



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## Clinical Advisory

To: EMTs, Paramedics, Advanced Paramedics, Supervisors, Managers  
c.c.: NAS Leadership Team  
From: Medical Director  
Date: August 20th 2014  
Subject: **EBOLA VIRUS DISEASE**

Dear colleagues,

**The Health Protection and Surveillance Centre (HPSC) and the National Ambulance Service have devised a Viral Haemorrhagic Fever Risk Assessment Tool for use by Ambulance Personnel – this one page document is the basis for managing all cases with possible EVD by NAS staff – all staff should be familiar with it and a colour copy should be available in every emergency ambulance, ORV and RRV.**

Note on terminology: Viral Haemorrhagic Fevers (VHF) are a group of illnesses characterised by fever, flu like symptoms and bleeding. Ebola Virus Disease (EVD) is one of the Viral Haemorrhagic Fever illnesses.

### **A. Calls received by NAS through the 999 system where EVD is identified as a possibility.**

1. The Advanced Medical Priority Dispatch System in operation in all NAS Control Centres has a diagnostic tool, the Severe Respiratory Illness (SRI) tool which can assist call takers identify where EVD may be a concern.
2. Should a call taker determine that EVD is a possibility, the responding crew will be advised that the call is **“EVD POSSIBLE”**.
3. For **“EVD POSSIBLE”** calls, the responding crew should use the VHF Risk Assessment Tool to assess the patient. This tool advises on clinical criteria, PPE requirements, and how to proceed if EVD is suspected based on clinical history.
4. EVD is only a consideration if the patient has
  - a) symptoms as per the Risk Assessment Tool, and;
  - b) a history of travel within 21 days to an affected area.

**Both of these conditions must be present before EVD becomes a possibility.**

5. Current affected areas (as of today's date) are Guinea, Sierra Leone, Liberia and Nigeria. These may change. The most up to date information is available on [www.hpsc.ie](http://www.hpsc.ie)

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## **B. Suspicion of EVD based on practitioner clinical assessment**

1. The SRI tool in Control Centres may not pick up on all EVD possible patients as the tool depends on accurate information from the caller, which may not always be forthcoming.
2. Practitioners should be alert to the possibility of EVD in those with
  - a. flu like or haemorrhagic symptoms, and;
  - b. with a travel history to an affected area in the preceding 21 days.

**Note: symptoms and a relevant travel history must be present before EVD can be considered as a possibility.**

3. If practitioners consider EVD to be a possibility, then the VHF Risk Assessment Tool for Ambulance Personnel should be used, including the donning of PPE as per the Tool. Donning of PPE should occur at the earliest opportunity and preferably prior to patient contact/delivery of interventions
4. Ambulance Control should be notified that this call is “**EVD POSSIBLE**”.

It is important to remember that even if a patient has suspicious symptoms of EVD and relevant travel history, is it likely that another illness other than EVD (eg malaria) is responsible. The VHF Risk Assessment Tool, and advice from Public Health or Infectious Disease Specialists accessed as per the tool, should guide all treatment, transport and destination decisions.

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