

COVID-19: Aeromedical transfer of patients¹

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This document outlines infection prevention precautions when managing patients with confirmed (or probable) COVID-19 infection, or who meets the clinical and higher index of suspicion (HIS) criteria, requiring transportation by rotary or fixed wing aircraft.

See the **case definition** for further information about the HIS criteria.

Precautions for aeromedical crew

On the ground:

- place a surgical mask on the patient (if tolerated)
- remove unnecessary equipment from the aircraft
- as a minimum, aeromedical crew should wear:
 - a single use surgical mask
 - long-sleeved fluid-resistant disposable gown/overalls
 - single use disposable gloves and eye protection (goggles or face shield NB; Prescription glasses are not classed as eye protection).
- crew in close contact with patients requiring airway management or aerosol generating procedures² should wear a P2/N95 respirator, that has been fit-checked, and other personal protective equipment (PPE) as above³
- intubated patients: in patients with closed circuit ventilation the risk of aerosol transmission is negligible and the P2/N95 respirator can be exchanged for a surgical mask.

In the air:

- crew who remain in close contact with the patient should continue to wear PPE as above
- an aircraft blind should be fitted for both rotary and fixed wing aircraft if this is available
- if the cockpit can be isolated through use of an aircraft blind, once pilots are in the cockpit, masks and other PPE can be removed– follow correct sequence of removing PPE guidance and hand hygiene measures. Dispose of used PPE in line with aeromedical clinical waste procedures
- if no aircraft blind is fitted and the patient is not ventilated:
 - if there is less than one metre between the patient's face and the cockpit, the pilots should wear a surgical mask and adhere to good hand hygiene practices
 - if there is greater than one metre between the patient's face and the cockpit the pilots can remove their mask and should adhere to good hand hygiene.⁴

¹ Adapted from Australian Government advice [health.gov.au/resources/publications/coronavirus-covid-19-information-for-aeromedical-retrieval-of-patients](https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-aeromedical-retrieval-of-patients)

² Aerosol generating procedures include tracheal intubation, non-invasive ventilation, tracheostomy, bronchoscopy, manual ventilation, sputum induction, high flow nasal oxygen, cardiopulmonary resuscitation.

³ Staff should be trained and education on how to put on and take off PPE including the difference in the use and fitting of a P2/N95 mask.

⁴ High touch surfaces may be contaminated by staff wearing PPE; the distance between the patient and the cockpit is irrelevant in this setting as any risk is from direct contact with surfaces rather than droplets.

- intubated patients: in patients with closed circuit ventilation the pilots can remove their masks and should perform good hand hygiene⁴ once in the cockpit
- air conditioning (if applicable) should be selected in non-recirculating mode
- fixed-wing pressurised aircraft: if available, aircraft recirculation should be deselected
- if cabin air recirculation is selected, then HEPA filtration is preferred; aircraft ventilation should remain on at all times during transport, including during ground delays.

Using PPE

Put PPE on in the following order:

- long sleeved fluid resistant, disposable gown/overalls
- surgical or P2/N95 mask respirator or (see note re use of P2/N95 vs surgical mask above)
- eye protection (goggles or a face shield)
- gloves which should be pulled over the cuffs of the gown/overalls.

While using PPE:

- change gloves as soon as feasible if they become torn or soiled, performing hand hygiene after removing gloves
- change gown/overalls as soon as feasible if it becomes soiled, performing hand hygiene after removing gown/overalls.
- change masks when they become soiled or damp.

Remove PPE in the following order:

- gloves and gown/overalls, being careful to avoid contaminating clothing
- perform hand hygiene
- remove the goggles/face shield
- perform hand hygiene
- remove the mask being careful not to touch the front of the mask
- perform hand hygiene to elbows
- hand hygiene may be performed using either soap and water or alcohol-based hand rub
- dispose PPE in clinical waste either at the receiving unit or at the aeromedical base
- no change in clothing worn under PPE is required unless that clothing has become contaminated.

NOTE: PPE will need to be worn by crew inside the aircraft until the disinfection process is complete (eg, if the aircraft is returning to base to be disinfected, the crew should wear PPE on the trip back to the base).

Aircraft equipment and cleaning

Procedures already in place for aircraft and equipment cleaning following transport of a patient with an infectious illness such as influenza are sufficient.

Following cleaning and disinfection the aircraft is 'good to go' once all surfaces are dry. Leaving the aircraft doors open for 30-60 minutes or placing an air dehumidifier in the aircraft to aid the drying of surfaces is not routinely required but may enhance the disinfection process.

The use of disposable equipment where possible is preferred.