

# Medical care during the COVID-19 pandemic

5. information for the offshore wind industry from the WINDEAcare® network  
13 May 2020

## 1 Daily routine of air rescue in times of pandemic

The pandemic situation means that the focus in operational planning and the preparation of possible rescue scenarios has shifted very much towards the transport of infections, therapy of COVID-19 patients and the resulting requirements.

Nevertheless, the "normal" operation continues. In these times, too, a number of more or less conventional rescue missions for injured or sick employees of the offshore industry could be carried out. These included demanding winch operations as well as requirements from non-customers, which could be handled just as reliably.

Regardless of these missions, we were also confronted with inquiries in direct connection with possible COVID-19 diseases. Here it became apparent that the considerations for a graded procedure and the establishment of an additional air-based rescue device, especially for the infection transport of non-emergency patients had already been necessary several times. These missions could be carried out reliably.

The timely testing of laboratory samples on- and offshore has already been used several times by the WINDEAcare partners and was thus able to deliver timely results. Those influenced the tactics of deployment or work assignment in some situations and could also contribute to calming down the employees in the projects.

Overall, however, our declining deployment figures show the same consequences of the reduction of certain work processes as well as the overall reduction in personnel deployment as is comparable to the onshore rescue services. However, this does not mean that the number of staff in the emergency service structures for offshore wind may be reduced.

**For all employees in the offshore wind industry it is clear that medical care by all WINDEAcare partners is still guaranteed at all times.**

## 2 The “special” mission

A recent mission has found particular media interest:

<https://www.windkraft-journal.de/2020/04/25/seenotretter-dgzrs-und-northern-helicopter-im-einsatz-drei-verletzte-nach-schiffskollision-im-windpark/147601>


Although we do not publicly comment on missions in which our forces were involved for our customers, there are three points in this mission that are particularly noteworthy:

1. The excellent cooperation of the entire vessel’s crew with the emergency paramedic of the service operation vessel and the crew of the offshore rescue helicopter This interaction has made a significant contribution to the success of this mission.
2. Operations management by one emergency control and dispatch centre that combines medical and nautical expertise and can alert, command, and safely communicate with maritime units of the original SAR service, as well as other vessels and rescue helicopters of the offshore wind industry. There is no alternative for a functioning rescue chain.
3. Operationally, a separation of sea rescue and medical care for offshore wind is hardly possible. The usefulness of a close interlinking of these two components is becoming increasingly clear and is of mutual benefit, especially in larger locations.

## 3 Additions to the usefulness of masks

The assessment of the usefulness of masks in controlling the spread of the pandemic is undergoing a change in the public perception. In some aspects, however, we still experience misunderstandings in daily use, and we are happy to comment on them.

- Simple masks like those used by dentists (so-called mouth-nose protection) and also makeshift or self-made mask-like coverings are always useful, if the commandments of a minimum distance of 2 metres cannot be guaranteed due to working conditions. The acceptance of this statement is now undisputed and we welcome that. A simple mouth-nose protection always only protects the bystanders from the virus-containing aerosol that might be emitted by the wearer. If several persons are in close contact, all people must wear a mouth-nose protector. Otherwise the measure is useless. Important: the mouth-nose protection does not protect the wearer.
- Medical protective masks with filter effect (FFP-2 and FFP-3 masks) protect the wearer. They should only be worn by qualified personnel with an

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**WHAT'S THE DIFFERENCE?**

**Surgical face mask ↔ Respiratory mask**

	Surgical face mask	Respiratory mask
<b>What is the purpose of the mask?</b>	To protect against penetration by sprayed liquids. To protect others against droplets in the air exhaled by the wearer.	To filter out particles and aerosols. To protect the wearer against inhalation of minute airborne particles and droplets.
<b>Who should wear this mask?</b>	Medical and nursing personnel who wish to protect patients against air exhaled by the personnel themselves.	Where the mask has no exhalation valve and has also been approved as a medical device, medical and nursing personnel and emergency services personnel, for protection of these persons themselves against the transmission of viruses and bacteria during direct contact with potentially infected persons. For all non-medical applications, with or without valve, persons seeking protection against dusts and aerosols, contagious viruses and bacteria.
<b>Is the mask worth using in a non-occupational situation?</b>	The mask may be helpful for the protection of other persons in a non-occupational situation when the wearer believes that he or she may be spreading pathogens. For persons wishing to protect themselves, the general hygiene rule for the population as recommended by the Robert Koch Institute are self-care. The most important of these rules is: Keep your distance. A distance of at least 1.50 metres should be kept to other persons.	In non-occupational situations, the general hygiene rules for the population as recommended by the Robert Koch Institute are self-care. The most important of these rules is: Keep your distance. A distance of at least 1.50 metres should be kept to other persons.
<b>Can the mask be used without the provision of particular guidance?</b>	Yes.	No. Instruction must be provided in use of the mask in order for its protective effect to be assured. For example, wearers must be informed that the protective effect may be impaired or even fully negated if they have a beard.
<b>What protection does the mask provide?</b>	The mask does NOT reliably protect the wearer against inhalable airborne particles and/or viruses and bacteria.	Provided it is used correctly, the mask filters at least 95% of the airborne particles and/or viruses out of the air breathed by the wearer.
<b>How well does the mask seal against the face?</b>	The mask does not seal against the face.	When used correctly, the mask permits minor leaks (of up to 2%) during inhalation.
<b>For how long can the mask be used?</b>	This mask is a disposable product and may only be used once before it is discarded.	Depending upon its class of use, the mask may be worn for an eight-hour shift, or may be reused (refer to the instructions for use).
<b>Who tests the mask?</b>	The mask is tested by the manufacturer in accordance with EN 14963, the standard for medical face masks. Certifi caution is performed by the manufacturer.	Testing is performed in accordance with EN 14963, the standard for "filtering half masks to protect against particles". Certifi caution and inspection are performed by an independent certifi caution body.

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indication - e.g. when treating patients and corona-contact persons during measures with increased risk potential.

- Protective masks with filter effect and exhalation valve protect the wearer from patient aerosols, but in no way protect bystanders from the wearer's possible aerosols!

**To explain:** The reason for a comprehensive wearing of simple masks (mouth-nose protection) in all situations where the minimum distance of 2 meters cannot be guaranteed due to work-related reasons, results from the fact that a COVID-19 patient is already infectious one to two days before the first symptoms - in other words, can and will infect bystanders..

This risk is reduced (although not eliminated) by the consistent wearing of simple masks by all employees in close contact without alternative. In the meantime, the Robert Koch Institute has developed a suitable recommendation for employees in the health care sector that supports the above information and can be transferred to the offshore situation. Guidelines for the rational application of these protective measures are also available:

[https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/erweiterte\\_Hygiene.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/erweiterte_Hygiene.html)

[https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/Ausgaben/19\\_20\\_MNB.pdf?\\_blob=publicationFile](https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/Ausgaben/19_20_MNB.pdf?_blob=publicationFile)

Please do not hesitate to contact us if we can provide you with advice or material support.

You can order further information, also in English, for your company under the following link of the *Deutschen Gesetzlichen Unfall Versicherung*:

<https://publikationen.dguv.de/forschung/ifa/allgemeine-informationen/>

## 4 Supplementary laboratory tests

Antibody tests are currently mentioned repeatedly in the press. These tests actually prove that a person has had an infection and that the immune system has produced antibodies. It can then be assumed that this person actually has a certain protection against (serious) infections. However, these tests are currently not yet fully scientifically validated, have (depending on the system used) an increased susceptibility to errors and say nothing about the infectivity that exists in the early phase of the disease. At present, this type of tests is therefore of no relevance to questions from the offshore industry. Here, the test for the presence of the virus (direct detection via PCR from the throat swab) is currently the only sensible test method.

## 5 Documentation for MCI situations

We had already written about possible MCI situations - with and without connection to the pandemic. It is important that any **mass casualty incident** (MCI) is documented in a consistent and conclusive manner right from the start.

The Johanniter-Unfall-Hilfe e.V. (JUH) provides experienced offshore paramedics, material such as emergency backpacks with AEDs & special material sets for larger (MCI) situations and conducts training and further education in all medical areas of the offshore industry. Based on our experience and through many years of cooperation with our customers, we have put together a material set including an information and documentation set for mass casualty incidents (MCI).



We would like to make the latter available to you **free of charge**. Please do not hesitate to contact us.

These materials are the same means of documentation that are used in every offshore project in which a JUH offshore paramedic is active and on every rescue helicopter of the Northern HeliCopter in their MCI sets.

## 6 Download of information

This letter as well as the previous information especially on the topic "Medicine and Corona Pandemic" can be viewed at any time in our download area of the WINDEAcare homepage. Further interesting information, such as the legal tips on organisational law from lawyer Bernd Albrecht, can also be found there.

<https://www.windea-care.de/de/downloads>

## 7 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](mailto:operator.ventusmedic@johanniter.de)

Phone: +49 421 800 580 10

**Emergency: +49 421 675 909**

