



Collective aero medical evacuations using the MoRPHEE and MEROPE systems in France during the COVID 19 pandemic

C. NGUYEN DAC¹, M. LEFEVRE², L. RAYNAUD³, M. BOUTONNET⁴

- 1 : 132th Military Medical Unit – Evreux
- 2 : 100th Military Medical Unit – Orléans
- 3 : Bégin Military Hospital – Paris
- 4 : Percy Military Hospital - Clamart



Plan

1. Introduction

1. Epidemic context
2. MoRPHEE VS MEROPE

2. Mission proceedings

1. Selection criteria
2. Timeline

3. Focus : the MEROPE Mission

1. Medical team
2. Clinical data
3. Key points
4. Limits

Conclusion



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1. Epidemic context

- The COVID pandemic was responsible for a high saturation of critical care resources across the world.
- Collective aeromedical evacuations from congested regions to others, with tactical aircrafts.
 - MRTT Multi Role Tanker Transport A330 Phénix : 6 patients
 - A400M Atlas : 4 patients
 - Team work : FAF and FMHS
 - *Rapid and unprecedented implementation of evacuation modules in a crisis context.*





A330 MRTT Phénix

A400M Atlas



1. Introduction

2. MoRPHEE VS MEROPE

- **MoRPHEE Module: A330 MRTT Phénix**
 - 6 patients, 6 flights : 36 patients
 - From 03/18 to 04/03/2020
 - France



1. Introduction

The MoRPHEE Module



1. Introduction

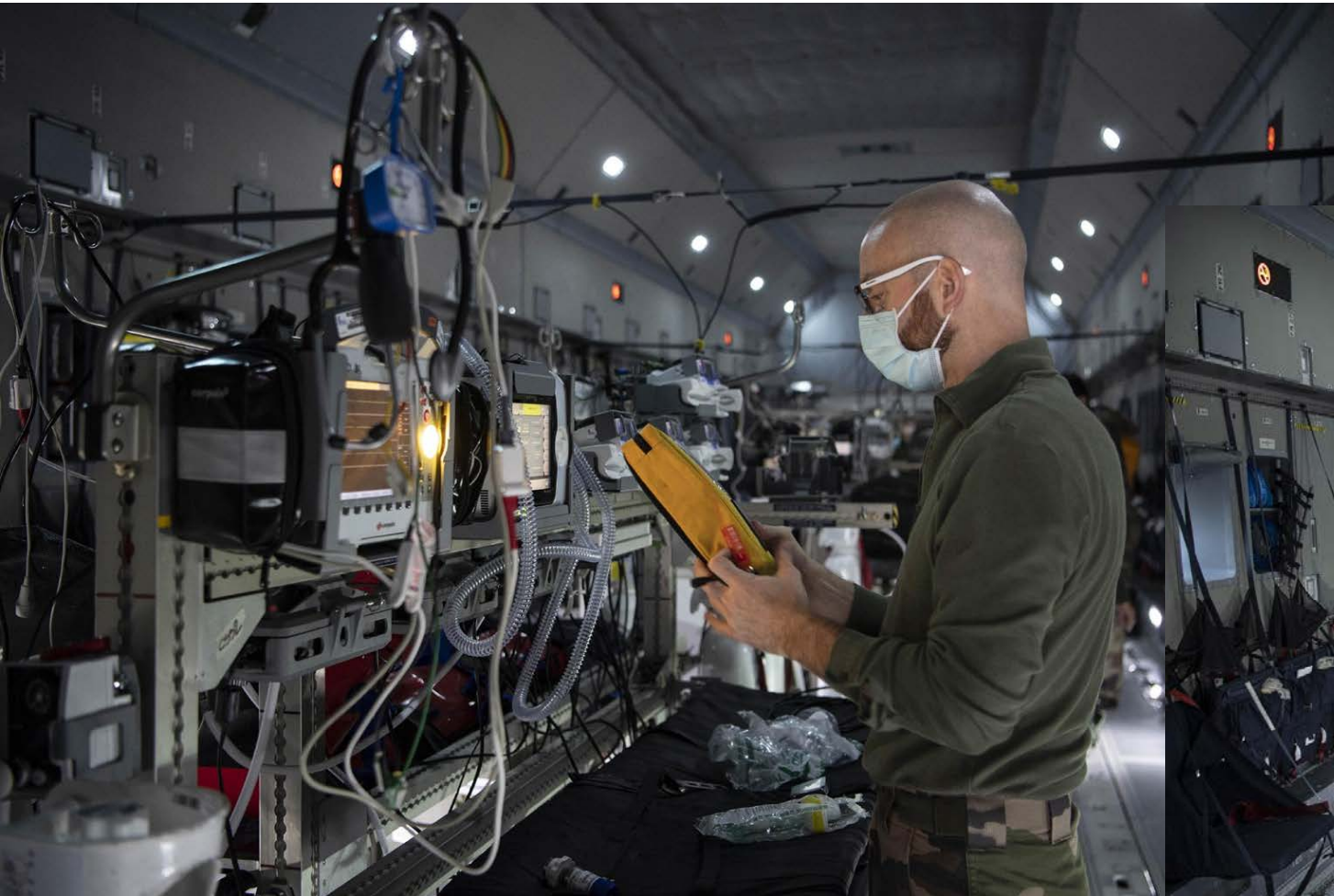
2. MoRPHEE VS MEROPE

- **MEROPE Module: A400M Atlas**
 - 4 modules for 4 patients
 - 23 patients, 7 missions
 - From 06/27 to 07/07/2020 : French Guyana and French West Indies
 - From 10/28 to 11/17/2020 : France



1. Introduction

The MEROPE module







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1. Selection criteria - screening patients

Table 1 Patient's characteristics the day before the flight

Characteristics	All patients (n=22)
Age, median (IQR)	69 (63–73)
Male gender, n (%)	20 (91)
BMI, kg/m ² , median (IQR)	29 (26–33)
Comorbidities	
Charlson score, median (IQR)	4 (2–4)
Diabetes, n (%)	5 (23)
Hypertension, n (%)	13 (59)
Obesity (BMI >30), n (%)	10 (45)
SOFA score, median (IQR)	3 (3–6)
SOFA Respiratory score, median (IQR)	3 (3–3)
SOFA Cardiovascular score, median (IQR)	0 (0–0)



1. Selection criteria - screening patients

Days since symptoms beginning, median (IQR)	17 (13–19)
Days since ICU admission, median (IQR)	8 (6–16)
Days since mechanical invasive ventilation, median (IQR)	6 (4–11)
Treatments before flight	
Tidal volume, mL/kg, median (IQR)	6.2 (6.0–6.4)
PEEP, mm Hg, median (IQR)	10 (8–12)
FiO ₂ , %, median (IQR)	50 (45–50)
Neuromuscular blockade, n (%)	13 (60)
Corticosteroid treatment, n (%)	23 (100)
Pneumonia, n (%)	9 (41)
Prone positioning, n (%)	17 (74)
Number of prone position sessions, median (IQR)	1 (1–3)

BMI, body mass index; FiO₂, O₂ inspired fraction; ICU, intensive care unit; PEEP, positive end-expiratory pressure; SOFA, Sequential Organ Failure Assessment score.



2. Timeline : D-1

- 5:00 pm : conference call between the medical director, the emergency service and the chiefs medical officers of some ICU

→ Objective : choose stabilized patients who can handle a flight

- 7:00 pm : coordination with the Health Operational Headquarters, and the French Air Force



2. Mission proceedings

2. Timeline : D-day

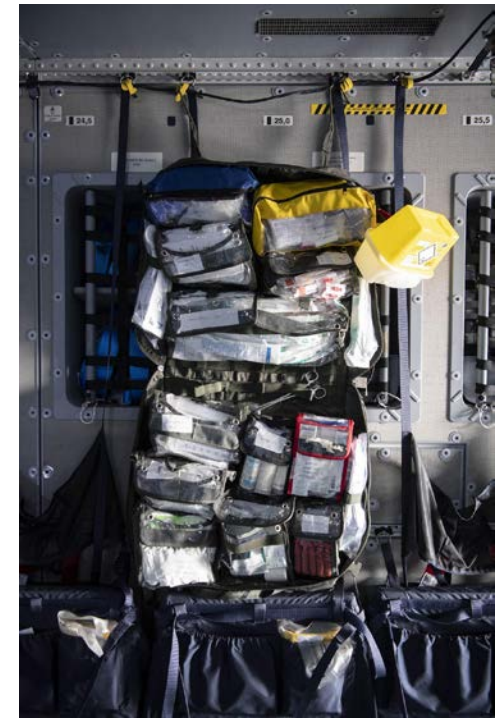
- 7:00 am : detailed presentation of the patients
- 7:30 am : briefing the crew members
loading the medical equipment in the aircraft



2. Mission proceedings

2. Timeline : D-day

- 8:00 am : confirmation of the patients' list
- 10:00/10:30 am – 12:00 pm : Preparation of the hold
Installation of our medical equipment
Lunch



2. Mission proceedings

2. Timeline : D-day

- 12:00 pm - 01:30 pm : arrival at the destination and transmissions
loading of the COVID patients
- 3:00 pm : arrival at the final destination, unloading of our patients
- 04:00 pm : end of the medical care
- 04:00 pm – 05:00/05:30 pm: return flight to Paris
cleaning of all the equipment



2. Mission proceedings

2. Timeline : D-day

- 05:30 – 07:00 pm :
 - decontamination chain of all the medical team
 - decontamination of the aircraft
 - unloading of all the equipment
- 08:00 pm : end of the mission



2. Mission proceedings



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3. Focus : the MEROPE Mission

1. Medical team

For 4 patients :

- 1 intensivist
- 2 flight surgeons
- 2 nurses anesthetists
- 2 flight nurses
- 2 nurses



2. Clinical data

- 7 missions including 3 between French Guyana and the French West Indies
 - Avignon
 - Lyon
- N = 23 patients
- Median age : 68 years old
- Sex ratio : 80% of men (n=20)



2. Clinical data

Characteristics	Value
FiO₂, %, median	60
PEEP, cmH₂O, median	10
Tidal volume, ml/kg, median	6,2
O₂ consumption, L/H per patient, median	341
Event requiring medical intervention, n	12
Flight duration, median, min	90



2. Clinical data

Characteristics	Values
ARDS	
Severe	1
Median	13
Mild	8
Comorbidities	
Hypertension, n (%)	13 (57%)
Obesity, n (%)	8 (35%)
Diabetes, n (%)	6 (26%)
Charlson score, median	3

2. Clinical data

- Equipment for each patient :
 - IV lines for fluids, amines and antibiotics
 - Electric syringe pumps
 - Arterial catheter
 - Transport ventilator for invasive mechanical ventilation
 - 4 bottles of Oxygen, 15L, 200bar
 - Urinary tube
 - Blanket and a light stretcher
- Blood analysis system and ultrasound system if needed



3. Key points

- 23 patients evacuated included 16 patients in 4 flights
- A medical team trained together
- 9 persons dedicated to 4 patients
- Trained and ready in a very short time
- Quick solution to the saturation of some ICU

- Death rate during the mission or right after : 0



3. Key points

Before the flight :

- Screening and fixing a list of stabilized patients
- Organizing a loading plan according to their medical condition
- Gathering people from different regions within 24h



3. Key points

During the flight :

- Most critical time : the transfer between the medical teams
- Dividing our nurses, depending on the medical condition
 - 1 anesthetist nurse for a severe patient,
 - 1 general nurse for a less severe patient
 - 1 flight nurse responsible for the aeromedical part
 - 1 flight surgeon in charge of coordination for the two patients of his side

→ ***A team work***





3. Key points

During the flight :

- Monitoring the vital parameters :
 - Arterial gazometry x2
 - Invasive mechanical ventilation : FiO_2 , PEEP, respiratory rate
 - Pa/FiO_2
 - Hemodynamic status : noradrenaline
- Assessing the tolerance of the flight on a severe COVID patient requires a constant monitoring



4. Limits

- Availability of the tactical aircraft
- Time-consuming loading of the medical equipment
- Having to wear a protective personal equipment during a lot of hours
- Threshold of tiredness : ALCYONE, for long-duration flights
- Required time for the decontamination chain and for the aircraft



3. Focus : the MEROPE Mission



ALCYONE : Abri Léger de reConditionnement phYsiologique du persONnEl

3. Focus : the MEROPE Mission

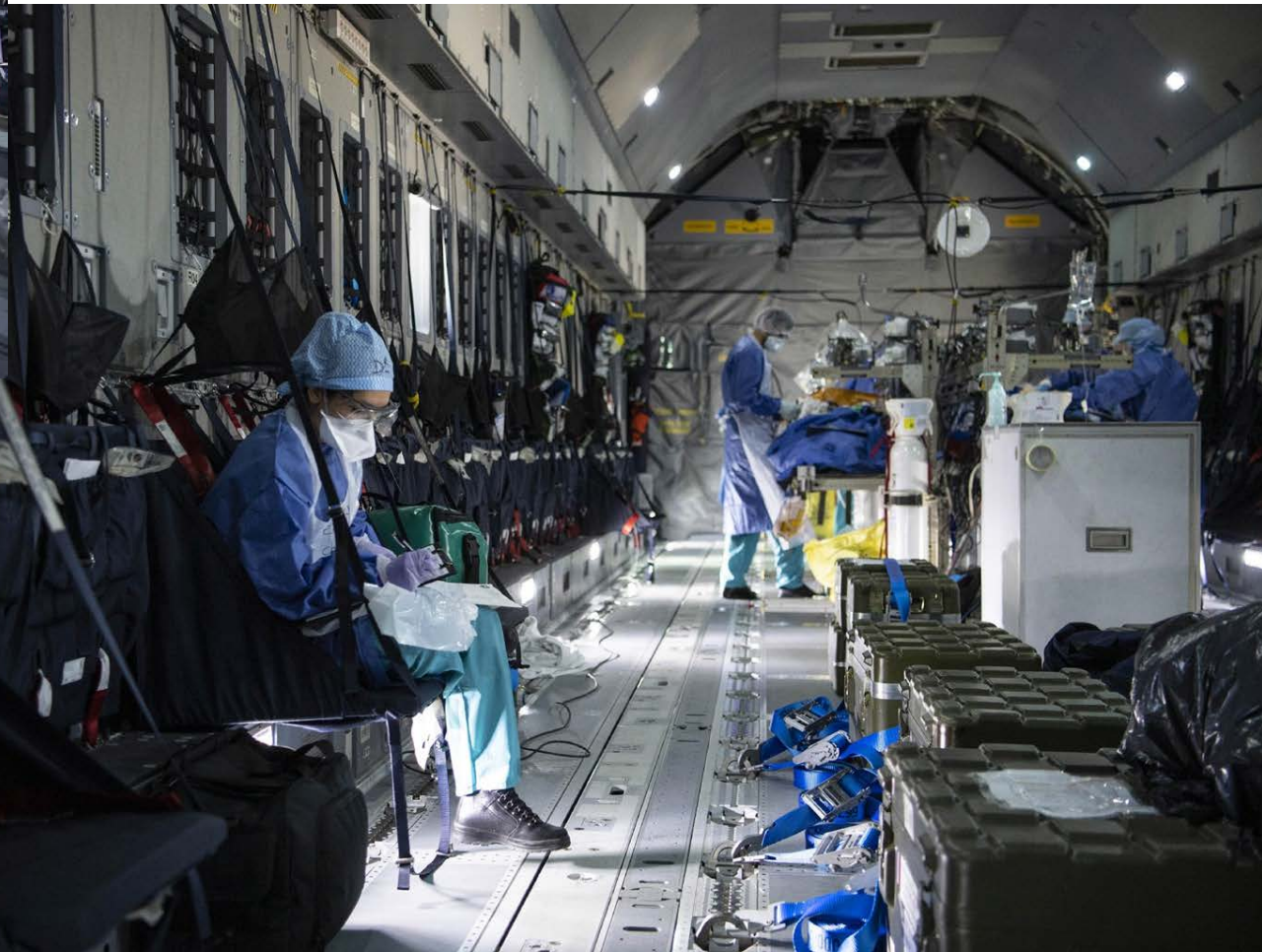


ALCYONE : Abri Léger de reConditionnement phYsiologique du persONnEl











Conclusion

- First collective aeromedical transfers in France and in Europe
- Flying transportation : high risk of morbidity for severe COVID ARDS
- Collaboration between the French Air Force and the French Military Health Service
- Positive and informative experience for all the medical team
- Decision to keep on training for a future use





Flying through uncertainty...

