recommended practices www.globalmedicalresponse.com/coronavirus

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How Do I Protect Myself?

One of the most critical components of preventing infection and the spread of disease is the appropriate use of Personal Protective Equipment (PPE). Based on all available evidence to date and the current CDC recommendation, pilots involved in the transport of a known or suspected patient with COVID-19 infection will follow Standard, Contact, and Airborne Precautions in accordance with organizational policy.

It is advisable that pilots refrain from making patient contact including assisting with movement and loading of patients under isolation precautions; this will ensure that limited opportunity for droplet exposure exists. However, if 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 organizational policy and federal guidelines (See bolded bullet point below).

- A single pair of disposable patient examination gloves
- Disposable isolation gown¹
- Respiratory protection (N-95 or higher-level respirator)²
- Eye protection that protects against droplets (i.e., if the patient coughed the protection would prevent the droplets from entering the eyes). Helmet visors are appropriate.
- Pilot may consider closing NVG curtains (however, the risk is low to the pilot when the patient is intubated or wearing a mask, and the pilot is also wearing an N-95).
- **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).**

Our Rationale

Transporting sick patients to a higher level of care is what we do. Often times, the patient's illness is caused by an infectious disease. In fact, flight teams have literally flown thousands of patients with infectious diseases such as Tuberculosis, Meningitis, HIV, and secondary acute illness associated with flu; it's what we do.

As pilots you are each aware of the hazards and associated risks. They are inherent in the job you were called to perform, and together we have done much to mitigate these risks through thoughtful and targeted risk controls that include NVG, autopilots, helmets and nomex.

As the COVID-19 virus continues to move through our nation, we are called once again to transport patients in need. We know that with COVID-19, there is a great deal of misinformation out there and much that we are still unclear about related to this virus, evidenced by how rapidly it is evolving. Like the town hall meetings, we have held for all employees, we are trying to keep you as informed as possible to enable you to have information and understand the situation. As noted above, when we

¹ If the patient is intubated or has a mask in place, the risk of not wearing a gown is low. If a gown is used it must be removed before entering the cockpit.

² Must not have any facial hair or stubble between N-95 seal and face.

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perceive a hazard in our environments, we determine the risk and we develop appropriate mitigation controls. Our current situation is no different.

We have approached and instituted controls for the risk associated with the treatment and transport of infectious patients much in the same way that we mitigated the risk of flying at night (NVG's), IIMC occurrence (Autopilots) and post-crash fire (crash resistant fuel cells and Nomex Flight suits). Specifically, the safety and risk departments, as well as the GMR Chief Medical Officer have categorized COVID-19 patients to be within the acceptable level of risk associated with all other infectious disease patients – assuming you have been trained and equipped to do so.

We have numerous operational elements that reduce these risks, we have PPE that is proven to be effective in protecting against the transmission of infectious disease, and we have cleaners and disinfectants in place to ensure a safe work environment. Our Nurse Navigation Line (NNL) clinical professionals are available to screen and provide support for all of our providers; whether involved the transports of a known COVID-19 patient, a patient whom we suspect after interact may be COVID +, and even for employees that feel they may have interacted with someone in the community. The NNL clinical professionals are here to help.

It is our desire to ensure that you are fit for duty and have the appropriate training and PPE to manage these patients. If you feel you are not adequately prepared, then notify your supervisor immediately so they can take the necessary steps to ensure you are prepared to serve this patient population – before the phone rings. We have the weight of GMR resources to support our front-line personnel and serve this patient population along with everyone else.

At the end of the day, the risk associated with the treatment and transport of a COVID-19 patient does not exceed the risk associated with any other infectious patient that we routinely come in contact with. It is certainly not higher than the risk each of you assume when you leave the ground, it's what we do. If you have current concerns or are asked to respond for a transport and have questions about how to mitigate this risk further, please contact your immediate flight operations supervisor.

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