



## **Clinical Advisory**

To: Call Takers, Call Dispatchers, Control Supervisors, Control Managers

c.c.: NAS Leadership Team

From: Medical Director

Date: August 20th 2014

Subject: EBOLA VIRUS DISEASE

Dear colleagues,

The following document outlines how patients with possible Ebola Virus Disease (EVD) should be managed by control staff. This is divided into two sections:

- A. management of a possible EVD patient received through the 999 system from members of the public or healthcare professionals (eg general practitioners)
- B. transfer of patients with suspected EVD from a referring hospital to the National Isolation Unit in the Mater Misericordiae University Hospital Dublin (MMUH).

### A. Management of possible EVD patient received through the 999 system.

- 1. The Severe Respiratory Infection (SRI) tool in ProQA is authorised for use effective immediately.
- 2. The SRI tool should be used for those calls that may include flu-like symptoms and/or unexpected bleeding. IAED specifically recommend that the SRI tool is used with the following Chief Complaints:
  - a. Protocol 26 Sick Person
  - b. Protocol 6 Breathing Problems
  - c. Protocol 18 Headache
  - d. Protocol 10 Chest Pain
  - e. Protocol 21 Haemorrhage (Medical)
- 3. The last question in the SRI tool enquires as to recent travel. EVD is currently active in the following countries, all in West Africa:
  - a. Guinea
  - b. Liberia
  - c. Sierra Leone
  - d. Nigeria

Note that the affected areas may change. Up to date information may be found on <a href="https://www.hpsc.ie">www.hpsc.ie</a>

- 4. If the patient has one or more of the symptoms listed in the SRI, plus has travelled to one of the affected countries in the previous 21 days, then EVD is a possibility. Note that both of these conditions must be satisfied symptoms present as well as travelled to an affected area within 21 days.
- 5. If EVD is not indicated by the SRI and travel history then process the call as per normal procedures. EVD may be discounted.
- 6. If EVD is possible based on the SRI and the travel history, the following should occur:
  - **a.** The call dispatcher should alert all responding personnel that EVD is **POSSIBLE** and that the Viral Haemorrhagic Fever Risk Assessment for Ambulance Personnel should be used, and appropriate PPE worn.
  - b. Tag the call as "EVD POSSIBLE" for audit purposes
  - **c.** Ensure that the control supervisor and/or control manager on duty is aware of the call
  - **d.** Depending on the risk assessment carried out by the responding crew, the receiving hospital may need advance notification of the patient status and ETA.

# B. Transfer of patients with suspected EVD from a referring hospital to the National Isolation Unit in the Mater Hospital Dublin.

- 1. The National Ambulance Service may be required to transport a patient with suspected EVD to the National Isolation Unit in the Mater Hospital Dublin.
- 2. All such transfers will be done by the NAS Incident Response Team (IRT) any requests for such transfers received by a Regional Control Centre should be transferred to Townsend St Control Centre.
- 3. The procedure for handling such transfers is outlined in detail in NASCG014 Ambulance Operations Procedure- Transportation of patients suffering from suspected or confirmed Viral Haemorrhage Fever.

I am happy to be contacted 24/7 by a Control Supervisor or Control Manager if issues around the management of a call involving a possible or suspected EVD patient can not be resolved: 086-1744386.

Dr Cathal O'Donnell, Medical Director.

### Information sources:

The most up to date information on EVD can be accessed on the Health Protection and Surveillance Centre website <a href="https://www.hpsc.ie">www.hpsc.ie</a>

#### Also Useful:

- A. IAED Recommendations Regarding Ebola Virus Disease and Travelers Received from West Africa – International Acdeamy of Emergency Dispatch www.emergencydispatch.org
- B. Viral Haemorrhagic Fever Risk Assessment for Ambulance Personnel