

Medical care during the COVID-19 pandemic

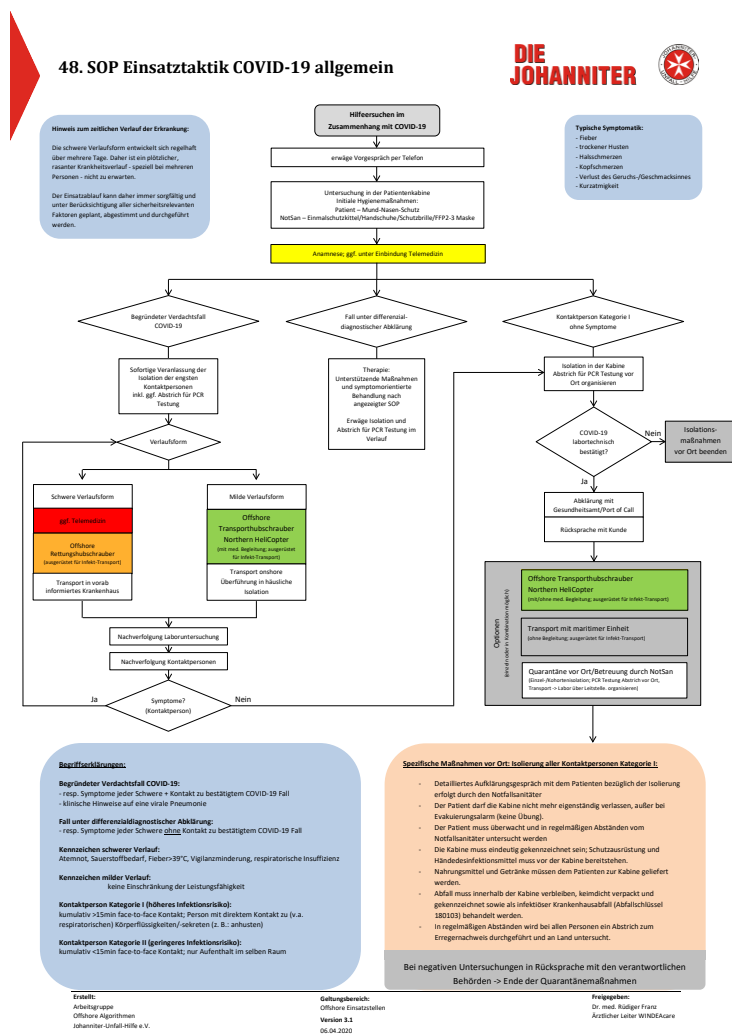
4. information for the offshore wind industry from the WINDEAcare® network
08 April 2020

1 Standardized procedure for operations in connection with suspected COVID-19 cases

The situation in the current pandemic is changing continuously and is extremely dynamic. The state of science is also changing, and the recommendations of the relevant expert committees are continuously reevaluated and adapted. This is also done with the algorithm that we published in the 3rd information.

With this information, we are therefore sending out a new algorithm that implements the Robert Koch Institute's current recommendations and is more universal for the offshore wind industry. The algorithm shown is tailored to the care provided by emergency paramedics from Johanniter-Unfall-Hilfe e.V. and the use of helicopters from Northern HeliCopter GmbH.

Basically, it is important for us to convey that all time-critical processes are standardized and coordinated via the rescue control center. For all optional, non-time-critical measures for the management of operations, there will always be direct communication with the client and the best individual solution will be worked out.



2 Processes adapted to local or customer processes

The processes published by us for the operators of offshore wind energy facilities are not generally applicable, as not all services from the WINDEAcare portfolio are always assigned to provide medical care for the employees.

If, for example, there is not a sufficiently qualified medical specialist on site who can reliably assess the patient's condition or can professionally take a throat swab for a laboratory sample (even without endangering himself), the algorithm must be adapted.

The same applies if the contracted service providers for air rescue or air transport are unable or unwilling to meet the specific requirements for carrying out the transport of infections. In this context, it should not be underestimated which changes are necessary in the material supply and equipment of the helicopters used, the necessary training of the personnel as well as the adaptation of all processes - from winch operation to professional disinfection and material preparation – are required.

Even if all individual components of medical care are highly qualified and even be obtained from ONE provider, there are always internal and individual processes, reporting channels and special features in all projects that cannot be the same for everyone in a single algorithm. **Therefore, please contact us directly if you would like us to jointly develop an algorithm and a process for your wind farm, your project, your vessel or your company.**

3 The use of masks

The use of protective equipment is sometimes discussed very controversially and is handled very differently. This is partly because the opinions and recommendations expressed by well-known experts are always based on the current state of research. It can be said that the currently limited resources must be used carefully and purposefully.

Basically, a distinction can be made between masks that protect the wearer themselves (if they are put on properly and the facial hair is adapted) and models that protect other people from potentially viral-containing aerosols of the wearer.

The first models are respirators of protection class FFP-2 or FFP-3. These models should only be worn by healthcare professionals or their assistants when treating COVID-19 patients or when dealing with Class 1 contacts. Because of their even higher effectiveness, FFP-3 models should be used specifically for measures with high aerosol loads, such as airway management. For such measures, additional eye or face protection is mandatory. These models (regardless of their limited availability) are **not** suitable for permanent use during work, as breathing work is significantly increased.

Simpler models, such as so-called mouth-nose protectors or surgical face masks, do not provide reliable protection against the inhalation of aerosols containing viruses. However, they significantly reduce the spread of the wearer's secretions and thus primarily protect other people around the wearer. Since an active infection with corona viruses starts infectivity before the patient develops symptoms (if he or she perceives them as such), these masks have a particular usefulness in addition

to all other preventive measures, if all people wear them. This is especially true if the distance requirements cannot be adequately observed due to the work process (e.g. in confined spaces or when transporting people in a helicopter or smaller vessel).

Self-produced or otherwise improvised models or items of clothing such as buffs, scarves, etc. do not have a certified protective effect, but may possibly at least partially fulfil the performance of a simple mouth-nose-protector. They can represent another building block in the slowdown in the spread of the pandemic, especially in view of the current shortage of material. The attached links deepen the topic:

https://www.rki.de/SharedDocs/FAQ/NCOV2019/FAQ_Liste.html#FAQId13545204

<https://www.bfarm.de/SharedDocs/Risikoinformationen/Medizinprodukte/DE/schutzmasken.html>

https://www.bmas.de/SharedDocs/Downloads/DE/Thema-Arbeitsschutz/einsatz-schutzmasken-einrichtungen-gesundheitswesen.pdf?__blob=publicationFile

4 The utility of laboratory testing

Regarding laboratory tests on COVID-19, we keep getting questions that we are happy to answer. However, we often find a different understanding of the significance of these tests.

Generally, there are different "tests on Corona":

The regular laboratory test is the direct detection of virus material obtained from a deep throat swab. This is (currently in any case) carried out exclusively in larger land-based laboratories. The virus material is amplified via PCR. The pure duration within the machine testing is a few hours. Therefore, the term "rapid test" is used again and again. In principle, a result on the same or the following day is possible. However, the time required for transport and logistics must be added. At present, all laboratories that carry out these tests are very busy or overloaded. In addition, there is now a shortage of resources from suppliers (reagents, etc.).

These PCR tests are suitable for confirming disease, confirming or resolving isolation measures and thus play a major role in the overall management of the pandemic. In the early phase of an infection these tests can still be negative. They only make sense if there is a specific suspicion (illness or contact person of category 1). If they are carried out without indication, they can only provide additional detection of patients in the short interval between *laboratory-positive infection* and disease symptoms. In no way do they exclude the introduction of COVID-19 onto a structure. Extensive testing of larger groups such as entire vessel or platform crews at best gives a psychologically justified feeling of security. At present, such extensive tests **cannot** be performed due to limited laboratory capacity. We therefore recommend conserving the resource "laboratory" in order to focus on the relevant tests, if there is reasonable suspicion of illness and the spread control.

Regardless of the tests for viral material, the antibody or immune test is always mentioned. This is used to determine whether a patient has had an immune response to an infection. This means that no diseases can be detected before an immune response sets in. However, it can detect people who have

survived an illness. Currently, no reliable tests are recommended by the relevant medical associations. In the future, these tests are expected to play a major role in the overall management of the pandemic. At present, and especially for the spread control in the offshore wind industry, these tests do not (yet) play a role.

5 Mission control

All medical services from the WINDEAcare network can be obtained from the

EMERGENCY CONTROL CENTRE OFFSHORE WIND FARMS

the *Gesellschaft für maritimes Notfallmanagement mbH*, operated in cooperation with the *Johanniter-Unfall-Hilfe e.V.*:

E-Mail: operator.ventusmedic@johanniter.de

Phone: +49 421 800 580 10

Emergency: +49 421 675 909

