

## **Marine SAR COVID-19 WebEx Q&A Discussions**

**Wednesday Sept 2, 2020**

### **Question 1**

**Q:** Surrounding the use of dry suits as a protective layer, what are you doing to clean them appropriately and make sure that they are disinfected without causing any damage to the material themselves?

*-RCMSAR HQ*

**A:** To prevent any damage to the PPE or floatation quality of a PFD for example, a combination of allowing the PPE to self-isolate (72 hours is adequate) and using a hot soapy wash is an effective way of sanitizing the equipment.

*-CCG SAR Programs*

### **Question 2**

**Q:** Will there be a sheet sent out for subject vessel screening questions or will each station be creating their own screening questionnaire sheet that they would use when approaching a vessel?

*- Station 2*

**A:** From the RCMSAR perspective, there was an original standard operating procedure (SOP) that was shared out and was based on the Coast Guard SOP back in March when this all started. Although it could use a little bit of an update, it contains a list of questions and symptoms that crews should be looking to ask when approaching or potentially coming into contact with people onboard a subject vessel. We will continue to review this and make sure it is up to date.

*-RCMSAR HQ*

### **Question 3**

**Q:** For infectious disease PPE, will each RCMSAR vessel now have to carry onboard a kit of infectious disease PPE such as Tyvek suits, N95 masks, goggles, gloves, boots etc. to deal with this?

*-Station 2*

**A:** Not at this time, for the Coast Guard assets, there is a specific full day training course and program for the donning and doffing of PPE and they have put together their own kits. We are working with the Coast Guard on what it would look like to introduce this sort of thing for our stations and securing appropriate PPE. However, at this time we are not required to have a kit nor will you be intentionally tasked for a positive/confirmed case of COVID-19 by JRCC or MCTS. We of course ask that you continue to do your own COVID-19 screening during your SAP risk assessment when you arrive on-scene and share that back to Rescue Centre.

*-RCMSAR HQ*

#### **Question 4**

**Q:** If there is a presumptive case of COVID-19, is there a potential that JRCC would stand us down from providing rescue unless in the case of life and limb?

*-Station 2*

**A:** Yes, that is correct

*-RCMSAR HQ*

**A:** To add to this, if during a call you believe or suspect that someone is a person under investigation (PUI) for COVID-19, you will have to work with Rescue Centre to get another resource to actually respond to the medical issue that they're experiencing or try to effect a rescue without putting yourself and your crew at risk. We've had a couple instances of Coast Guard vessels either escorting or towing vessels into shore and meeting with BCEHS who are well equipped for dealing with this. It's not a perfect situation and will require a high level of risk assessment and a lot of control on the part of our rescuers not to put themselves at risk.

*-CCG SAR Programs*

**A:** If you haven't looked at them in a while or shared with your members, we do have our COVID-19 SOPs that were developed in conjunction with the Coast Guard ones for all types of scenarios. It's never going to be black and white and at the end of the day if it's life or limb and you believe there is an opportunity to save an individual and there won't be another resource available in a timely manner, that's a discussion you need to have with your crew. It has to be decided what risk you are willing to take as a volunteer. At the end of the day, have that conversation with your crew, do your risk assessment, and respond only if you feel comfortable doing so. Furthermore, really take into consideration whether the individuals condition can be sustained and if remaining on-scene and awaiting another resource is an option.

*-RCMSAR HQ*

**A:** If I may add to this, our approach in Richmond has been to acknowledge all of the SOPs in place, but to simplify the fact that if anybody is to come in close contact with us or our vessel, they must have a mask. Whether we provide them with one or they have their own, it provides that barrier from them to us and it's a simplified way that we've introduced any of our engagements.

*-Station 10*

**A:** Thanks for that and that is correct and specifically outlined in the operations bulletin with regards to COVID-19. Even if COVID-19 is not suspected, they have passed the pre-screening questions, and for whatever reason they have to come onboard your vessel, you're still to do your best to physical distance and give each individual a mask that needs to be donned if they do not already have one.

*-RCMSAR HQ*

### **Question 5**

**Q:** For the Coast Guard team in general, in the last few months has JRCC or CCG come across a scenario involving a suspected COVID-19 case with an interagency response where assets with the appropriate training and PPE had responded? If so, how did that unfold and what was the role of either the vessel of opportunity or other partner agency while ensuring that everybody was safe?

*-RCMSAR HQ*

**A:** We don't have a specific case at the moment where that exact situation has played out. However, there has been a few cases where Coast Guard has responded to a case where people were feeling unwell and had taken all COVID-19 precautions and handed off to EHS. Further to this, no follow-up with trace contacting has occurred, so to the best of our knowledge, there has been no instances where a patient with confirmed COVID-19 has been transported.

*-CCG SAR Programs*

**Thursday Sept 3, 2020**

### **Question 1**

**Q:** In relation to the scenario previously discussed in the presentation, let's say you had provided them with a handheld radio to communicate and the patients condition was rapidly deteriorating and further assistance was a long ways away, would you still advise us to not take that person onboard?

*-Station 25*

**A:** Great question, if you ever came to a point where you did decide to treat a patient, try to treat them on their vessel and outside and with all appropriate PPE (responder and patient). This way you are not contaminating your own vessel or crew, being in a state of emergency, we can actually break the rules to some extent. For example, if you were to simply tow their vessel in and not have any contact with the patient, although this would normally not be appropriate, it is these days. There are many ways to handle this, however at the end of the day what you're trying to do is minimize exposure to as few people as possible.

This isn't the usual challenge that SAR crew members and coxswains face where the hazards are immediate and putting crew members at risk will put the operation at risk. Likely, we are going to see the impact of one of our people getting sick days later and it's not as easy to identify and mitigate which has been a real challenge for our crews so far. I would also point you towards the SOPs that RCMSAR already has which might dictate your response in that situation.

*-CCG SAR Programs*

## **Question 2**

**Q:** CPR had been previously mentioned as something that would generate aerosols, is there any guidance on giving CPR? Is a face mask and a face shield going to be adequate?

*-Station 25*

**A:** There are two aspects to this, let's say you have an individual that goes down that doesn't have any COVID-19 symptoms, you would put on all of your PPE (goggles, face shields, masks etc.) and attack the problem as you normally would with all of the precautions possible. However, it's important to note that if the patient died of COVID-19 and bystanders said that they were very symptomatic and incredibly sick for many days leading up to this, that patient likely died of multisystem failure. In this case, it's very unlikely that any amount of CPR or AED is going to be bringing them back, what this person needs is an ICU. Further to this, the risk of contaminating yourself versus the very small chance of bringing that person back simply wouldn't be worth it.

*-CCG SAR Programs*

## **Question 3**

**Q:** Do you have any data on how many calls you've had that have identified a PUI and what the exposure has been to CCG so far?

*-Station 25*

**A:** Up until this point in time, we haven't had any cases which have involved a request to transport a patient with COVID-19 being the chief complaint. Furthermore, we haven't had anything come back through the system indicating that there was an exposure to any members after transporting a patient.

*-JRCC*

## **Question 4**

**Q:** Are there any risks or precautions for delivering high flow oxygen? I remember hearing something about using lower flows for the possible chance of creating aerosolization.

*-Station 12*

**A:** Yes that's correct, 10 lpm is adequate.

*-CCG SAR Programs*

## **Question 5**

**Q:** To reiterate, is it the case that if JRCC or MCTS believe that there might be an interaction with a PUI that they won't be tasking RCMSAR to that call?

*-Station 25*

**A:** It's very much a case of specific tools for specific jobs. The training that we have done in the Coast Guard has been identified as being able to handle the infectious disease hazard that COVID-19 presents. As of right now, Coast Guard is responding to cases, however in some instances we're still advising our resources to escort or take some of the same tactics to get to BCEHS just because they are another higher level than we are. Any call we go on, we still have to conduct our own on-scene assessment because we don't know all of the details of the incident until we get there. However, at this point you wouldn't be tasked to a known COVID-19 call.

*-CCG SAR Programs*

**Q:** I think what I meant was a call which would involve interacting with someone. For instance, we were on a call recently where the local CCG unit tasked us to go get the vessel. However, in terms of actually removing the person from the water and bringing him onboard, they did that themselves. Is that the tasking pattern that we will be seeing moving forward?

*-Station 25*

**A:** The broad policy right now from a Rescue Centre point of view is based on everything that we have just discussed. Because of the training and the work that's being conducted by Coast Guard vessels and crews, our ships/stations are reporting twice daily about their capacity regarding COVID-19 trained Rescue Specialist being onboard with sufficient PPE. As a result, when we are tasking CCG vessels out, we have very up to date documentation that we can reference and have a very clear understanding of what the level of training is as well as a pretty good understanding of the risks we are tasking to.

Given all of those conditions, hypothetically if it is a known COVID-19 case, the highest probability is that this information will come from the provincial health authority. It is highly unlikely that's going to occur in the maritime environment during a maritime SAR event. Because of this, the majority of cases that we are tasking to are rescues and regardless of COVID-19, a rescue is still a rescue. We will continue to task appropriately, as the level of risk around COVID-19 increases, we're more diligent in a lot of our questioning.

To get back to your question, if there's going to be an interaction with patients/persons in the general public, at this time it presents an increased risk of exposure to COVID-19. We are under a tasking pattern at this time where we will task primary resources first and tasking to RCMSAR will happen to supplement as required to prosecute the mission as effectively as we possibly can. Furthermore, doing our best to make sure that we language and position everything to minimize any potential interactions between RCMSAR crews and the general public in a close quarters situation.

*-JRCC*

### **Question 6**

**Q:** We have a few paramedics in our ranks, and they definitely have some of the same training you've spoken about with infectious disease PPE donning/doffing, is that something that JRCC would like to know?

*-Station 12*

**A:** That's something that we would like to be aware of if the circumstances of the case dictated that it was going to be a requirement. However, I think that conversation should first happen with RCMSAR management because regardless of the level of the training that the crew members have being paramedics, the work they're doing with RCMSAR is occurring in a different environment. We certainly appreciate knowing that, but please make sure that conversation occurs with RCMSAR management.

*-JRCC*