



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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 www.hpsc.ie

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.

**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 www.hpsc.ie

Also Useful:

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