

If attending a patient on an aircraft see additional steps below[#] before assessing patient.

^CLINICAL: Does the patient have a fever (>38°C) or history of fever in previous 24 hours?

AND

^TRAVEL HISTORY: Has the patient returned from (or is currently residing in) VHF endemic areas within 3 weeks? (Contact Control for up to-date list; www.hpsc.ie)

Yes to both

If patient in close proximity to other people, move to a less crowded area.
Control to contact National Isolation Unit (NIU) for risk assessment 01-8032000.
Initiate direct phone contact between Paramedics and NIU to facilitate risk assessment.

Remote Risk Assessment by NIU physician

No

Assessment Outcome = No Risk

VHF very unlikely. Assess and treat as indicated.

Transport to nearest Emergency Department

Assessment Outcome = At Risk

Ambulance Service VHF Procedures activated
Control to notify Director of Public Health/MOH of case at risk of VHF if patient from aircraft.**

SYMPTOMS: Does the patient have bruising OR bleeding OR diarrhoea OR vomiting OR cough?

No

Yes

Apply Standard, Droplet & Contact Precautions; patients with respiratory symptoms should wear a surgical mask.

Transport patient to location as advised by NIU physician (may be local ED, NIU etc.)

Assessment Outcome = High Risk

Ambulance Service VHF Procedures activated
Control to notify Director of Public Health/MOH of all case at high risk of VHF.** See side panel for contact details.

Apply Standard, Droplet, Contact & Airborne precautions; patients with respiratory symptoms should wear a surgical mask.

Infection Control Precautions

Standard Precautions (SP):
As per SP, any patient with uncontrolled body fluid loss should be managed with standard & contact precautions.

Standard, Droplet & Contact Precautions: Hand hygiene, gloves, fluid repellent surgical face mask, apron[^] (visor/goggles for potential aerosolisation or splash procedures)

Standard, Droplet, Contact & Airborne Precautions:
PPE, fluid repellent gown, gloves, visor, FFP3 mask

[^]Risk assess whether fluid repellent long sleeved gown or apron more appropriate.

Public Health Contact Details

- HSE E: 01 635 2145
021 420 9848[~]
- HSE M: 057 935 9891
057 935 8165/6[~]
- HSE MW: 061 483 338
087 669 9114
- HSE NE: 046 907 6412
086 606 2537
- HSE NW: 071 985 2900
087 953 7807
- HSE SE: 056 778 4142
1890 499 199[~]
- HSE S: 021 492 7601
021 4209848[~]
- HSE W: 091 775 200
094 906 3000[~]

[~]Out of hours contact public health via ambulance control

On attending a patient on an aircraft:

Before entry on aeroplane, ensure standard precautions. See side panel for relevant Infection Control Precautions.

Passengers, other than those sitting one seat from the ill patient, should be allowed to disembark from the plane.

If possible passengers should not pass the ill patient when exiting the aeroplane (use front and rear exits).

Contact details of the following should be taken:

- Passengers seated one seat, in all directions, from ill patient should be taken (see picture opposite*)
- Persons who reported direct contact with the patient
- The crew who served that section of the plane.

These contact details will be required by the Dept of Public Health.

These passengers should then disembark.

Assess the patient and ask the clinical and travel questions given above[^].



*Relevant area for trace-backs, viral haemorrhagic fevers (Lassa, Marburg, Ebola) ECDC Risk assessment guidelines for diseases transmitted on aircraft 2nd ed. Stockholm: ECDC;2010

**Requirement to contact Director of Public Health/Medical Officer of Health under Infectious Disease Aircraft Regulations. See side panel for contact details.