

Medical care during the COVID-19 pandemic

7. information for the offshore wind industry from the WINDEAcare® network 21 July 2020

We have now arrived in the fourth month of the COVID-19 pandemic and much that was unthinkable until recently has become an everyday occurrence. The increase in knowledge we have in dealing with the crisis is enormous. At the same time, it is still not easy to always keep an overview. We hope to be able to support you.

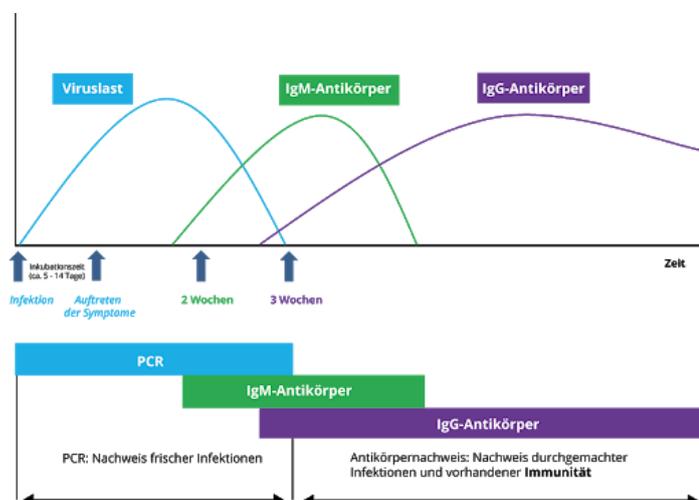
Even though an easing of conditions are communicated and a certain “tiredness” can be observed in the protective measures, it should not be forgotten that the Robert Koch Institute continues to rate the risk for the general population as high - for risk groups as very high.

Even with the predominantly declining number of cases (Germany), there is no rational reason to neglect preventive measures.

1 Update on the laboratory test options

There are always new reports on the different test methods in connection with the COVID-19 pandemic. Antibody tests in particular are being treated with increasing frequency in the press. These also seem to be more precise than initially. However, it still applies that the antibody detection - irrespective of the specificity of the test kit used - says nothing about a possible infectivity of the test subject and is therefore of no importance for the diagnosis of a disease. At the moment it remains an instrument that is very interesting from an epidemiological point of view but is not relevant for occupational safety in the offshore area outside of studies.

Explanation: the antibody test only becomes positive, if a sufficient number of antibodies from the examined groups react with the test medium. There are different antibodies (IG-A, IG-G, IG-M) that circulate in the blood at different times of an infection, and especially afterwards.



The viral load and thus the risk of infection are already existing well before that. In addition, there is the observation that a relevant proportion of patients with positive evidence of the virus do not produce any detectable antibodies. This is the subject of

intensive research and cannot currently be finally assessed. However, if antibodies can be detected, a completed infection is indicated - not a flourishing one, since the body still has to produce antibodies.

Therefore, the PCR tests alone are still suitable for the diagnosis of infectivity. So far, these have only been possible in a laboratory. The fact that there is a residual uncertainty in sensitivity continues to apply.

There is now a “real” rapid test for PCR / virus diagnostics, which can deliver the result in two hours after the start of the test procedure. The disadvantage of this system is that it is a cartridge system in which only a single sample can be processed at a time. This means that there is no capacity for several / many tests in a short time.

This method is therefore not suitable for batch tests by many employees. In a specific suspicion, however, it can make sense to have a single result as quickly as possible. For example, testing in a situation might look like this: A symptomatic patient as a high-grade suspected case is examined with a rapid test. In addition, a larger number of employees who are considered contact persons are tested using the conventional PCR test. In individual cases - assuming an optimized transport chain - a first trend-setting result could already be available on the same day.

However, it should be noted that other test sticks with a dampening medium are used for these rapid tests. Such testing and the associated logistics must therefore be well planned. We currently prefer to keep both types of test sticks - at least in projects with appropriately trained medical personnel.

2 Dealing with messages from the RKI's Corona warning app

The Corona Warning app, which the Robert Koch Institute (RKI) has published for the Federal Government of Germany, is becoming increasingly popular. However, the app can only determine whether an individual is at increased risk of infection with the SARS-CoV-2 virus or not based on voluntary input.



Under no circumstances can the app determine whether an individual is infected or is certainly not infected.

It can be assumed that in the offshore projects on vessels and converter-/ work-platforms we will also be faced with the fact that employees receive information via the app that there is an increased risk of infection.

Onshore, these people would be asked to isolate themselves as far as possible and to immediately contact the family doctor and coordinate further steps with him or the health department. The app or the result “increased risk” does not automatically dictate that isolation or testing be ordered (at least not until there are no symptoms).

These recommendations are not helpful for working offshore. Currently, we would judge the situation so that a person with a certified “increased risk” should be treated as a contact 1st degree. Temporary isolation and prompt PCR-testing would be the logical reaction here to take the special working conditions offshore into account.

Such a procedure can only be specified by the employer / operator. Therefore, we would like to point out that the internal processes may need to be checked and coordinated accordingly. We are happy to support you. Comparable warning apps from other European countries are available as well and function similarly. We can also face warnings from these apps.

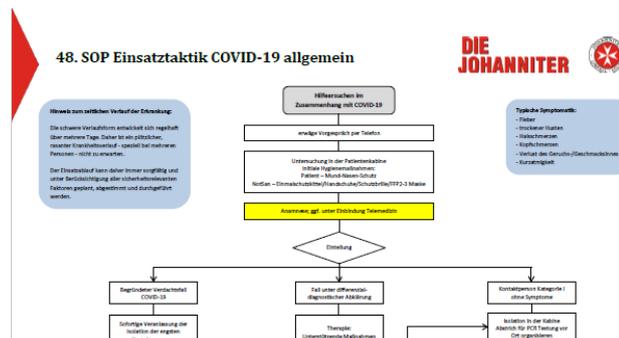
As far as medical professionals and their potential assistants read this information, the following should be noted: Of course, the warning app must be switched off when treating potential COVID-19 patients. If the patient also uses the app, is tested positive in the course and publishes this result, this contact would lead to a warning message for the helpers. The app cannot differentiate here and evaluate the personal protective equipment of the helper.

3 Updated SOPs for handling suspected COVID-19 cases

The updated recommendations of the Robert Koch Institute (RKI) on dealing with contact persons, the developments in laboratory test procedures, and the experience from previous assignments for patients and suspected cases naturally have an impact on the treatment algorithms we practice.

These changes are contained in the now updated treatment algorithm. Regardless of this, we have developed a guideline for the practical implementation of a quarantine and for the recurring questions and problem areas, which we would be happy to adapt and make available to you with your projects.

Please do not hesitate to contact us, as well as for all other questions and tips.



4 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.

Please note the dynamics of the situation. Not all of the statements we created in the early days of the pandemic must now have the same status.

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

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.*:

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