

2020-10-29

Link to Shared Health COVID-19 Screening Tool: <https://sharedhealthmb.ca/covid19/screening-tool>

Passenger must be evaluated for symptoms (as defined in the Shared Health Screening tool (see above link) within **12 hours** of the expected chartered flight time
Note: COVID positive passengers only require a medical evaluation if symptomatic

No Symptoms

Symptoms

Passenger must have a medical evaluation performed (as per **APPENDIX 1 or 2**) within **12 hours** of the expected chartered flight time

All Criteria **NOT MET**

All Criteria Met

Passenger is not safe for charter -
 Transfer to be arranged via **MEDIVAC**

Cohort of Passengers (as per **APPENDIX 3**)

Ground and Air Transport (as per **APPENDIX 4**)

Note:

1. The nurse in charge (or designate in the community) will be the single point of contact between the airline and the community to coordinate passenger and aircraft arrival times, and should be clearly identified when the charter request is made.
2. The airline is not responsible for transport arrangements for passengers from home/health center to the airport.

APPENDIX 1:**Adult Evaluation Criteria to Determine Fitness for a Passenger to Travel on a Charter Flight**

1. Individual is capable of being seated in a standard aircraft seat (i.e. Not stretcher bound)
2. Objective Criteria (MUST HAVE ALL):
 - RR >12 and <22
 - SpO₂ ≥ 95% on room air
 - No dyspnea or desaturation below 95% with mild exertion
 - Systolic BP >90
 - HR >50 and <110
 - GCS 15
3. Subjective Criteria (MUST HAVE ALL):
 - No respiratory accessory muscle use at rest or with mild exertion
 - Patient appears subjectively well to health care provider
 - No additional concerns are identified by health care provider
 - Individual is advised to contact health care facility if any changes in symptoms occur prior to charter flight, which mandates a repeat medical evaluation

APPENDIX 2:**Pediatric Evaluation Criteria to Determine Fitness for a Passenger to Travel on a Charter Flight**

1. Child is capable of being seated in a standard aircraft seat if ≥ 2 years old; **OR** can be held by an adult passenger if < 2 years old.
2. Objective Criteria (MUST HAVE ALL) :

Age	Heart Rate	Respiratory Rate
0 to < 3 months	110-160	35-55
3 to < 6 months	120-160	30-50
6 to < 12 months	110-150	30-50
1 to < 4 years	85-140	20-45
4 to < 10 years	70-115	17-27
≥ 10 years	60-100	13-22

Age	Systolic BP
0 to 28 days	> 60
29 days to < 12 months	> 70
1 to ≤ 10 years	$> 70 + (\text{age in years} \times 2)$
> 10 years	> 90

3. Subjective Criteria (MUST HAVE ALL):
 - Child is alert and appropriately responsive to environment
 - No respiratory accessory muscle use at rest
 - Extremities are warm and capillary refill is less than 2 seconds
 - Individual appears subjectively well to health care provider
 - No additional concerns are expressed by health care provider or child's caregiver
 - Child's caregiver is advised to contact health care facility if any changes in symptoms occur prior to charter flight, which mandates a repeat medical evaluation

APPENDIX 3: Cohort Guidelines for Safe Transport of Passengers on a Charter Flight

Cohort	Criteria
RED	Confirmed COVID-19 positive
YELLOW	<ul style="list-style-type: none">• Symptomatic close contact, POCT negative• Symptomatic, not a close contact, POCT negative• Symptomatic individual regardless of contact status, not tested or test pending
BLUE	Asymptomatic close contacts
GREEN	Asymptomatic non-close contacts

NOTES

1. Medical Masks must be worn by all passengers throughout the duration of transport.
2. An “isolation unit” is considered to be one Group/Family/Household that will be staying together in the same room at the AIA Centre.
3. Wherever feasible, it is desirable to keep the members of an isolation unit together for the duration of the ground and air transport.
4. **Red** passengers from the same or different isolation units can be combined on the same aircraft without the requirement to socially distance.
5. **Red**, **Yellow**, and/or **Blue** passengers from the same isolation unit can be combined on the same aircraft. In this circumstance, the aircraft will be dedicated to that single isolation unit only.
6. **Yellow** and/or **Blue** passengers from the same or different isolation units can be combined on the same aircraft. In this circumstance, individuals from the same isolation unit can sit immediately next to each other, but different isolation units must be separated by 2 metres.
7. **Green** passengers from the same or different isolation units can be combined on the same dedicated aircraft (without any passengers from the **Red**, **Yellow** or **Blue** cohorts). In this circumstance, individuals from the same isolation unit can sit immediately next to each other, but different isolation units must be separated by a minimum 2 metres.

APPENDIX 4: Personal Protective Equipment (PPE) Guidelines for Ground and Air Transport

1. PPE and Hygiene

- i. All pilots, baggage handlers, flight attendants, and maintenance personnel need to be aware of the COVID-19 status of the people being transported and protected appropriately.
- ii. Baggage handlers should be wearing gloves when handling baggage.
- iii. Pilots should be wearing surgical masks during the entire flight.
- iv. Flight attendants in the same passenger compartment as passengers, as well as pilots during procedures that require them to be within 2 meters of passengers should be appropriately dressed with a surgical mask, eye protection, gown, and gloves. These individuals are not providing medical care but will be in close proximity to COVID-19 positive and suspect passengers, so will need the same degree of protection as is used in a medical setting.
- v. All passengers will be required to wear a surgical mask for the entirety of the transportation process.
- vi. Hand hygiene with alcohol based hand sanitizer should be mandatory at every step of the transport process:
 - Pick up from home or nursing station/health care facility
 - Loading onto boat/helicopter/hover craft for water crossing to airport
 - Arrival at airport
 - Boarding aircraft
 - Exiting aircraft

2. Aircraft Arrivals/Departures

- i. To avoid mixing cohorts in the sending/receiving airports and during transport to the airport, multiple aircraft should NOT be loading/unloading passengers at similar times.
- ii. In between cohorts, facilities and restrooms in the airport should be decontaminated.
- iii. All aircraft should be decontaminated after every flight.
- iv. Loading of aircraft - to minimize contact amongst passengers, a seating plan should be arranged prior to loading. The passenger who is furthest from the door should load first and work backwards to the last passenger loading being the one closest to the door. Exiting the aircraft should be in reverse order. Logistical planning should note that many smaller planes load from the rear of the aircraft.

3. Ground Transportation in Winnipeg

- i. Shared Health has a standing contract with Blue Line Taxi Service and the Canadian Red Cross with Ventree Van Service for the safe transport COVID positive/suspect passengers. These contracted providers have appropriate PPE and safety procedures in place. Communication between the airline and the ground transport coordinator needs to be frequent and up to date to ensure there are no delays and potential for exposure at the receiving airport, or inappropriate mixing of cohorts.