

Please note background colour coding indicates infection control precautions as per right-hand panel

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

^Clinical: Does the patient have a fever ($\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$) or history of fever in the previous 24 hours?

AND

^Travel History: Has the patient returned from (or is currently residing in) an area affected by current outbreak in the 21 days before onset of symptoms?(Contact Control for up-to-date list; www.hpsc.ie) **OR** **^Epi-link:** Has the patient had contact with a confirmed or probable case of EVD?

Yes to both fever and travel or epi-link

If patient in close proximity to other people, remove patient to less crowded area for assessment.

Patients with respiratory symptoms should wear a surgical mask, if tolerated.

Ambulance Control to contact National Isolation Unit (NIU) on 01 830 8969 & ask for Infectious Disease Consultant.
Ambulance Control to initiate direct phone contact between Paramedics and NIU to facilitate risk assessment.

Remote Risk Assessment by NIU physician

No

Assessment Outcome = No Risk

EVD Unlikely
- EVD test not routinely indicated
- De-escalate infection prevention & control precautions
- Waste to be managed as standard

Transport to nearest Emergency Department

Assessment Outcome = No High Risk Exposure, likely alternative diagnosis

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

Transport patient to nearest EVT receiving hospital <http://bit.ly/evthosps>

Assessment Outcome = High Risk Exposure

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

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

Infection Control Precautions

Standard Precautions (SP). Transmission-based precautions may be required to manage other suspected infections/colonisation

Standard, Droplet & Contact Precautions: Hand hygiene, gloves, fluid repellent surgical face mask, long sleeved fluid repellent/resistant gown, goggles or visor. Use airborne precautions for aerosol generating procedures (FFP3 mask plus PPE outlined above).

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
021 420 9848~

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 airplane, ensure standard, droplet and contact precautions as per side panel.
Ambulance Personnel should assess the patient and ask the clinical and travel questions given above.
On the advice of Specialist in Public Health Medicine/MOH, Ambulance Personnel should:

A. PRIORITY. Distribute and collect Passenger Locator Cards (PLC)^{###} for (i) passengers seated one seat in each direction from the ill person (see picture opposite*) (ii) persons who reported direct contact with patient, (iii) crew serving that section. HSE NAS will forward these PRIORITY cards with report copy directly to the Public Health Specialist.

B. Request the airline cabin crew to, where practicable:

- Announce the Travel Health Alert Announcement - template is available
- Distribute and collect Passenger Locator Cards^{###} from all other passengers and crew (to fill in and be collected by airline)
- Distribute a copy of the Travel Health Alert Announcement Leaflet^{###} to all passengers and crew.
- Completed Passenger Locator Cards should be provided to the local Dept of Public Health by the airline

All well passengers should then be allowed to disembark, using exits without passing the patient.

^{###} paper copies of PLC and Announcement available at airports for airport duty manager/airline via Public Health local arrangements



*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.