

Airlift Northwest Transport of Known or Suspected COVID-19 Patients

Airlift Northwest aims to provide consistent, reliable, and safe airborne critical care of the severely sick and injured. As always, safety for our teams and patients is of paramount concern. With this in mind, additional precautions will be taken in safely transporting any individual where COVID-19 has not yet been ruled-out.

As infection with SARS-CoV-2 has become widespread, including individuals who have not presented symptoms, a baseline level of precaution is taken for every patient encounter.

Transport:

- You might expect the transport team will take special respiratory precautions for patients:
 - Who have tested positive for COVID-19 within infectious window
 - Reliant on specialty devices, such as Impella, IABP, ECMO, etc.
 - Presenting with fever, respiratory illness, cough, shortness of breath, unexplained coagulopathies, or any other concerning clinical finding corresponding to a COVID-19 infection
 - Intubated and on a ventilator, where COVID-19 has not been ruled-out by a PCR nasal swab test
 - Expected to needing advanced or invasive airway intervention or other aerosol-generating procedure (AGP) during transport
 - Currently on non-invasive ventilatory support, including CPAP, BiPAP, and HFNC
 - With unknown COVID status or where index of suspicion suggests a higher level of protection is indicated.
- Personal items may be accommodated but generally will be discouraged in order to simplify decontamination of the aircraft following transport.
- Riders may be considered on a case-by-case basis, but generally discouraged if an alternate means of transport can be arranged.
 - Riders will wear face coverings at all times during transport, be asked to sanitize their hands before and during transport, and asked to refrain from touching their face.

Patient Care:

- Source control will be practiced with all patients – those not intubated or on NIV will be asked to have a face covering, if not contraindicated by their condition. If they are unable to wear one, our team will take additional personal precautions.
- Non-rebreather masks are the preferred method of supplemental oxygen delivery. Surgical masks should be placed over any oxygen delivery device to limit aerosolization into the cabin.
- If on a ventilator, the team will practice “minimal disconnect procedures”, ensure adequate sedation/paralysis, and clamp the ET tube for transitioning circuits. In-line suction is preferred.
- Vent tubing filters are placed as proximal to the patient as possible.
- While non-invasive ventilation may be continued for transport for any age, for patients above the age of 17, this will be considered on a case-by-case basis. Alternatives may include ground transport of the patient, and temporary discontinuation of the NIV in exchange for high-flow oxygen or in some cases, intubation.

Please contact David Manley, Airlift Northwest Safety Officer at: dman17@uw.edu



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