



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Clinical Advisory

To: EMTs, Paramedics, Advanced Paramedics, EMCs, Managers
c.c.: NAS Leadership Team
From: Medical Director
Date: June 11th 2013
Subject: **MIDDLE EAST RESPIRATORY SYNDROME CORONA VIRUS (MERS-CoV)**

Dear colleagues,

Middle East Respiratory Syndrome Corona Virus (MERS Co-V) is a respiratory infection associated with travellers to the Middle East. Since April 2012, there have been 50 confirmed cases of this worldwide, with 30 deaths.

Local transmission from non-human exposures appears to have occurred in several countries in the Middle East, including Jordan, Qatar, Saudi Arabia and the United Arab Emirates (UAE). Cases have also been reported by three countries in Europe—France, Germany, and the United Kingdom (UK)—and by Tunisia, in North Africa. All the European and North African cases have had a direct or indirect connection to the Middle East. However, in France, the UK and Tunisia, there has also been limited local transmission among close contacts who had not been to the Middle East but had been in contact with a sick traveller recently returned from the Middle East

Patients should be considered as **possibly** being infected with this virus if they satisfy all three of the following

- febrile illness,
- respiratory symptoms
- recent travel history (within 10 days of symptom onset) to the Middle East

If a patient meets these criteria PPE must be worn as per the following-**Appendix D**.

This is taken from “*Interim Infection Prevention and Control Precautions for Possible or Confirmed Middle East Respiratory Syndrome Corona Virus (MERS Co-V) and Avian Influenza A (H7N9) in Healthcare Settings*” **Health Protection Surveillance Centre May 2013**. The full document can be accessed at www.hpsc.ie

**Dr Cathal O’Donnell,
Medical Director.**

Appendix D Ambulance Transfer

When the Ambulance Control Centre is informed that a patient has possible or confirmed MERS-CoV or avian influenza A (H7N9) the following precautions should be taken by ambulance personnel:

On arrival to the healthcare facility

A. Decontaminate hands (alcohol gel/rub)

B. Personal Protective Equipment (PPE):

- **A patient requiring Aerosol Generating Procedures¹ on an ongoing basis :** FFP2 or FFP 3 mask, gloves, long sleeved fluid repellent gown and goggles
- **A patient not requiring AGP routinely** Surgical mask, eye protection, gloves and long sleeved fluid repellent gown
- **Aerosol generating procedures (AGP)** and while remaining in or entering the patient's room within one hour of cessation of an AGP (Appendix C): FFP2/3 mask, eye protection and long sleeved fluid repellent gown and gloves

C. Inform the hospital of the admission/transfer of a potentially infectious person

Before leaving the house/healthcare facility

- Request patient to wear a surgical mask (if tolerated) and advise on Respiratory Hygiene and Cough Etiquette
- A patient with suspected or confirmed MERS-CoV or avian influenza A(H7N9) should not travel with any other patients

In ambulance

- Remove gloves, decontaminate hands and put on new gloves before touching the patient and before a clean or aseptic procedure. Wearing gloves does not replace hand hygiene.
- Use single use or single patient use medical equipment where possible
- Use disposable linen if available

Arrival to hospital

- **Before the patient leaves the ambulance** ensure arrangements are in place for receipt of the patient
- Transfer patient to the care of hospital staff
- After transfer of patient remove PPE (Appendix E)
- Perform hand hygiene

¹ **Aerosol Generating Procedures:** Intubation; Manual ventilation; Non-invasive ventilation (e.g., BiPAP, BPAP); Tracheostomy insertion.

Before ambulance is used again

- **Cleaning and disinfecting** (PPE as outlined above should be worn while cleaning)
 - Surfaces (stretcher, chair, door handles etc) should be cleaned with a detergent and a hypochlorite solution 1000ppm or equivalent
- **Laundry**
 - Place reusable blankets in an alginate bag, then into a red laundry bag and send for laundering
- **Medical equipment**
 - Follow manufacturer's instructions for cleaning/disinfecting reusable equipment
- **Management of waste**
 - All masks and any waste contaminated with blood or body fluid (including respiratory secretions) should be disposed of as Healthcare Risk waste
- **Management of sharps – per Standard Precautions**
- **Management of spillages of blood and body fluids – per Standard Precautions**